

USE PERMIT



IT IS ORDERED by the Director of the Baltimore County Department of Permits and Development Management, this 9th of July, 2007, that 19 Hobart Court should be and the same is hereby granted
(street address)

permission to operate an Assisted Living Facility I
(maximum number of beds allowed - 4 beds)

approved per Office of Planning 7/12/07

Permit No. _____

KJD Shirley Kotroco
Director

REV 06/00

Planner's Initials _____

BALTIMORE COUNTY, MARYLAND
OFFICE OF BUDGET & FINANCE
MISCELLANEOUS RECEIPT

No. 29241

DATE 6/15/07 ACCOUNT R001 006 6150

AMOUNT \$ 50⁰⁰

RECEIVED FROM: _____

FOR: Assisted Living Facility
#19 Hobart Ct

DISTRIBUTION

WHITE - CASHIER

PINK - AGENCY

YELLOW - CUSTOMER

PAID RECEIPT

BUSINESS	ACTUAL	TIME	DRW
6/18/2007	6/15/2007	15:07:46	4
REG 0506	WALKIN	KMCH	KXH
>>RECEIPT # 576461		6/15/2007	OFLH
Dept	5	528 ZONING VERIFICATION	
CR NO.	029241		

Recpt Tot \$50.00
\$50.00 CK \$.00 CA
Baltimore County, Maryland

CASHIER'S VALIDATION

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

TO: Director, Office of Planning & Community Conservation
Attention: ALF REVIEWER
County Courts Building, Room 406
401 Bosley Avenue
Towson, MD 21204
M.S. 3402

ALF Address 19 Hobart Court
Permit No. (if required) B _____

FROM: Timothy M. Kotroco
Department of Permits & Development Management
M.S. 1105

RE: Assisted Living Facility I or II

This office is requesting recommendations and comments from the Office of Planning and Community Conservation prior to this office's approval of a building use permit.

MINIMUM APPLICANT SUPPLIED INFORMATION:

Tracey Bennett 19 Hobart Court (410) 521-8010
Print Name of Applicant Address Telephone Number

19 Hobart Ct Election District 2 Councilmanic District 4 Square Feet of Lot 15,004
Lot Address

Location: N E S W side/corner of S Hobart Ct 850' (1/2) feet from N E S W corner of N + E of Marriottsville Rd
(street) (street)

Land Owner: unable to locate Tax Account Number 0218001038

Address: unavailable (ground rent) Telephone Number () N/A

CHECKLIST OF MATERIALS- (to be submitted by applicant for required compatibility and/or appearance review by the Office of Planning and Community Conservation)

TO BE FILLED IN BY ZONING REVIEW, DEPARTMENT OF PERMITS AND DEVELOPMENT MANAGEMENT ONLY!

	PROVIDED?		Accepted for filing by Date: <u>6/19/07</u>
	YES	NO	
1. This Recommendation Form (3 copies)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>RKD</i>
2. Permit Application (if available)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Site Plan: Property (3 copies); including lot size and square feet of buildings, parking and open space - 10% lot area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Statement of Compliance with Checklist Note 5.A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Building Elevation Drawings (these may be waived if note 5.A. from the Zoning Use Permit Checklist can be stated on the plans)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Photographs (please label all photos clearly) Adjacent Buildings, the Proposed Building and Surrounding Neighborhood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Current Zoning Classification: <u>DR 3.5</u>			

Post-It® Fax Note	7671	Date	<u>7/2/07</u>	# of pages	<u>3</u>
To	<u>Tim Kotroco</u>	From	<u>PLANNING</u>		
Co./Dept.	<u>PDM</u>	Co.			
Phone #		Phone #	<u>X3480</u>		
Fax #	<u>X5708</u>	Fax #	<u>X5862</u>		

TO BE FILLED IN BY THE OFFICE

RECOMMENDATIONS / COMMENTS:

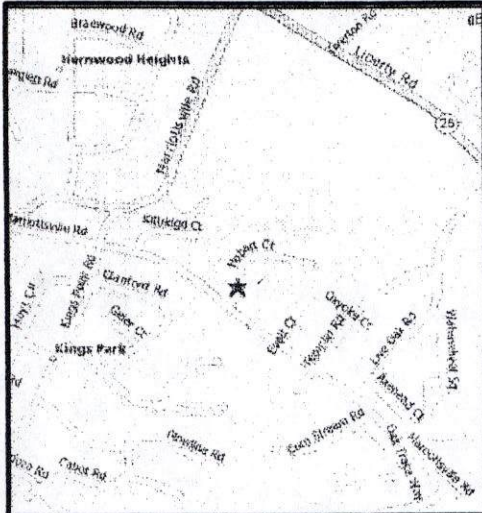
Approval Disapproval Approval conditioned on required

RECEIVED

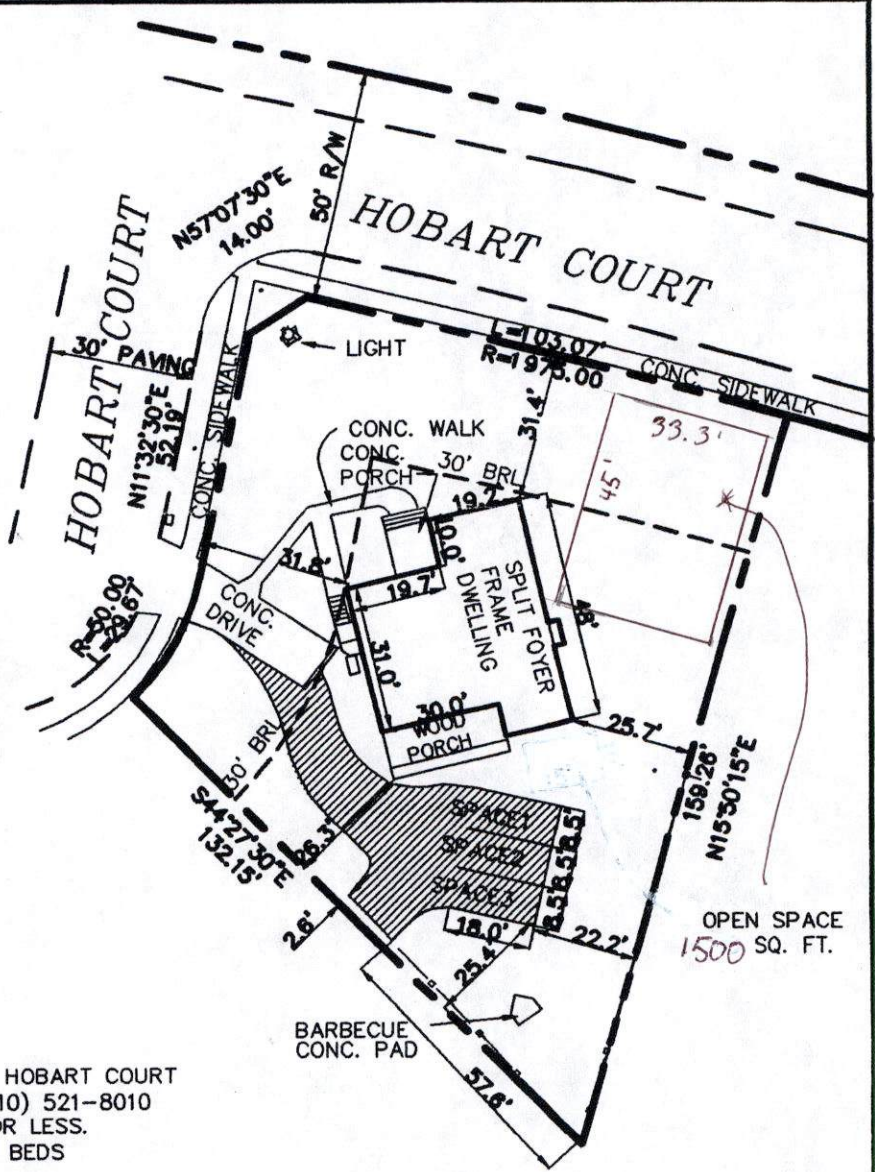
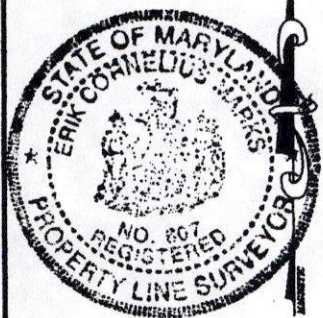
Signed by: 
for the Director, Office of Planning and Community Conservation

OFFICE OF PLANNING

Date: _____



VICINITY MAP SCALE 1"=2,000'



1. OWNER/APPLICANT: TRACEY BENNETT 19 HOBART COURT RANDALLSTOWN, MARYLAND 21133 PH. (410) 521-8010
2. NUMBER OF BEDS PROPOSED IS SEVEN OR LESS. PROPOSED PARKING FORMULAE: 1 SPACE/3 BEDS
4 BEDS X 1 SPACE/3 BEDS
ROUNDED UP = 3 SPACES PROVIDED
3. THIS BUILDING HAS NOT BEEN ORIGINALLY CONSTRUCTED TO ACCOMMODATE ELDERLY HOUSING OR AN ASSISTED LIVING FACILITY. THE BUILDING HAS NOT BEEN CONSTRUCTED IN THE PAST 5 YEARS. NO RECONSTRUCTION, RELOCATION, (EXTERIOR) CHANGES OR ADDITIONS (OF 25% OR MORE BASED ON THE GROUND FLOOR AREA AS OF 5 YEARS BEFORE THE DATE OF THIS APPLICATION) TO THE EXTERIOR OF THE BUILDING HAVE OCCURED. NO ADDITIONS ARE PROPOSED TO EXCEED THIS LIMIT FOR 5 YEARS FROM THE DATE OF THIS APPLICATION.
4. OPEN SPACE REQUIRED: 10% OF LOT AREA = .10 X 15,004 SQ.FT = 1500 SQUARE FEET
5. DENSITY AREA LOTS REQUIRED FOR 5-8 BEDS: 2
6. ANY PROPOSED SIGNS WILL COMPLY WITH SECTION 450 (BCZR) AND ALL ZONING SIGN POLICIES OR A ZONING VARIANCE WILL BE REQUIRED.

ZONING: DR 3.5

AREAS: GROUND FLOOR=1,497 SQ. FT.
FIRST FLOOR = 1,497 SQ. FT.
GROSS AREA = 2,994 SQ. FT.

 PROPOSED PAVING

Tracey Bennett 6/5/07
APPLICANT, TRACEY BENNETT DATE

Erik C. Marks 6/5/07
PREPARER: ERIK C. MARKS DATE

SCALE: 1"=40'
DATE: 5/25/07

ASSISTED LIVING FACILITY 1
19 HOBART COURT
RANDALLSTOWN, MARYLAND

MARKS & ASSOCIATES L.L.C.
SURVEYORS—LAND PLANNING CONSULTANTS
4531 COLLEGE AVENUE ELLICOTT CITY, MARYLAND
TELEPHONE (410)747-8738 FAX (410)747-8547

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DR 3.5

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Print Name of Applicant Address Telephone Number
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(street) (street)
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Address: unavailable (ground rent) Telephone Number () N/A

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TO BE FILLED IN BY THE OFFICE OF PLANNING ONLY!

RECOMMENDATIONS / COMMENTS:

Approval Disapproval Approval conditioned on required modifications of the application to conform with the following recommendations:

Signed by: _____
for the Director, Office of Planning and Community Conservation

Date: _____