

INTER-OFFICE CORRESPONDENCE  
RECOMMENDATION FORM

ALF Address 1220 Halstead RD  
Permit No. (if required) B \_\_\_\_\_

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

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:

Shirley Dickens 1220 Halstead RD, 21234 410-828-8282  
Print Name of Applicant Address Telephone Number  
Lot Address 1220 Halstead Drive RD Election District 9 Councilmanic District 5 Square Feet of Lot 1,800  
Lot Location: (N)E S W side corner of Halstead RD 50 feet from (N)E S W corner of Cloister Road (street)  
Land Owner: Shirley Dickens Tax Account Number 091355590  
Address: 1220 Halstead RD Telephone Number (410) 828-8282

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!

- 1. This Recommendation Form (3 copies)
- 2. Permit Application (if available)
- 3. Site Plan: Property (3 copies): including lot size and square feet of buildings, parking and open space - 10% lot area  
Statement of Compliance with Checklist Note 5.A
- 4. Building Elevation Drawings (these may be waived if note 5.A from the Zoning Use Permit Checklist can be stated on the plans)
- 5. Photographs (please label all photos clearly)  
Adjoining Buildings, the Proposed Building, and Surrounding Neighborhood
- 6. Current Zoning Classification: DR10.5

PROVIDED?		Accepted for filing by <u>JCM</u> Date: <u>8.31.07</u>
YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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: \_\_\_\_\_

**BALTIMORE COUNTY, MARYLAND**  
**OFFICE OF BUDGET AND FINANCE**  
**MISCELLANEOUS RECEIPT**

No. **05306**

Date: **8.31.07**

**PAID RECEIPT**

BUSINESS ACTIVITY TIME PERIOD  
 8/31/2007 8/31/2007 09:17:14 2  
 REC MAIL NEW JER  
 RECEIPT # 532588 8/31/2007 06:11  
 5 528 20100 VERI IDENTIFY  
 00503  
 Recpt Tot \$50.00  
 \$50.00 OK \$ 100.00  
 Baltimore County, Maryland

Fund	Agcy	Orgn	Sub Orgn	Rev Source	Sub Rev	Rept Catg	BS Acct	Amount
001	006			6150				50.00

Total: 50.00

Rec From: S. Dickens

For: Use Permit

**DISTRIBUTION**

WHITE - CASHIER

PINK - AGENCY

YELLOW - CUSTOMER

**CASHIER'S  
 VALIDATION**

