



BALTIMORE COUNTY
M A R Y L A N D

JAMES T. SMITH, JR.
County Executive

TIMOTHY M. KOTROCO, *Director*
Department of Permits and
Development Management

July 23, 2008

Michael Grant
9824 Linden Hill Road
Baltimore, MD 21237

RE: Assisted Living Facility I
3423 Kimble Road

Dear Mr. Grant,

Please find enclosed a copy of the Planning Office's approval for your proposed Assisted Living Facility I at the above address. You must now obtain a zoning use permit from the Zoning Review Office at 111 W. Chesapeake Avenue in Towson, Room 111. The office is open Monday through Friday, 8:00 AM to 4:30 PM. The fee for the use permit is \$50.00. Should you have any questions, please contact the office at 410-887-3391.

Sincerely,

Craig McGraw
Planner II
Zoning Review Office

7/15/08

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 3423 Kimble Rd

Post-it* Fax Note	7671	Date	7-22-08	# of pages	1
To	C. McGraw	From	J. Gorman		
Co./Dept.	Zoning	Co.	Planning		
Phone #	X33910	Phone #	X3400		
Fax #	X3040	Fax #	X5802		

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:

Print Name of Applicant: Michael Grant Address: 3423 Kimble Road Telephone Number: 410-404-1313

Lot Address: 3423 Kimble Road Election District: 2 Councilmanic District: _____ Square Feet of Lot: 7,155

Lot Location: NE S W/side/corner of South Kimble (street) _____ feet from NE S W corner of _____ (street)

Land Owner: Michael Grant Tax ID# _____ Tax Account Number: 0402020830060

Address: 9824 Linden Hill Telephone Number (410): 404-1313

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

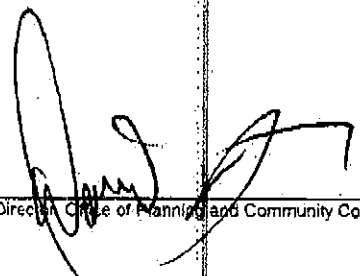
TO BE FILLED IN BY ZONING REVIEW, DEPARTMENT OF PERMITS AND DEVELOPMENT MANAGEMENT ONLY!

	PROVIDED?		Accepted for filling by ^{CM} Date: <u>6/26/08</u>
	YES	NO	
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)	NA	___	
5. Photographs (please label all photos clearly) Adjoining Buildings, the Proposed Building, and Surrounding Neighborhood	/	___	
6. Current Zoning Classification: <u>D12.5.5</u>			

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: 7/15/08



Department of Permits and Development Management
Zoning
County Office Building
111 West Chesapeake Avenue, Room 111
Towson, Maryland 21204

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07/25/2008

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**7-25-08BAL TMD21 2PRST 1STCL

Return Service Requested

Mr. Michael Grant
9824 Linden Hill Road
Baltimore, Maryland 21237

NIXIE 212 DC 1 00 07/28/08

RETURN TO SENDER
NO SUCH STREET
UNABLE TO FORWARD

BC: 21204460236 *0492-03113-28-17

21204²¹²³⁷4602

