

# USE PERMIT



IT IS ORDERED by the Director of the Baltimore County Department

of Permits and Development Management, this 7<sup>th</sup> of July, 2008, that

3829 Kilburn Road should be and the same is hereby granted  
(street address)

permission to operate an Assisted Living Facility I  
(maximum number of beds allowed - 3 beds)

approved per Office of Planning

Permit No. \_\_\_\_\_

RDT  
Muffy Kotroco  
Director

Planner's Initials \_\_\_\_\_

**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 3829 Kilburn Rd

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:**

Gloria & Bontface Bristol 3829 Kilburn Road Randallstown Md 410 521-4442  
Print Name of Applicant Address Telephone Number

Lot Address 3829 Kilburn Road Election District 2 Councilmanic District 4 Square Feet of Lot 7,434.00

Lot Location: N S W side/corner of Kilburn Road 100 ft from N E S W corner of Allenwood Road  
(street) (street)

Land Owner: Bontface & Gloria Bristol Tax Account Number 02-11-470260

Address: 3829 Kilburn Road Randallstown Md Telephone Number (410) 521-4442

**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
	YES	NO	Date: <u>5/20/08</u>
1. This Recommendation Form (3 copies)	✓		RJD
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: <u>DR-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: \_\_\_\_\_

6/20/08

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 3829 Kilburn Rd

Post-It® Fax Note	7671	Date	6-16-08	# of pages	1
To	D. Dwall	From	J. German		
Co./Dept.	Permits	Co.	Planning		
Phone #	x3391	Phone #	x3480		
Fax #	x3048	Fax #	x5162		

FROM: Timothy M. Kotroco  
Department of Permits & Development Management  
M.S. 1106

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:

First Name of Applicant: Gloria Bontface Bristol Address: 3829 Kilburn Road Randallstown Md Telephone Number: 410-521-4442  
 Lot Address: 3829 Kilburn Road Erection District: 2 Councilmanic District: 4 Square Feet of Lot: 7,434.00  
 Lot Location: N S W side/corner of Kilburn Road (street) 100 ft from N E S W corner of Allenwood Road (street)  
 Land Owner: Bontface & Gloria Bristol Tax Account Number: 02-11-4902.60  
 Address: 3829 Kilburn Road Randallstown Md Telephone Number: (410) 521-4442

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 <u>RJD</u> Date: <u>5/28/08</u>
	YES	NO	
1. This Recommendation Form (3 copies)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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 6.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 checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Photographs (please label all photos clearly) Adjoining Buildings, the Proposed Building, and Surrounding Neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	
6. Current Zoning Classification: <u>DR-55</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: [Signature]  
for the Director, Office of Planning and Community Conservation

Date: 6/16/08  
Revised 8/10/06

**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 \_\_\_\_\_

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:**

Print Name of Applicant _____	Address _____	Telephone Number _____
Lot Address _____	Election District _____	Councilmanic District _____
	Square Feet of Lot _____	

Lot Location: N E S W side/corner of \_\_\_\_\_ (street), \_\_\_\_\_ feet from N E S W corner of \_\_\_\_\_ (street)

Land Owner: \_\_\_\_\_ Tax Account Number \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

**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: _____
	YES	NO	
1. This Recommendation Form (3 copies)	_____	_____	
2. Permit Application (If available)	_____	_____	
3. <b>Site Plan:</b> 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. <b>Building Elevation Drawings (these may be waived if note 5.A. from the Zoning Use Permit Checklist can be stated on the plans)</b>	_____	_____	
5. <b>Photographs (please label all photos clearly)</b> Adjoining Buildings, the Proposed Building, and Surrounding Neighborhood	_____	_____	
6. Current Zoning Classification: _____			

**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: \_\_\_\_\_

SAMPLE FORM, ADD YOUR INFORMATION ACCORDING TO THIS FORMAT.

ZONING USE PERMIT  
PLAN FOR A ASSISTED LIVING FACILITY I OR II

#123 SMITH ROAD  
BALTIMORE COUNTY MD 20204  
3<sup>RD</sup> ELECTION DISTRICT  
OWNER: JOHN & LINDA SMITH  
ADD. #321 BROOK LA. TOWSON MD 21044  
DATE 2/24/04 (PLAN DATE)  
PHONE: 410-325-1799  
APPLICANT: IF NOT OWNER ADD ABOVE INFO.

LOT SIZE: 6,000 SQ. FT.  
ZONING MAP N.W. 5F  
ZONE DR 3.5

PARKING: 1 SPACE FOR EACH 3 BEDS = 2 PARKING SPACES REQUIRED.

EXISTING FLOOR AREAS SQ. FT.  
1<sup>ST</sup> FLOOR AND SUN ROOM = 1887 SQ. FT.  
2<sup>ND</sup> FLOOR = 1811 SQ. FT.  
TOTAL 3,798 SQ. FT.  
BASEMENT FOR STORAGE AND  
MECHANICAL EQUIPMENT = 1811 SQ. FT.  
EXISTING GARAGE = 374 SQ. FT.

OPEN SPACE: .10 x LOT AREA (6,000 SQ. FT.) = 600 SQ. FT.

FOR MORE THAN 4 BEDS SEE THE DENSITY CHART AT THE BOTTOM OF  
PAGE 1 OF THIS CHECKLIST. SHOW CALCULATIONS IN THIS AREA ON YOUR PLAN.

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 FIVE (5) YEARS. NO RECONSTRUCTION, RELOCATION, (EXTERIOR) CHANGES OR ADDITIONS (OF 25% OR MORE BASED ON THE GROUND FLOOR AREA AS OF FIVE (5) YEARS BEFORE THE DATE OF THIS APPLICATION) TO THE EXTERIOR OF THE BUILDING HAVE OCCURRED. NO ADDITIONS ARE PROPOSED TO EXCEED THIS LIMITS FOR FIVE (5) YEARS FROM THE DATE OF THIS APPLICATION.

SIGNS WILL COMPLY WITH SECTION 450 B.C.Z.R.

THE UNDERSIGNED (STATE IF OWNERS OR APPLICANTS) ARE RESPONSIBLE FOR  
THE ACCURACY OF THE INFORMATION ON THIS PLAN:

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

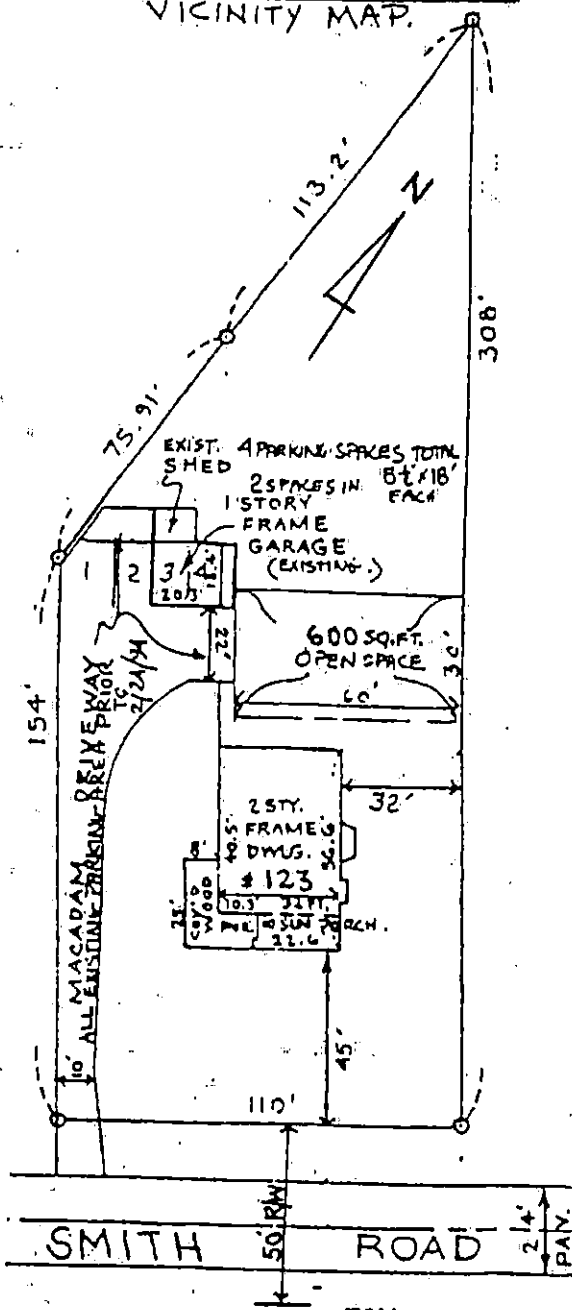
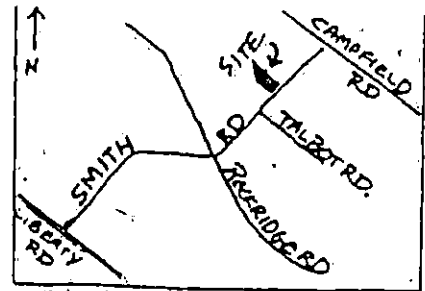
PRINTED NAME \_\_\_\_\_

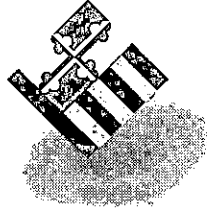
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

ENGINEERS SCALE  
1" = \_\_\_\_\_ FT.

REVISED 7/19/04





**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 8, 2008

Boniface and Gloria Bristol  
3829 Kilburn Road  
Randallstown, Maryland 21133

Dear Mr. and Mrs. Bristol:

I wish to speak to you about your application for an Assisted Living Facility. I've tried to telephone you from the number you gave on the form, but a recorded message says it is no longer in service. Please give me a call. I can be reached at 410-887-3391

Sincerely,

A handwritten signature in black ink that reads "R. David Duvall".

R. David Duvall  
Planner II  
Zoning Review

RDD/rjc

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

No. **15355**

**PAID RECEIPT**

Date:

**5/28/08**

BUSINESS ACTUAL TIME DRW  
 5/29/2008 5/28/2008 15:49:56 1

Fund	Agcy	Orgn	Sub Orgn	Rev Source	Sub Rev	Rept Catg	BS Acct	Amount
001	006			6150				850 <sup>00</sup>

REG M601 WALKIN JRIC JHR  
 >>RECEIPT # 375806 5/28/2008 OFLN  
 Dept 5 528 ZONING VERIFICATION  
 CR NO. 015355

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

Total: **850<sup>00</sup>**

Rec From:

For:

**ALF 3829 Kilburn Rd**

DISTRIBUTION

WHITE - CASHIER

PINK - AGENCY

YELLOW - CUSTOMER

**CASHIER'S  
 VALIDATION**

# ZONING INFORMATION FOR SMALL ASSISTED LIVING FACILITIES ( ALF's )

The attached information will help in filing for the use permits for Class I and II ALF's

**There are two checklist sheets. One is for use permit ; the other is for compatibility review. Both must be followed carefully. A sample site plan accompanies the checklist for your convenience. There is also a condensed copy of the zoning regulations attached to the above information.**

The regulations for these facilities were based on their establishment in certain residential (DR or equivalent) zones and in existing detached single family dwellings or buildings. They may not be located in apartment buildings. They can only be placed in townhouse units with difficulty ; usually involving Zoning Public Hearings for parking or other conflicts with the zoning regulations as set forth on the checklists. Please be aware that a public hearing requires actions that are not detailed in this information. You may contact the zoning review staff at 410 - 887-3391 about public hearing requirements if you have a site plan conflict with the regulations.

The buildings in which ALF's are proposed must have existed for the past five years and not have had substantial enlargement during that time. For details please see the checklist.

Please check your zoning as directed below. This is very important if you are proposing more than four ALF beds. Each zone requires an increasingly larger lot area to support more than four beds. You may call the above referenced zoning review phone # for questions on required lot sizes once you can state what the site is zoned and the number of ALF beds you are proposing.

**ALF II's are for more than 7 beds. There are special requirements for location. They must be located on a "principal arterial street". You must come to the Zoning Review Office at 111 West Chesapeake Ave. in Towson Md., in person to locate your site on the road map system to confirm compliance with this requirement.**

ALF III's are for more than 15 residents and have requirements that go beyond those of the smaller ALF I and II Facilities (such as development regulation application). Please contact the zoning staff at the above phone # for details regarding this type of approval.

Please be aware that the provided information is for zoning use permit application only and it is not intended to represent the requirements of any other agency regarding approval of your use.

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To find your zoning, you may come to the Zoning Office at the above address or go to the following website: <http://www.baltimorecountyonline.info>. Once there, click on "What's My Zoning", then on the next page click the "I Agree" tab. An address bar will then come up. Put the street # and road name in the bar and click the " Create A Map " tab. In a few seconds the zoning map should appear. The zoning designation is shown within the blue lines. If you cannot read it clearly, place the mouse cursor on the site and left click the mouse, the zoning should appear in a window on your screen. Occasionally this site may be off-line. Should you have difficulty accessing it, you can try again later or come to the zoning counter at the above address for help. Please be aware that this on-line map is not official. To get a copy of the official map, you must come to the zoning counter for assistance.

# ZONING USE PERMIT CHECKLIST

## ASSISTED LIVING FACILITY I (1 – 7 beds) or II (8-15 beds)

### Pursuant to Bills 19-04 & 32-06

The zoning regulations regarding assisted living facilities (ALF's) were changed by the County Council in Bill No. 19-04, effective 5/29/04 and Bill 32-06, effective 5/18/06. This checklist is intended to inform the public of these standards. One of several changes is the new requirement for small scale ALF's for 1-3 residents which were formerly exempted, that now have to file for a zoning use permit as was previously required only for 4-15 resident facilities. **However, if you can clearly document to this office that your facility was licensed and legally operating for care of a certain set number of persons prior to the above referenced bill date, an ALF use permit may be issued at the discretion of the Zoning Review Office for continuance of your use for the previously licensed number of persons without a full use permit review as stipulated in this checklist.** This is done by an individual property use review for each site for which such documentation is presented. Prior to applying for this Use Permit, contact the Baltimore County Department of Aging for related information. Fees and Plan/Checklist changes are subject to change without advance notice. Sealed plans may be required.

#### Filing Requirements

Three (3) use permit plans, per this checklist and sample plan sheet; one planning office compatibility/appearance review package (see Recommendation Form), and \$50.00 are required for filing the application. Due to the necessity of a detailed review of the materials, you must contact 410-887-3391 for a filing appointment for this use permit.

Provide the following information on an (engineer) scaled drawing at a 1"=50' or larger scale.

1. Owner's name, and if the applicant is not the owner, the applicate's name, date, address, daytime telephone number, and the address of the property under this use permit review.
2. Title: Use permit plan for Assisted Living Facility (ALF I or II). Street vicinity map with site indicated, north arrow, scale of drawing (must be at an engineer's scale and legible), election district, property outline, and dimensions in feet, the square footage of the lot, and the current zoning of the property per the 1"=200' scale official zoning map.
3. Location on the property, use and the dimensioned footprint of the ground floor area and gross floor area (all floors) of each structure on the lot in square feet. Show and label a minimum of 10% of the lot as "open space". Show the method of calculation; Lot sq ft. x .10=\_\_\_\_\_sq ft open space.
4. A. Number of beds to be approved with parking calculations indicating 1 parking space for each 3 beds (round-up all numbers). Note that all parking and maneuvering will be paved with a durable, dustless surface (such as asphalt or concrete) and will be permanently striped. Indicate the location and dimension of all parking and maneuvering areas. Each parking space must be 8-1/2 feet x 18 feet, which must be shown and dimensioned.  
 B. **Parking spaces must be shown to comply with the following: 10 feet from all lot lines other than an alley that does not abut the front or rear yard of a residentially used property. All parking and delivery areas in the side or rear yard only. A public hearing is required for noncompliance. Contact the zoning office for further information.**
5. A. Note on the plan: "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 occurred. **No** additions are proposed to exceed this limit for 5 years from the date of this application.  
 B. Where compliance with note 5.A. cannot be stated, the use permit application may not be accepted for filing or a public hearing may be required. The zoning office should be contacted for further information.
6. For more than four beds density/area calculations must be shown on plan based on the zones minimum lot area requirements for each density or dwelling unit used. See chart at bottom of this page.
7. Class II ALF's must be shown to be located on a principal arterial street on the plan.
8. Note on the plan that any proposed signs will comply with Section 450 (BCZR) and all zoning sign policies or a zoning variance is required.
9. Include signatures, printed names (and dates) of these responsible for the accuracy of the information in this application.

Density.	
1-4 beds	Not required
5-8 beds	2 density lots required
9-12 beds	3 density lots required
13-15 beds	4 density lots required

# **ASSISTED LIVING FACILITIES I, II, & III.**

(Bill Nos. 19-04 & 32-06)

## **\*\*\*\*\*SECTION 101. DEFINITIONS.**

ASSISTED LIVING FACILITY: A BUILDING, OR SECTION OF A BUILDING THAT PROVIDES HOUSING AND SUPPORTIVE SERVICES, SUPERVISION, PERSONALIZED ASSISTANCE, HEALTH-RELATED SERVICES, OR A COMBINATION THEREOF, TO MEET THE NEEDS OF INDIVIDUALS WHO ARE UNABLE TO PERFORM OR WHO NEED ASSISTANCE IN PERFORMING THE ACTIVITIES OF DAILY LIVING AND WHICH IS LICENSED AS AN ASSISTED LIVING PROGRAM AS DEFINED UNDER TITLE 19, SUBTITLE 18 OF THE HEALTH-GENERAL ARTICLE, ANNOTATED CODE OF MARYLAND. FOR THE PURPOSES OF THIS DEFINITION, IF A RESIDENT LIVES IN A ROOM OR APARTMENT PROVIDING COMPLETE KITCHEN FACILITIES INTENDED FOR THE DAILY PREPARATION OF MEALS BY OR FOR THAT RESIDENT, THE UNIT SHALL NOT BE CONSIDERED AN ASSISTED LIVING FACILITY. DENSITY FOR SUCH FACILITIES SHALL BE CALCULATED AT 0.25 FOR EACH BED.

## **\*\*\*\*\*SECTION 432A. ASSISTED LIVING FACILITY; HOUSING FOR THE ELDERLY. AN ASSISTED LIVING FACILITY IS PERMITTED IN THE D.R., R.O., R.O.A., R.A.E., B.R., B.M. AND OR-2 ZONES AS FOLLOWS:**

- 1) AN ASSISTED LIVING FACILITY I IS PERMITTED BY USE PERMIT.
- 2) AN ASSISTED LIVING FACILITY II IS PERMITTED BY USE PERMIT IF IT HAS FRONTAGE ON A PRINCIPAL ARTERIAL STREET.
- 3) AN ASSISTED LIVING FACILITY III IS PERMITTED IN A D.R. 16, R.A.E., R.O., R.O.A. or B.M., ZONE BY USE PERMIT. AN ASSISTED LIVING FACILITY III IS PERMITTED IN THE OR-2 ZONE BY SPECIAL EXCEPTION AND IS LIMITED BY THE USE, AREA, AND BULK REGULATIONS OF THE D.R. 10.5 ZONE. A FACILITY LOCATED IN A R.O. ZONE IS ALSO SUBJECT TO REVIEW BY THE DESIGN REVIEW PANEL FOR COMPATIBILITY WITH SURROUNDING USES.
- 4) HOUSING FOR THE ELDERLY IS PERMITTED BY RIGHT IN R.A.E. ZONES

## **\*\*\*\*\*ASSISTED LIVING FACILITY I: AN ASSISTED LIVING PROGRAM WHICH:**

- 1) IS LOCATED IN A STRUCTURE WHICH WAS BUILT AT LEAST FIVE YEARS BEFORE THE DATE OF APPLICATION.
- 2) WAS NOT ENLARGED BY 25% OR MORE OF GROUND FLOOR AREA WITHIN THE FIVE YEARS BEFORE THE DATE OF APPLICATION.
- 3) WHICH ACCOMODATES FEWER THAN 8 RESIDENT CLIENTS.

## **\*\*\*\*\*ASSISTED LIVING FACILITY II: AN ASSISTED LIVING PROGRAM WHICH:**

- 1) IS LOCATED IN A STRUCTURE WHICH WAS BUILT AT LEAST FIVE YEARS BEFORE THE DATE OF APPLICATION.
- 2) WAS NOT ENLARGED BY 25% OR MORE OF GROUND FLOOR AREA WITHIN THE FIVE YEARS BEFORE THE DATE OF APPLICATION.
- 3) WHICH ACCOMODATES BETWEEN 8 AND 15 RESIDENT CLIENTS.

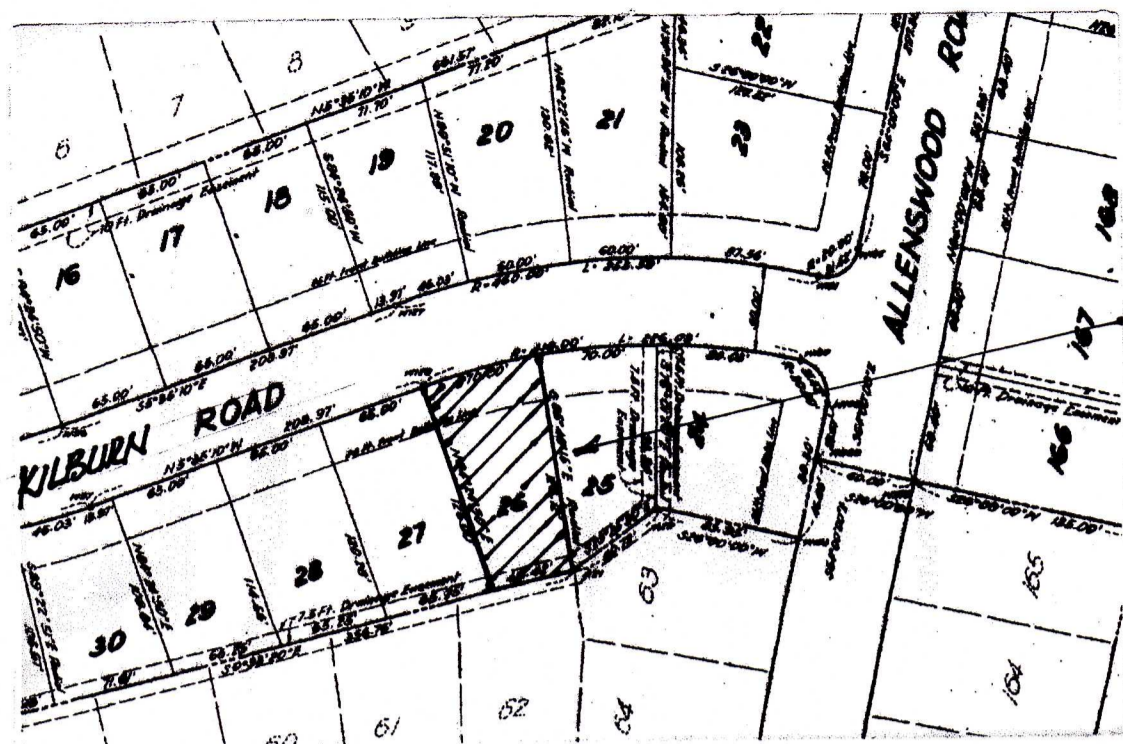
## **\*\*\*\*\*ASSISTED LIVING FACILITY III: AN ASSISTED LIVING PROGRAM WHICH:**

- 1) WILL ACCOMMODATE MORE THAN 15 RESIDENT CLIENTS.
- 2) WILL BE IN A STRUCTURE WHICH WAS BUILT OR ENLARGED BY MORE THAN 25% OF GROUND FLOOR AREA LESS THAN FIVE YEARS BEFORE THE DATE OF APPLICATION. OR
- 3) WILL BE IN A STRUCTURE WHICH WILL BE NEWLY CONSTRUCTED OR ENLARGED BY MORE THAN 25% OF GROUND FLOOR AREA FOR THE ASSISTED LIVING PROGRAM.

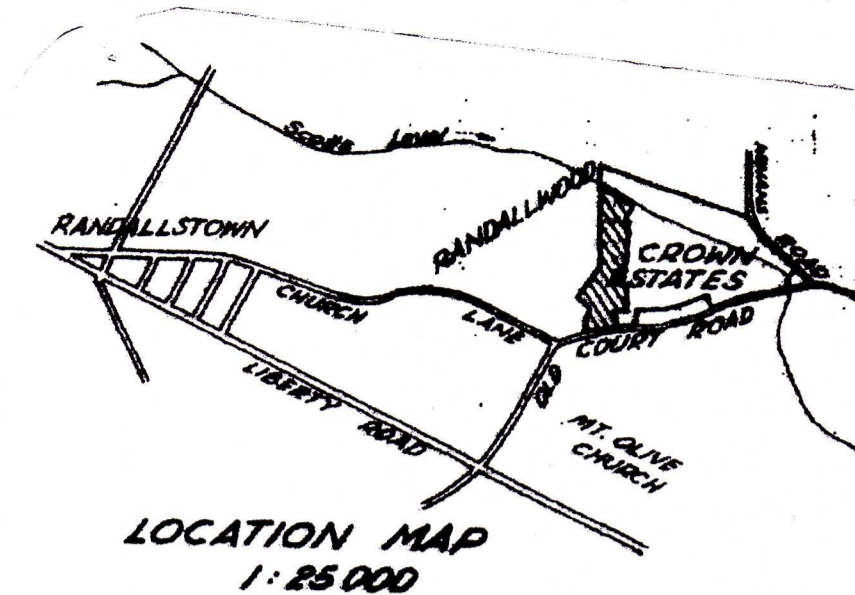
## **\*\*\*\*\*SITE & DESIGN STANDARDS:**

- 1) EXCEPT FOR THE SIGNS PERMITTED BY SECTION 450, NO OTHER SIGNS OR DISPLAYS OF ANY KIND VISIBLE FROM THE OUTSIDE ARE PERMITTED.
- 2) OFF-STREET PARKING SHALL BE PROVIDED IN ACCORDANCE WITH SECTION 409 AND SUBJECT TO THE FOLLOWING CONDITIONS, BUT NO PARKING STRUCTURE IS PERMITTED EXCEPT FOR A RESIDENTIAL GARAGE AS DEFINED IN SECTION 101.
  - PARKING SHALL BE SET BACK AT LEAST 10 FEET FROM THE PROPERTY LINE, EXCEPT THAT IF THE PROPERTY LINE ABUTS AN ALLY. NO SETBACK IS REQUIRED IF THE ALLEY DOES NOT ABUT THE FRONT OR REAR YARD OF A RESIDENTIALLY USED PROPERTY.
  - PARKING AND DELIVERY AREAS SHALL BE LOCATED IN THE SIDE OR REAR ONLY.
  - AT LEAST 10% OF THE LOT SHALL BE USED TO PROVIDE USABLE CONTIGUOUS AND PRIVATE OPEN SPACE.
- 3) AAN ASSISTED LIVING FACILITY IS SUBJECT TO A COMPATIBILITY FINDING PERSUANT TO SECTION 32-4-402 OF THE BALTIMORE COUNTY CODE.
- 4) AN ASSISTED LIVING FACILITY LOCATED IN A COUNTY HISTORIC DISTRICT IS ALSO SUBJECT TO REVIEW BY THE LANDMARKS PRESERVATION COMMISSION IN THE SAME MANNER AS OTHER BUILDINGS LOCATED IN A HISTORICAL DISTRICT.

Revised 8/10/06



VICINITY MAP



LOCATION MAP  
1:25,000

SECTION IV  
**CROWN ESTATES**  
2ND DISTRICT, BALTO., MD CITY

**SITE DATA**

**SITE PLAN FOR AN ASSISTED LIVING FACILITY 1**

3829 KILBURN ROAD  
RANDALLSTOWN, MD 21133

OWNER: BONIFACE/GLORIA B. BRISTOL  
PHONE: 410-521-4442

LOT SIZE 0.17 ACRES  
ZONING MAP N.W.  
ZONE DR 5.5  
OPEN SPACE: 59 X 126 = AREA 7,434 SQ. FT. = 745 SF

PARKING: 2 SPACES AVAILABLE

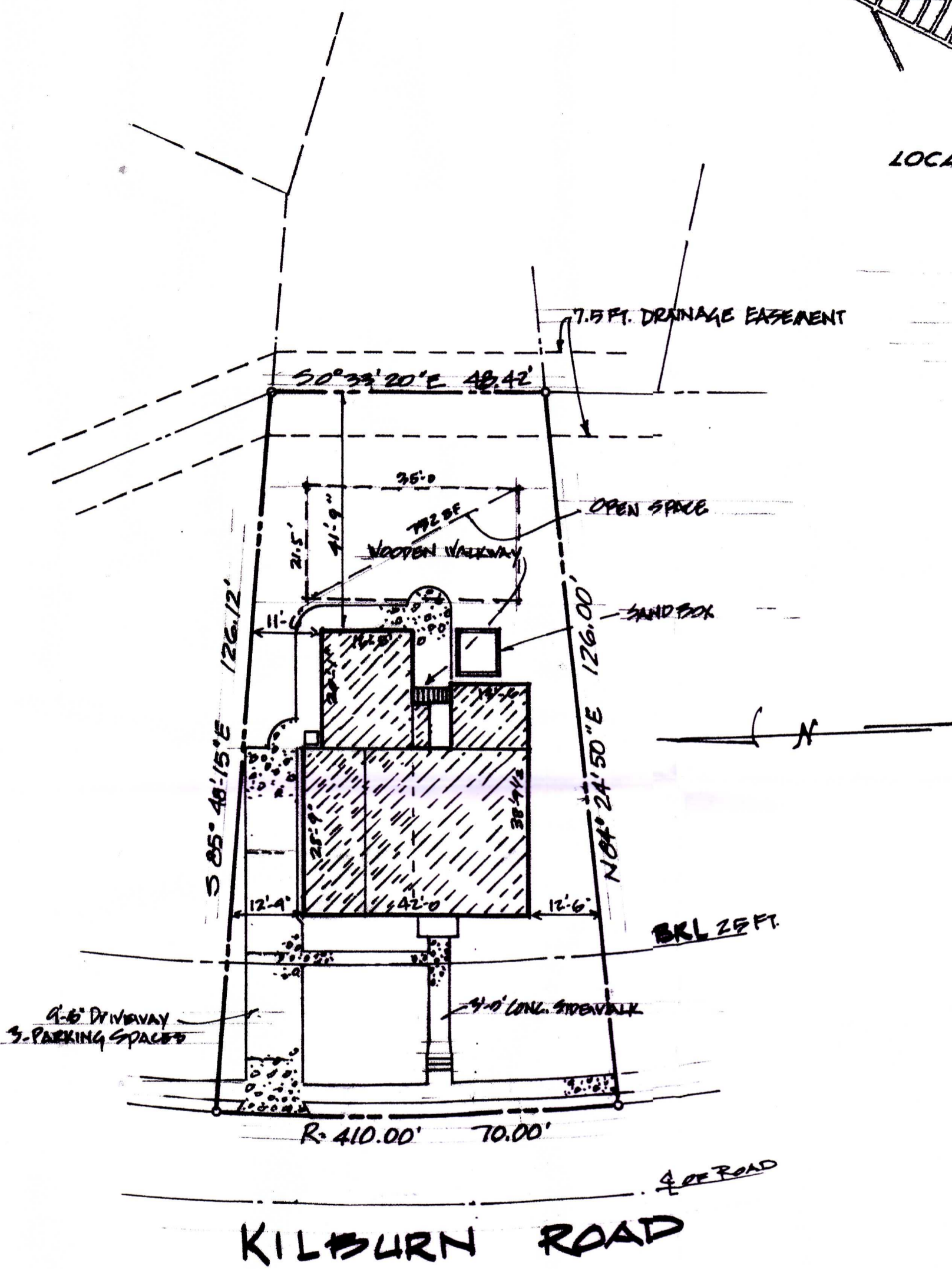
EXISTING FLOOR AREAS SQ. FT.  
1ST LEVEL 1,089  
BASEMENT 580  
2ND LEVEL 580  
TOTAL 2,249 SQ. FT.

OPEN SPACE 2,135

2<sup>ND</sup> ELECTION DISTRICT  
COUNCIL DISTRICT: 4  
ASSESSMENT AREA: 1  
MAP: 77  
GRID: 10  
PARCEL: 340  
SECTION: 4  
LOT: 26

PRIMARY STRUCTURE DATA  
YEAR BUILT: 1958  
ENCLOSED AREA: 2,040 SQ. FT.  
IMPROVEMENT: 180 SQ. FT.  
PROPERTY LAND AREA: 7,434.00 SQ. FT.  
COUNTY USE: 04

SIGNS will comply with Section 450 B.C.Z.R.



SITE PLAN

SCALE: 1"=20'-0"

- LEGEND**
- PROPERTY LINE
  - [Hatched Box] EX. ONE STORY
  - [Cross-hatched Box] EX. TWO STORY
  - [Dotted Box] EX. CONCRETE DRIVE & WALKWAY

REVISIONS	BY
REV. 4/20/05	JFE

Boniface & Gloria Bristol  
3829 Kilburn Road  
Randallstown, MD 21133

**DCCS**  
design concept construction services  
1603 Forest Park Avenue  
Baltimore, Maryland 21207  
P. 410 455-9684 F. 410 455-9240

Date Feb. 28, 2008  
Scale 1"=20'-0"  
Drawn T.J. Epps  
Job 09-0208  
Sheet **C-1**  
Of 1 Sheets