

USE PERMIT



IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County, this 19TH day of DECEMBER, 2012 that BEAVETTE H. LONEY located at 1724 WYCLIFFE AVENUE, MD 21234 should be and the same is hereby granted permission to operate a: ASSISTED LIVING FACILITY (3 BEDS)

92753
Permit (or Receipt) Number

Carl Johnson
Director, Permits, Approvals and Inspections

Planner's Initials AT

12/27/12

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

TO: Director, Office of Planning
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: Arnold E. Jablon, Director
Department of Permits, Approvals and Inspections
M.S. 1105

RE: Assisted Living Facility I or II

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

MINIMUM APPLICANT SUPPLIED COMPATABILITY INFORMATION (As Required under A and B below):

A. Beavette H. Loney 1724 Wycliffe Ave 410 500 7365 Beavette @ KingdomLiving58
Print Name of Applicant Address Telephone Number Email Address

Lot Address 1724 Wycliffe Ave 21234 Election District 9 Councilmanic District 5 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: Beavette H. Loney 10 Digit Tax Account Number 0908001640

Address: 1724 Wycliffe Ave 21234 410,5007365
Telephone Number Email Address

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

B. Planner to confirm information acceptance by marking X below:

APPLICANT MUST PROVIDE 1 through 6

	YES	NO
1. This Recommendation Form (3 copies)	X	_____
2. Permit Application (if available)	_____	X
3. Site Plan: Property (3 copies) including lot size and square feet of buildings, parking and open space - 10% lot area	X	_____
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	X	_____
6. Current Zoning Classification: <u>DR 5.5</u>	_____	_____

Accepted for filing by A-Tan Date 12/13/12

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

RECEIVED

Date: 12/18/12

DEC 14 2012

Revised 2/17/11

OFFICE OF PLANNING

**INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM**

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Address: 1724 Wycliffe Ave 21234 410,5007365
Telephone Number Email Address

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

B.

Planner to confirm information acceptance by marking **X** below:

APPLICANT MUST PROVIDE 1 through 6

- | | YES | NO |
|--|-------------------------------------|-------------------------------------|
| 1. This Recommendation Form (3 copies) | <input checked="" type="checkbox"/> | _____ |
| 2. Permit Application (if available) | _____ | <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"/> | _____ |
| Statement of Compliance with Checklist Note 5.A | _____ | _____ |
| 4. Building Elevation Drawings (these <u>may be waived</u> 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 | <input checked="" type="checkbox"/> | _____ |
| 6. Current Zoning Classification: <u>DR S.5</u> | _____ | _____ |

Accepted for filing by A. Fou, 12/13/12
Date

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

Date: _____

T & E Cares 1724 Wycliffe Ave, Baltimore, MD 21234



T & E Cares 1724 Wycliffe Ave, Baltimore, MD 21234



CASE NO. LA99332GS

LOCATION DRAWING
PLAT NO.3
HILLENDALE PARK
LOTS 17,18 & P/O LOT 16
BALTIMORE COUNTY, MARYLAND



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.

NORTH

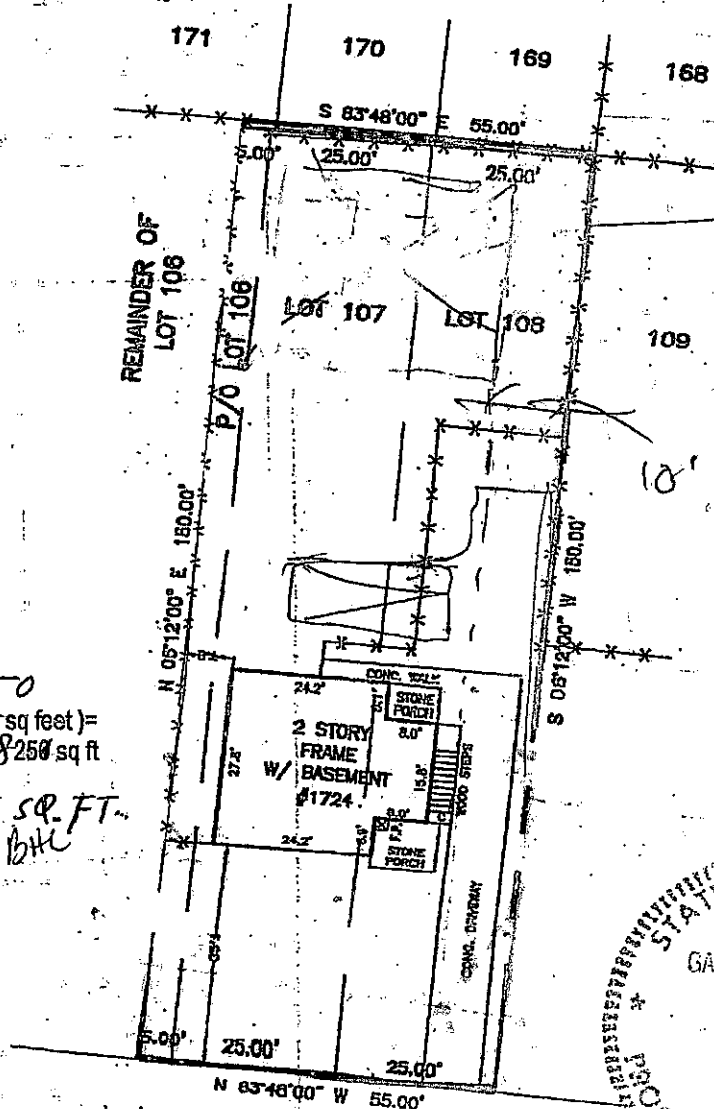
1724 Wycliffe Ave
Baltimore, MD County
9th Election District
Owner: Beavette H. Loney
Date: 12/13/12 (Plan Date)
Phone: 410-500-7365

Lot Size: 8250
Parking: 1 Space for each 3 beds=
7 parking spaces required

Existing Floor Areas SQ. FT.
1st Floor= 770 sq ft
2nd Floor= 587 sq ft
Total 1357 sq ft
Basement for storage= 654 sq ft

Open Space: $.10 \times \text{Lot Area (25.00 sq feet)} = 8250 \text{ sq ft}$

PROVIDED = 875 SQ. FT.
BHC



Open space
 $35' \times 25' = 875$
107 SQ. FT
BHC



WYCLIFFE ROAD
(40' WIDE)