

**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

RECEIVED

NOV 26 2013

RE: Assisted Living Facility I or II

Carematters 2 @ Verizon.net

OFFICE OF PLANNING

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. Loretta Carter 4003 Buckingham 443 468-2717 @Verizon.net
Print Name of Applicant Address Telephone Number Email Address

Lot Address 4003 Buckingham Election District 3rd Councilmanic District 2nd Square Feet of Lot 31250sqft

Lot Location: N ⊙ S W/side/corner of Buckingham Rd. 136' feet from N ⊙ S W corner of Rockledge Rd.
(street) (street)

Land Owner: Loretta Carter 10 Digit Tax Account Number 0323054040

Address: 4003 Buckingham Rd (443) 468-2717
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"/>	<input type="checkbox"/>
2. Permit Application (if availabl)	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
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) <u>Waive</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Photographs (please label all photos clearly) Adjoining Buildings, the Proposed Building, and Surrounding Neighborhood	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Current Zoning Classification: <u>DR 3.5</u>		

Accepted for filing by GH 11/22/13
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: *[Signature]*
for the Director, Office of Planning

RECEIVED

NOV 26 2013

Date: 12/13/13

Revised 2/17/11

OFFICE OF PLANNING

**ZONING USE PERMIT
PLAN FOR A ASSISTED LIVING FACILITY 1 OR II**

#4003 BUCKINGHAM ROAD
BALTIMORE COUNTY MD 21207
3RD DISTRICT
OWNER: LORETTA CARTER
ADD. #4003 BUCKINGHAM RD PIKESVILLE MD 21207
DATE 11/18/2013
PHONE: 443-468-2717

LOT SIZE: 31,250 SQ. FT.
ZONING MAP N.W. 5F
ZONE DR 3.5
7 Beds
PARKING: 1 SPACE FOR EACH 3 BEDS = 3 PARKING SPACES REQUIRED
1 Space in Garage 2 spaces in rear
EXISTING FLOOR AREAS SQ. FT. 2195 SQ. FT.
EXISTING GARGE = 484 SQ. FT.
OPEN SPACE: .10 X LOT AREA (31250 SQ. FT.) = 3125 SQ. FT.

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.

Matt Carter 11/18
SIGNATURE DATE

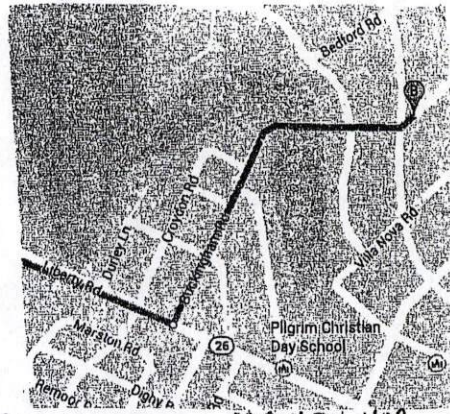
Loretta Carter
PRINTED NAME

SIGNATURE DATE

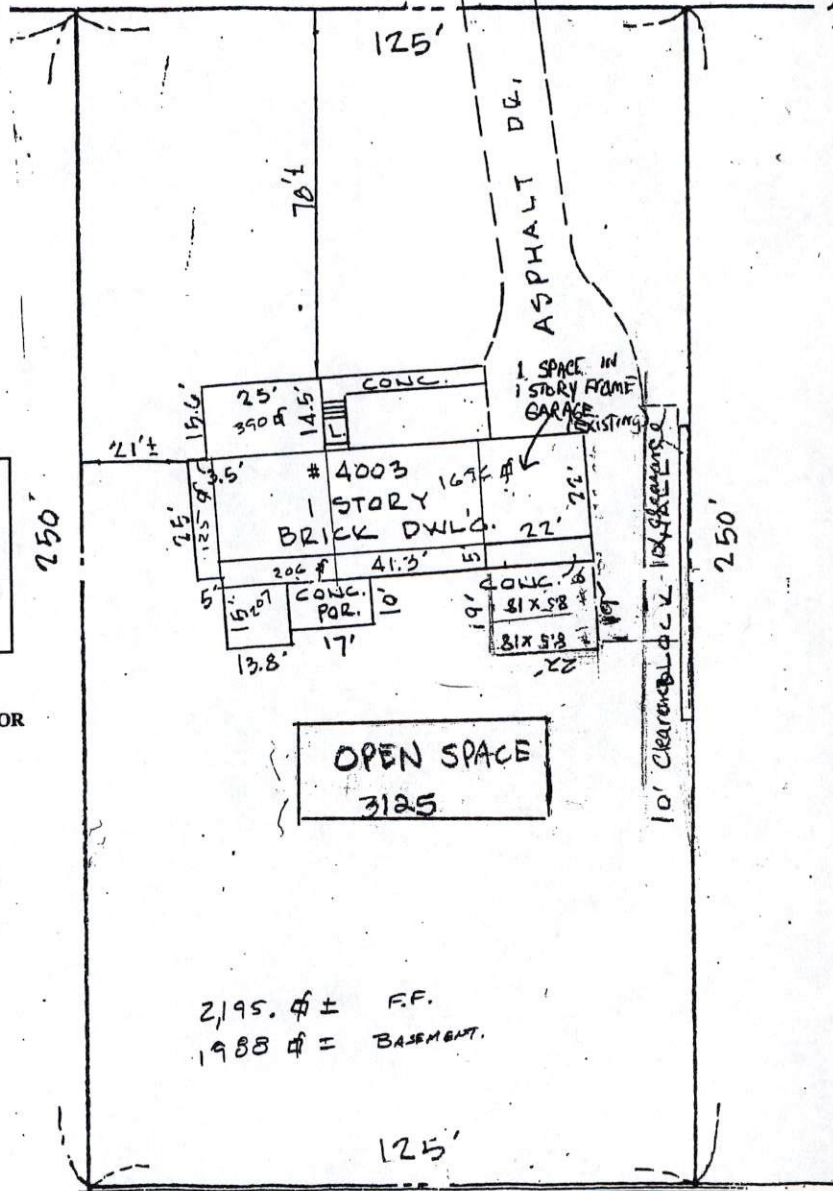
PRINTED NAME

ENGINEERS SCALE
1" = 40 FT.

REVISED 7/19/04



R.D. EDGE 2 VICINITY MAP



2,195. # ± F.F.
1,988 # ± BASEMENT.

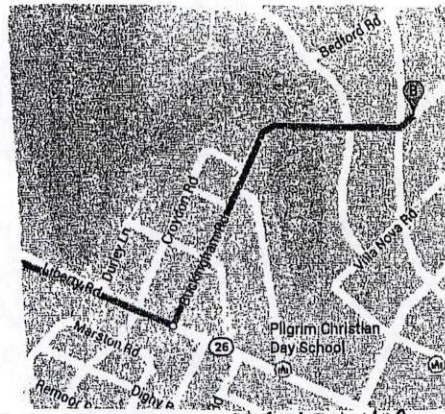
B.G.E. WIRE CROSSING

RECEIVED

NOV 26 2013

OFFICE OF PLANNING

Handwritten initials



R.D. EDGE 2 VICINITY MAP

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Loretta Carter 11/18
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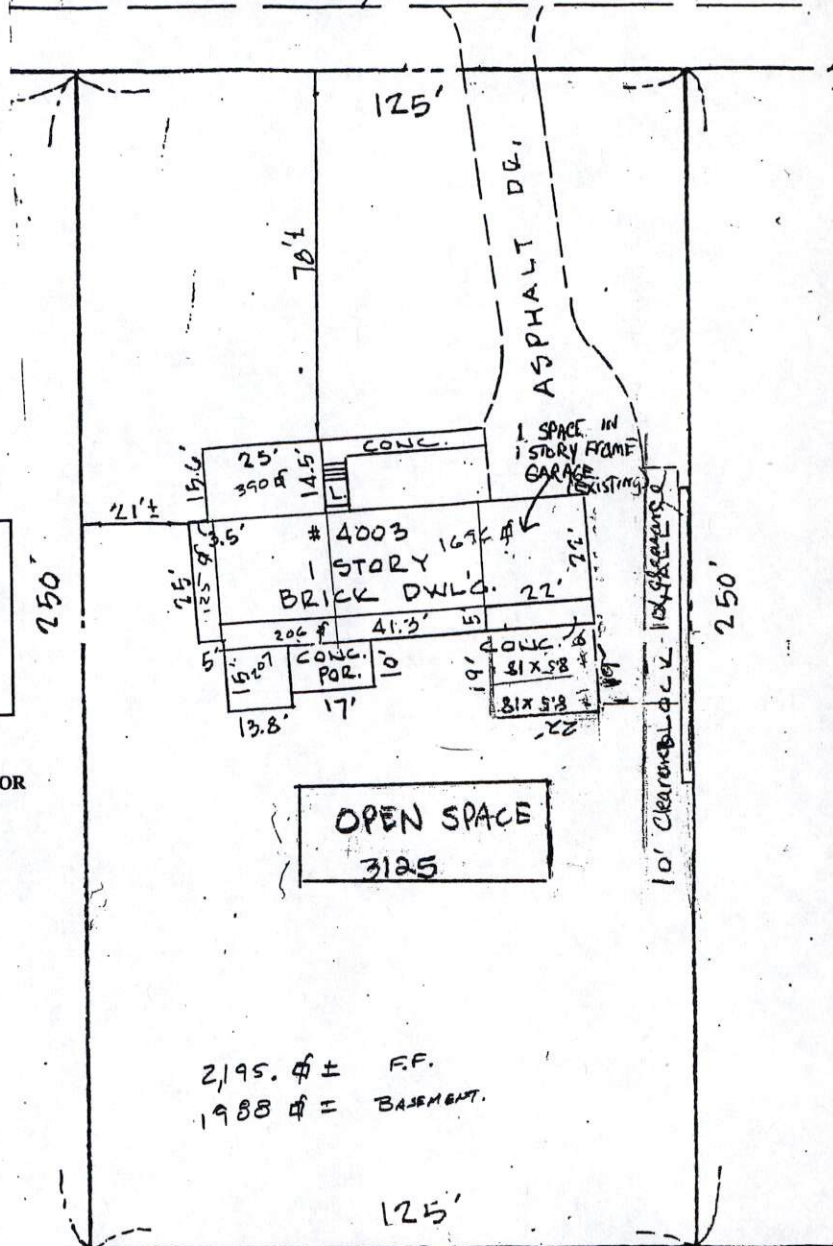
Loretta Carter
PRINTED NAME

SIGNATURE DATE

PRINTED NAME

ENGINEERS SCALE
1" = 40 FT.

REVISED 7/19/04



B.G.E. WIRE CROSSING

RECEIVED

NOV 26 2013

OFFICE OF PLANNING

2/0

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

No. 107026
 Date: 11/22/13

PAID RECEIPT

ISSUED: 11/22/2013 11:22:30 AM
 RECEIVED: 11/22/2013 11:24:30 AM
 DEPT: 5 528 ZONING VERIFICATION
 AMOUNT: \$100.00
 BALTIMORE COUNTY, MARYLAND

Fund	Dept	Unit	Sub Unit	Rev Source/Obj	Sub Rev/Obj	Dept Obj	BS Acct	Amount
001	206	0000		6150				100.00

Total: 100.00

Rec From: Loretta Carter
 For: Assisted Living Facility I

**CASHIER'S
 VALIDATION**

DISTRIBUTION
 WHITE - CASHIER PINK - AGENCY YELLOW - CUSTOMER GOLD - ACCOUNTING
 PLEASE PRESS HARD!!!!

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PLAN FOR A ASSISTED LIVING FACILITY 1 OR II**

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BALTIMORE COUNTY MD 21207
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Loretta Carter 11/18
SIGNATURE DATE

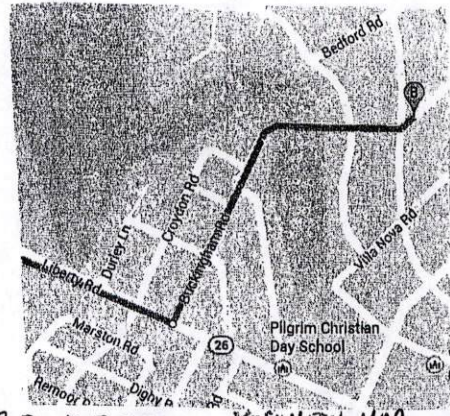
Loretta Carter
PRINTED NAME

SIGNATURE DATE

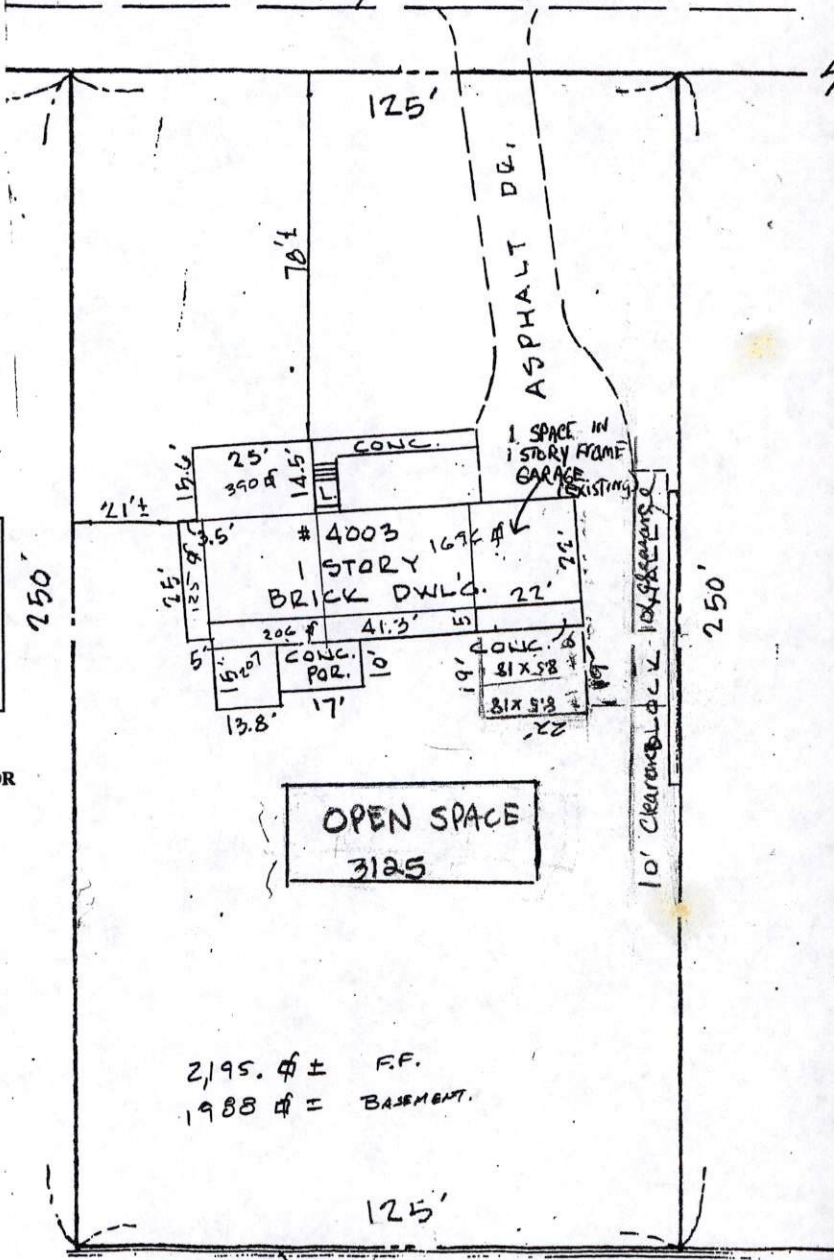
PRINTED NAME

ENGINEERS SCALE
1" = 40' FT.

REVISED 7/19/04



R.D. EDGE 7 VICINITY MAP



OPEN SPACE
3125

2,195. ± FF.
1,988 ± = BASEMENT.

B.G.E. WIRE CROSSING

1/4 = 1'

**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): *Carematters2 @Verizon.net*

A. Loretta Carter 4003 Buckingham 443 468-2717 _____
Print Name of Applicant Address Telephone Number Email Address

Lot Address 4003 Buckingham Election District 3rd Councilmanic District 2nd Square Feet of Lot 31250 sq ft

Lot Location: NE SW /side/corner of Buckingham Rd. 136' feet from NE SW corner of Rockridge Rd
(street) (street)

Land Owner: Loretta Carter 10 Digit Tax Account Number 0323054040

Address: 4003 Buckingham Rd _____
Telephone Number (443) 468-2717 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"/>	<input type="checkbox"/>
2. Permit Application (if availabl)	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Photographs (please label all photos clearly) Adjoining Buildings, the Proposed Building, and Surrounding Neighborhood	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Current Zoning Classification: <u>DR 3.5</u>		

Accepted for filing by G.H / 11/22/13
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: _____

Rear view from side of Building

location of rear parking spaces



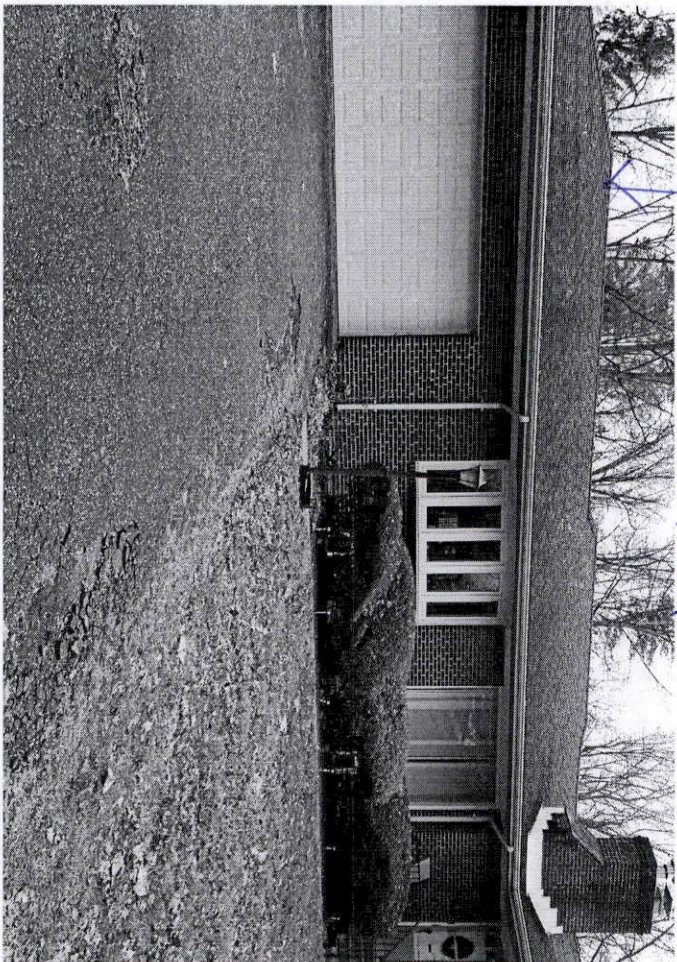
Side - Rear Parking Area



4003 Buckingham rd

Garage & Parking Space

Front



4003 Buckingham RD

BALTIMORE COUNTY, MARYLAND
OFFICE OF BUDGET & FINANCE
MISCELLANEOUS RECEIPT

No. 444390

DATE 5/9/05 ACCOUNT 2001 006 6150

AMOUNT \$ 50.00

RECEIVED FROM: CARE MATTERS

FOR: ALF

DISTRIBUTION

WHITE - CASHIER

PINK - AGENCY

YELLOW - CUSTOMER

PAID RECEIPT

BUSINESS	ACTUAL	TIME	DRM	
5/10/2005	5/09/2005	15:42:37	2	
EB WSDM	WALKTH	DUAL DMD		
RECEIPT # 312827			5/09/2005	OFLH
Dept 5 528 ZONING VERIFICATION				
CR NO. 444390				

Recpt Tot	\$50.00	
\$.00	EX	\$60.00 CA
		\$10.00- CG

Baltimore County, Maryland

CASHIER'S VALIDATION

USE PERMIT



IT IS ORDERED by the Director of the Baltimore County Department of Permits and Development Management, this 31 of MAY, 2005, that 4003 BUCKINGHAM RD should be and the same is hereby granted (street address) permission to operate a ASSISTED LIVING FACILITY
CLASS I - MAXIMUM 6 BEDS

444390

Permit No.

Shirley Kotroco

Director

Planner's Initials LTM

5/25/05

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

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

PDM ALF #

Post-it* Fax Note	7671	Date	5-23-05	# of pages	▶
To	L. MOLEY	From	J. GERMAN		
Co./Dept.		Co.	Planning		
Phone #		Phone #	X3450		
Fax #	X2824	Fax #			

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

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: Loretta F. Carter & Gerald S. Carter Address: 4003 Buckingham Rd Telephone Number: 410 4155525

Lot Address: 4003 Buckingham Rd Election District: 3 Councilmanic District: 2 Square Feet of Lot: 31

Lot Location: N E S side corner of BUCKINGHAM (street) 125' feet from N E S W corner of ROCKRIDGE (street)

Land Owner: Gerald & Loretta Carter Tax Account Number: 0323054040

Address: 4003 Buckingham Rd 21207 Telephone Number: (410) 4155525

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!

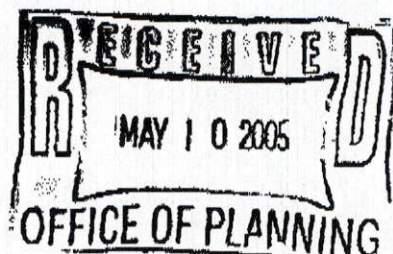
	PROVIDED?		Accepted for filing by Date: <u>5/19/05</u>
	YES	NO	
This Recommendation Form (3 copies)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Permit Application (if available)	<input type="checkbox"/>	<input type="checkbox"/>	
Site Plan: Property (3 copies): including lot size and square feet of buildings, parking and open space - 10% lot area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Statement as to whether or not building has been enlarged by 25% or more in the last five (5) years	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	
Photographs (please label all photos clearly) Adjoining Buildings, the Proposed Building, and Surrounding Neighborhood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Current Zoning Classification: <u>DR 3.5</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:

Approved by: [Signature]
for the Director, Office of Planning and Community Conservation



Date: 5/23/05

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

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Attention: ALF REVIEWER
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Towson, MD 21204
M.S. 3402

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Loretta F. Carter & Gerald S. Carter 4003 Buckingham Rd 410 4155525
Print Name of Applicant Address Telephone Number

Lot Address 4003 Buckingham Rd Election District 3 Councilmanic District 2 Square Feet of Lot 31

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

	PROVIDED?		Accepted for filing by Date: <u>5/9/05</u> LTM
	YES	NO	
1. This Recommendation Form (3 copies)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Permit Application (If available)	<input type="checkbox"/>	<input type="checkbox"/>	
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