

**INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM**

TO: Director, Office of Planning
Attention: Lynn Lanham
Jefferson Building
105 West Chesapeake Avenue, Room 101
Towson, MD 21204
Mail Stop 3402

FROM: Arnold Jablon, Director
Department of Permits, Approvals and Inspections

RE: Assisted Living Facility

ALF Address 4 Marbledale Court
Reisterstown, MD 21136

Permit No. (if required) B _____

RECEIVED

AUG 12 2013

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.

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

SharzBA Kerriem 4 Marbledale Ct 443-857-5230 sakpara@aol.com
Print Name of Applicant Address Telephone Number Email Address

Lot Address 4 Marbledale Ct Election District 4th Councilmanic District Brd Square Feet of Lot 10,846

Lot Location: N E S W/side/corner of Chestnut Hill Rd. feet from N E S W corner of _____
(street) (street)

Land Owner(s): SharzBA Kerriem & Michael Gilegia 10 Digit Tax Account Number N/A 04-16-00330

Address: 4 Marbledale Ct, Reisterstown MD Telephone Number 443-857-5230
21136 Email Address sakpara@aol.com

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

B. APPLICANT MUST PROVIDE 1 THROUGH 6

Planner to confirm information acceptance by marking below

	YES	NO
1. This Recommendation Form (3 copies).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Permit Application	<input type="checkbox"/>	<input type="checkbox"/>
3. Site Plan		
Property (3 copies) including lot size and sq ft of building, 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 type="checkbox"/>
4. Building Elevation Drawings (these <u>may be waived</u> if not 5.A from the Zoning Use Permit Checklist can be stated on the plans).....	<input type="checkbox"/>	<input type="checkbox"/>
5. Photographs (please label all photos clearly Adjoining Buildings and Surrounding Neighborhood.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Current Zoning Classification: <u>DR 3-5</u>		
	Accepted for filing by <u>JS</u> (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

Date: 8/16/13

Revised 2/7/11

USE
RECEIPT/PERMIT # 102527 ISSUED 8-19-13 JSB

#107-77
 \$100 Permit Fee Paid 8-9-13

**INTER-OFFICE CORRESPONDENCE
 RECOMMENDATION FORM**

TO: Director, Office of Planning
 Attention: Lynn Lanham
 Jefferson Building
 105 West Chesapeake Avenue, Room 101
 Towson, MD 21204
 Mail Stop 3402

ALF Address 4 Marbledale Court
Reisterstown, MD 21136
 Permit No. (if required) B _____

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 Department of Permits, Approvals and Inspections

RE: Assisted Living Facility

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

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Address: 4 Marbledale Ct, Reisterstown, MD Telephone Number 443-857-5230
21136 Email Address sakpara@aol.com

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

B. APPLICANT MUST PROVIDE 1 THROUGH 6 Planner to confirm information acceptance by marking x below

	YES	NO
1. This Recommendation Form (3 copies).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Permit Application	<input type="checkbox"/>	<input type="checkbox"/>
3. Site Plan Property (3 copies) including lot size and sq ft of building, parking and open space - 10% lot area.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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TO BE FILLED IN BY THE OFFICE OF PLANNING ONLY

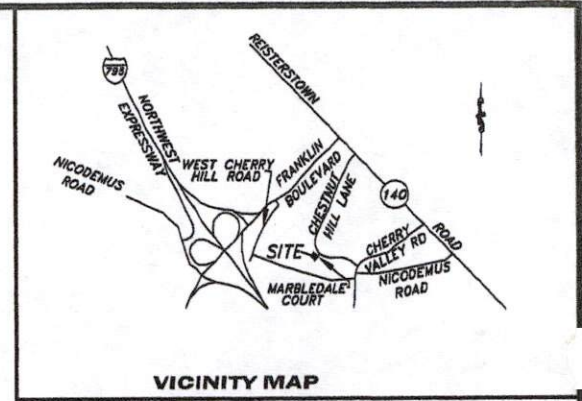
RECOMMENDATIONS / COMMENTS:
 Approval Disapproval Approval conditioned on required modifications of the application to conform with the following recommendations:

Signed by: _____
 For the Director, Office of Planning

Date: _____

REVISED 8/6/2013 TO ADD
MAC DRIVE & MAC PARKING

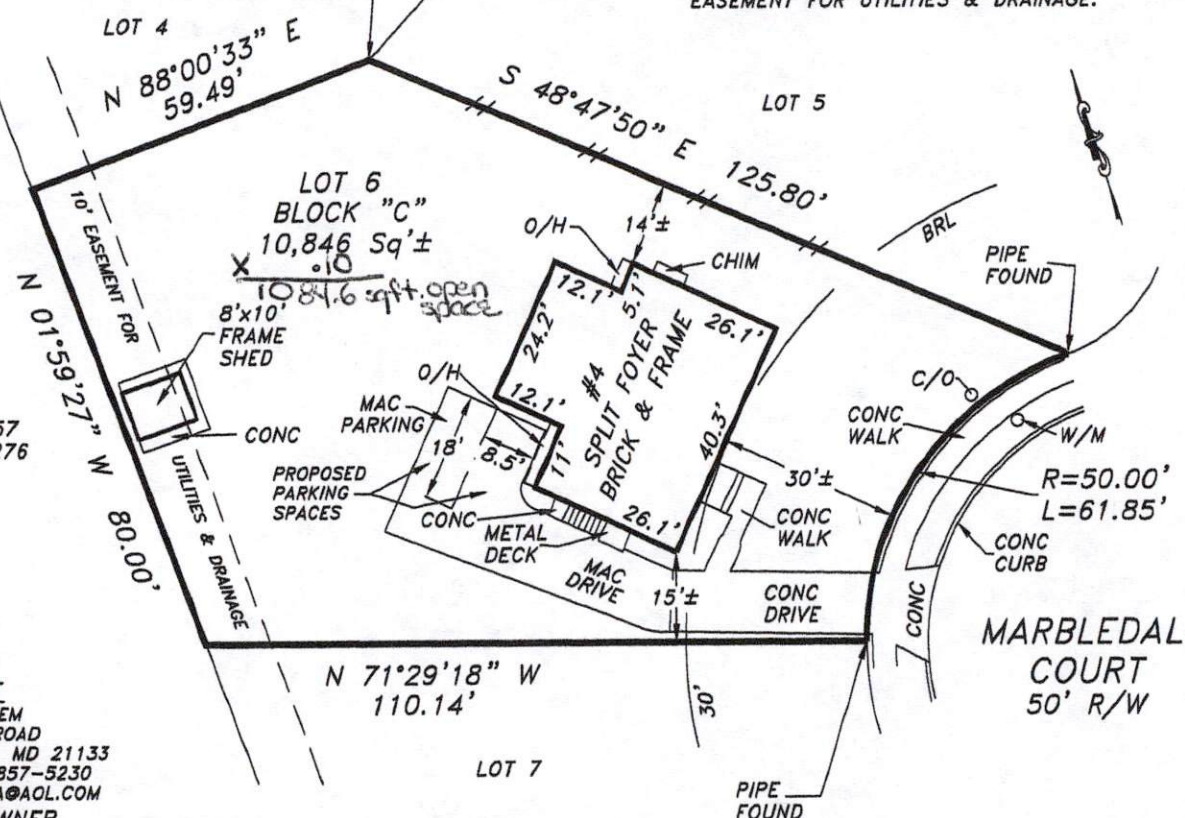
NOTE: THE 8'x10' FRAME SHED & CONC
APPEAR TO ENCROACH INTO THE 10'
EASEMENT FOR UTILITIES & DRAINAGE.



VICINITY MAP

GENERAL NOTES:

- 1) The accuracy of the distances shown from any structure to the apparent property line is 1".
- 2) This plat does not represent a Boundary Survey. Any property markers labeled hereon are not guaranteed by NTT Associates, Inc.
- 3) This plat is of benefit to a consumer only insofar as it is required by a lender, a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing.
- 4) This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required, for the transfer of title or securing financing or refinancing.
- 5) This plat is not to be relied upon for the establishment of location of fences, garages, buildings, or other existing or future improvements.
- 6) Unless noted on the plat, no title report was provided. This plat was prepared by examining the current title deed or record plat. Any easements, restrictions, rights of way, or any other property alterations not referred to in the current title deed may not be shown.
- 7) Unless otherwise noted, the bearings and north arrow shown hereon are in the meridian of the current title deed or record plat.
- 8) Building Restriction Line Information, if shown, was obtained from existing records only and is not guaranteed by NTT Associates, Inc.
- 9) Flood Zone Information shown on FIRM maps is subject to interpretation.
- 10) Improvements which in the surveyor's opinion appear to be in a state of disrepair or considered "temporary" may not be shown.
- 11) If it appears encroachments may exist, a Boundary Survey is recommended to determine the exact location of the improvements.
- 12) Area shown hereon was derived from plats of record and not a Boundary Survey.
- 13) Any proposed signs will comply with Section 450 (BCZR) and all zoning sign policies or a zoning variance is required.



TAXMAP 57
PARCEL 276

MARBLEDALE
COURT
50' R/W

APPLICANT
SHAREBA KERRIEM
9101 BENGAL ROAD
RANDALLSTOWN, MD 21133
PHONE: (443) 857-5230
EMAIL: SAKPARA@AOL.COM

CURRENT OWNER
MICHAEL K. GITAGIA &
SHAREBA A. KERRIEM
DEED 33707/51

4 BEDS = 2 PARKING SPACES REQUIRED
ZONING: DR 3.5 (1"=200' Scale Map: 057C1)

NOTE: 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 ADDITION (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.

The purpose of this drawing is to locate, describe, and represent the positions of buildings and substantial improvements affecting the property shown hereon, being known as LOT 6, BLOCK "C" as shown on the plat entitled "PLAT TWO, HATHAWAY" recorded among the land records of Baltimore County, Maryland in Plat Book 30, folio 148.

This is to certify that I either personally prepared or was in responsible charge over the preparation of this drawing and the surveying work reflected in it, all set forth in Regulation .12 of Chapter 09.13.06 of the Code of Maryland Annotated Regulations.

Subject property is shown in Zone X on the FIRM Map of Baltimore County, Maryland on Community Panel Number 240010 0205 F, effective 9/26/08

**USE PERMIT PLAN FOR
ASSISTED LIVING FACILITY**
4 MARBLEDALE COURT
REISTERSTOWN, MD 21136
4th ELECTION DISTRICT
BALTIMORE COUNTY, MARYLAND