

USE PERMIT



IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County, this 24TH day of JUNE, 2013, that NAPOLÉON MCCLAIN located at _____ (Individual or business name) 210 HIGHMEADOW ROAD should be and the (Street address)

same is hereby granted permission to operate a: ASSISTED LIVING FACILITY (FOR A MAXIMUM OF 4 BEDS).

099844
Permit (or Receipt) Number

Carl Johnson
Director, Permits, Approvals and Inspections

Planner's Initials AT

Revised 10/17/11

*original picked up
by Joe Larson
6/25/13*

**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 - (4 BEDS)

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. NAPOLEON McCLAIN ²¹¹³³ 8605 LISA CT. 447-802-0481
Print Name of Applicant Address Telephone Number Email Address

Lot Address 210 HIGHMEADOW RD. Election District 4th Councilmanic District 3rd Square Feet of Lot 9595
Lot Location: (NE/S W/side/corner) of HIGHMEADOW RD. & HOMEVALE ROAD feet from NE SW corner of _____ (street)

Land Owner: EDWARD & VICTORIA MOURDEAN 10 Digit Tax Account Number 0420020180
 Address: 210 HIGHMEADOW RD. _____
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)	<u>X</u>	_____
2. Permit Application (if available)	<u>NA</u>	_____
3. Site Plan: Property (3 copies): Including lot size and square feet of buildings, parking and open space - 10% lot area	<u>X</u>	_____
Statement of Compliance with Checklist Note 5.A	<u>X</u>	_____
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>NA</u>	_____
5. Photographs (please label all photos clearly) Adjoining Buildings, the Proposed Building, and Surrounding Neighborhood	<u>NA</u>	_____
6. Current Zoning Classification: <u>RD M.3</u>		

Accepted for filing by A. Tsui, 6/18/13
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
JUN 19 2013
OFFICE OF PLANNING

Date: 6/24/2013

**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 _____

*ISSUED 6/24/13
099844*

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

RE: Assisted Living Facility I or II (4 BEDS)

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. 2133
NAPOLEON McCLAIN 8605 LISA CT. 443-802-0481
Print Name of Applicant Address Telephone Number Email Address

Lot Address 210 HIGHMEADOW RD. Election District 4th Councilmanic District 3rd Square Feet of Lot 9505 #

Lot Location: NE S W side/corner of HIGHMEADOW RD. HOMEVALE ROAD
(street) feet from NE S W corner of (street)

Land Owner: EDWARD & VICTORIA MOUDDEAU 10 Digit Tax Account Number 0420020180

Address: 210 HIGHMEADOW RD.
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)	<u>X</u>	_____
2. Permit Application (if available)	<u>NA</u>	_____
3. Site Plan: Property (3 copies): including lot size and square feet of buildings, parking and open space - 10% lot area	<u>X</u>	_____
Statement of Compliance with Checklist Note 5.A	<u>X</u>	_____
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>NA</u>	_____
5. Photographs (please label all photos clearly) Adjoining Buildings, the Proposed Building, and Surrounding Neighborhood	<u>NA</u>	_____
6. Current Zoning Classification: <u>RR 3.5</u>		

Accepted for filing by A. Tsui, 6/18/13
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
JUN 19 2013
OFFICE OF PLANNING

Date: 6/24/2013

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

No. 099844
 Date: 6/18/13

PAID RECEIPT

BUSINESS ACTUAL TIME 5000
 6/18/2013 6/18/2013 09:39:05 2
 REC W302 WALKIN JEN HEE
 RECEIPT # 028887 6/18/2013 09:39
 PAGE 5 528 ZONING VERIFICATION
 OF NO. 099644
 Recpt Tot \$60.00
 \$60.00 CH \$60.00 CA
 Baltimore County, Maryland

Fund	Dept	Unit	Sub Unit	Obj	Sub Obj	Dept Obj	BS Acct	Amount
001	806	0000		6150				\$60

Total: \$60

Rec From: _____
 For: 210 HIGHMEADOW RD
ALF-I (4 BEDS)

**CASHIER'S
 VALIDATION**

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

BOGART TECHNICAL CONSULTANTS
Residential & Commercial Development Design

JOSEPH L. LARSON
CEO

Tel. 410-830-2299 • Fax 410-830-2297
408 Allegheny Ave. Ste. LL Towson, MD 21204
Email: bulldogbogart@verizon.net

*call for Pickle up
'USE PERMIT'*

BOGART TECHNICAL CONSULTANTS
Residential & Commercial Development Design

JOSEPH L. LARSON
CEO

Tel. 410-830-2299 • Fax 410-830-2297
408 Allegheny Ave. Ste. LL Towson, MD 21204
Email: bulldogbogart@verizon.net

**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 - (4 BEDS)

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. 21133
NAPOLEON McCLAIN 8605 LISA CT. 443-802-0481
Print Name of Applicant Address Telephone Number Email Address

Lot Address 210 HIGHMEADOW RD. Election District 4th Councilmanic District 3rd Square Feet of Lot 9595 #

Lot Location: NE S W side/corner of HIGHMEADOW RD HOMEVALE ROAD feet from NE S W corner of _____
(street) (street)

Land Owner: EDWARD & VICTORIA MOURDEAN 10 Digit Tax Account Number 0420020180

Address: 210 HIGHMEADOW RD. _____
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:

	YES	NO
1. This Recommendation Form (3 copies)	<u>X</u>	_____
2. Permit Application (if availabl)	<u>NA</u>	_____
3. Site Plan:		
Property (3 copies): including lot size and square feet of buildings, parking and open space - 10% lot area	<u>X</u>	_____
Statement of Compliance with Checklist Note 5.A	<u>X</u>	_____
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>NA</u>	_____
5. Photographs (please label all photos clearly) Adjoining Buildings, the Proposed Building, and Surrounding Neighborhood	<u>NA</u>	_____
6. Current Zoning Classification: <u>DR M.Y</u>		

Accepted for filing by A. Tsui, 6/18/13
Date

TO BE FILLED IN BY THE OFFICE OF PLANNING ONLY!

RECOMMENDATIONS / COMMENTS:

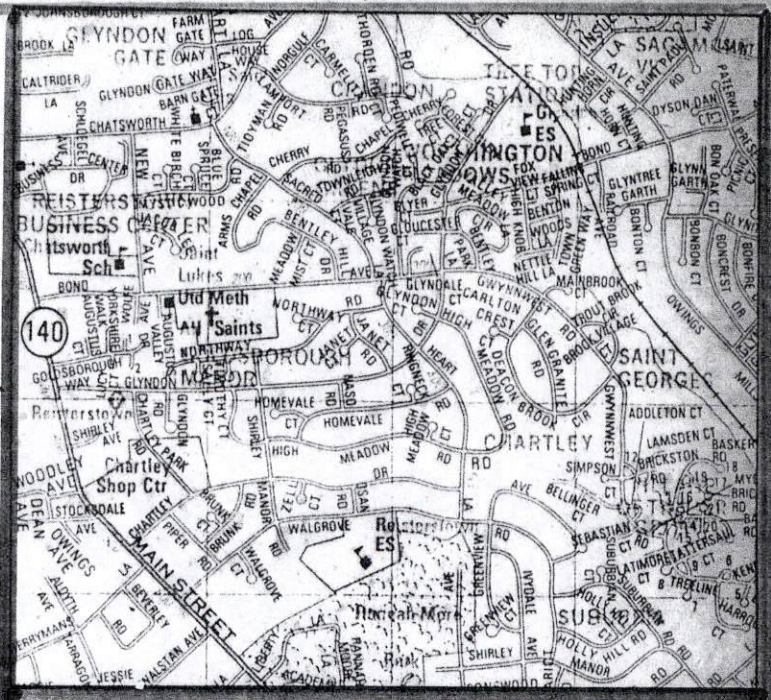
Approval Disapproval Approval conditioned on required modifications of the application to conform with the following recommendations:

Signed by: _____
for the Director, Office of Planning

Date: _____

APPLICANT

NAPOLEON McCLAIN
8007 LISA COURT
DANPALLSTOWN, MD. 21133
443-802-6481



SITE DATA

AREA OF TRACT - 9595 SQ. FT.
EXIST. ZONING - DR. R.F
COUNCIL DIST. - 3rd
ZONING MAP - 04807
DEED REF. - 28986/124
TAX ACCT. NO. - 0420020180
TAXMAP GRID PARCEL - 48-18-124
PLAT REF. - 26/107
EXIST. USE - RESIDENTIAL
PROP. USE - A.L.F. - CLASS 1
4 BEDS

SPACE = 970 SQ. FT.
(MATCHED)



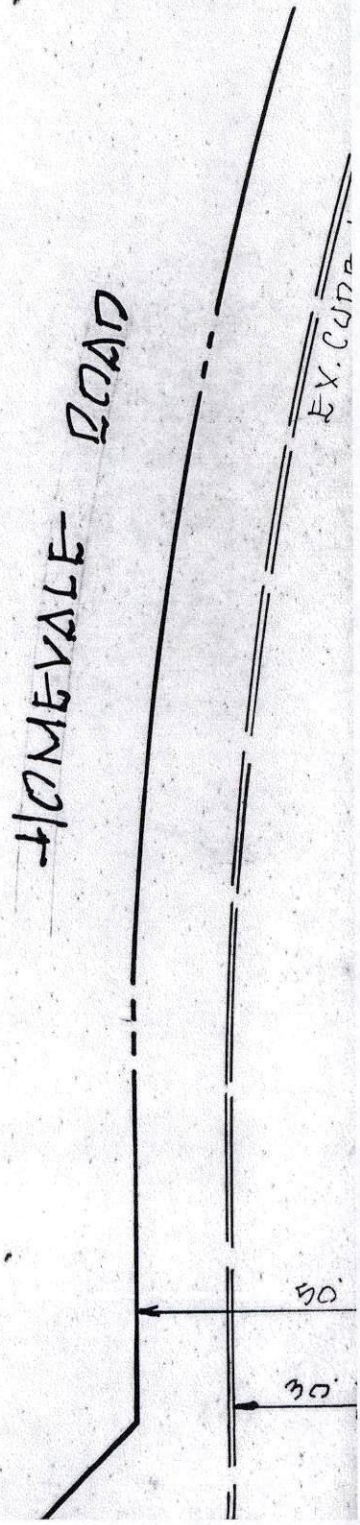
GENERAL NOTES

1. THERE ARE NO ARCHEOLOGICAL SITES, HAZARDOUS MATERIALS, ENDANGERED SPECIES HABITATS, CRITICAL AREAS OR HISTORIC BUILDINGS ON THE SUBJECT SITE.
2. THERE ARE NO STREAMS, BODIES OF WATER, OR SPRINGS ON OR ADJACENT TO THE SUBJECT SITE.
3. THERE ARE NO UNDERGROUND STORAGE TANKS ON THE SUBJECT SITE.
4. THE SUBJECT SITE DOES NOT LIE WITHIN THE CHESAPEAKE BAY CRITICAL AREA.
5. ALL PROPOSED SIGNAGE WILL COMPLY WITH SECTIONS 450 & 259.3.C.7. OF THE BCZR.
6. THE SUBJECT PROPERTY HAS ■ PREVIOUS ZONING CASE HISTORY. *
7. THE SUBJECT PROPERTY DOES NOT LIE WITHIN A 100 YEAR FLOOD PLAIN.
8. 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 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.

ZONING CASE HISTORY *

REFER TO ZONING CASE NO. 04-534 A

VARIANCE GRANTED JULY 9, 2004 TO ALLOW
A REAR YARD SETBACK OF 6' IN LIEU OF
THE REQUIRED 30'



APPLICANT CERTIFICATION

THE UNDERSIGNED APPLICANT IS RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION AS SHOWN ON THIS PLAN.

[Handwritten Signature]

NAPOLEON MCCLAIN

6-14-13

DATE

UTTER

UTTER

SITE PLAN

ZONING USE PERMIT

CLASS I -- ASSISTED LIVING FACILITY

210 HIGHMEADOW ROAD

4th ELECT. DIST.

BALTO. CO. MD.

SCALE: 1" = 20'

MAY 30, 2013