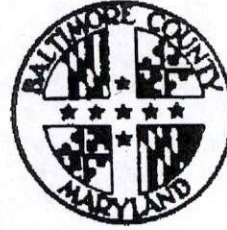


USE PERMIT



IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County, this 7TH day of MAY, 2014, that DIONE GRIFFIN located at 204 CLYDE AVENUE, MD 21227 should be and the
(Individual or business name)
(Street address)

same is hereby granted permission to operate a: ASSISTED LIVING FACILITY I (4-BEDS)

111048
Permit (or Receipt) Number

Carl J. Johnson
Director, Permits, Approvals and Inspections

Planner's Initials A.T.

Attention: Ervin McDaniel
County Courts Building, Room 406
401 Bosley Avenue
Towson, MD 21204

Permit No. (if required) B _____

5/6/14

FROM: Arnold Jablon, Director, Zoning Administration & Development Management

RE: Assisted Living Facility (Class "A") - (4 BEDS)

Pursuant to Section 432.5.B (Baltimore County Zoning Regulations) effective February 25, 1994, this office is requesting recommendations and comments from the Office of Planning and Zoning prior to this office's approval of a building/use permit.

MINIMUM APPLICANT SUPPLIED INFORMATION:

Dione Griffin 204 Clyde Ave 410-905-0857
Print Name of Applicant Address Telephone Number

204 Clyde Ave Election District 13 Councilmanic District 1 Square Feet 6400 #
Lot Address

Lot Location: N E S W side / corner of WASHINGTON AVE + CLYDE AVE feet from N E S W corner of _____
(street) (street)

Land Owner: Mark Banks Tax Account Number 13-23-000610

Address: 3540 CRAIN HWY Bowie, MD 20716 Telephone Number (301) 744-8218

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

TO BE FILLED IN BY THE OFFICE OF ZONING ADMINISTRATION AND DEVELOPMENT MANAGEMENT ONLY!

	PROVIDED?		Accepted for filing by Date: <u>4/17/14</u>
	YES	NO	
1. This Recommendation Form (3 copies)	<u>X</u>	—	<u>A-Tsu</u>
2. Permit Application (if available)	—	<u>X</u>	
3. Site Plan			
Property (3 copies): including lot size and square feet of buildings, parking and open space - minimum 500 square	<u>X</u>	—	
Topo Map (2 copies): available in Room 206, County Office Building - (please label site clearly)	<u>X</u>	—	
Statement as to whether or not building has been enlarged by 25% or more in the last five (5) years	<u>X</u>	—	
4. Building Elevation Drawings	—	<u>X</u>	
5. Photographs (please label all photos clearly)			
Adjoining Buildings	<u>X</u>	—	
Surrounding Neighborhood	—	—	
6. Current Zoning Classification: <u>DR-5.5</u>			

TO BE FILLED IN BY THE OFFICE OF PLANNING AND ZONING ONLY!

RECOMMENDATIONS / COMMENTS:

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

RECEIVED

APR 21 2014

DEPARTMENT OF PLANNING

Signed by: [Signature]
for the Director, Office of Planning and Zoning

Date: 5/7/14

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

No. 111048
 Date: 4/17/14

PAID RECEIPT

BUSINESS ACTUAL TIME OFM
 4/21/2014 4/17/2014 11:50:17 5

REC WSDS WALTON ROOM LRD
 RECEIPT # 733232 4/17/2014 OFLN

5 500 TIME VERIFICATION
 NO. 111048

Receipt for \$100.00
 \$100.00 CK \$1.00 CA
 Baltimore County, Maryland

Fund	Dept	Unit	Sub Unit	Rev Source/Obj	Sub Rev/Obj	Dept	Obj	BS Acct	Amount
001	806	000		6150					\$100

Total: \$100

Rec From: DIONE GRIFFIN
 For: 204 CLYDE AVE
ALF-I

**CASHIER'S
 VALIDATION**

DISTRIBUTION

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

FROM: Arnold Jablon, Director, Zoning Administration & Development Management

RE: Assisted Living Facility (Class "A") **-(4 BEDS)**

Pursuant to Section 432.5.B (Baltimore County Zoning Regulations) effective February 25, 1994, this office is requesting recommendations and comments from the Office of Planning and Zoning prior to this office's approval of a building/use permit.

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Lot Address

Lot Location: NES W side/corner of WASHINGTON AVE + CLYDE AVE feet from N E S W corner of _____
(street) (street)

Land Owner: Mark Banks Tax Account Number 13-23-000610

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

TO BE FILLED IN BY THE OFFICE OF ZONING ADMINISTRATION AND DEVELOPMENT MANAGEMENT ONLY!

	PROVIDED?		Accepted for filling by Date: <u>4/17/14</u> A-Fsu
	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 - minimum 500 square	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Topo Map (2 copies): available in Room 206, County Office Building - (please label site clearly)	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Building Elevation Drawings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Photographs (please label all photos clearly)			
Adjoining Buildings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Surrounding Neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	
6. Current Zoning Classification: <u>DR. 5.5</u>			

TO BE FILLED IN BY THE OFFICE OF PLANNING AND ZONING 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 Zoning

Date: _____

ZONING USE PERMIT
 PLAN FOR ASSISTED LIVING FACILITY 1 OR 2

(4 BEDS)

204 Clyde Ave.
 Baltimore County Md. 21227
 3rd Election District
 Owner: Mark Banks
 Add. 3540 Crain Hwy. Bowie, Md. 20716
 Date 3/1/14 (plan date)

Lot Size: 6400 sq. ft.
 Zoning Map N. E. (corner of Washington Ave. & Clyde Ave)
 Zone: D R 5.5
 Parking: 1 space for each 3 beds = 2 parking spaces required.

Existing Floor Areas Sq. Ft.
 1st Floor = 1890 SQ. FT.
 2nd Floor = Not Applicable
 Total = 1890 SQ. FT
 Basement For Storage And
 Mechanical Equipment = Not Applicable
 Existing Garage = Not Applicable

Open Space = 640 SQ. FT.

FOR More Than 4 BEDS SEE THE DENSITY CHART AT THE BOTTOM OF
 PAGE 1 OF THIS CHECKLIST. SHOW CALCULATIONS IN THIS 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 (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.

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

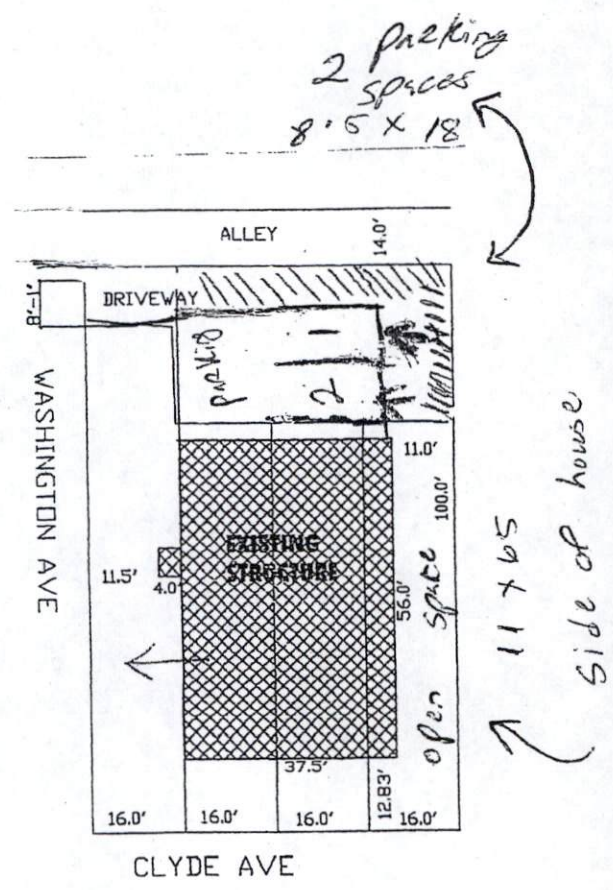
[Signature]
 SIGNATURE DATE 3/18/14

Diase Griffin
 PRINTED NAME

 SIGNATURE DATE

 PRINTED NAME

ENGINEERS SCALE
 1" - _____ FT.





Parking
page

Extra



Side of House
(right)





Left side
of House



main
Entrance
of
House



