

USE PERMIT



IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County, this 28TH day of MAY, 2014, that Yu WANG located at 4261 CHAPEL RD. should be and the same is hereby granted permission to operate a: 15 BED ASSISTED LIVING FACILITY.

Permit (or Receipt) Number Director, Permits, Approvals and Inspections
Planner's Initials JCM

Revised 10/17/11

5/29/14
ORIGINAL
mailed TO
COPIES
APPLICANT.

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

No. **110958**

Date: **5/14/14**

PAID RECEIPT

BUSINESS ACTUAL TIME BSN
 5/14/2014 5/14/2014 09:30:15 1

REC NO: 110958 LRS LTR

RECEIPT # 510330 5/14/2014 OFLN

5 520 ZONTIS VERIFICATION

CP NO. 110958

Recpt Tot \$100.00

\$100.00 CK \$0.00 CA

Baltimore County, Maryland

| Fund | Dept | Unit | Sub Unit | Rev Source/ Obj | Sub Rev/ Obj | Dept | Obj | BS Acct | Amount |
|------|------|------|----------|-----------------|--------------|------|-----|---------|--------|
| 001 | 806 | 0000 | | 6150 | | | | | 100.00 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Total: 100.00

Rec From: **YU WANG**

For: **ALF**

DISTRIBUTION

WHITE - CASHIER PINK - AGENCY YELLOW - CUSTOMER GOLD - ACCOUNTING

PLEASE PRESS HARD!!!!

**CASHIER'S
 VALIDATION**

5/30/14

**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 4261 CHAPEL RD.
Permit No. (if required) B _____

RECEIVED

MAY 15 2014

~~DEPARTMENT 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):

YU WANG 28 Holcumb Ct. 540-550-9181 Wang7788@gmail.com
Print Name of Applicant Address Telephone Number Email Address

Lot Address 4261 CHAPEL RD. Election District 11 Councilmanic District 5 Square Feet of Lot 40510

Lot Location: N E S side/corner of CHAPEL RD. _____ feet from N E S W corner of _____
(street) (street)

Land Owner(s): YU WANG & QING XU 10 Digit Tax Account Number 1107015550

Address: 28 Holcumb Ct. Baltimore, MD 21220 Telephone Number (540) 550-9181
Email Address Wang7788@gmail.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 checked="" 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 checked="" 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 35</u> | | |

Accepted for filing by J. Merrey
5-14-14
(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:

see attached comments for reference

Signed by: [Signature]
For the Director, Office of Planning

Date: 5/28/14

BALTIMORE COUNTY, MARYLAND

INTER-OFFICE CORRESPONDENCE

To: Jenifer Nugent

DATE: May 30, 2014

FROM: Krystle Patchak
Central Sector, Neighborhood Response Team

SUBJECT: 4261 Chapel Road
Assisted Living

The Department of Planning has reviewed the Assisted Living Facility plan and accompanying pictures. After visiting the site it was determined that the property is in good condition and well maintained. The parking on the site is sufficient for what is requested.

We would support the number of beds allowed by density, pending zoning verification.

ZONING INFORMATION FOR SMALL ASSISTED LIVING FACILITIES (ALF's)

The attached information will help in filing for the use permits for Class I and II ALF's

There are two checklist sheets. One is for use permit ; the other is for compatibility review. Both must be followed carefully. A sample site plan accompanies the checklist for your convenience. There is also a condensed copy of the zoning regulations attached to the above information.

The regulations for these facilities were based on their establishment in certain residential (DR or equivalent) zones and in existing detached single family dwellings or buildings. They may not be located in apartment buildings. They can only be placed in townhouse units with difficulty ; usually involving Zoning Public Hearings for parking or other conflicts with the zoning regulations as set forth on the checklists. Please be aware that a public hearing requires actions that are not detailed in this information. You may contact the zoning review staff at 410 - 887-3391 about public hearing requirements if you have a site plan conflict with the regulations.

The buildings in which ALF's are proposed must have existed for the past five years and not have had substantial enlargement during that time. For details please see the checklist.

Please check your zoning as directed below. This is very important if you are proposing more than four ALF beds. Each zone requires an increasingly larger lot area to support more than four beds. You may call the above referenced zoning review phone # for questions on required lot sizes once you can state what the site is zoned and the number of ALF beds you are proposing.

ALF II's are for more than 7 beds. There are special requirements for location. They must be located on a "principal arterial street". You must come to the Zoning Review Office at 111 West Chesapeake Ave. in Towson Md., in person to locate your site on the road map system to confirm compliance with this requirement.

ALF III's are for more than 15 residents and have requirements that go beyond those of the smaller ALF I and II Facilities (such as development regulation application). Please contact the zoning staff at the above phone # for details regarding this type of approval.

Please be aware that the provided information is for zoning use permit application only and it is not intended to represent the requirements of any other agency regarding approval of your use.

To find your zoning, you may come to the Zoning Office at the above address or go to the following website: <http://www.baltimorecountyonline.info>. Once there, click on "What's My Zoning", then on the next page click the "I Agree" tab. An address bar will then come up. Put the street # and road name in the bar and click the " Create A Map " tab. In a few seconds the zoning map should appear. The zoning designation is shown within the blue lines. If you cannot read it clearly, place the mouse cursor on the site and left click the mouse, the zoning should appear in a window on your screen. Occasionally this site may be off-line. Should you have difficulty accessing it, you can try again later or come to the zoning counter at the above address for help. Please be aware that this on-line map is not official. To get a copy of the official map, you must come to the zoning counter for assistance.

ZONING USE PERMIT CHECKLIST

ASSISTED LIVING FACILITY I (1 – 7 beds) or II (8-15 beds)

Pursuant to Bills 19-04 & 32-06

The zoning regulations regarding assisted living facilities (ALF's) were changed by the County Council in Bill No. 19-04, effective 5/29/04 and Bill 32-06, effective 5/18/06. This checklist is intended to inform the public of these standards. One of several changes is the new requirement for small scale ALF's for 1-3 residents which were formerly exempted, that now have to file for a zoning use permit as was previously required only for 4-15 resident facilities. **However, if you can clearly document to this office that your facility was licensed and legally operating for care of a certain set number of persons prior to the above referenced bill date, an ALF use permit may be issued at the discretion of the Zoning Review Office for continuance of your use for the previously licensed number of persons without a full use permit review as stipulated in this checklist.** This is done by an individual property use review for each site for which such documentation is presented. Prior to applying for this Use Permit, contact the Baltimore County Department of Aging for related information. Fees and Plan/Checklist changes are subject to change without advance notice. Sealed plans may be required.

Filing Requirements

Three (3) use permit plans, per this checklist and sample plan sheet; one planning office compatibility/appearance review package (see Recommendation Form), and \$50.00 are required for filing the application. Due to the necessity of a detailed review of the materials, you must contact 410-887-3391 for a filing appointment for this use permit.

Provide the following information on an (engineer) scaled drawing at a 1"=50' or larger scale.

1. **Owner's name**, and if the applicant is not the owner, the applicate's name, date, address, daytime telephone number, and the address of the property under this use permit review.
2. **Title:** Use permit plan for Assisted Living Facility (ALF I or II). Street vicinity map with site indicated, north arrow, scale of drawing (must be at an engineer's scale and legible), election district, property outline, and dimensions in feet, the square footage of the lot, and the current zoning of the property per the 1"=200' scale official zoning map.
3. Location on the property, use and the dimensioned footprint of the ground floor area and gross floor area (all floors) of each structure on the lot in square feet. Show and label a minimum of 10% of the lot as "open space". Show the method of calculation; Lot sq ft. x .10= _____ sq ft open space.
4. A. Number of beds to be approved with parking calculations indicating 1 parking space for each 3 beds (round-up all numbers). Note that all parking and maneuvering will be paved with a durable, dustless surface (such as asphalt or concrete) and will be permanently striped. Indicate the location and dimension of all parking and maneuvering areas. Each parking space must be 8-1/2 feet x 18 feet, which must be shown and dimensioned.
 B. **Parking spaces must be shown to comply with the following: 10 feet from all lot lines other than an alley that does not abut the front or rear yard of a residentially used property. All parking and delivery areas in the side or rear yard only. A public hearing is required for noncompliance. Contact the zoning office for further information.**
5. A. Note on the 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 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 limit for 5 years from the date of this application.
 B. Where compliance with note 5.A. cannot be stated, the use permit application may not be accepted for filing or a public hearing may be required. The zoning office should be contacted for further information.
6. **For more than four beds** density/area calculations must be shown on plan based on the zones minimum lot area requirements for each density or dwelling unit used. See chart at bottom of this page.
7. Class II ALF's must be shown to be located on a principal arterial street on the plan.
8. Note on the plan that any proposed signs will comply with Section 450 (BCZR) and all zoning sign policies or a zoning variance is required.
9. Include signatures, printed names (and dates) of these responsible for the accuracy of the information in this application.

| Density | |
|------------|-------------------------|
| 1-4 beds | Not required |
| 5-8 beds | 2 density lots required |
| 9-12 beds | 3 density lots required |
| 13-15 beds | 4 density lots required |

SAMPLE FORM, ADD YOUR INFORMATION ACCORDING TO THIS FORMAT.

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

#123 SMITH ROAD
BALTIMORE COUNTY MD 20204
3RD ELECTION DISTRICT
OWNER: JOHN & LINDA SMITH
ADD. #321 BROOK LA. TOWSON MD 21044
DATE 2/24/94 (PLAN DATE)
PHONE: 410-325-1799
APPLICANT: IF NOT OWNER ADD ABOVE INFO.

LOT SIZE: 6,000 SQ. FT.
ZONING MAP N.W. 5F
ZONE DR 3.5

PARKING: 1 SPACE FOR EACH 3 BEDS = 2 PARKING SPACES REQUIRED.

EXISTING FLOOR AREAS SQ. FT.
1ST FLOOR AND SUN ROOM = 1987 SQ. FT.
2ND FLOOR = 1811 SQ. FT.
TOTAL 3,798 SQ. FT.
BASEMENT FOR STORAGE AND
MECHANICAL EQUIPMENT = 1811 SQ. FT.
EXISTING GARAGE = 374 SQ. FT.

OPEN SPACE: .10 x LOT AREA (6,000 SQ. FT.) = 600 SQ. FT.

FOR MORE THAN 4 BEDS SEE THE DENSITY CHART AT THE BOTTOM OF
PAGE 1 OF THIS CHECKLIST. SHOW CALCULATIONS IN THIS AREA ON YOUR 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 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.

SIGNATURE DATE

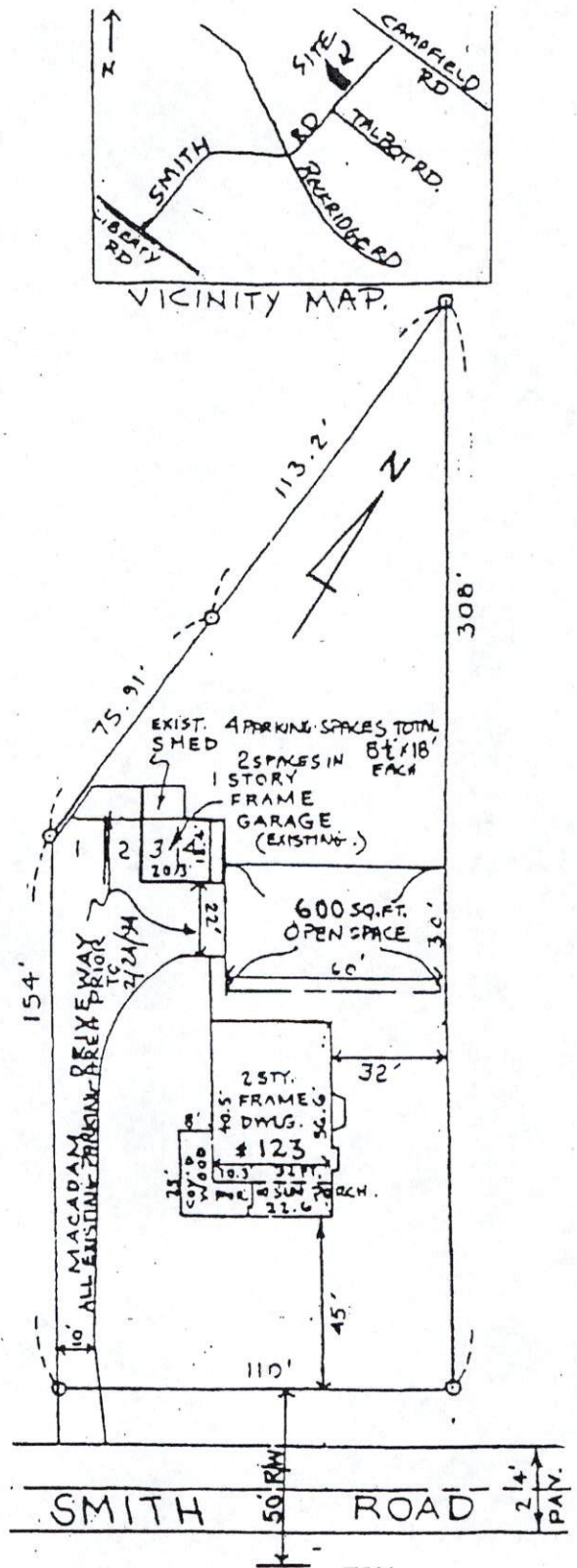
PRINTED NAME

SIGNATURE DATE

PRINTED NAME

ENGINEERS SCALE
1" = _____ FT.

REVISED 7/19/04



INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

TO: Director, Office of Planning & Community Conservation
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: **Timothy M. Kotroco**
Department of Permits & Development Management
M.S. 1105

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 | Address | Telephone Number |
| Lot Address _____ | Election District _____ Councilmanic District _____ | Square Feet of Lot _____ |
| Lot Location: N E S W/side/corner of _____, _____ feet from N E S W corner of _____ | | |
| (street) | | (street) |
| Land Owner: _____ | | Tax Account Number _____ |
| Address: _____ | | Telephone Number () _____ |

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: _____ |
|--|-----------|-------|---|
| | YES | NO | |
| 1. This Recommendation Form (3 copies) | _____ | _____ | |
| 2. Permit Application (If available) | _____ | _____ | |
| 3. Site Plan: Property (3 copies): including lot size and square feet of buildings, parking and open space – 10% lot area 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 | _____ | _____ | |
| 6. Current Zoning Classification: _____ | | | |

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 and Community Conservation

Date: _____

ASSISTED LIVING FACILITIES I, II, & III.

(Bill Nos. 19-04 & 32-06)

*****SECTION 101. DEFINITIONS.

ASSISTED LIVING FACILITY: A BUILDING, OR SECTION OF A BUILDING THAT PROVIDES HOUSING AND SUPPORTIVE SERVICES, SUPERVISION, PERSONALIZED ASSISTANCE, HEALTH-RELATED SERVICES, OR A COMBINATION THEREOF, TO MEET THE NEEDS OF INDIVIDUALS WHO ARE UNABLE TO PERFORM OR WHO NEED ASSISTANCE IN PERFORMING THE ACTIVITIES OF DAILY LIVING AND WHICH IS LICENSED AS AN ASSISTED LIVING PROGRAM AS DEFINED UNDER TITLE 19, SUBTITLE 18 OF THE HEALTH-GENERAL ARTICLE, ANNOTATED CODE OF MARYLAND. FOR THE PURPOSES OF THIS DEFINITION, IF A RESIDENT LIVES IN A ROOM OR APARTMENT PROVIDING COMPLETE KITCHEN FACILITIES INTENDED FOR THE DAILY PREPARATION OF MEALS BY OR FOR THAT RESIDENT, THE UNIT SHALL NOT BE CONSIDERED AN ASSISTED LIVING FACILITY. DENSITY FOR SUCH FACILITIES SHALL BE CALCULATED AT 0.25 FOR EACH BED.

*****SECTION 432A. ASSISTED LIVING FACILITY; HOUSING FOR THE ELDERLY. AN ASSISTED LIVING FACILITY IS PERMITTED IN THE D.R., R.O., R.O.A., R.A.E., B.R., B.M. AND OR-2 ZONES AS FOLLOWS:

- 1) AN ASSISTED LIVING FACILITY I IS PERMITTED BY USE PERMIT.
- 2) AN ASSISTED LIVING FACILITY II IS PERMITTED BY USE PERMIT IF IT HAS FRONTAGE ON A PRINCIPAL ARTERIAL STREET.
- 3) AN ASSISTED LIVING FACILITY III IS PERMITTED IN A D.R. 16, R.A.E., R.O., R.O.A. or B.M., ZONE BY USE PERMIT. AN ASSISTED LIVING FACILITY III IS PERMITTED IN THE OR-2 ZONE BY SPECIAL EXCEPTION AND IS LIMITED BY THE USE, AREA, AND BULK REGULATIONS OF THE D.R. 10.5 ZONE. A FACILITY LOCATED IN A R.O. ZONE IS ALSO SUBJECT TO REVIEW BY THE DESIGN REVIEW PANEL FOR COMPATABILITY WITH SURROUNDING USES.
- 4) HOUSING FOR THE ELDERLY IS PERMITTED BY RIGHT IN R.A.E. ZONES

*****ASSISTED LIVING FACILITY I: AN ASSISTED LIVING PROGRAM WHICH:

- 1) IS LOCATED IN A STRUCTURE WHICH WAS BUILT AT LEAST FIVE YEARS BEFORE THE DATE OF APPLICATION.
- 2) WAS NOT ENLARGED BY 25% OR MORE OF GROUND FLOOR AREA WITHIN THE FIVE YEARS BEFORE THE DATE OF APPLICATION.
- 3) WHICH ACCOMODATES FEWER THAN 8 RESIDENT CLIENTS.

*****ASSISTED LIVING FACILITY II: AN ASSISTED LIVING PROGRAM WHICH:

- 1) IS LOCATED IN A STRUCTURE WHICH WAS BUILT AT LEAST FIVE YEARS BEFORE THE DATE OF APPLICATION.
- 2) WAS NOT ENLARGED BY 25% OR MORE OF GROUND FLOOR AREA WITHIN THE FIVE YEARS BEFORE THE DATE OF APPLICATION.
- 3) WHICH ACCOMODATES BETWEEN 8 AND 15 RESIDENT CLIENTS.

*****ASSISTED LIVING FACILITY III: AN ASSISTED LIVING PROGRAM WHICH:

- 1) WILL ACCOMMODATE MORE THAN 15 RESIDENT CLIENTS.
- 2) WILL BE IN A STRUCTURE WHICH WAS BUILT OR ENLARGED BY MORE THAN 25% OF GROUND FLOOR AREA LESS THAN FIVE YEARS BEFORE THE DATE OF APPLICATION. OR
- 3) WILL BE IN A STRUCTURE WHICH WILL BE NEWLY CONSTRUCTED OR ENLARGED BY MORE THAN 25% OF GROUND FLOOR AREA FOR THE ASSISTED LIVING PROGRAM.

*****SITE & DESIGN STANDARDS:

- 1) EXCEPT FOR THE SIGNS PERMITTED BY SECTION 450, NO OTHER SIGNS OR DISPLAYS OF ANY KIND VISIBLE FROM THE OUTSIDE ARE PERMITTED.
- 2) OFF-STREET PARKING SHALL BE PROVIDED IN ACCORDANCE WITH SECTION 409 AND SUBJECT TO THE FOLLOWING CONDITIONS, BUT NO PARKING STRUCTURE IS PERMITTED EXCEPT FOR A RESIDENTIAL GARAGE AS DEFINED IN SECTION 101.
 - PARKING SHALL BE SET BACK AT LEAST 10 FEET FROM THE PROPERTY LINE, EXCEPT THAT IF THE PROPERTY LINE ABUTS AN ALLY. NO SETBACK IS REQUIRED IF THE ALLEY DOES NOT ABUT THE FRONT OR REAR YARD OF A RESIDENTIALLY USED PROPERTY.
 - PARKING AND DELIVERY AREAS SHALL BE LOCATED IN THE SIDE OR REAR ONLY.
 - AT LEAST 10% OF THE LOT SHALL BE USED TO PROVIDE USABLE CONTIGUOUS AND PRIVATE OPEN SPACE.
- 3) AN ASSISTED LIVING FACILITY IS SUBJECT TO A COMPATIBILITY FINDING PERSUANT TO SECTION 32-4-402 OF THE BALTIMORE COUNTY CODE.
- 4) AN ASSISTED LIVING FACILITY LOCATED IN A COUNTY HISTORIC DISTRICT IS ALSO SUBJECT TO REVIEW BY THE LANDMARKS PRESERVATION COMMISSION IN THE SAME MANNER AS OTHER BUILDINGS LOCATED IN A HISTORICAL DISTRICT.

**INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM**

TO: Director, Office of Planning and Zoning
Attention: Ervin McDaniel
County Courts Building, Room 406
401 Bosley Avenue
Towson, MD 21204

ZADM ALF # _____

Permit No. (if required) B _____

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

RE: Assisted Living Facility (Class "A")

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:

| | | |
|--|----------------------------|-----------------------------|
| Print Name of Applicant _____ | Address _____ | Telephone Number _____ |
| Lot Address _____ | Election District _____ | Councilmanic District _____ |
| | | Square Feet _____ |
| Lot Location: N E S W/side/corner of _____ feet from N E S W corner of _____ | | |
| | (street) | (street) |
| Land Owner: _____ | Tax Account Number _____ | |
| Address: _____ | Telephone Number () _____ | |

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

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: _____

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Towson, MD 21204

ZADM ALF # _____

Permit No. (if required) B _____

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

RE: Assisted Living Facility (Class "A")

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:

| | | |
|---|---|----------------------------|
| Print Name of Applicant | Address | Telephone Number |
| Lot Address _____ | Election District _____ Councilmanic District _____ | Square Feet _____ |
| Lot Location: N E S W/side/corner of _____ (street), _____ feet from N E S W corner of _____ (street) | | |
| Land Owner: _____ | | Tax Account Number _____ |
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| Surrounding Neighborhood | _____ | _____ | |
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for the Director, Office of Planning and Zoning

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Jefferson Building
105 West Chesapeake Avenue, Room 101
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Mail Stop 3402

ALF Address 4261 CHAPEL RD.
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YU WANG 28 Holcumb Ct. 540-550-9181 Wang7788@gmail.com
 Print Name of Applicant Address Telephone Number Email Address

Lot Address 4261 chapel rd. Election District 11 Councilmanic District 5 Square Feet of Lot 40510

Lot Location: N E S W side/corner of chapel rd. _____ feet from N E S W corner of _____
 (street) (street)

Land Owner(s): Yu Wang & Qing Xu 10 Digit Tax Account Number 1107015550

Address: 28 Holcumb Ct., Baltimore, MD 21220 Telephone Number (540) 550-9181
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|--|---|-------------------------------------|
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| 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 checked="" 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>5.14.14</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: _____
For the Director, Office of Planning

Date: _____

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

4261 CHAPEL ROAD
PERRY HALL MD 21128
11TH ELECTION DISTRICT
OWNER: XU QING & WANG YU
ADD. 28 HOLCUMB CT, MIDDLE RIVER MD 21220
DATE 3/23/2014 (PLAN DATE)
PHONE: 540-550-9181
APPLICANT: IF NOT OWNER ADD ABOVE INFO.

LOT SIZE: 40510 SQ.FT.
ZONING MAP
ZONE DR 3.5
No. of Beds: 15
PARKING: 1 SPACE FOR EACH 3 BEDS = 3 PARKING SPACES
REQUIRED.

EXISTING FLOOR AREAS SQ.FT.
1ST FLOOR AND SUN ROOM = 1278 SQ.FT.
2ND FLOOR = 1020 SQ.FT.
TOTAL 2298 SQ.FT.
BASEMENT FOR STORAGE AND
MECHANICAL EQUIPMENT = 1020 SQ.FT.

OPEN SPACE: .10 x LOT AREA (40510 SQ.FT.) = 4051 SQ.FT.

FOR MORE THAN 4 BEDS SEE THE DENSITY CHART AT THE
BOTTOM OF PAGE 1 OF THIS CHECKLIST. SHOW
CALCULATIONS IN THIS AREA ON YOUR PLAN.

THIS BUILDING HAS NOT BEEN ORIGINALLY CONSTRUCTED
TO ACCOMMODATE ELDERLY HOUSING OR AN ASSISTED
LIVING FACILITY. NO CONSTRUCTION, RELOCATION,
EXTERIOR CHANGES OR ADDITIONS OF 25% OR MORE IN
GROUND FLOOR AREA AS IT HAS EXISTED FOR 5 YEARS
BEFORE THE DATE OF THIS APPLICATION HAS OCCURRED
TO THE EXTERIOR OF THE BUILDING. NO ADDITIONS ARE
PROPOSED.

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.

Xu Wang 5-12-2014
SIGNATURE DATE
YU WANG (OWNER)
PRINTED NAME

SIGNATURE DATE

PRINTED NAME

ENGINEERS SCALE
1" = 60 FT.

