USE PERMIT

IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County, this 11TH day of MAY, 2015, that LIZA EVARDO (Individual or business name) located at 1325 N. ROLLING ROAD (Street address) should be and the same is hereby granted permission to operate an ASSISTED LIVING FACILITY I WITH A MAXIMUM OF FOUR BEDS.

123599
Permit (or Receipt) Number

Director, Permits, Approvals and Inspections

Planner's Initials JSS

Revised 10/17/11

5/13/15

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

ALF Address 1325 N. ROLLING RD.

Permit No. (if required) B _____

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

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):

Liz Everde | 1325 N Rolling Rd Catonsville MD 21228 | Liz.Everde@gmail.com
Print Name of Applicant | Address | Telephone Number | Email Address

Lot Address 1325 N. Rolling Rd. Election District 1 Councilmanic District 1 Square Feet of Lot 9951 sq ft

Lot Location: N (E) S W/side/corner of N. Rolling Rd. (street) , 250 feet from N E (S) W corner of Adil Ct. (street)

Land Owner(s): Floridaliza Luna 10 Digit Tax Account Number 2[illegible]312

Address: 1325 N Rolling Rd. Telephone Number (410) 504-3409

Email Address flora.luna2478@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) ✓	☑	☐
2. Permit Application	☐	☒
3. Site Plan Property (3 copies) including lot size and sq ft of building, parking and open space – 10% lot area	☑	☐
Statement of Compliance with Checklist Note 5.A	☑	☐
4. Building Elevation Drawings (these may be waived if not 5.A from the Zoning Use Permit Checklist can be stated on the plans)	☐	☒
5. Photographs (please label all photos clearly Adjoining Buildings and Surrounding Neighborhood) Side x 2 Rear & front	☑	☐

6. Current Zoning Classification: DR 3.5

Accepted for filing by JASON (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

RECEIVED
APR 27 2015
DEPARTMENT OF PLANNING

Date: 5/11/15

Revised 2/7/11

ZONING USE PERMIT
PLAN FOR A ASSISTED LIVING
FACILITY I

1325 N ROLLING ROAD
BALTIMORE COUNTY MD 21228
1ST ELECTION DISTRICT
OWNER: FLORDELIZA LUNA
1325 N ROLLING ROAD
DATE 4/15/2015
PHONE: 410-504-309
APPLICANT: LIZA EVARDO

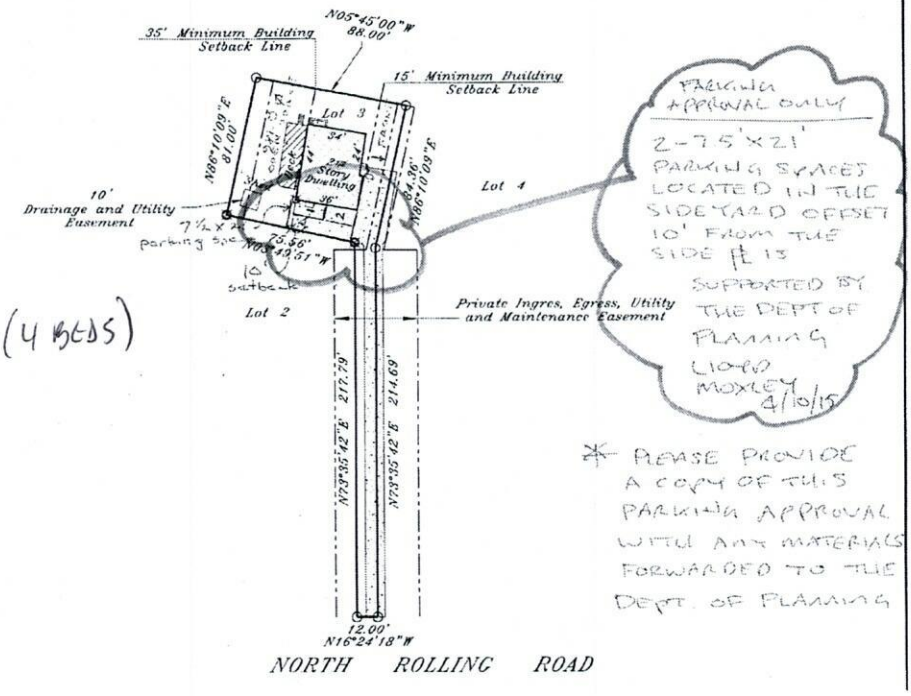
LOT SIZE: 9851 SQ FT.
ZONING MAP 094C3
ZONE DR 3.5

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

(4 BEDS)

EXISTING FLOOR AREAS SQ. FT.
1ST FLOOR AND SUN ROOM = 1601 SQ FT
2ND FLOOR =1531 SQ FT
TOTAL 3132 SQ FT
BASEMENT FOR STORAGE AND MECHANICAL EQUIPMENT = 1327 SQ FT
EXISTING GARAGE =401 SQ FT

OPEN SPACE: .10 X LOT AREA (9,851 SQ FT)=985.1 SQ



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 OWNER OR APPLICANTS) ARE RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION ON THIS PLAN.

SIGNATURE — DATE 04/20/15

FLORDELIZA LUNA
PRINTED NAME

SIGNATURE — DATE 04/20/15

Liza Evardo
PRINTED NAME

INTER-OFFICE CORRESPONDENCE

RECOMMENDATION FORM

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Email Address flora.lunasantos@gmail.com

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

Signed by: _____ Date: _____
For the Director, Office of Planning

Revised 2/7/11

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

No. 123599

Date: 4/24/15

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

Total: $100.00

Rec From: EVANS

For: ALF I USE PERMIT APPLICATION

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

PAID RECEIPT
BUSINESS ACTUAL TIME DRW
4/27/2015 4/24/2015 11:17:25 5
REG WSD5 WALKIN RBDS LRB
>>RECEIPT # 792553 4/24/2015 OFLN
Rcpt 5 528 ZONING VERIFICATION
CK NO. 123599
Receipt Tot $100.00
$.00 CK $100.00 CA
Baltimore County, Maryland

CASHIER'S VALIDATION