

10/30/15

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 _____

Permit No. (if required) B _____

RECEIVED

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

OCT 15 2015

RE: Assisted Living Facility

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):

CRAIG WRIGHT 6601 PARSONS AVE BALTIMORE MD 21215 443-739-6203 Cr7715@gmail.com
Print Name of Applicant Address Telephone Number Email Address
Lot Address 6601 PARSONS AVE Election District 3 Councilmanic District 4 Square Feet of Lot 16,500
Lot Location: (N) S W side corner of PARSONS AVE 0' feet from (N) E S W corner of ROCK AVE
(street) (street)
Land Owner(s): CRAIG WRIGHT 10 Digit Tax Account Number 03-23-087440
Address: 6601 PARSONS AVE Telephone Number 443-739-6203
Email Address Cr7715@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 <u>may be waived</u> 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	☒	☐
6. Current Zoning Classification: <u>DR 5.5</u>	Accepted for filing by <u>JASON</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: 10/21/15

Revised 2/7/11

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

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CRAIG WRIGHT 6601 PARSONS AVE BALTIMORE MD 21215 443-739-6203 Cr77ig@gmail.com
Print Name of Applicant Address Telephone Number Email Address

Lot Address 6601 PARSONS AVE Election District 3 Councilmanic District 4 Square Feet of Lot 16,500
Lot Location: NE S W side/corner of PARSONS AVE 0' feet from NE S W corner of REX AVE
(street) (street)
Land Owner(s): CRAIG WRIGHT 10 Digit Tax Account Number 03-23-087440
Address: 6601 PARSONS AVE Telephone Number 443 739-6203
Email Address Cr77ig@gmail.com

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Signed by: _____
For the Director, Office of Planning

Date: _____

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

No. **128767**

Date: **9/25/15**

PAID RECEIPT

BUSINESS ACTUAL TIME DAY
 9/28/2015 9/25/2015 11:21:02 4

REG W504 WALKIN KSHI HAS
 >>RECEIPT # 683291 9/25/2015 OFD
 Dept 5 526 EMPLOY VERIFICATION
 CR NO. 128767

Recpt Tot 150.00
 \$0.00 CK \$0.00 Ca
 Baltimore County, Maryland

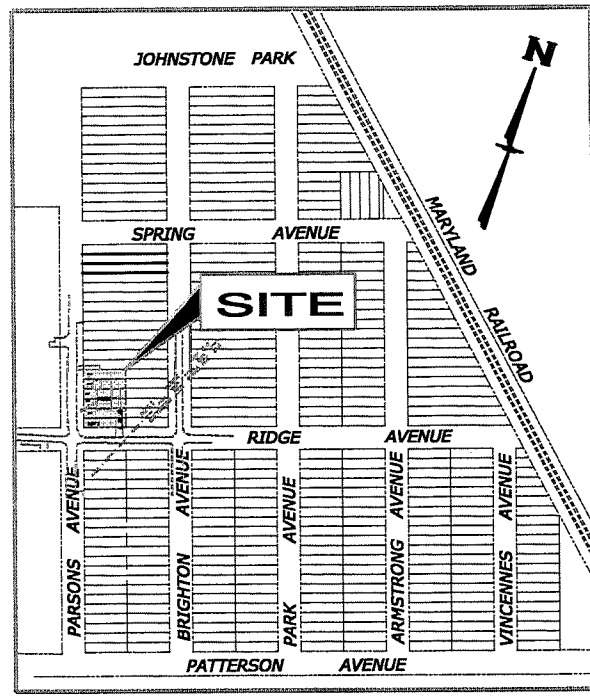
Ind	Dept	Unit	Sub Unit	Rev Source/ Obj	Sub Rev/ Sub Obj	Dept Obj	BS Acct	Amount
1	806	0000		6150				\$ 60.00
Total:								\$ 60.00

EC
 om: **CRAIG WRIGHT**

or: **ALF APPLICATION**

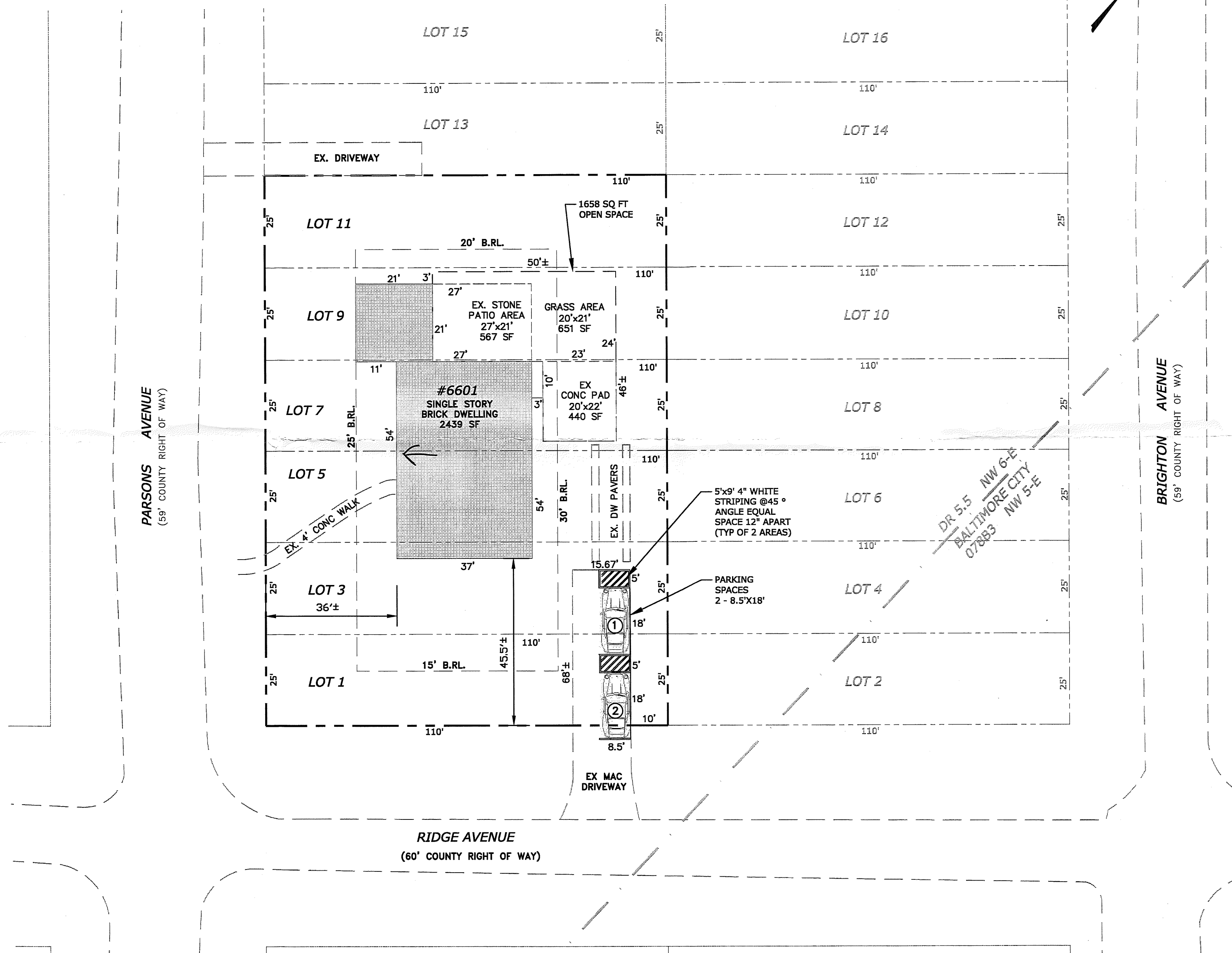
TRIBUTION
 TE - CASHIER PINK - AGENCY YELLOW - CUSTOMER GOLD - ACCOUNTING
 PLEASE PRESS HARD!!!!

CASHIER'S
 VALIDATION



VICINITY MAP

SCALE: 1"=600'



SITE PLAN

SCALE: 1"=20'



SCALE: 1"=20 Feet

PLAN REFERENCES:

- BALTIMORE COUNTY RECORDS FOR PLAT BOOK 1, PAGE 46, BRIGHTON LAND COMPANY LAND IMPROVEMENTS SECTION F - LOT 1, LOT 3, LOT 5, LOT 7, LOT 11, KNOWN AS LOT 1, 6601 PARSONS AVENUE, BALTIMORE, MARYLAND - PLAT BOOK 1, PAGE 46

NOTES:

- PURPOSE OF PLAN: ZONING USE PERMIT
PLAN FOR ASSISTED LIVING FACILITY 1
- LOCATION: 6601 PARSONS AVE
BALTIMORE, BALTIMORE COUNTY, MARYLAND
- ELECTION DISTRICT: 3
- TAX MAP: 078, GRID: 022, PARCEL: 0492
- OWNER: DR. CRAIG E. WRIGHT
ADDRESS: 6601 PARSONS AVE
BALTIMORE, BALTIMORE COUNTY, MARYLAND
DATE: SEPT 10, 2015
PHONE: 443-739-6203
EMAIL: CR771G@GMAIL.COM
- TOTAL SITE AREA: 16,500 SQ.FT.
LOT 1 2750 SQ.FT, 0.06313 ACRES
LOT 3 2750 SQ.FT, 0.06313 ACRES
LOT 5 2750 SQ.FT, 0.06313 ACRES
LOT 7 2750 SQ.FT, 0.06313 ACRES
LOT 9 2750 SQ.FT, 0.06313 ACRES
LOT 11 2750 SQ.FT, 0.06313 ACRES
TOTAL 16,500SQFT, 0.3788 ± ACRES
- ZONING MAP: 078B3, NW 6-E
- PRESENT ZONING: DR-55; RESIDENTIAL DENSITY 5.5 UNITS/ACRE
MINIMUM LOT REQUIREMENTS:
-AREA 2500 SF
-HEIGHT(MAX) 50 FEET
MINIMUM BUILDING SETBACK REQUIREMENTS:
-FRONT YARD 25 FT
-SIDE YARD 15 FT TO PUBLIC RW
-SIDE YARD 20 FT BUILDING TO BUILDING
-REAR YARD 30 FT
- TYPICAL USES PERMITTED BY SPECIAL EXEMPTIONS:
CONVALESCENT HOMES, COMMUNITY BUILDINGS, CLASS B (UP TO 40 CHILDREN) GROUP CHILD CARE, ASSISTED LIVING FACILITIES (CLASS B, NEW OR MODIFIED BUILDING), PROFESSIONAL OFFICES IN THE HOME (MAX 25% OF FLOOR AREA).
- PARKING: REQUIRED: 4 BEDS REQUESTED
1 SPACE PER EACH 3 BED = 2 SPACES
TOTAL REQUIRED = 2 SPACES
PROVIDED:
EXISTING ON SITE = 2 SPACES
TOTAL PROVIDED = 2 SPACES
- EXISTING FLOOR AREA: 2439 SQ.FT.
NO BASEMENT EXIST
EXISTING SHED (FALLING) = 120± SQ.FT.
- OPEN SPACE:
.10 X LOT AREA (TOTAL 16,500 SF) = 1650 SQ.FT.
- THIS BUILDING WAS NOT ORIGINALLY CONSTRUCTED TO ACCOMMODATE ELDERLY HOUSING OR AN ASSISTED LIVING FACILITY. THIS BUILDING HAS NOT BEEN CONSTRUCTED IN THE PAST 5 YEARS. NO CONSTRUCTION, 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 DATE OF THIS APPLICATION.
- SIGNS WILL COMPLY WITH SECTION 450 (B.C.Z.R.) AND ALL ZONING SIGN POLICIES
- THE UNDERSIGNED (THE OWNER OF THE PROPERTY) IS RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION ON THIS PLAN.

SIGNATURE DATE 9/3/15

DR. CRAIG E. WRIGHT
PRINTED NAME

SIGNATURE _____ DATE _____

PRINTED NAME _____

NO.	DATE	REVISION	BY