USE PERMIT

IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County, this 10 day of November, 2015 that Valerie Gainey (Individual or business name) located at 3819 Collier Road (Street address) should be and the same is hereby granted permission to operate a:

ALFI 3 Beds only

127339
Permit (or Receipt) Number

Director, Permits, Approvals and Inspections

Planner's Initials G. M

Revised 10/17/11

11/6/15

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 _____

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):

Valerie Gainey 3819 Collier Rd 443-744-1141 trinity.colverizon net
Print Name of Applicant Address Telephone Number Email Address

Lot Address 3819 Collier Rd Election District 2nd Councilmanic District 4th Square Feet of Lot 7,765

Lot Location: N E S W/side/corner of Collier (street), 145 (+/-) feet from N E S W corner of Cassandra Ct (street)

Land Owner(s): Delores Gray 10 Digit Tax Account Number 0208556882

Address: 3819 Collier Rd, Randallstown, Maryland Telephone Number 410 718-1114

Email Address trinity.colverizon.net

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	☒	☐

6. Current Zoning Classification: DR 5.5

Accepted for filing by G. H. (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:

RECEIVED
OCT 22 2015
DEPARTMENT OF PLANNING

Signed by: _____
For the Director, Office of Planning

Date: 10/22/2015

Revised 2/7/11

11/6/15

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 _____

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):

Valerie Gainey 3819 Collier Rd. 443-744-1141 trinity.colo@verizon.net
Print Name of Applicant Address Telephone Number Email Address

Lot Address 3819 Collier Rd Election District 2nd Councilmanic District 4th Square Feet of Lot 7,765

Lot Location: N E S W/side/corner of Collier (street), 145 (+/-) feet from N E S W corner of Cassandra Ct (street)

Land Owner(s): Delores May 10 Digit Tax Account Number 0208556882

Address: 3819 Collier Rd, Randallstown, Maryland Telephone Number 410 718-1114

Email Address trinity.colo@verizon.net

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	☒	☐

6. Current Zoning Classification: DR 5.5

Accepted for filing by C. H. (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:

RECEIVED
OCT 22 2015
DEPARTMENT OF PLANNING

Signed by: _____
For the Director, Office of Planning

Date: 10/22/2015

Revised 2/7/11

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

No. 127339

Date: 10/21/15

Fund	Dept	Unit	Sub Unit	Rev Source/ Obj	Sub Rev/ Sub Obj	Dept Obj	BS Acct	Amount
001	806	0000		0150				100.00

Total: 100.00

Rec From: Valerie Gainey

For: ALFT

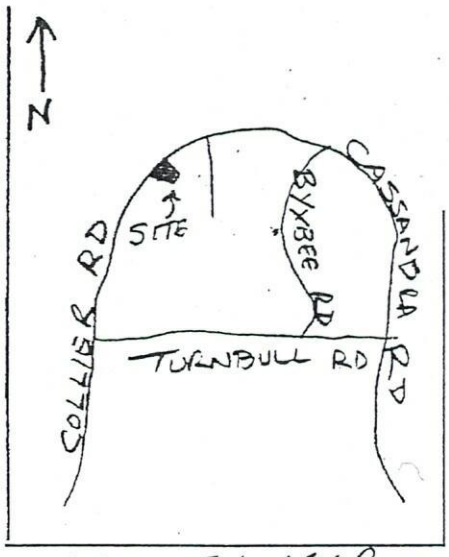
PAID RECEIPT
BUSINESS ACTUAL TIME [illegible]
[illegible]/2015 10/21/2015 14:25:30 1
[illegible] WALKIN [illegible]
RECEIPT # 619545 10/21/2015 [illegible]
[illegible] 5 520 [illegible] VERIFICATION
[illegible] NO. 127339
Rcpt Tot $100.00
[illegible] $100.00 CA
Baltimore County, Maryland

CASHIER'S VALIDATION

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

ZONING USE PERMIT
PLAN FOR AN ASSISTED LIVING FACILITY (ALF I)

3819 COLLIER RD
RANDALLSTOWN, MD 21133-3327
2ND ELECTION DISTRICT
OWNERS: MAY DELORES M & SMITH JOSSETT MARCIA
APPLICANT: VALERIE GAINEY
27 TOMBER CT
GWYNN OAK, MD 21207-4242
DATE 10/20/2015
PHONE: 443-744-1141
VALG51001@VERIZON.NET



VICINITY MAP

LOT SIZE: 7,765 SQ. FT.
ZONING MAP 077A1
ZONE: DR 5.5
3 Beds only / 1 Parking Space
PARKING: 1 SPACE FOR 3 EACH 3 BEDS = 1 PARKING SPACE REQUIRED.

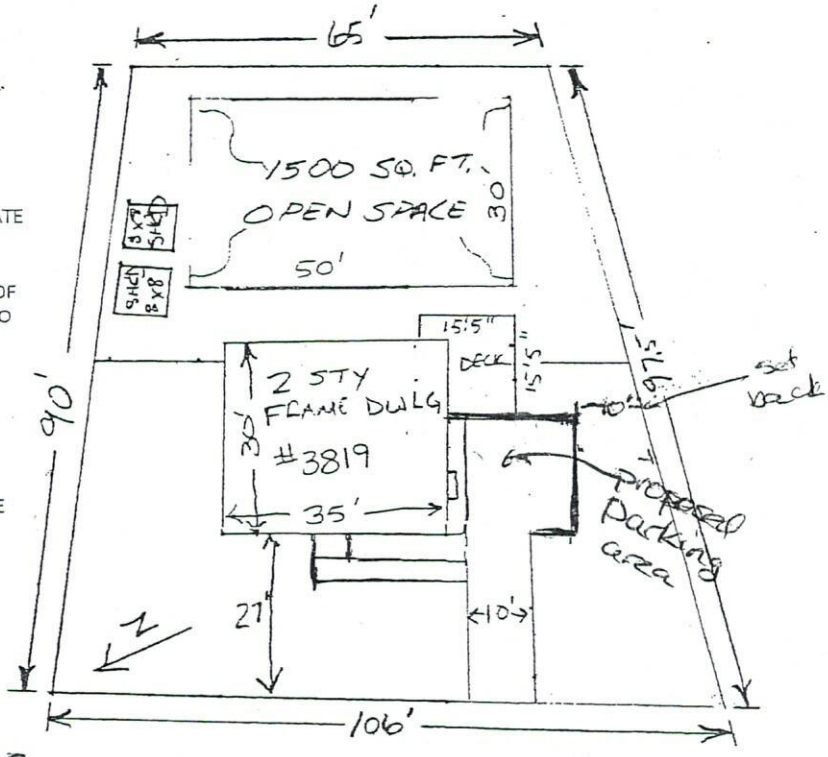
EXISTING FLOOR AREAS SQ. FT. ABOVE GROUND ENCLOSED AREA: 1,566 SQ. FT. BASEMENT: 513 SQ. FT. (NOT AVAILABLE TO ALF)

OPEN SPACE: 7,765 SQ. FT. X .10 = 776.5 SQ. FT.

THIS BUILDING HAS NOT BEEN ORIGINALLY CONSTRUCTED TO ACCOMMODATE ELDERLY HOUSING OR AN ASSISTED LIVING FACILITY. NO CONSTRUCTION, RELOCATION, EXTERIOR CHANGES OR ADDITIONS OR 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 TO EXCEED THIS LIMIT FOR 5 YEARS FROM THE DATE OF THIS APPLICATION.

SIGNS WILL COMPLY WITH SECTION 450 B.C.Z.R

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



3819 COLLIER RD

ENGINEER'S SCALE 30' = 1"

Valerie Gainey 10/19/15
SIGNATURE DATE

Valerie Gainey 10-19-15
PRINTED NAME DATE

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 _____

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):

Valerie Gainey 3819 Collier Rd. 443-744-1141 trinity.coldvrizon net
Print Name of Applicant | Address | Telephone Number | Email Address

Lot Address 3819 Collier Rd Election District 2nd Councilmanic District 4th Square Feet of Lot 7,765

Lot Location: N E S W/side/corner of Collier (street), 145 (+/-) feet from N E S W corner of Cassandra Ct (street)

Land Owner(s): Delores Gainey 10 Digit Tax Account Number 0208550882

Address: 3819 Collier Rd., Randallstown, Maryland Telephone Number (410) 718-1114

Email Address trinity.coldverizon.net

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	☒	☐

6. Current Zoning Classification: DR 5.5 Accepted for filing by G. H. (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: _____ Date: _____
For the Director, Office of Planning

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

ALF Address _____

Permit No. (if required) B _____

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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):

Valerie Gainey 3819 Collier Rd 443-744-1141 trinity.col@verizon.net
Print Name of Applicant | Address | Telephone Number | Email Address

Lot Address 3819 Collier Rd Election District 2nd Councilmanic District 4th Square Feet of Lot 7,765

Lot Location: N E S W/side/corner of Collier (street), 145 (+/-) feet from N E S W corner of Cassandra Ct (street)

Land Owner(s): Delores Gray 10 Digit Tax Account Number 0208550880

Address: 3819 Collier Rd, Randallstown, Maryland Telephone Number (410)718-1114

Email Address trinity.col@verizon.net

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	☐	☐
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5. Photographs (please label all photos clearly Adjoining Buildings and Surrounding Neighborhood	☒	☐

6. Current Zoning Classification: DR 5.5

Accepted for filing by G. H. (Date)

TO BE FILLED IN BY THE OFFICE OF PLANNING ONLY

RECOMMENDATIONS / COMMENTS:

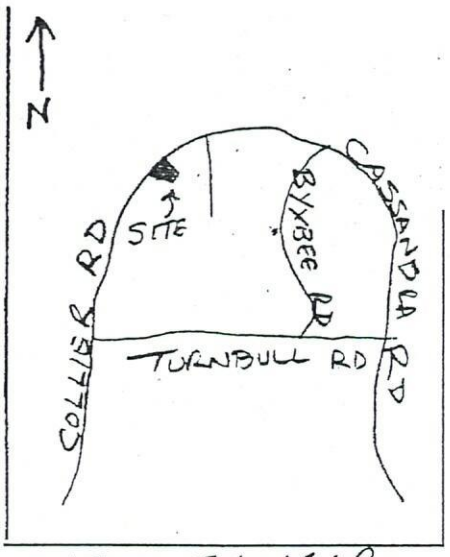
☐ Approval ☐ Disapproval ☐ Approval conditioned on required modifications of the application to conform with the following recommendations:

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

Revised 2/7/11

ZONING USE PERMIT
PLAN FOR AN ASSISTED LIVING FACILITY (ALF I)

3819 COLLIER RD
RANDALLSTOWN, MD 21133-3327
2ND ELECTION DISTRICT
OWNERS: MAY DELORES M & SMITH JOSSETT MARCIA
APPLICANT: VALERIE GAINEY
27 TOMBER CT
GWYNN OAK, MD 21207-4242
DATE 10/20/2015
PHONE: 443-744-1141
VALG51001@VERIZON.NET



VICINITY MAP

LOT SIZE: 7,765 SQ. FT.
ZONING MAP 077A1
ZONE: DR 5.5
3 Beds only / 1 Parking Space
PARKING: 1 SPACE FOR 3 EACH 3 BEDS = 1 PARKING SPACE REQUIRED.

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OPEN SPACE: 7,765 SQ. FT. X .10 = 776.5 SQ. FT.

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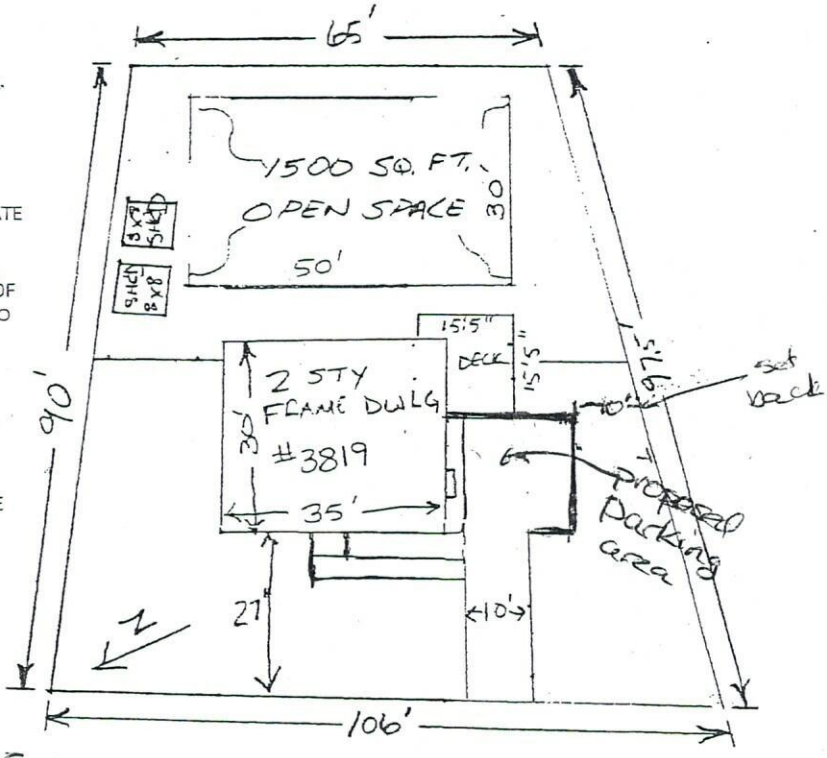
SIGNS WILL COMPLY WITH SECTION 450 B.C.Z.R

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



Valerie Gainey 10/19/15
SIGNATURE DATE

3819 COLLIER RD
ENGINEER'S SCALE
30' = 1"

Valerie Gainey 10-19-15
PRINTED NAME DATE

3 BEDS
JJGA

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

PDM ALF # N/A

TO: Director, Office of Planning & Community Conservation
Attention: ALF REVIEWER
County Courts Building, Room 406
401 Bosley Avenue
Towson, MD 21204
M.S. 3402

Permit No. (if required) B _____

FROM: Timothy M. Kotroco
Department of Permits & Development Management

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:

Delores MAY 3819 Collier Rd Randallstown MD 21133 410-655-6692
Print Name of Applicant Address Telephone Number

Lot Address 3819 COLLIER RD Election District 2 Councilmanic District ___ Square Feet of Lot 7765

Lot Location: N E S W/side/corner of SE SIDE OF COLLIER RD, 150 feet from N E S W corner of SW OF ASHBURTON
(street) (street)

Land Owner: DELORES MAY & JOSSE SMITH MATHISON Tax Account Number 02085 50880

Address: 3819 COLLIER RD Telephone Number (410) 655-6692

CHECKLIST OF MATERIALS-. (to be submitted by applicant for required **compatibility** and/or **appearance** review by t
Community Conservation)

TO BE FILLED IN BY ZONING REVIEW, DEPARTMENT OF PERMITS AND DEVELOPMENT MANAGEMENT ONLY!

	PROVIDED YES	N
1. This Recommendation Form (3 copies)	✓	
2. Permit Application (If available)	IF REQUIRED BY PERMITS	
3. Site Plan: Property (3 copies): including lot size and square feet of buildings, parking and open space - minimum 500 square		
Statement as to whether or not building has been enlarged by 25% or more in the last five (5) years	✓	
4. Building Elevation Drawings (these may be waived if note 5.A. from the Zoning Use Permit Checklist can be stated on the plans)	N.A	
5. Photographs (please label all photos clearly) ✓ Adjoining Buildings, the Proposed Building, and Surrounding Neighborhood	✓	

6. Current Zoning Classification: DR 5.5

Post-it® Fax Note 7671 | Date 12-20 | # of pages ▲ 1
To J. Alexander | From J. GERMAN
Co./Dept. | Co.
Phone # | Phone # X3445
Fax # X2824 | Fax #

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: _____ Date: 12/17/04
Acting Director, Office of Planning & Community Conservation

RECEIVED
DEC 22 2004
OFFICE OF PLANNING

Revised 7/19/2004

MCKEYS HOME, LLC

Delores May, Assisted Living Manager
Jossett Mathison, Assisted Living Manager Assistant
3819 Collier Road
Randallstown, Maryland 21133
410-655-6692

September 28, 2004

Maryland Department of Health and Mental Hygiene
Office of Health Care Quality
Valerie Richardson
Bland Bryant Building
Spring Grove Hospital Center
55 Wade Avenue
Catonsville, Maryland 21228

Dear Ms. Richardson:

I would like to make a change to my application for Assisted Living. I am requesting that my application be changed from a 4 bed facility to a 3 bed Baltimore County facility. I would like a written response to this request.

Thank you for your time and consideration in this matter.

Sincerely,

Delores May
Assisted Living Manager

OHCQ

Initial Licensure Application- Corporation

Trade Name of Assisted Living Home: McKey's Home, LLC

Street: 3819 Collier Rd City: Randallstown State: MD Zip: 21133

County: Baltimore Telephone: 410-655-6692

Name and phone # of Corporate owner of the business: (note: this will be the entity to which the license is issued)
Delores MAY 410-655-6692

Does the corporate owner operate and manage the assisted living facility? ☒ Yes ☐ No
If no; identify the management structure and its relationship to the business owner.

Number of beds requested: ~~X~~3 DM Level of care requested: ~~III~~ (3)

Name of Assisted Living Manager Delores MAY

Have any owners, officers, director agents or managerial employees been denied a license, permit, or certification, or had a license, permit or certificate revoked to provide care to third parties? ☐ Yes ☒ No
If yes, explain:

Fee required: (an "X" has been placed next to the applicable calculation, you may choose either option)

RECEIVED
JUL 14 2004
OFFICE OF HEALTH CARE QUALITY

☐ Option A - One-year application and fee
Homes of 1-15 beds inspected by OHCQ, the fee is $100
Homes of 16 beds or more, the fee is $100 + $6 for each bed over 15.

☒ Option B - Two-year application and fee
Homes of 1-15 beds inspected by OHCQ, the fee is $200
Homes of 16 beds or more, the fee is $200 + $12 for each bed over 15.

Based upon the option chosen, please enclose a non-refundable application fee (Business check or money order only) made payable to the "Maryland State of Department of Health and Mental Hygiene."

A completed Workers Compensation Questionnaire must also be submitted with the application. See enclosure for directions.

Signature of two corporate officers required:

Delores May CEO
Name Title

Name Title

Sworn and subscribed to before me this 13 day of May 2004 a Notary Public for the State of Maryland
My commission expires Oct. 18, 2004 Leona M. Reed
Notary Public

(For office use only) License#: 03AL0935 Fee: $200.00 check/MO#: 062-1958572
modate 7/13/04
J. J.

Turn on Back

Revised 4/9/02

USE PERMIT

IT IS ORDERED by the Director of the Baltimore County Department of Permits and Development Management, this 7TH of JANUARY, 20 05, that 3819 COLLIER RD. (street address) should be and the same is hereby granted permission to operate a 3 BED ASSISTED LIVING RESIDENCE - THIS PERMIT IS FOR ZONING ONLY -

441-050
Permit No.

Director

Planner's Initials

REV 06/00

BALTIMORE COUNTY, MARYLAND
OFFICE OF BUDGET & FINANCE
MISCELLANEOUS RECEIPT

No. 441050

DATE 12-07-04 ACCOUNT R-001-006-6150

AMOUNT $ 50.00

RECEIVED FROM: DELORES MAY

FOR: USC PERMIT. APPLICATION ASSISTED LIVING. 3819 COLLIER RD. RANDALLSTOWN MD.

DISTRIBUTION
WHITE - CASHIER PINK - AGENCY YELLOW - CUSTOMER

PAID RECEIPT
BUSINESS ACTUAL TIME DRW
12/08/2004 12/08/2004 09:23:10 2
REG WS02 WALK JPMA JEE
RECEIPT # 577493 12/08/2004 OFLN
Dept 5 528 ZONING VERIFICATION
CR NO. 441050
Recpt Tot $50.00
$50.00 CK $.00 CA
Baltimore County, Maryland

CASHIER'S VALIDATION

NEED 6 SITE PLANS

ZONING USE PERMIT CHECKLIST

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

Pursuant to Bill 19-04

Prior to applying for this Use Permit, contact the Baltimore County Department of Aging for general information concerning this use. Fees and Plan/Checklist changes are subject to change without advance notice. Sealed plans may be required.

Three (3) use permit plans, per this checklist; one planning office compatibility and/or appearance review, and $50.00 are required for filing the application. Due to the necessity of a full 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 not the same, 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. Minimum parking space is 8-1/2 feet x 18 feet, which must be shown as a typical dimension.**

   B. Parking spaces must be shown to comply with the following: 10 feet from all lot lines other than an alley which must be indicated not to 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. 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.**

   B. Where compliance with note 5.A. cannot be stated, 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. **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.**

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

Revised 7/19/04

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

Show on Plan

PARKING: 1 SPACE FOR EACH 3 BEDS = 2 PARKING SPACES REQUIRED. SHOW GRAPHICALLY ON PLAN

Show on Plan

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.

Show on Plan

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

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.

ADD NOTE TO 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.

NOTE ON PLAN NO SIGN

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**

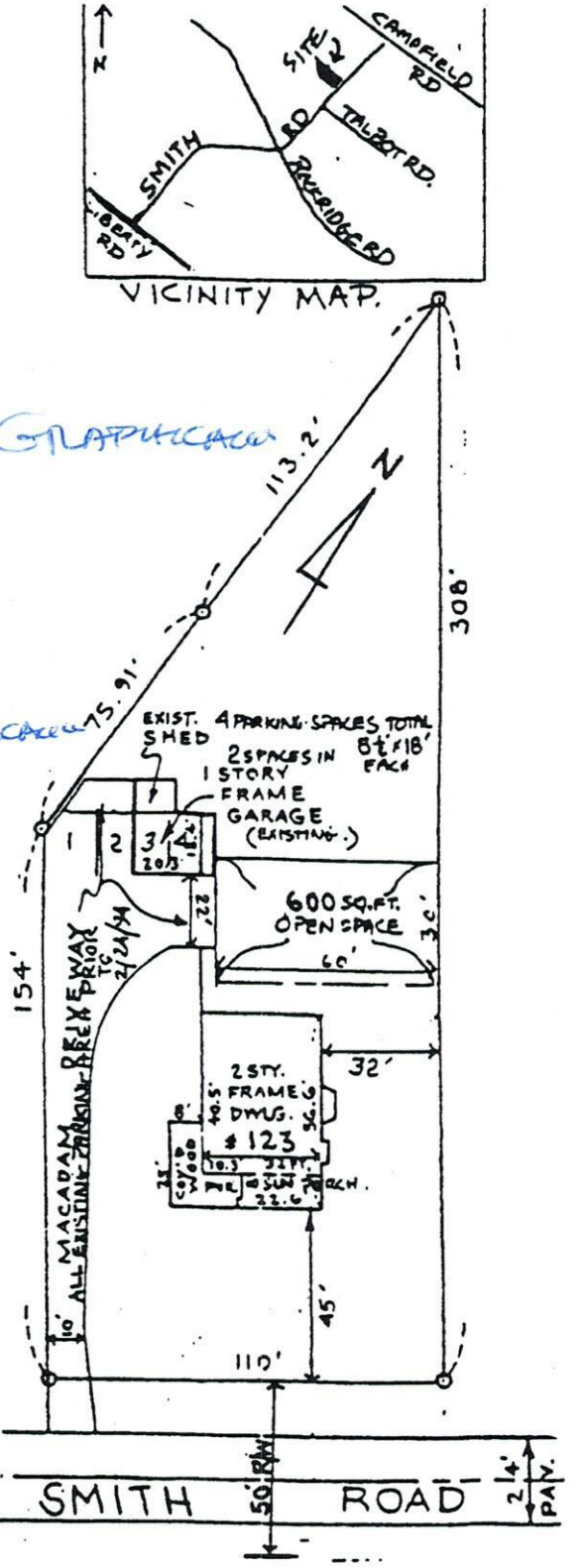
PRINTED NAME

SIGNATURE **DATE**

PRINTED NAME

ENGINEERS SCALE
1" = _____FT.

REVISED 7/19/04



ASSISTED LIVING FACILITIES I, II, & III.

(BILL No. 19-04)

********SECTION 101. DEFINITIONS.

ASSISTED LIVING FACILITY: A BUILDING, OR SECTION OF A BUILING 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 UNTIL SHALL NOT BE CONSIDERED AN ASSISTED LIVING FACILITY. DENSITY FOR SUCH FACILITIES SHALL BE CALCULATED AT 0.25 FOR EACH BED.

********ASSISTED LIVING FACTILITY 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.

********SECTION 432A. ASSISTED LIVING FACILITY; HOUSING FOR THE ELDERLY.

A. AN ASSISTED LIVING FACILITY IS PERMITTED IN THE D.R., R.O., R.O.A., R.A.E., B.R., AND B.M. ZONES AS FOLLOWS:

1) AN ASSISTED LIVING FACILITY I IS PERMITTED BY USE PERMIT.
2) AN ASSISTED IVING FACILITY II IS PERMIITED 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. 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

B. EXCEPT FOR THE SIGNS PERMITTED BY SECTION 450, NO OTHER SIGNS OR DISPLAYS OF ANY KIND VISIBLE FROM THE OUTSIDE ARE PERMITTED.

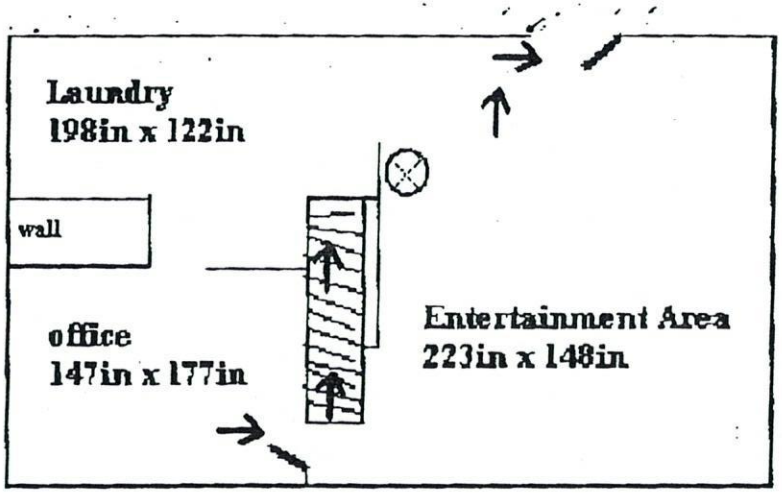
C. OFF-STREET PARKING SHALL BE PROVIDED IN ACCORDANCE WITH SECTION 409 AND SUBJECT TO THE FOLLOWING CONDITIONS, BUT NO PARKING STRUCTURE IS PERMITTED EXCEPT FOR A RESIDENTIAL GARAGE AS DEFINED IN SECTION 101.

1) 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.
2) PARKING AND DELIVERY AREAS SHALL BE LOCATED IN THE SIDE OR REAR ONLY.
3) AT LEAST 10% OF THE LOT SHALL BE USED TO PROVIDE USABLE CONTIGUOUS AND PRIVATE OPEN SPACE.

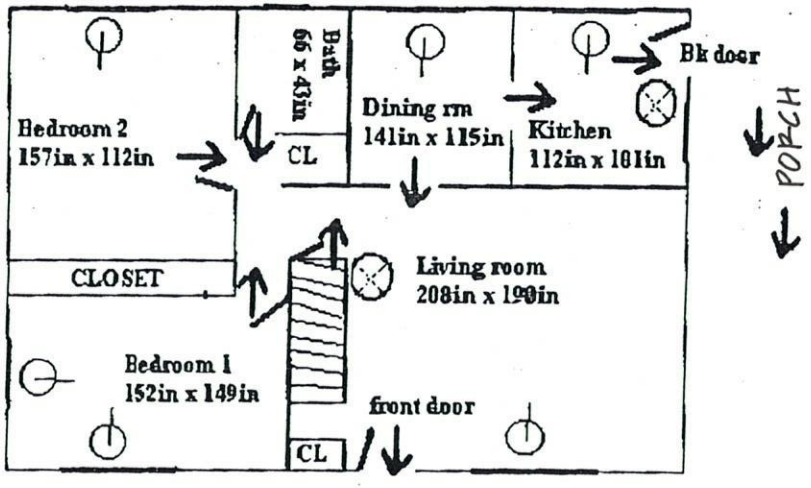
D. AN ASSISTED LIVING FACILITY IS SUBJECT TO A COMPATIBILITY FINDING PERSUANT TO SECTION 32-4-402 OF THE BALTIMORE COUNTY CODE.

E. 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.

Revised 7/19/04

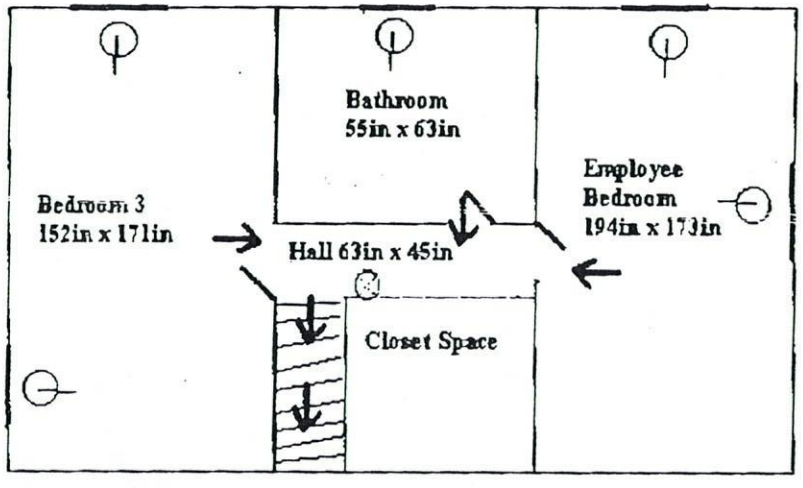


BASEMENT



FRONT OF PROPERTY

FIRST FLOOR



SECOND FLOOR

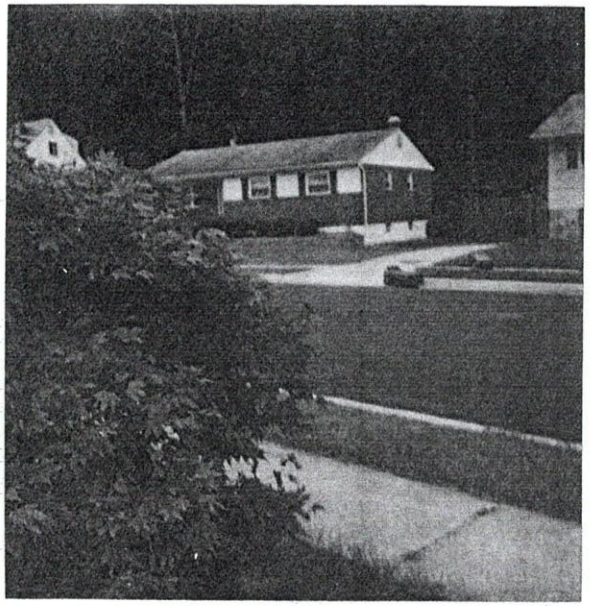
3819 Collier Rd.
Randallstown MD 21133

This symbol identifies the window exit routes (**Secondary exits**) out of the facility during an evacuation.

This symbol identifies the door exit routes (**Primary exits**) out of the facility during an evacuation.

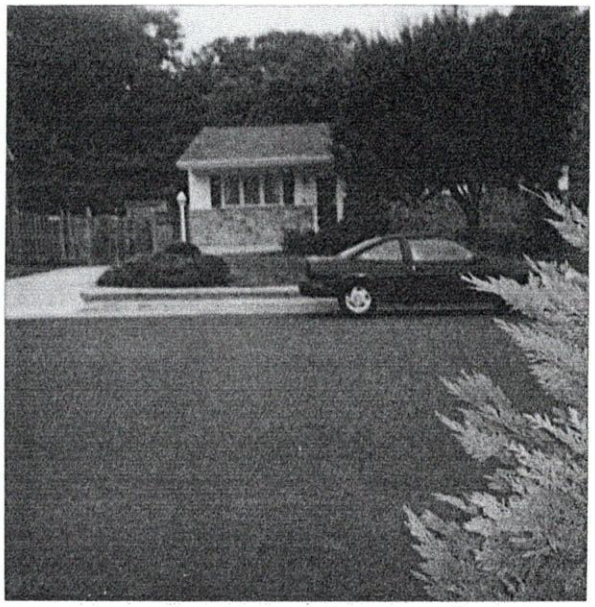
Fire extinguishers locations throughout the home.

FLOOR PLAN W/ FIRE ESCAPE PLAN
(NOT TO SCALE)



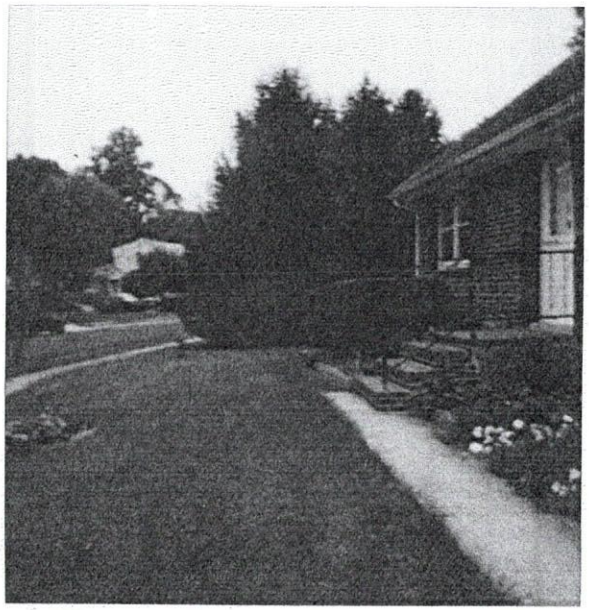
accross Street
from Subject Property

accross Street Left
of Subject Property



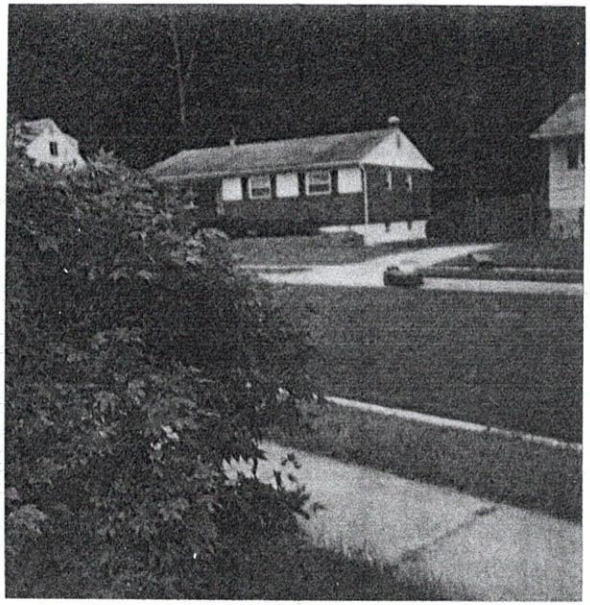
accross Street from
Subject Property

Front of Subject Prop.
Looking South



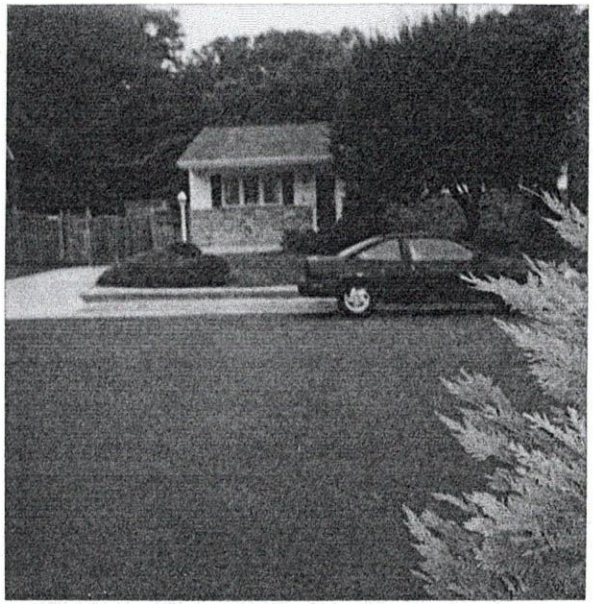
Front of Subject Prop.
Looking N. East

Front View -
Subject Property



accross Street
from Subject Property

accross Street Left
of Subject Property

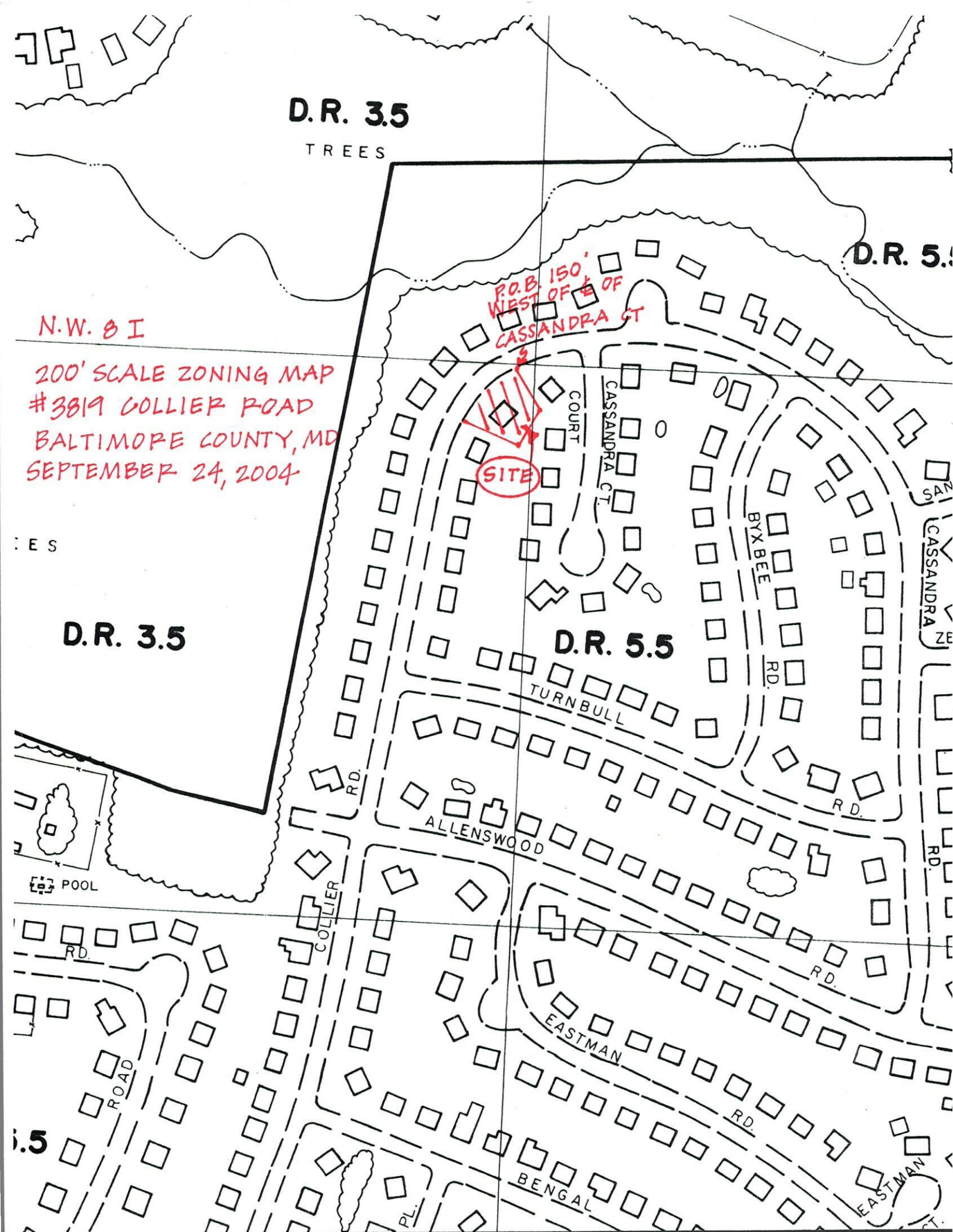


accross Street from
Subject Property

Front of Subject Prop.
Looking South

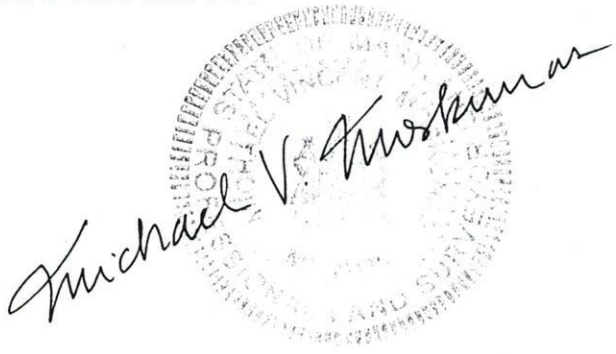
Front of Subject Prop.
Looking N. East

Front View -
Subject Property


D.R. 3.5
TREES
D.R. 5.5
P.O.B. 150' WEST OF ℄ OF CASSANDRA CT
N.W. 8 I
200' SCALE ZONING MAP
#3819 COLLIER ROAD
BALTIMORE COUNTY, MD
SEPTEMBER 24, 2004
SITE
COURT
CASSANDRA CT.
BYXBEE
RD.
CASSANDRA
D.R. 3.5
D.R. 5.5
TURNBULL
RD.
ALLENSWOOD
POOL
COLLIER
ROAD
EASTMAN
BENGAL
PL.
EASTMAN CT.

ZONING DESCRIPTION FOR #3819 COLLIER ROAD

BEGINNING AT A POINT ON THE SOUTHEAST SIDE OF COLLIER ROAD WHICH IS 50 FEET WIDE AT THE DISTANCE OF 150 FEET SOUTHWEST OF THE CENTERLINE OF CASSANDRA COURT WHICH IS 50 FEET WIDE. BEING LOT NO. 2, BLOCK "N", SECTION NO. 4 IN THE SUBDIVISION OF "RANDALL RIDGE" AS RECORDED IN BALTIMORE COUNTY PLAT BOOK NO. 29, FOLIO NO. 85, CONTAINING 7,765 S.F.. ALSO KNOWN AS #3819 COLLIER ROAD AND LOCATED IN THE 2ND ELECTION DISTRICT, 4TH COUNCILMANIC DISTRICT.



MICHAEL V. MOSKUNAS
REG. NO. 21175

Site Rite Surveying, Inc.
200 E. Joppa Road
Room 101
Towson, MD 21286
(410) 828-9060

STATE OF MARYLAND
DHMH
Maryland Department of Health and Mental Hygiene
Office of Health Care Quality
Spring Grove Center • Bland Bryant Building
55 Wade Avenue • Catonsville, Maryland 21228-4663
Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – Nelson J. Sabatini, Secretary

July 16, 2004

Delores May, ALM
McKey's Home, LLC
3819 Collier Road
Randallstown, Maryland 21133

Dear Ms. May:

Your application to operate an Assisted Living Program was received in this office. The following additional information needed from you is listed below and indicated by a "X" box.

1. ☐ Appropriate application/licensure fee. **NO FEE WAS RECEIVED.**
   - ☐ We cannot accept personal checks. I am returning check # _____.
   - ☐ Please send a money order, certified personal check or pre-printed business check for $_____.
   - ☐ Correct licensure fee should be _____. I am returning Check # _____.
   - ☐ Must have a separate licensure fee for each assisted living facility.
   - ☐ Other: _____

2. ☐ Application Form: (Please indicate information on this letter and return)
   - ☐ application needs to be signed.
   - ☐ application needs to be notarized; or ☐ application needs a notary seal.
   - ☐ please indicate the name of your assisted living manager _____
   - ☐ need to indicate assisted living manager's social security number.
   - ☐ need to indicate assisted living manager's date of birth.
   - ☐ please indicate assisted living facility's telephone number.
   - ☐ please indicate assisted living facility's fax number.
   - ☐ please indicate number of beds requested.
   - ☐ please indicate level of care requested.
   - ☐ please name your assisted living program.
   - ☐ you cannot list your name as assisted living manager on more than one program.
   - ☐ other: _____

3. ☐ Ownership Form:
   - ☐ ownership form needs to be signed (see page 2).
   - ☐ ownership form needs to be notarized; or ☐ ownership form needs a notary seal
   - ☐ need to indicate type of ownership.
   - ☐ if incorporated, need date of charter.
   - ☐ if incorporated, need date of incorporation.
   - ☐ if incorporated, need FEIN #_____
   - ☐ if leasing, page 2 must be completed.
   - ☐ other: _____

4. ☐ please complete the Workmen's Compensation Law Questionnaire (form attached)
☐ please complete the Certificate of Compliance application (form attached)
☐ need copy of your Certificate of Compliance
☐ other: _____

5. ☐ Need copy of Howard County Rental's License. You may contact Howard County Inspections, Licenses & Permits, 3430 Court House Drive, Ellicott City, Maryland 21043-4395, 410-313-3800.
☒ Need copy of Zoning Approval Letter.
☒ Need copy of Use and Occupancy Permit.
☒ Need a hand drawn sketch of your assisted living facility with measurements of all rooms.
☐ Need copy of a 4-week menu plan along with an approval letter from a registered dietitian and the dietitian's license number **OR** purchase a Long Term Care Diet Manual from this office and supply a copy of the purchase receipt along with a written letter stating your facility will follow the menu plans in the Diet Manual (cost $15.00 per book).
☐ Need copy of plans review approval letter for 16 or more beds.
☐ Need copy of Food Service Permit for 17 or more beds.
☐ Please complete the directions of the assisted living facility (form attached).

6. ☒ Need copy of Fire Inspection Report.
   - ☐ Please contact Anne Arundel County Fire Department, Fire Marshal Division, 2660 Riva Road, Suite 290, Annapolis, Maryland 21401, 410-222-7884 to arrange for a fire survey.
   - ☐ Please contact Inspector Prince Green of the Baltimore City Fire Prevention Bureau at 410-396-5752 to arrange for a fire survey.
   - ☐ Please contact Baltimore County Department of Health, Medical Environmental Health, 6401 York Road, Baltimore, MD 21212, 410-887-6008 to arrange for a fire survey.
   - ☒ Please contact the Baltimore County Fire Prevention Bureau at 410-887-4883 to arrange for a fire survey.
   - ☐ Please contact Montgomery County Fire & Rescue Service, 255 Rockville Pike, Rockville, Maryland 20850, 240-777-2457 to arrange for a fire survey.
   - ☐ Please contact Prince George's County Fire/EMS Department, Fire Prevention Office, Fire Services Building, 6820 Webster Street, Landover, Maryland 20784, 301-583-1830 to arrange for a fire survey.
   - ☐ Please contact Worcester County Office of the Fire Marshal, Government Office Center, Snow Hill, Maryland 21863, 410-632-5666 to arrange for a fire survey.
   - ☐ Please write to Rosalyn Spencer of the State Fire Marshal's Office at 300 East Joppa Road, Suite 1002, Towson, MD 21286 to arrange for a fire survey.

Please return the above requested information as soon as possible upon receipt of this letter. If your information requested isn't part of the application face sheet (1st page) or the ownership form, feel free to fax the information to me at (410) 402-8212. Your license cannot be issued until all assisted living licensure forms and attachments are received.

If you have any questions, please contact me at (410) 402-8217.

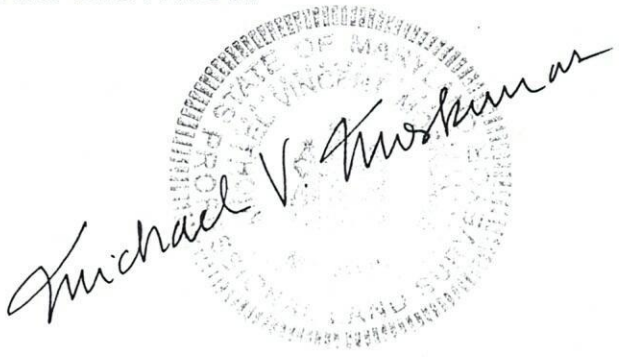
Sincerely yours,

Donna A. Jones, Application Intake Specialist
Assisted Living Program

cc: Licensure File #: **03AL0935**

ZONING DESCRIPTION FOR #3819 COLLIER ROAD

BEGINNING AT A POINT ON THE SOUTHEAST SIDE OF COLLIER ROAD WHICH IS 50 FEET WIDE AT THE DISTANCE OF 150 FEET SOUTHWEST OF THE CENTERLINE OF CASSANDRA COURT WHICH IS 50 FEET WIDE. BEING LOT NO. 2, BLOCK "N", SECTION NO. 4 IN THE SUBDIVISION OF "RANDALL RIDGE" AS RECORDED IN BALTIMORE COUNTY PLAT BOOK NO. 29, FOLIO NO. 85, CONTAINING 7,765 S.F.. ALSO KNOWN AS #3819 COLLIER ROAD AND LOCATED IN THE 2ND ELECTION DISTRICT, 4TH COUNCILMANIC DISTRICT.



MICHAEL V. MOSKUNAS
REG. NO. 21175

Site Rite Surveying, Inc.
200 E. Joppa Road
Room 101
Towson, MD 21286
(410) 828-9060

SITE RITE SURVEYING, INC.
200 E. JOPPA ROAD
SHELL BUILDING, ROOM 101
TOWSON, MD 21286
PHONE (410)828-9060 FAX (410)828-9066

September 13,2004

TO: Delores May
3819 Collier Road
Randallstown, MD 21133

INVOICE NO. *5623*

OUR JOB NO. 8955

YOUR JOB NO.

DESCRIPTION OF WORK:

additional work for variance package to be submitted to Baltimore County to accompany the Use Permit application, prints.....$75.00

Please note invoice number on check

TERMS: INVOICE DUE UPON RECEIPT. 5% ON UNPAID BALANCE.
ALL ACCOUNTS 30 DAYS PAST DUE WILL BE SUBJECT TO LATE FEES AND ALL COST OF COLLECTIONS.

SITE RITE SURVEYING, INC.
200 E. JOPPA ROAD
SHELL BUILDING, ROOM 101
TOWSON, MD 21286
PHONE (410)828-9060 FAX (410)828-9066

August 17 2004

TO: Delores May
3819 Collier Road
Randallstown MD 21133

INVOICE NO. 5527

OUR JOB NO. 8955

YOUR JOB NO.

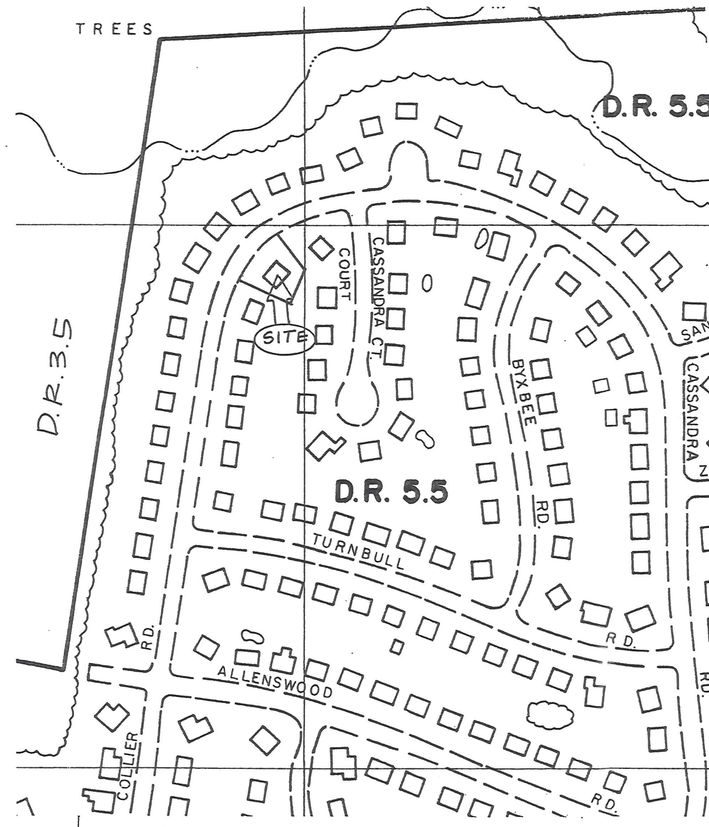
DESCRIPTION OF WORK:

Preparation of site plan to accompany use permit appln $425.00

Please note invoice number on check

TERMS: INVOICE DUE UPON RECEIPT. 5% ON UNPAID BALANCE.
ALL ACCOUNTS 30 DAYS PAST DUE WILL BE SUBJECT TO LATE FEES AND ALL COST OF COLLECTIONS.

1. Existing Zoning: D.R. 5.5
2. 200' Scale Zoning Map: N.W. 8-I
3. Lot Area: 7,765 S.F. for 0.178 Ac +/-
4. Not located in 100 Year Flood Plain Area
   Community panel no. 240010 0220C zone: "C"
5. Not located in Chesapeake Bay Critical Area
6. Not located in Historic Area
7. Existing Use: Single Family Dwelling
   Proposed Use: Single family dwelling converted to Class "A"
   Assisted Living facility
8. Propose four (4) residents (4 beds)
9. Open space provided: 2920 S.F. +/-
   Open space required: 7765 S.F. x .10 = 777 S.F.
10. Variance Petition filed for parking requirement of 4 spaces, existing driveway to be used for stackable parking for owner/ employee spaces. ~~To provide 2 parking spaces on the front yard the total of spaces are six stacks deep~~
11. Existing 10' wide driveway is paved with a durable and dustless surface.
12. 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.
13. No sign is proposed for this facility.
14. Existing Floor Areas (S.F.)
    Basement (Office, laundry and entertainment area): 1064 S.F.
    First Floor : 1064 S.F.
    Second Floor: 502 S.F.
    Total Floor Area: 2,630 S.F.



Site Rite Surveying, Inc.
200 E. Joppa Road
Shell Building, Room 101
Towson, MD 21286
(410)828-9060

OWNER: DELORES MAY
JOSSETT SMITH
3819 Collier Road
Randallstown MD 21133
Tax Map: 72 Grid: 1 Parcel: 880
Tax Acct. No.: 0208550880
Deed Ref.: 12595/515
(410) 655-6692

PLAN TO ACCOMPANY PETITION FOR VARIANCE AND A USE PERMIT FOR CLASS "A" ASSISTED LIVING FACILITY
#3819 COLLIER ROAD
BLOCK "N" LOT 2
SECTION FOUR "RANDALL RIDGE" 29/85
ELECTION DISTRICT NO. 2
COUNCILMANIC DISTRICT NO.
BALTIMORE COUNTY, MARYLAND
SCALE: 1" – 20'
JULY 27, 2004
REVISED SEPTEMBER 24,2004

8955

1. Existing Zoning: D.R. 5.5
2. 200' Scale Zoning Map: N.W. 8-I
3. Lot Area: 7,765 S.F. for 0.178 Ac +/-
4. Not located in 100 Year Flood Plain Area
   Community panel no. 240010 0220C zone: "C"
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7. Existing Use: Single Family Dwelling
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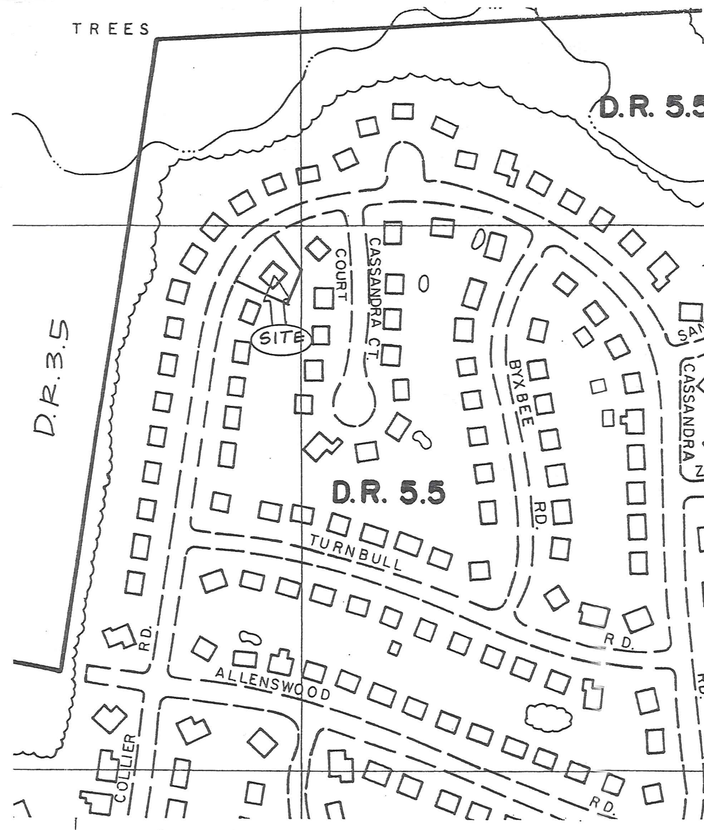

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BALTIMORE COUNTY, MARYLAND
SCALE: 1" – 20'
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11. Existing 10' wide driveway is paved with a durable and dustless surface.
12. This building has not been originally constructed to accommodate elderly 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.
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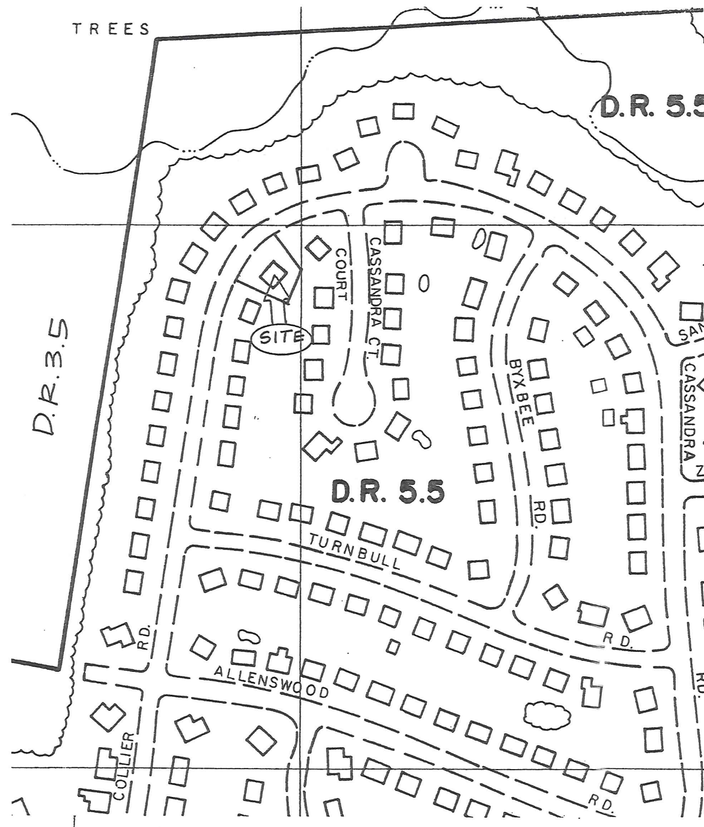

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