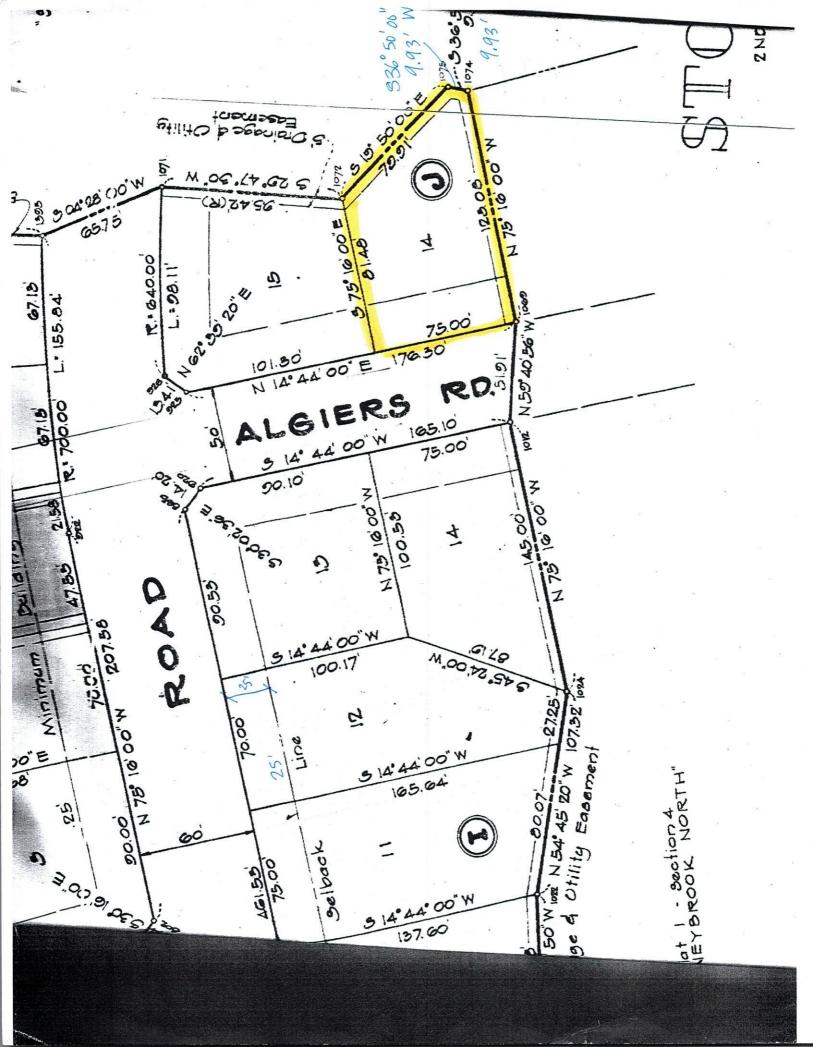
## INTER-OFFICE CORRESPONDENCE

## RECOMMENDATION FORM

TO:	Director, Office of Planning Attention: Lynn Lanham	ALF Address 3927 Algiers Rd.				
	Jefferson Building 105 West Chesapeake Avenue, Room 101 Towson, MD 21204 Mail Stop 3402	Permit No. (if	required) B			
FROM:	Arnold Jablon, Director Department of Permits, Approvals and Inspections					
RE:	Assisted Living Facility					
This offi	ice is requesting recommendations and comments from the Office	e of Planning and prior to this office'	s approval of a building/use permit.			
A. MI	NIMUM APPLICANT SUPPLIED COMPATABILITY INFORM.	ATION (As Required under A and	I B halow):			
Earen L	Lloyd- Williams 3927 Algiers Rd.  Address  Address	443,980,9707	Karryt I Domail com			
Print Nan	ne of Applicant Address	Telephone Number	Email Address			
Lot Add	ress 3927 Algiers Rd Election District 2	_ Councilmanic District 2 S	quare Feet of Lot 8268			
Lot Loca	ation: NES W/side/corner of Algrevs Rd , 12	feet from NESW corn	er of Carthage Rd.			
Land Ov	wher(s): Karen Lloyd-Williams	10 Digit Tax Account N	(street) Number 0206200910			
Address	3927 Algiers Rd.	Telephone Number (	4B 980.9709			
	0		wilagnailcom			
CHECKI	IST OF MATERIAL C. 4. F F					
	LIST OF MATERIALS (to be submitted by applicant for required	d compatibility and/or appearance r	review by the Office of Planning)			
B. AP	PPLICANT MUST PROVIDE 1 THROUGH 6	Planner to confirm informat	ion acceptance by marking $\underline{x}$ belo $v$			
		YES	NO			
1. This R	ecommendation Form (3 copies)					
2. Permit	t Application					
3. Site PI	an					
Prop	perty (3 copies) including lot size and sq ft of building, parking and oper	1 space - 10% lot area				
	ement of Compliance with Checklist Note 5.A					
Check	ng Elevation Drawings (these <u>may be waived</u> if not 5.A from the Zo list can be stated on the plans)	oning Use Permit				
5. Photog	graphs (please label all photos clearly ining Buildings and Surrounding Neighborhood					
	t Zoning Classification: Class T		ed for filing by			
-			(Date)			
	TO BE FILLED IN BY THE OF	FICE OF PLANNING ONLY				
RECOMM	ENDATIONS / COMMENTS:					
App	proval Disapproval Approval conditioned on required modific	cations of the application to conform wit	h the following recommendations:			
			- 30			
Signed by:		Date: _				
	For the Director, Office of Planning					



ZONING USE PERMIT PLAN FOR ASSISTED LIVING 1 ( 4 BEDS)

3927 ALGIERS ROAD
RANDALLSTOWN, MD 21133
2nd ELECTION DISTRICT
OWNER: KAREN LLOYD- WILLIAMS
ADD 4212 DRESSAGE CT RANDALLSTOWN, MD 21133
DATE 11/23/2015 (PLAN DATE)
PHONE 443-980-9707
44 40

LOT SIZE: 8268 SQ. FT.

ZONING MAP NW-8-H 077 6 I

ZONE DR 5.5

PARKING SPACE: 1 SPACE FOR EACH 3 BEDS= 2 PARKING SPACES REQUIRED 18X12

Hearing Con\_ # 2016 - UC32-A

EXISTING FLOOR AREAS SQ, FT. 1<sup>ST</sup> FLOOR = 1280 SQ FT TOTAL 1280 SQ, FT.

BASEMENT FOR STORAGE AND MECHANICAL EQUIPMENT: 504 SQ. FT.

OPEN SPACE 10X LOT AREA (8038 SQ. FT.)= 803 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.

Kallen Gloyd-Uille arms

PRINTED NAME

Kallen Gloyd-Willeams

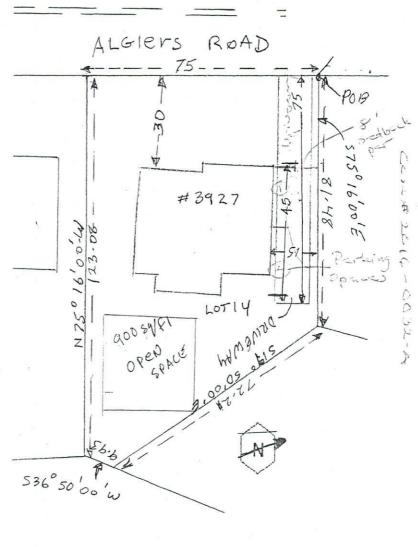
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SIGNATURE

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