# **USE PERMIT**



IT IS ORDERED by the Director of the Department of Permits, Approvals and			
Inspections of Baltimore County, this	th day of April , 20/5,		
that Authoris Salca	located at		
7905 Hillendals Kol	should be and the		
(Street address)			
same is hereby granted permission to operat	e a: Assisted Living Facility I		
for a maximum of 4 (four) b	eds subject to landscaping		
treatment as indicated in P			
vovised site plans.	all Soller		
Remit (or the bar birector,	Permits, Approvals and Inspections		
	Company of the Compan		
	Planner's Initials		

Revised 10/17/11

3/24/15

# INTER-OFFICE CORRESPONDENCE RECOMMENDATION FORM

TO:	Director, Office of Planning Attention: Lynn Lanham Jefferson Building 105 West Chesapeake Avenue, Room 101 Towson, MD 21204	ALF Address 7905 Hillendale Kcl Permit No. (if required) B
FROM:	Mail Stop 3402 Arnold Jablon, Director Department of Permits, Approvals and Inspections	
RE:	Assisted Living Facility	
This offi	on le requesting recommendations and comments from the Office	ice of Planning and prior to this office's approval of a building/use permit.
A. MI Anth Print Nair Lot Add Lot Loc Land O	NIMUM APPLICANT SUPPLIED COMPATABILITY INFORDING SAKA, 3116 Paper Mill Rd, Phose ne of Applicant, Addréss ress 7905 Hillendale Rd Election District 9th attom: Nes W/side/corner of Hillendale Rd, (street) wher(s): Francus Koerner/Chris 307 Allegheny Ave, Baltimor	
		YES NO
1. This	Recommendation Form (3 copies)	
2. Perm	it Application	
	Plan perty (3 copies) including lot size and sq ft of building, parking and stement of Compliance with Checklist Note 5.A	
4. Build Chec	ing Elevation Drawings (these <u>may be waived</u> if not 5.A from th klist can be stated on the plans)	e Zoning Use Permit
	ographs (please label all photos clearly oining Buildings and Surrounding Neighborhood	
	ont Zoning Classification: DR 5.5	Accepted for filing by 3/2/15 RDD
th/	MENDATIONS / COMMENTS:  pproval Disapproval Approval conditioned on required m	odifications of the application to conform with the following recommendations:  Date: 3/16/15  Revised 2/7/11

## BALTIMORE COUNTY, MARYLAND

#### INTER-OFFICE CORRESPONDENCE

To:

Jenifer Nugent

DATE: March 16, 2015

FROM:

Matt Diana

Planner, Development Review

SUBJECT:

7905 Hillendale Road

Assisted Living

The Department of Planning has reviewed the Assisted Living Facility plan and accompanying pictures. It is recommended that the applicant provide landscaping treatment for the proposed additional parking spaces in the rear of the house in order to reduce the visual impact on the neighbor to the south (1504 Taylor Ave).

3/24/15

# 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		dress <u>7905 Hi</u> No. (if required) B	llendale Rol
FROM:	Arnold Jablon, Director Department of Permits, Approvals and Inspections			
RE:	Assisted Living Facility			
This offi	ce is requesting recommendations and comments from	the Office of Planning and prior to this	office's approval of a buildi	ng/use permit.
Anth Print Nar Lot Add	ress 7405 Hillen dale Rd Election District ation: NES W/side/corner of Hillendale Rounder(street)/Chr	Phoenix, MD 21131, 4438 Telephone Number  Telephone Number  Councilmanic District 6	Email Address  Hasquare Feet of Lot  W corner of	9,540 Ave 350600
CHECK	LIST OF MATERIALS (to be submitted by applicant for	or required compatibility and/or appea	arance review by the Office	of Planning)
B. A	PPLICANT MUST PROVIDE 1 THROUGH	6 Planner to confirm	information acceptance by ma	arking <u>x</u> below
1. This	Recommendation Form (3 copies)		YES NO	
2. Perm	it Application			
Sta	perty (3 copies) including lot size and sq ft of building, parkir tement of Compliance with Checklist Note 5.A			- (
4. Build Chec	ing Elevation Drawings (these <u>may be waived</u> if not 5.A t klist can be stated on the plans)	rom the Zoning Use Permit	-0 , 0	
5. Photo	ographs (please label all photos clearly oining Buildings and Surrounding Neighborhood			11.
6. Curre	ent Zoning Classification: DR 5.5		Accepted for filling by 3	(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 t	y. For the Director, Office of Alanning	comment.	Date: 3/16/1	Revised 2/7/11

ZONING USE PERMIT
PLAN A ASSISTED LIVING FACILITY I (FOUR BEDS MAXIMUM)

7905 HILLENDALE RD BALTIMORE, MD 21234 9<sup>TH</sup> ELECTION DISTRICT

OWNER: FRANCIS J. KOERNER, CHRIS A. OWENS

ADDRESS: 307 ALLEGHENY AVE, BALTIMORE, MD 21204

DATE: 2/16/2015 PHONE: 410-337-2766

LOT SIZE: 9,540 SF APPROX. ZONNING MAP: 070C3

ZONE: DR 5.5

PARKING: 1 SPACE FOR EACH 3 BEDS = 2 PARKING SPACES FOR 4 BEDS

#### **EXISTING FLOOR AREAS SF**

- 1<sup>ST</sup> FLOOR = 615 SF
- FRONT PATIO = 48 SF
- BASEMENT = 343 SF
- BUILT-IN SHED (REAR OF HOUSE) = 90 SF

OPEN SPACE: .10 X LOT AREA (9,540 SF) = 954 SF

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 FIVE (5) YEARS FROM THE DATE OF THIS APPLICATION.

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

THE UNDERSIGNED APPLICANTS ARE RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION ON THIS PLAN.

SIGNATURE

DATE

**ANTHONY A. SAKA** 

**PRINTED NAME** 

ENGINEERS SCALE: I IN = 30 FT

## INTER-OFFICE CORRESPONDENCE

### RECOMMENDATION FORM

TO:	Director, Office of Planning Attention: Lynn Lanham Jefferson Building 105 West Chesapeake Avenue, Room 101 Towson, MD 21204	ALF Address 7905 Hillendale Kd
		Permit No. (if required) B
	Mail Stop 3402	
FROM:	Arnold Jablon, Director	
	Department of Permits, Approvals and Inspections	
RE:	Assisted Living Facility	
This offi	ice is requesting recommendations and comments from the Off	fice of Planning and prior to this office's approval of a building/use permit.
Δ. МІ	INIMUM APPLICANT SUPPLIED COMPATABILITY INFOR	MATION (As Required under A and B below):
Ant		enix, MD 21131, 443-858-1009, antosaka@msn.com
Print Na	me of Applicant Address	Telephone Number Email Address
Lot Add	iress 7905 Hillendale Rd Election District 9	th Councilmanic District 6th Square Feet of Lot 9,540
	A STATE OF THE STA	
Lot Loc	ation: NES W/side/corner of Then date Kd ,	150 feet from ESW corner of Taylor Ave
Land O	wher(s): Francis Koerner I Chris C	wens 10 Digit Tax Account Number 0923 350 600
Address	307 Allegheny Ave, Baltimon	e, MD 21204 Telephone Number (410) 337-2768
Address	s Thirten Danier	Section 1997 Annual Property Medical Pro
		Email Address
CHECK	TIST OF MATERIALS (to be submitted by applicant for requ	uired compatibility and/or appearance review by the Office of Planning)
¥6		ince compatibility allaror appearance review by the office of harming)
B. A	PPLICANT MUST PROVIDE 1 THROUGH 6	Planner to confirm information acceptance by marking $\underline{\mathbf{x}}$ below
		YES NO
1. This	Recommendation Form (3 copies)	
2. Perm	it Application	
3. Site I	Plan operty (3 copies) including lot size and sq ft of building, parking and	open space – 10% lot area
	atement of Compliance with Checklist Note 5.A	
	ling Elevation Drawings (these may be waived if not 5.A from th	
Chec	klist can be stated on the plans)	
5. Photo	ographs (please label all photos clearly joining Buildings and Surrounding Neighborhood	
	ent Zoning Classification: DR 5,5	Accepted for filing by 3/2/1)
34		(Date)
	TO BE FILLED IN BY THE	OFFICE OF PLANNING ONLY
RECOM	MENDATIONS / COMMENTS:	
ПА	pproval Disapproval Approval conditioned on required m	odifications of the application to conform with the following recommendations:
Cinc d :		. Date:
. Signed b	For the Director, Office of Planning	Date:

