USE PERMIT

IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County, this 30 day of July, 2015, that Quintena M Beckles 21208 (Individual or business name) located at 9115 Field Rd (Street address) should be and the same is hereby granted permission to operate a: an Assisted Living facility I 4 Beds

128627
Permit (or Receipt) Number

Director, Permits, Approvals and Inspections

Planner's Initials G. H

Revised 10/17/11

7/31/15

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

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

ALF Address _____

Permit No. (if required) B _____

FROM: Arnold E. Jablon, Director
Department of Permits, Approvals and Inspections
M.S. 1105

RE: Assisted Living Facility I or II

This office is requesting recommendations and comments from the Office of Planning and prior to this office's approval of a building/use permit.

MINIMUM APPLICANT SUPPLIED COMPATABILITY INFORMATION (As Required under A and B below):

A. Quintena M Beckles 4000 Eldorado Ave 410-900-3067 qbeckles@gmail.com
Print Name of Applicant | Address | Telephone Number | Email Address

Lot Address 9115 Field Rd Election District 3rd Councilmanic District ___ Square Feet of Lot _____

Lot Location: N E S W/side/corner of _____ (street) , _____ feet from N E S W corner of _____ (street)

Land Owner: Bakak Imanoel 10 Digit Tax Account Number _ _ _ _ _ _ _ _ _ _

Address: 3126 Enclave Ct. (410) 530-3158 _____
Telephone Number | Email Adddress

CHECKLIST OF MATERIALS-. (to be submitted by applicant for required ***compatibility*** and/or ***appearance*** review by the Office of Planning

B.

Planner to confirm information acceptance by marking **X** below:

APPLICANT MUST PROVIDE 1 through 6

	YES	NO
1. **This Recommendation Form** (3 copies)	X	___
2. **Permit Application** (If availabl	___	X
3. **Site Plan:** Property (3 copies): including lot size and square feet of buildings, parking and open space – 10% lot area	X	___
Statement of Compliance with Checklist Note 5.A	___	___
4. **Building Elevation Drawings (these may be waived if note 5.A. from the Zoning Use Permit Checklist can be stated on the plans)**	___	X
5. **Photographs (please label all photos clearly)** Adjoining Buildings, the Proposed Building, and Surrounding Neighborhood	X	___

6. **Current Zoning Classification:** DR1

Accepted for filing by G.A. , 7/15/15
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
JUL 17 2015
DEPARTMENT OF PLANNING

Signed by: _____
for the Director, Office of Planning

Date: 7/27/15

Revised 2/17/11

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

No. 128627

Date: 7/15/15

Fund	Dept	Unit	Sub Unit	Rev Source/ Obj	Sub Rev/ Sub Obj	Dept Obj	BS Acct	Amount
001	806	06000		6150				100.00

Total: 100.00

Rec From: Quintena M Beckles

For: ALFI
Use Permit

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

PAID RECEIPT

BUSINESS	ACTUAL	TIME	DRW
7/15/2015	7/15/2015	14:24:16	2

REG WS02 WALKIN JEVA JEE
>>RECEIPT # 928413 7/15/2015 OFLN
Dept 5 528 ZONING VERIFICATION
CR NO. 128627
Recpt Tot $100.00
$100.00 CK $.00 CA
Baltimore County, Maryland

CASHIER'S VALIDATION

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

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Address: 3126 Enclave Ct. (410) 530-3158 / _____
Telephone Number | Email Adddress

CHECKLIST OF MATERIALS-. (to be submitted by applicant for required ***compatibility*** and/or ***appearance*** review by the Office of Planning

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Planner to confirm information acceptance by marking **X** below:

APPLICANT MUST PROVIDE 1 through 6

	YES	NO
1. **This Recommendation Form** (3 copies)	X	
2. **Permit Application** (If availabl		X
3. **Site Plan:** Property (3 copies): including lot size and square feet of buildings, parking and open space – 10% lot area	X	
Statement of Compliance with Checklist Note 5.A		
4. **Building Elevation Drawings (these may be waived if note 5.A. from the Zoning Use Permit Checklist can be stated on the plans)**		X
5. **Photographs (please label all photos clearly)** Adjoining Buildings, the Proposed Building, and Surrounding Neighborhood	X	

6. **Current Zoning Classification:** DR1

Accepted for filing by G.A. *Date* 7/15/15

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:

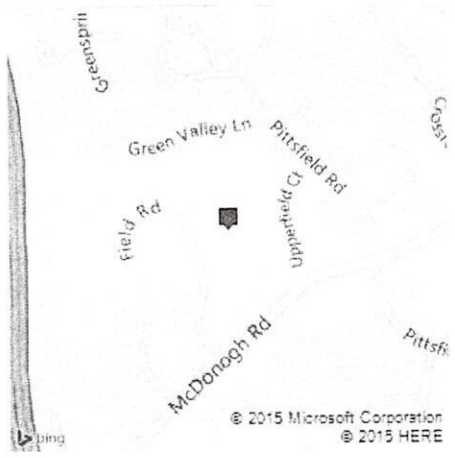
Signed by: _____
for the Director, Office of Planning

Date: _____

Revised 2/17/11

Zoning Use Permit
Plan for Assisted Living Facility I or II

Address: 9115 Field Rd.
Pikesville, Maryland 21208

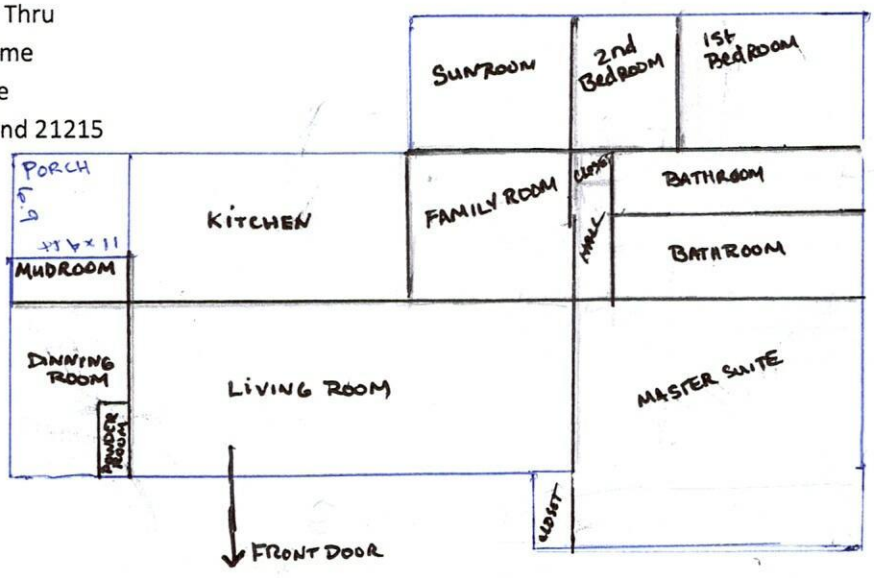


Election District: 3rd District

Owner Name: Bakak Imanoel
3126 Enclave Ct.
Pikesville, Maryland 21208
410-530-3158

Date of Plan: July 15, 2015

Applicant Name: Quintena M. Beckles
Q & C – Your Way Thru
Assisted Living Home
4000 Eldorado Ave
Baltimore, Maryland 21215
443-982-6239
410-900-3067



Lot Size: 92,347.20 sq. ft.
Lot # 4
Parcel # 101
Zoning Map: SF
Zone DR: 67

Parking Spaces Available: 4
1st Floor & Sunroom: 2,850 sq.ft.
Basement & Storage: 2,337 sq.ft.
Open Spaces: ~~[illegible] sq.ft.~~
• 10% of 92,000 = 9200 ft

1.) LIVING ROOM - 23 x 15
2.) KITCHEN - 17 x 15
3.) DINNING ROOM - 15 x 15
4.) MUDROOM - 11 x 6
5.) FAMILY ROOM - 19 x 13
6.) SUNROOM - 16 x 16
7.) 2nd BEDROOM - 15 x 13
8.) 1st BEDROOM - 11 x 10
9.) Master Suite - 17 x 13

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, relocating (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 for Five (5) years from the date of this application.

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

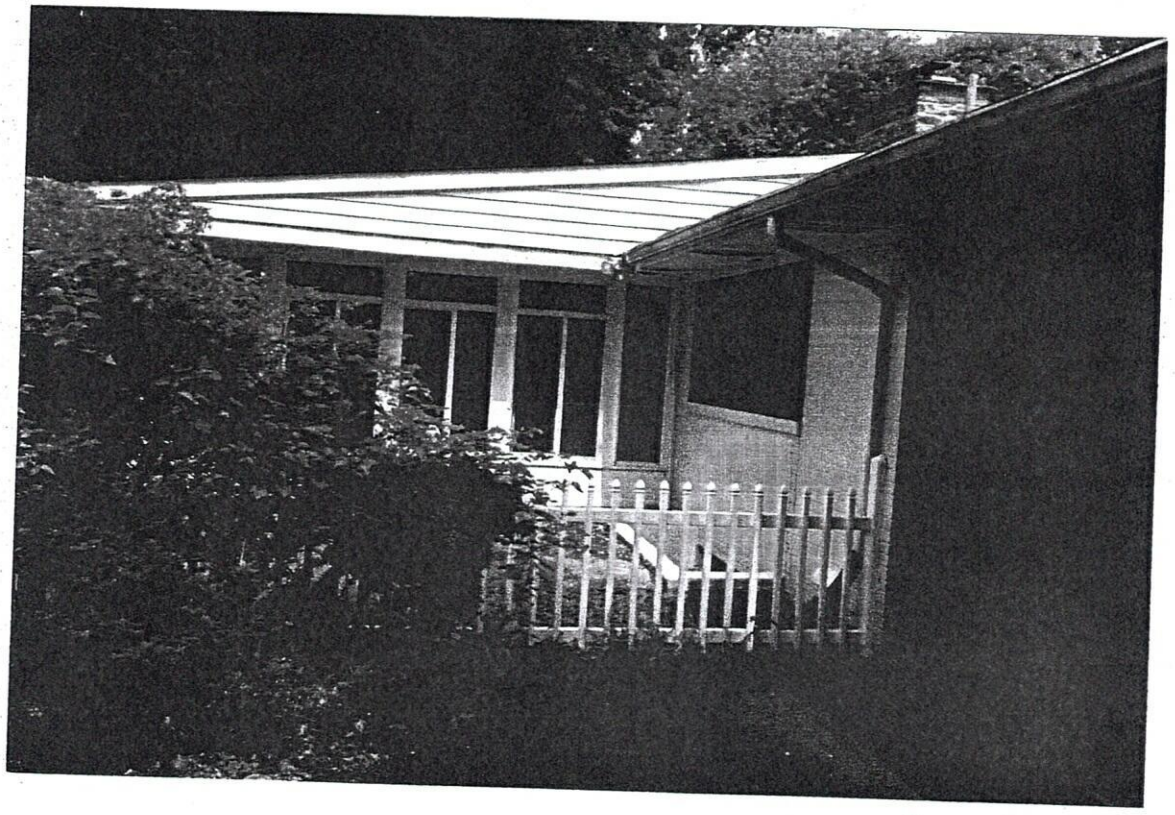
THE UNDERSIGNED (STATE IF OWNERS OR APPLICANTS) ARE RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION ON THIS PLAN.

QMBeckles 7/15/15
SIGNATURE DATE

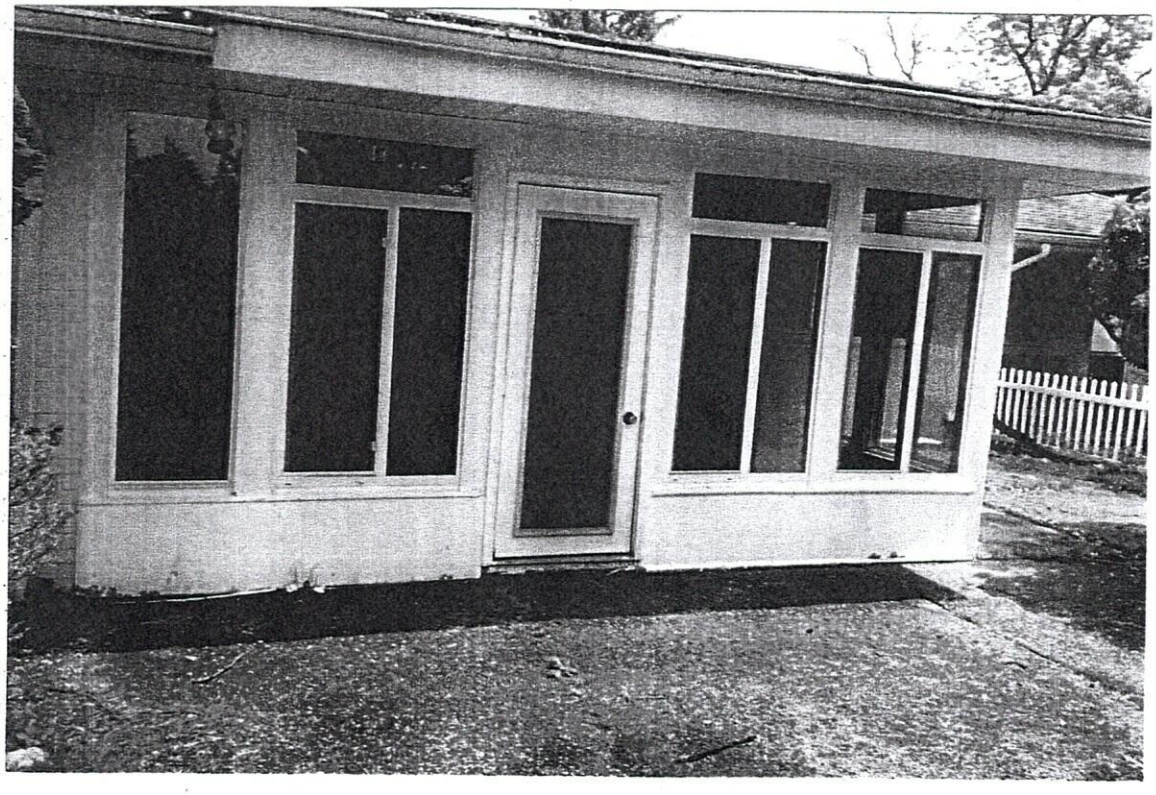
Quintena M Beckles
PRINTED NAME

SIGNATURE DATE

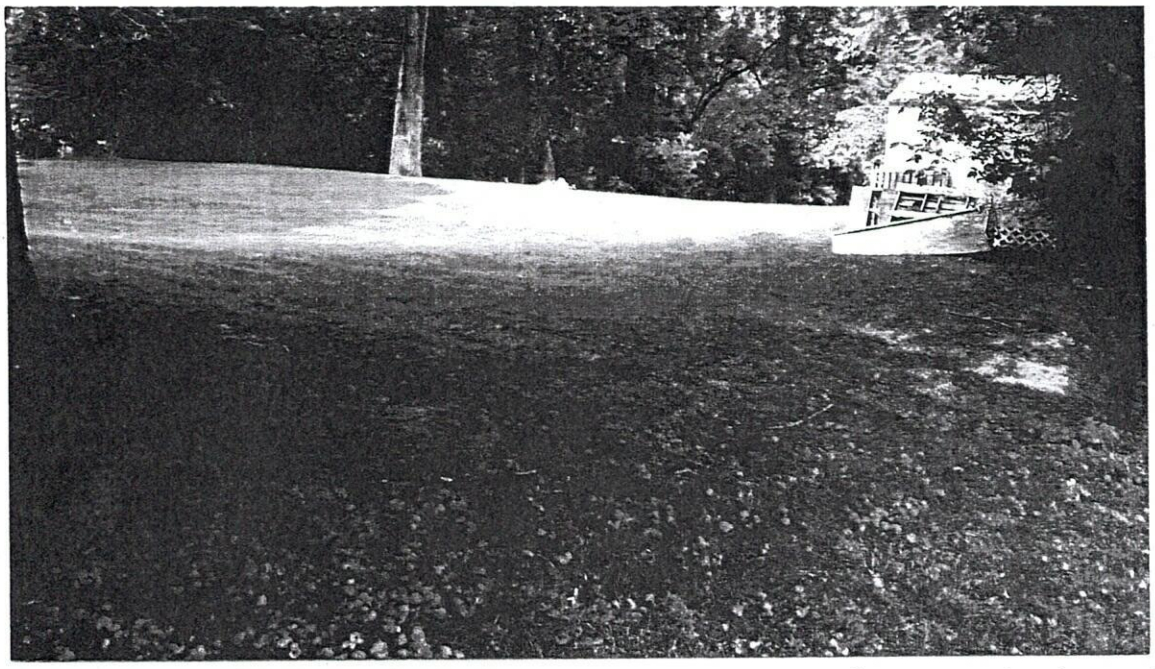
PRINTED NAME



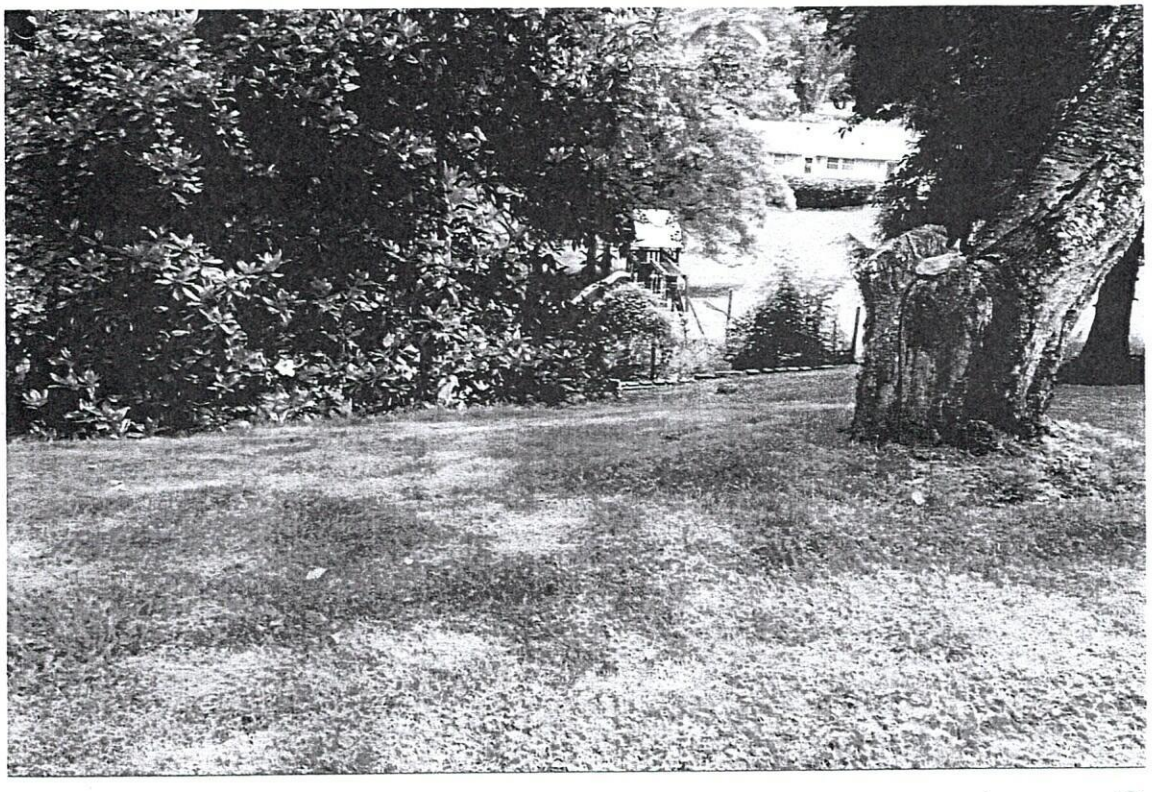
Side of house



Back of house



Side yard - Open Space



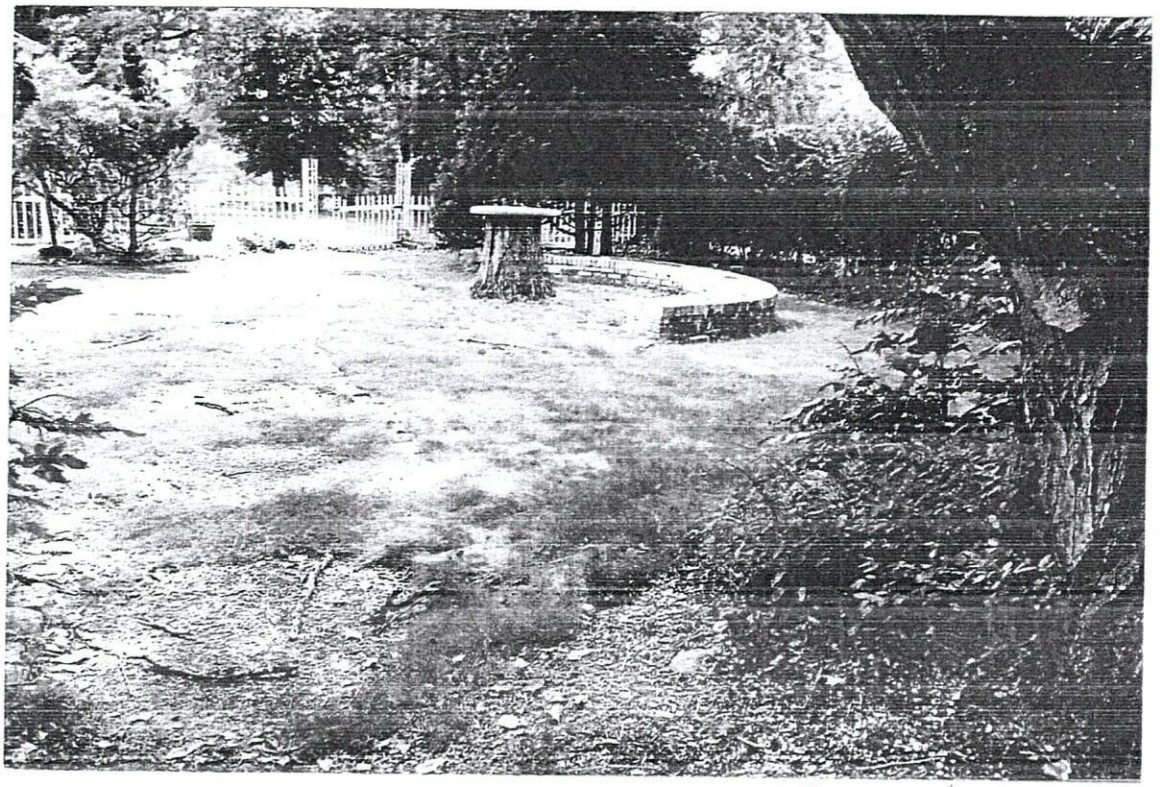
Front yard - Open Space

Back door

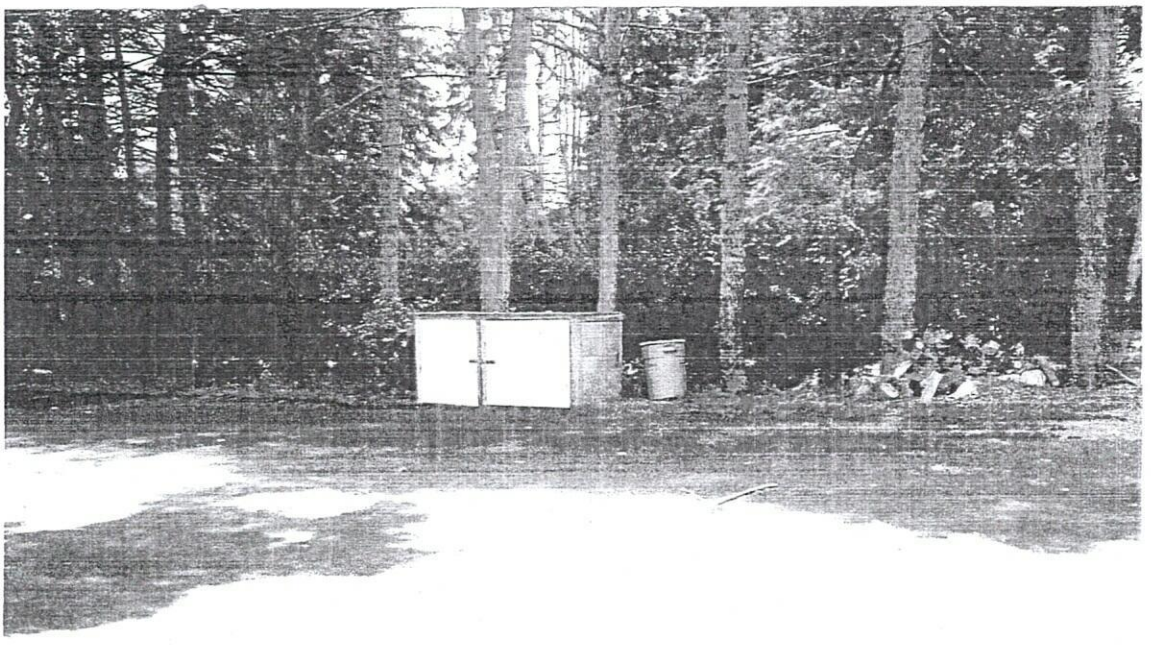
Front of House

Open Space (Side)

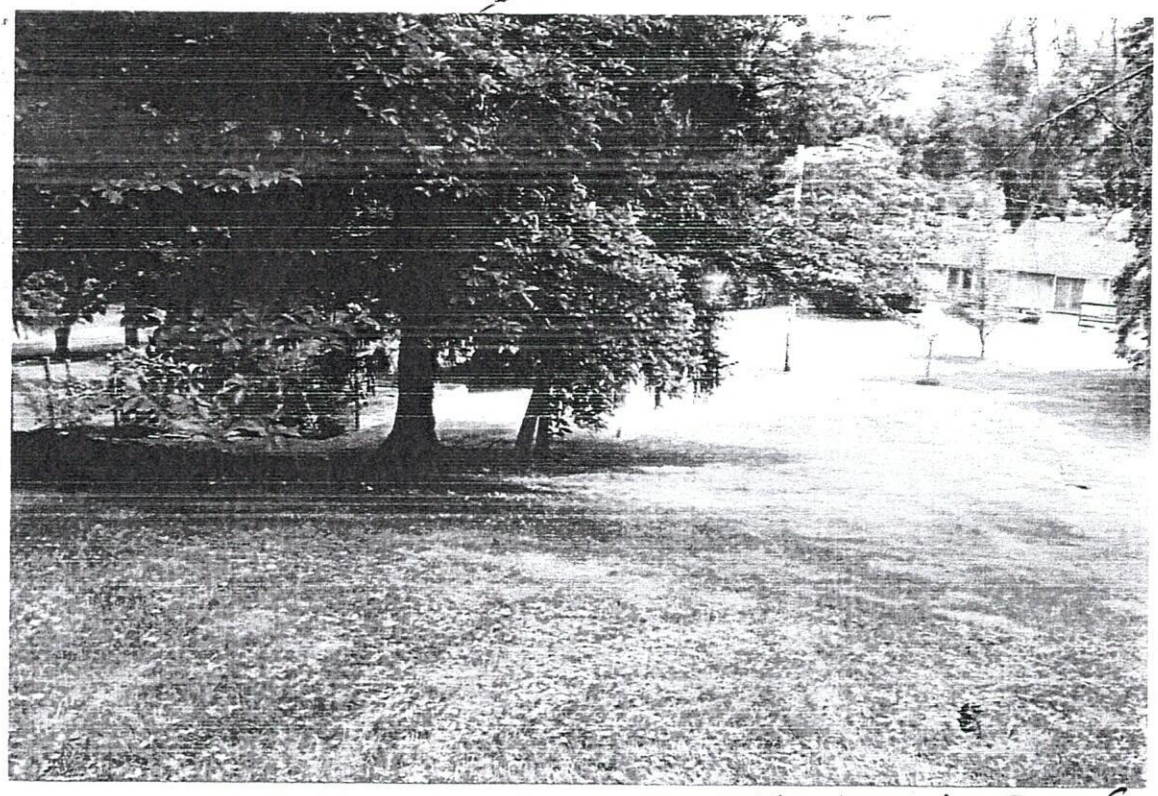
Side of house



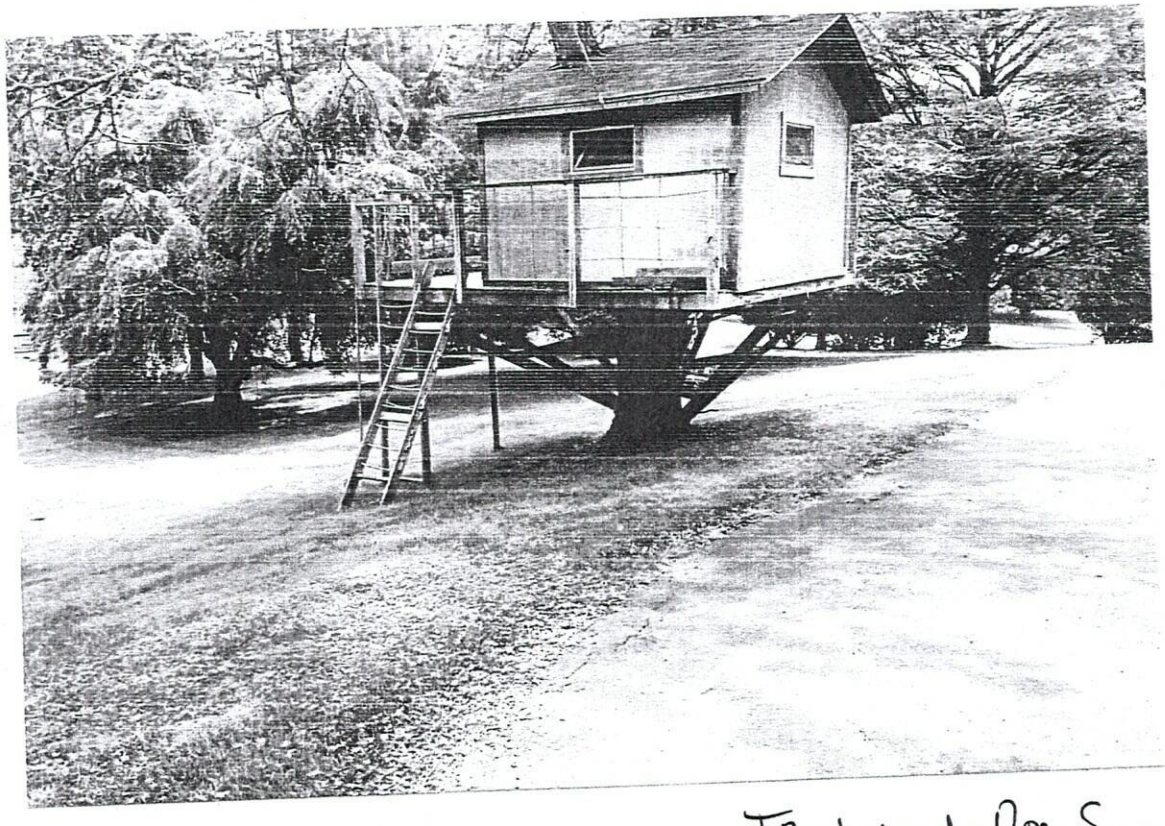
Backyard - Oper Space



Parking Spaces



Frontyard - Open Space



Front yard - Open Space

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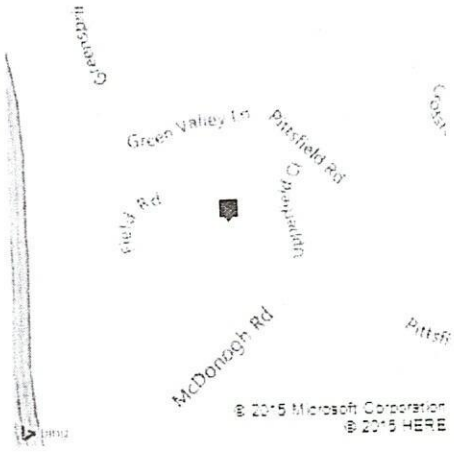

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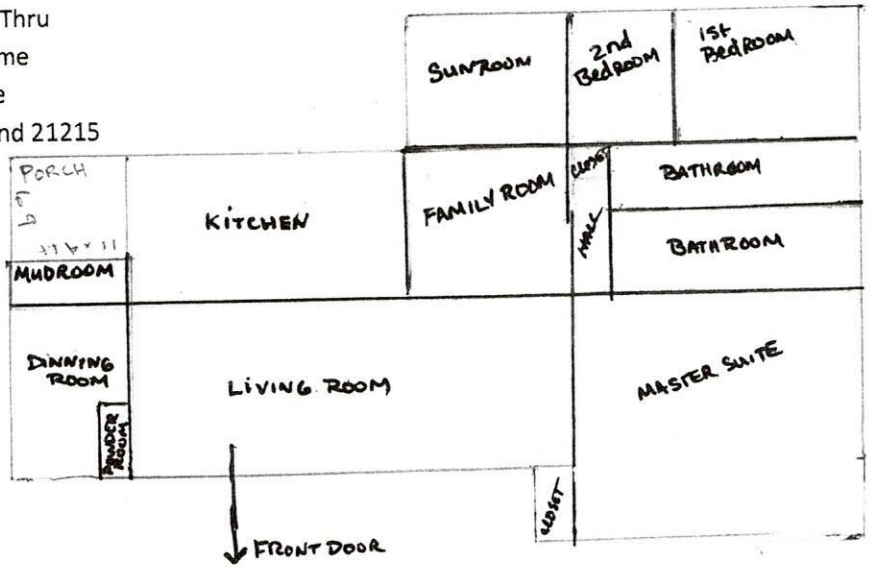

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Zone DR: 67

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Basement & Storage: 2,337 sq.ft.
Open Spaces: ~~89,497~~ sq.ft.
10% x 89,000 = 8900 ft²

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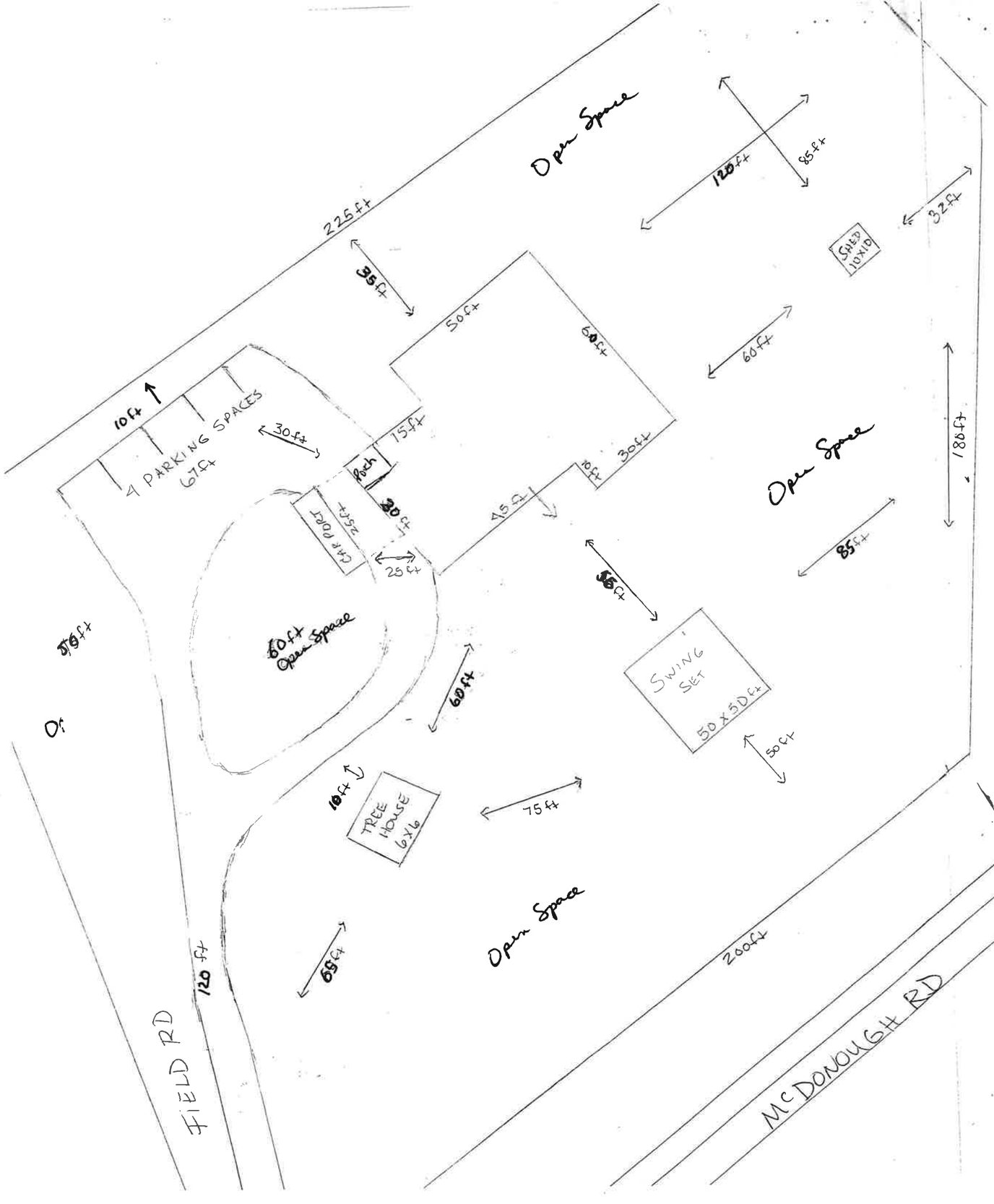

Plan to Accompany A Request for A Use Permit for An Assisted Living Facility

July 2015