USE PERMIT

IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County, this 22ND day of APRIL, 2015, that TIMOTHY RINGGOLD (Individual or business name) located at 3525 ESSEX ROAD, MD 21207 (Street address) should be and the same is hereby granted permission to operate a: ASSISTED LIVING FACILITY (4 BEDS MAXIMUM)

123592
Permit (or Receipt) Number

Director, Permits, Approvals and Inspections

Planner's Initials AT

Revised 10/17/11

BALTIMORE COUNTY, MARYLAND

INTER-OFFICE CORRESPONDENCE

TO: Jennifer Nugent
Department of Planning

DATE: April 16, 2015

FROM: Troy Leftwich
Department of Planning

SUBJECT: 3525 Essex Rd

INFORMATION:

Address: 3525 Essex Rd, 21207
Petitioner: Timothy Ringgold
Property Size: 6,937sq. ft
Zoning: DR 5.5

SUMMARY OF RECOMMENDATIONS:

The Department of Planning does not object to a four bed Assisted Living Facility (ALF) at 3525 Essex Rd, 21207. Planning does recommend the parking spaces and driveway be paved to clearly allow for adequate accessibility.

Prepared By: Troy Leftwich

Section Chief: _____

AFK/LL:TL

4/24/15

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 3525 Essex Rd, 21207

Permit No. (if required) B _____

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

RECEIVED
APR – 9 2015
DEPARTMENT OF PLANNING

RE: Assisted Living Facility I ~~or II~~ (4 BEDS MAXIMUM)

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. Timothy Ringgold (Print Name of Applicant) Address 410-937-8093 (Telephone Number) Email Address

Lot Address 3525 Essex Rd, 21207 Election District 2 ND Councilmanic District 4TH Square Feet of Lot 7,500

Lot Location: N E S W/side/corner of Essex Road (street) _____ feet from N E S W corner of MARSTON ROAD (street)

Land Owner: Timothy Ringgold 10 Digit Tax Account Number 0212200940

Address: 9020 Amber Oaks Way, 21117 (410) 937-8093 tringgold8528@gmail
Telephone Number Email Address

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)	✓	
2. Permit Application (If availabl		✓
3. Site Plan: Property (3 copies): including lot size and square feet of buildings, parking and open space – 10% lot area	✓	
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)		✓
5. Photographs (please label all photos clearly) Adjoining Buildings, the Proposed Building, and Surrounding Neighborhood	✓	

6. Current Zoning Classification: Residential

Accepted for filing by A. Tsui, 4-8-15 (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:

See Attached comment

Signed by: _____ for the Director, Office of Planning

Date: 4/17/15

Revised 2/17/11

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

No. 123592

Date: 4/8/15

Fund	Dept	Unit	Sub Unit	Rev Source/ Obj	Sub Rev/ Sub Obj	Dept Obj	BS Acct	Amount
001	806	0000		6157				$100

Total: $100.00

Rec From: TIMOTHY RINGGOLD

For: 3525 ESSEX RD

ALF - 1

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

PAID RECEIPT

BUSINESS	ACTUAL	TIME	DRW
4/08/2015	4/08/2015	11:25:24	5

REG WS05 WALKIN RBOS LRB
RECEIPT # 750298 4/08/2015 OFLN
Rcpt 5 528 ZONING VERIFICATION
CK NO. 123592
Recpt Tot. $100.00
$100.00 CK $.00 CA
Baltimore County, Maryland

CASHIER'S VALIDATION

ZONING USE PERMIT CHECKLIST

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

Pursuant to Bills 19-04 & 32-06

The zoning regulations regarding assisted living facilities (ALF's) were changed by the County Council in Bill No. 19-04, effective 5/29/04 and Bill 32-06, effective 5/18/06. This checklist is intended to inform the public of these standards. One of several changes is the new requirement for small scale ALF's for 1-3 residents which were formerly exempted, that now have to file for a zoning use permit as was previously required only for 4-15 resident facilities. **However, if you can clearly document to this office that your facility was licensed and legally operating for care of a certain set number of persons prior to the above referenced bill date, an ALF use permit may be issued at the discretion of the Zoning Review Office for continuance of your use for the previously licensed number of persons without a full use permit review as stipulated in this checklist.** This is done by an individual property use review for each site for which such documentation is presented. Prior to applying for this Use Permit, contact the Baltimore County Department of Aging for related information. Fees and Plan/Checklist changes are subject to change without advance notice. Sealed plans may be required.

THESE CHECKLIST REQUIREMENTS MUST BE FOLLOWED IN ACCURATE DETAIL FOR FILING ACCEPTANCE

Three (3) use permit plans, per this checklist and sample plan sheet; one Planning Office compatibility/appearance review package (see Recommendation Form), and $60.00 are required for filing the application. Due to the necessity of a detailed 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 the applicant is not the owner, the applicate's name, date, address, daytime telephone number with Email address, 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. Each parking space must be 8-1/2 feet x 18 feet, which must be shown and dimensioned.

   B. Parking spaces must be shown to comply with the following: 10 feet from all lot lines other than an alley that does not abut the front or rear yard of a residentially used property. All parking and delivery areas must be in the side or rear yard only (behind the front wall of the dwelling). Contact the zoning office for questions. THIS STANDARD MUST BE CLEARLY SHOWN. PUBLIC HEARINGS ARE REQUIRED FOR ANY CONFLICTS.
5. A. Note on the plan: "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 5 years. **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 to exceed this limit for 5 years from the date of this application.

   B. Where compliance with note 5.A. cannot be stated, the use permit application may not be accepted for filing or 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. Class II ALF's must be shown to be located on a prinicpal arterial street on the plan.
8. 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.
9. Include signatures, printed names (and dates) of these responsible for the accuracy of the information in this application.

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

ZONING INFORMATION FOR SMALL ASSISTED LIVING FACILITIES

(ALF's)

The attached information will help in filing for the use permits for Class I and II ALF's

There are two checklist sheets. One is for Zoning Use Permit; the other is for Planning Office compatibility review. Both must be followed carefully. A sample site plan accompanies the checklist for your convenience. There is also a condensed copy of the zoning regulations attached to the above information.

The regulations for these facilities were based on their establishment in certain residential (DR or equivalent) zones and in existing detached single family dwellings or buildings. **They may not be located in apartment buildings. They can only be placed in townhouse units with difficulty; usually involving Zoning Public Hearings for parking or other conflicts with the zoning regulations as set forth on the checklists.** Please be aware that a **public hearing requires actions that are not detailed in this information.** You may contact the zoning review staff at 410 - 887-3391 about public hearing requirements if you have a site plan conflict with the regulations.

The buildings in which ALF's are proposed must have existed for the past five years and not have had substantial enlargement during that time. For details please see the checklist.

Please check your zoning as directed below. This is very important if you are proposing more than four ALF beds. Each zone requires an increasingly larger lot area to support more than four beds. You may call the above referenced zoning review phone # for questions on required lot sizes once you can state what the site is zoned and the number of ALF beds you are proposing.

ALF II's are for more than 7 beds. There are special requirements for location. They must be located on a "principal arterial street". You must come to the Zoning Review Office at 111 West Chesapeake Ave. in Towson Md., in person to locate your site on the State Highways system map to confirm compliance with this requirement.

ALF III's are for more than 15 residents and have requirements that go beyond those of the smaller ALF I and II Facilities (such as development regulation application). Please contact the zoning staff at the above phone # for details regarding this type of approval.

Please be aware that the provided information is for zoning use permit application only and it is not intended to represent the requirements of any other agency regarding approval of your use.

To find your zoning, you may come to the Zoning Office at the above address or go to the following website: http://www.baltimorecountyonline.info. Once there, click on "What's My Zoning", then on the next page click the "I Agree" tab. An address bar will then come up. Put the street # and road name in the bar and click the " Create A Map " tab. In a few seconds the zoning map should appear. The zoning designation is shown within the blue lines. If you cannot read it clearly, place the mouse cursor on the site and left click the mouse, the zoning should appear in a window on your screen. Occasionally this site may be off-line. Should you have difficulty accessing it, you can try again later or come to the zoning counter at the above address for help. Please be aware that this on-line map is not official. To get a copy of the official map, you must come to the zoning counter for assistance.

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 3525 Essex Rd, 21207

Permit No. (if required) B _____

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

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A. Timothy Ringgold (Print Name of Applicant) _____ (Address) 410-937-8093 (Telephone Number) _____ (Email Address)

Lot Address 3525 Essex Rd, 21207 Election District 2 ND Councilmanic District 4TH Square Feet of Lot 7,500

Lot Location: N(E)S W/side/corner of Essex Road (street) _____ feet from N E(S)W corner of MARSTON ROAD (street)

Land Owner: Timothy Ringgold 10 Digit Tax Account Number 0212200940

Address: 9020 Amber Oaks Way, 21117 (410) 937-8093 (Telephone Number) tringgold8528@gmail (Email Address)

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)	✓	
2. **Permit Application** (If availabl		✓
3. **Site Plan:** Property (3 copies): including lot size and square feet of buildings, parking and open space – 10% lot area	✓	
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)**		✓
5. **Photographs (please label all photos clearly)** Adjoining Buildings, the Proposed Building, and Surrounding Neighborhood	✓	

6. **Current Zoning Classification:** Residential

Accepted for filing by A. Tsui 4-8-15 (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:

Signed by: _____
for the Director, Office of Planning

Date: _____

Revised 2/17/11

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

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

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.

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

SIGNATURE DATE

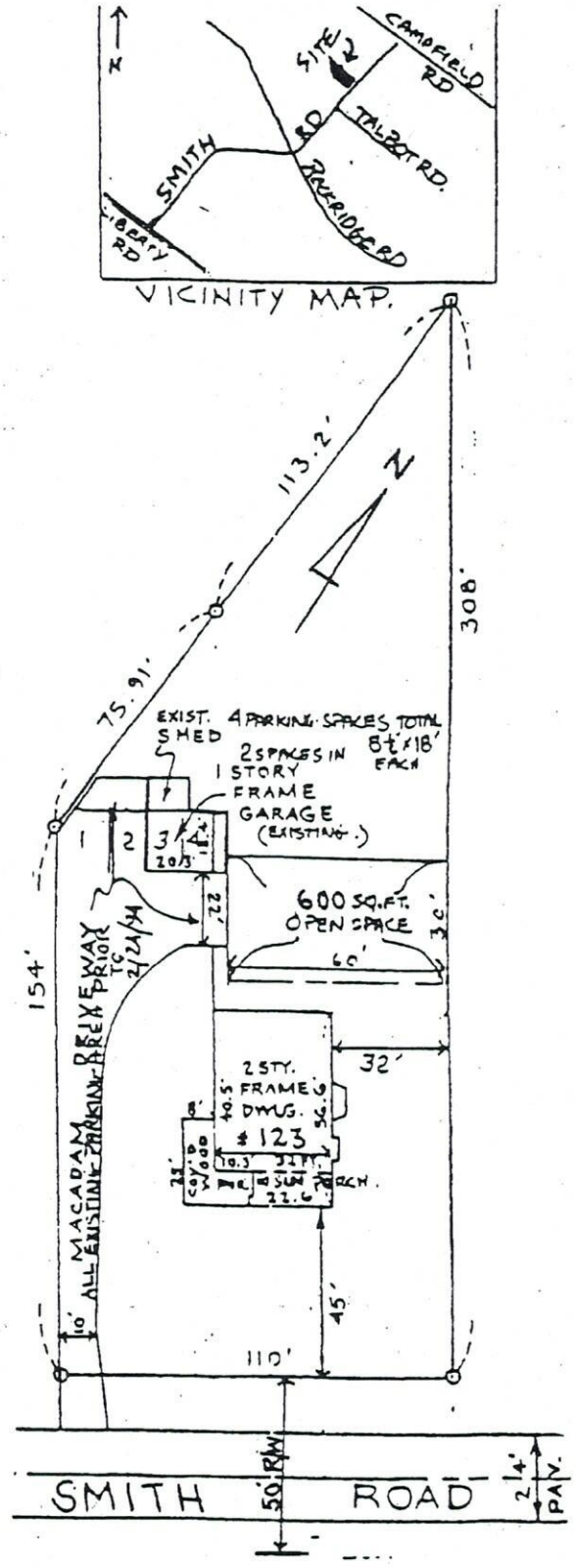
PRINTED NAME

SIGNATURE DATE

PRINTED NAME

ENGINEERS SCALE
1" = _____FT.

REVISED 7/19/04



ASSISTED LIVING FACILITIES I, II, & III.

(Bill Nos. 19-04 & 32-06)

********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 UNIT SHALL NOT BE CONSIDERED AN ASSISTED LIVING FACILITY. DENSITY FOR SUCH FACILITIES SHALL BE CALCULATED AT 0.25 FOR EACH BED.

********SECTION 432A. ASSISTED LIVING FACILITY; HOUSING FOR THE ELDERLY. AN ASSISTED LIVING FACILITY IS PERMITTED IN THE D.R., R.O., R.O.A., R.A.E., B.R., B.M. AND OR-2 ZONES AS FOLLOWS:

1) AN ASSISTED LIVING FACILITY I IS PERMITTED BY USE PERMIT.
2) AN ASSISTED LIVING 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. AN ASSISTED LIVING FACILITY III IS PERMITTED IN THE OR-2 ZONE BY SPECIAL EXCEPTION AND IS LIMITED BY THE USE, AREA, AND BULK REGULATIONS OF THE D.R. 10.5 ZONE. 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

********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.

********SITE DESIGN STANDARDS:

1) EXCEPT FOR THE SIGNS PERMITTED BY SECTION 450, NO OTHER SIGNS OR DISPLAYS OF ANY KIND VISIBLE FROM THE OUTSIDE ARE PERMITTED.
2) 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.
    - 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.
    - PARKING AND DELIVERY AREAS SHALL BE LOCATED IN THE SIDE OR REAR ONLY.
    - AT LEAST 10% OF THE LOT SHALL BE USED TO PROVIDE USABLE CONTIGUOUS AND PRIVATE OPEN SPACE.
3) AN ASSISTED LIVING FACILITY IS SUBJECT TO A COMPATIBILITY FINDING PERSUANT TO SECTION 32-4-402 OF THE BALTIMORE COUNTY CODE.
4) 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.

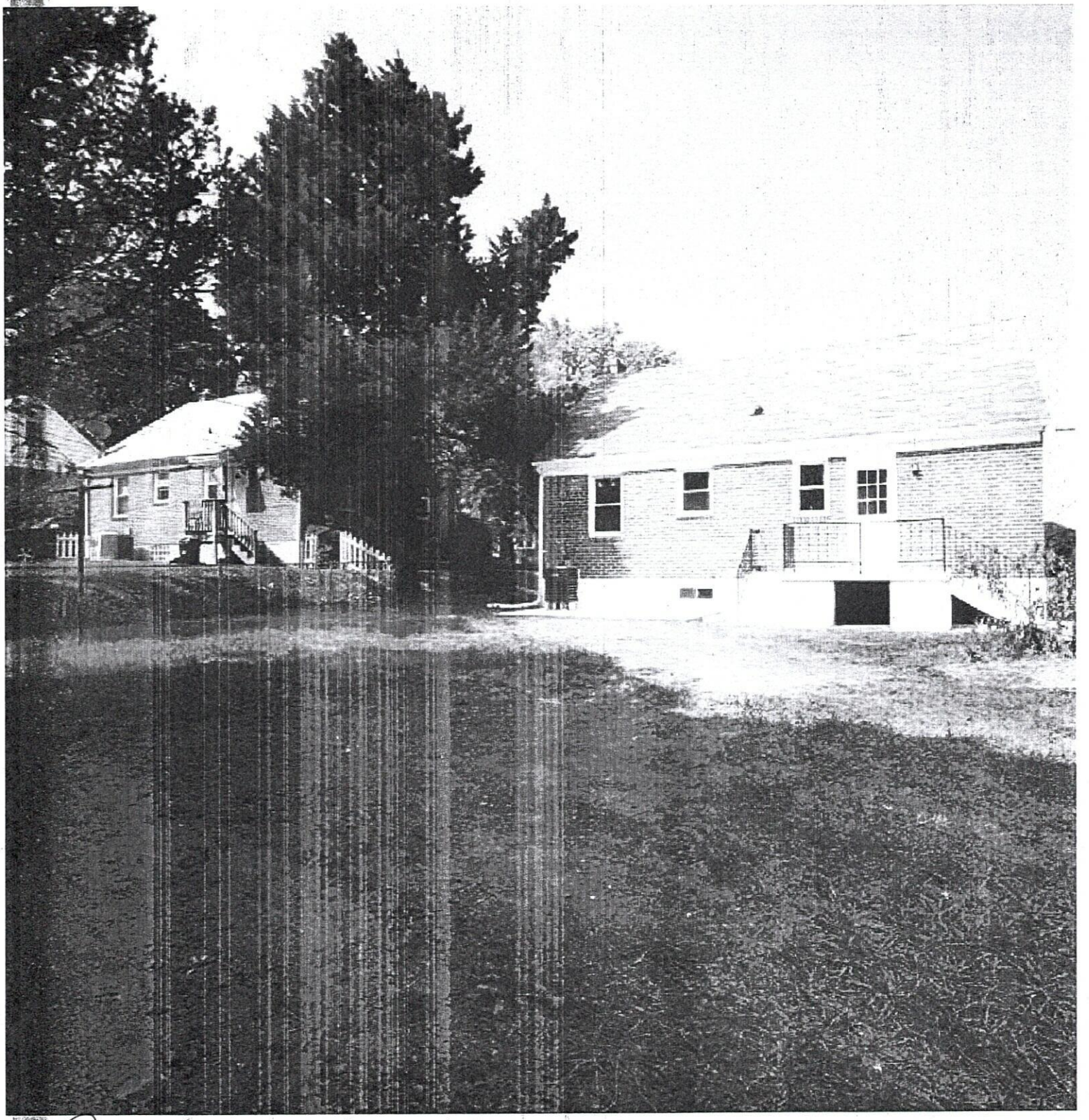
Revised 2/17/11

Slideshow 27 of 30

Start Slideshow ▶ Close

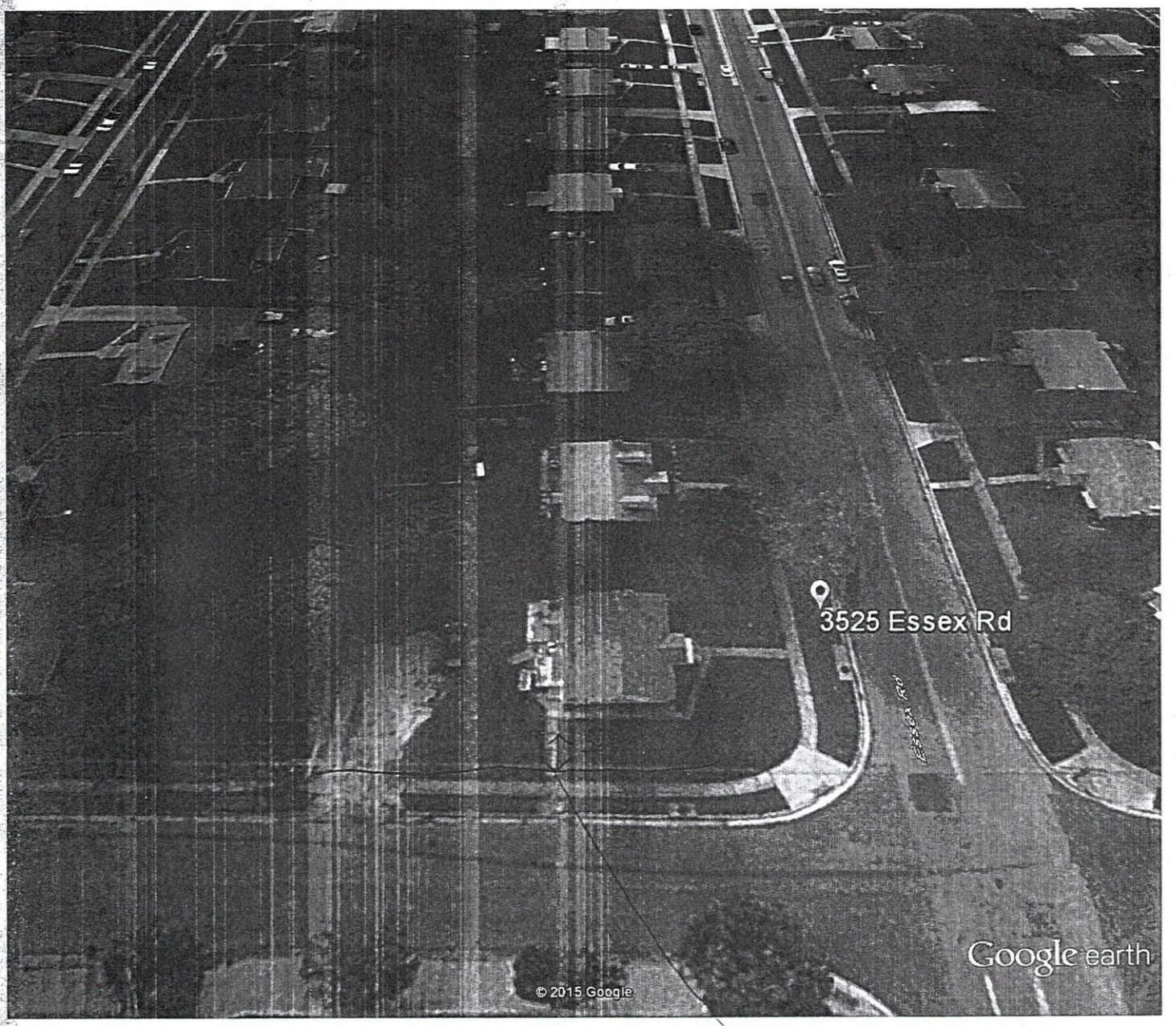
Front View of Dwelling

Side View of Dwelling



Rear View of Dwelling

Back Yard of Dwelling



Google earth

feet 100
meters 30

Prop Line

169408

Location Drawing

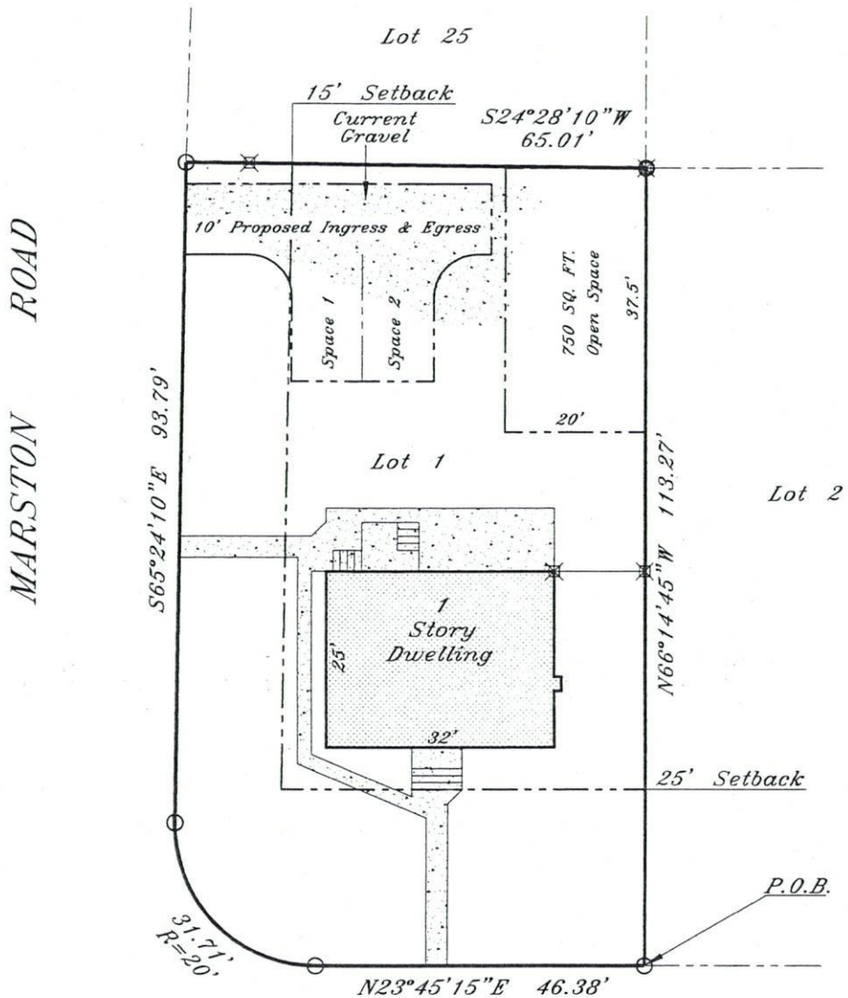
Scale: 1" = 25'

This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. This plat is not to be relied upon for the establishment or location of fences, garages, buildings, dwellings or other existing or future improvements. The accuracy of measured distances is approximately ten feet. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing. The approximate location of the dwelling is shown in relation to the apparent property lines. The undersigned surveyor was in charge of preparing this plat.

3525 Essex Road
Baltimore County, Maryland

William T Matthews 4/6/15

Ruxton Design Corporation
9475 Deereco Road
Suite B200
Timonium, Maryland 21093
410-823-5000
410-823-0115fax
rdc@ruxtondesign.com www.ruxtondesign.com



Lot Number: 1
Block/Section: E
Plat Reference: Book: 16 Page: 6
Title of Plat: Section One, Woodmoor

Zoning Use Permit Plan For A Assisted Living Facility I (4 BEDS MAXIMUM)

Owner: Timothy Ringgold
Address: 9020 Amber Oaks Way
Owings Mills, MD 21117
Date; 4/6/15 (Plan Date)
Phone: 410-937-8093

Existing Floor area = 800 SQ.Ft.

Proposed 10' ingress and egress along with 2 10'x18' parking spaces are to be macadam.

Open Space: .10 x Lot Area of (6,937 SQ.FT. obtained from Tax Assessment) = 694 SQ.FT. Min.

This Building has not been originally constructed to accomodate elderly housing of 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 of the ground floor area as of five (5) years before the date of this application) to the exterior of the building have occured, No additions are proposed to exceed this limit for five (5) years from the date of the Application.

Signs will Comply with Section 450 B.C.Z.R.

The Undersigned (State if Owners or Applicants) are resposible for the accuracy of the information on this plan.

Timothy Ringgold 4/8/15
Signature Date

Ringgold, Timothy
Printed Name

Signature Date

Printed Name