

# USE PERMIT



IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County, this 29th day of January, 2016, that Ketty Ngona located at 7109 Reno Road should be and the

(Individual or business name)  
(Street address)

same is hereby granted permission to operate as an Assisted Living Facility I (maximum number of beds allowed - 4 beds) approved per Office of Planning Jennifer Nurgent

134135  
Permit (or Receipt) Number

Bill J. J. J.  
Director, Permits, Approvals and Inspections

Planner's Initials KJN

1/29/16

**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

FROM: Arnold Jablon, Director  
Department of Permits, Approvals and Inspections

RE: Assisted Living Facility

ALF Address \_\_\_\_\_  
Permit No. (if required) B \_\_\_\_\_

RECEIVED

JAN 15 2016

DEPARTMENT OF PLANNING

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):**

Kelly Ngona 8734 Ruppert Court Ellicott City, MD 21043 410-461-6378 Keonacm@yahoo.com  
Print Name of Applicant Address Telephone Number Email Address

Lot Address 7109 Reno Road Election District 2nd Councilmanic District 4th Square Feet of Lot 9230

Lot Location: N E S W side/corner of Reno Road 126 feet from N E S W corner of Jeffrey Road  
(street) (street)

Land Owner(s): Dolly Jones 10 Digit Tax Account Number 0210450660

Address: 713 Mayton Court Bel Air, MD 21014 Telephone Number 443 546 5459

Email Address feliciadavidluckyn@yahoo.com

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 ☒ below

|                                                                                                                                          | YES                                 | NO                                  |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. This Recommendation Form (3 copies) .....                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. Permit Application .....                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Site Plan<br>Property (3 copies) including lot size and sq ft of building, parking and open space – 10% lot area.....                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Statement of Compliance with Checklist Note 5.A .....                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Building Elevation Drawings (these may be waived if not 5.A from the Zoning Use Permit<br>Checklist can be stated on the plans) ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Photographs (please label all photos clearly<br>Adjoining Buildings and Surrounding Neighborhood .....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. Current Zoning Classification: D.R. 5.5 .....                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

Accepted for filing by RJD  
(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

Signed by: [Signature]  
For the Director, Office of Planning

Date: 1/27/2016

Revised 2/7/11

# BALTIMORE COUNTY, MARYLAND

## INTER-OFFICE CORRESPONDENCE

**TO:** Jennifer Nugent  
Department of Planning

**DATE:** January 26, 2016

**FROM:** Troy Leftwich  
Department of Planning

**SUBJECT:** Assisted Living 8734 Ruppert Court

### INFORMATION:

**Address:** 8734 Ruppert Court, Ellicott City, Md 21043

**Petitioner:** Ketty Ngona

**Property Size:** 9,230 S.F.

**Zoning:** DR 5.5

### SUMMARY OF RECOMMENDATIONS:

The Department of Planning does not object to the request for an Assisted Living Facility.

Prepared By: \_\_\_\_\_



**Section Chief:** \_\_\_\_\_

AFK/LL:TL



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

No. **134135**

Date: **1/13/16**

**PAID RECEIPT**

BUSINESS ACTUAL TIME DRW  
 1/13/2016 1/13/2016 11:32:06 5

RE MS05 M-1111 FBOS LRD  
 RECEIPT # 036819 1/13/2016 OFLN  
 Re 5 528 ZONING VERIFICATION  
 CR NO. 134135

| Fund | Dept | Unit | Sub Unit | Rev Source/Obj | Sub Rev/Obj | Dept | Obj | BS Acct | Amount |
|------|------|------|----------|----------------|-------------|------|-----|---------|--------|
| 00   | 806  | 0000 |          | 6150           |             |      |     |         | 6100   |
|      |      |      |          |                |             |      |     |         |        |
|      |      |      |          |                |             |      |     |         |        |
|      |      |      |          |                |             |      |     |         |        |
|      |      |      |          |                |             |      |     |         |        |
|      |      |      |          |                |             |      |     |         |        |
|      |      |      |          |                |             |      |     |         |        |

Recpt Tot \$100.00  
 4.00 CR \$100.00 CA  
 Baltimore County, Maryland

Total: **5100**

Rec From:

For:

**DISTRIBUTION**

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

**CASHIER'S  
 VALIDATION**



**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 COMPATIBILITY INFORMATION (As Required under A and B below):**

Print Name of Applicant Kelly Ngona Address 8734 Ruppert Court Telephone Number 410 210 2103 Email Address keonacm@yahoo.com  
Lot Address 7109 Reno Rd Election District 2nd Councilmanic District 4th Square Feet of Lot 9230  
Lot Location: N E S W/side/corner of Reno Road 126 feet from N E S W corner of Jeffrey Road  
(street) (street)  
Land Owner(s): Doby Jones 10 Digit Tax Account Number 0210450660  
Address: 713 Mayton Court Bel Air, MD 21014 Telephone Number (443) 546 5459  
Email Address feliadavidluckyn@yahoo.com

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) .....                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. Permit Application .....                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Site Plan                                                                                                                                 |                                     |                                     |
| Property (3 copies) including lot size and sq ft of building, parking and open space – 10% lot area .....                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Statement of Compliance with Checklist Note 5.A .....                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Building Elevation Drawings (these <u>may be waived</u> if not 5.A from the Zoning Use Permit Checklist can be stated on the plans) ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Photographs (please label all photos clearly<br>Adjoining Buildings and Surrounding Neighborhood .....                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. Current Zoning Classification: <u>D.R. 5.5</u>                                                                                            |                                     |                                     |

Accepted for filing by [Signature] (Date)

**TO BE FILLED IN BY THE OFFICE OF PLANNING ONLY**

RECOMMENDATIONS / COMMENTS:

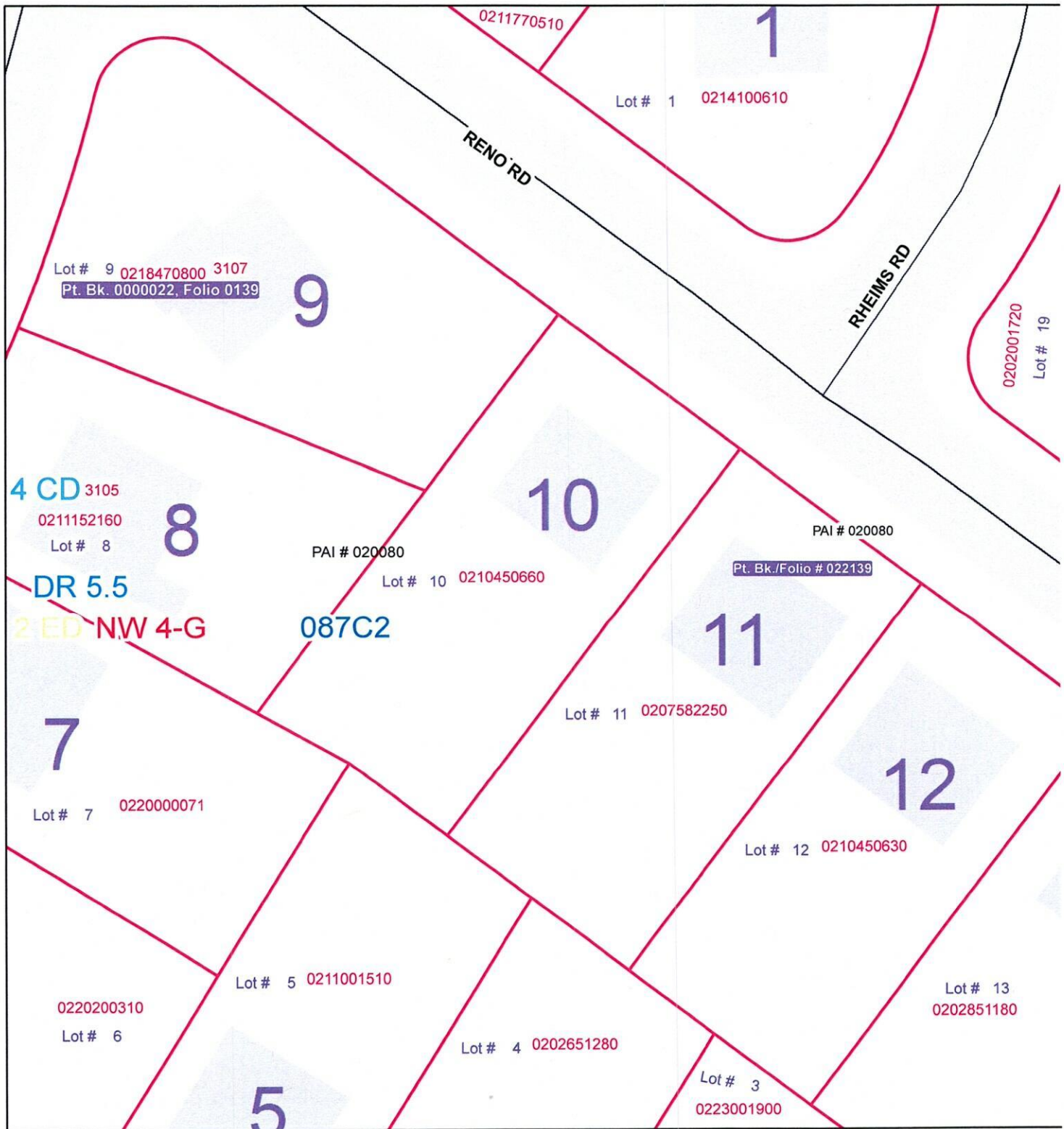
☐ Approval ☐ Disapproval ☐ Approval conditioned on required modifications of the application to conform with the following recommendations:

Signed by: \_\_\_\_\_  
For the Director, Office of Planning

Date: \_\_\_\_\_

Revised 2/7/11

# 7109 Reno Road



Publication Date: 1/13/2016



Publication Agency: Permits, Approvals & Inspections  
Projection/Datum: Maryland State Plane,  
FIPS 1900, NAD 1983/91 HARN, US Foot



0 10 20 40 60 80 Feet

1 inch = 40 feet





# USE PERMIT



IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County, this 29th day of January, 20 16, that Ketty Ngona located at 7109 Reno Road should be and the

(Individual or business name)  
(Street address)

same is hereby granted permission to operate as an Assisted Living Facility I (maximum number of beds allowed - 4 beds) approved per Office of Planning Jennifer Nurgent

134135  
Permit (or Receipt) Number

Bill J. J. J.  
Director, Permits, Approvals and Inspections

Planner's Initials KJN



1/29/16

**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

FROM: Arnold Jablon, Director  
Department of Permits, Approvals and Inspections

RE: Assisted Living Facility

ALF Address \_\_\_\_\_  
Permit No. (if required) B \_\_\_\_\_

RECEIVED

JAN 15 2016

DEPARTMENT OF PLANNING

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):**

Kelly Ngona 8734 Ruppert Court Ellicott City, MD 21043 410-461-6378 Keonacm@yahoo.com  
Print Name of Applicant Address Telephone Number Email Address

Lot Address 7109 Reno Road Election District 2nd Councilmanic District 4th Square Feet of Lot 9230

Lot Location: N E S W side/corner of Reno Road 126 feet from N E S W corner of Jeffrey Road  
(street) (street)

Land Owner(s): Dolly Jones 10 Digit Tax Account Number 0210450660

Address: 713 Mayton Court Bel Air, MD 21014 Telephone Number 443 546 5459

Email Address feliciadavidluckyn@yahoo.com

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 ☒ below

|                                                                                                                                          | YES                                 | NO                                  |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. This Recommendation Form (3 copies) .....                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. Permit Application .....                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Site Plan<br>Property (3 copies) including lot size and sq ft of building, parking and open space – 10% lot area.....                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Statement of Compliance with Checklist Note 5.A .....                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Building Elevation Drawings (these may be waived if not 5.A from the Zoning Use Permit<br>Checklist can be stated on the plans) ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Photographs (please label all photos clearly<br>Adjoining Buildings and Surrounding Neighborhood .....                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. Current Zoning Classification: D.R. 5.5 .....                                                                                         |                                     |                                     |

Accepted for filing by RJD  
(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

Signed by: [Signature]  
For the Director, Office of Planning

Date: 1/27/2016

Revised 2/7/11

# BALTIMORE COUNTY, MARYLAND

## INTER-OFFICE CORRESPONDENCE

**TO:** Jennifer Nugent  
Department of Planning

**DATE:** January 26, 2016

**FROM:** Troy Leftwich  
Department of Planning

**SUBJECT:** Assisted Living 8734 Ruppert Court

### INFORMATION:

**Address:** 8734 Ruppert Court, Ellicott City, Md 21043

**Petitioner:** Ketty Ngona

**Property Size:** 9,230 S.F.

**Zoning:** DR 5.5

### SUMMARY OF RECOMMENDATIONS:

The Department of Planning does not object to the request for an Assisted Living Facility.

Prepared By: \_\_\_\_\_

*Troy Leftwich*

**Section Chief:** \_\_\_\_\_

AFK/LL:TL



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

No. **134135**

Date: **1/13/16**

**PAID RECEIPT**

BUSINESS ACTUAL TIME DRW  
 1/13/2016 1/13/2016 11:32:06 5

RECEIPT # 036819 1/13/2016 OFLN  
 5 528 ZONING VERIFICATION  
 CR NO. 134135

| Fund | Dept | Unit | Sub Unit | Rev Source/Obj | Sub Rev/Obj | Dept | Obj | BS Acct | Amount |
|------|------|------|----------|----------------|-------------|------|-----|---------|--------|
| 00   | 806  | 0000 |          | 6150           |             |      |     |         | 6100   |
|      |      |      |          |                |             |      |     |         |        |
|      |      |      |          |                |             |      |     |         |        |
|      |      |      |          |                |             |      |     |         |        |
|      |      |      |          |                |             |      |     |         |        |
|      |      |      |          |                |             |      |     |         |        |
|      |      |      |          |                |             |      |     |         |        |

Recpt Tot \$100.00  
 4.00 CR \$100.00 CA  
 Baltimore County, Maryland

Total: **5100**

Rec From: **K Ngona**

For: **see permit - LF**

**DISTRIBUTION**

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

**CASHIER'S  
 VALIDATION**



**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 COMPATIBILITY INFORMATION (As Required under A and B below):**

Print Name of Applicant Kelly Ngona Address 8734 Ruppert Court Telephone Number 410 210 2103 Email Address keonacm@yahoo.com  
Lot Address 7109 Reno Rd Election District 2nd Councilmanic District 4th Square Feet of Lot 9230  
Lot Location: N E S W/side/corner of Reno Road (street) 126 feet from N E S W corner of Jeffrey Road (street)  
Land Owner(s): Doby Jones 10 Digit Tax Account Number 0210450660  
Address: 713 Mayton Court Bel Air, MD 21014 Telephone Number (443) 546 5459  
Email Address feliadavidluckyn@yahoo.com

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) .....                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. Permit Application .....                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Site Plan                                                                                                                                 |                                     |                                     |
| Property (3 copies) including lot size and sq ft of building, parking and open space – 10% lot area .....                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Statement of Compliance with Checklist Note 5.A .....                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Building Elevation Drawings (these <u>may be waived</u> if not 5.A from the Zoning Use Permit Checklist can be stated on the plans) ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Photographs (please label all photos clearly<br>Adjoining Buildings and Surrounding Neighborhood .....                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. Current Zoning Classification: <u>D.R. 5.5</u>                                                                                            |                                     |                                     |
|                                                                                                                                              | Accepted for filing by _____        | (Date) <u>RTD</u>                   |

**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:

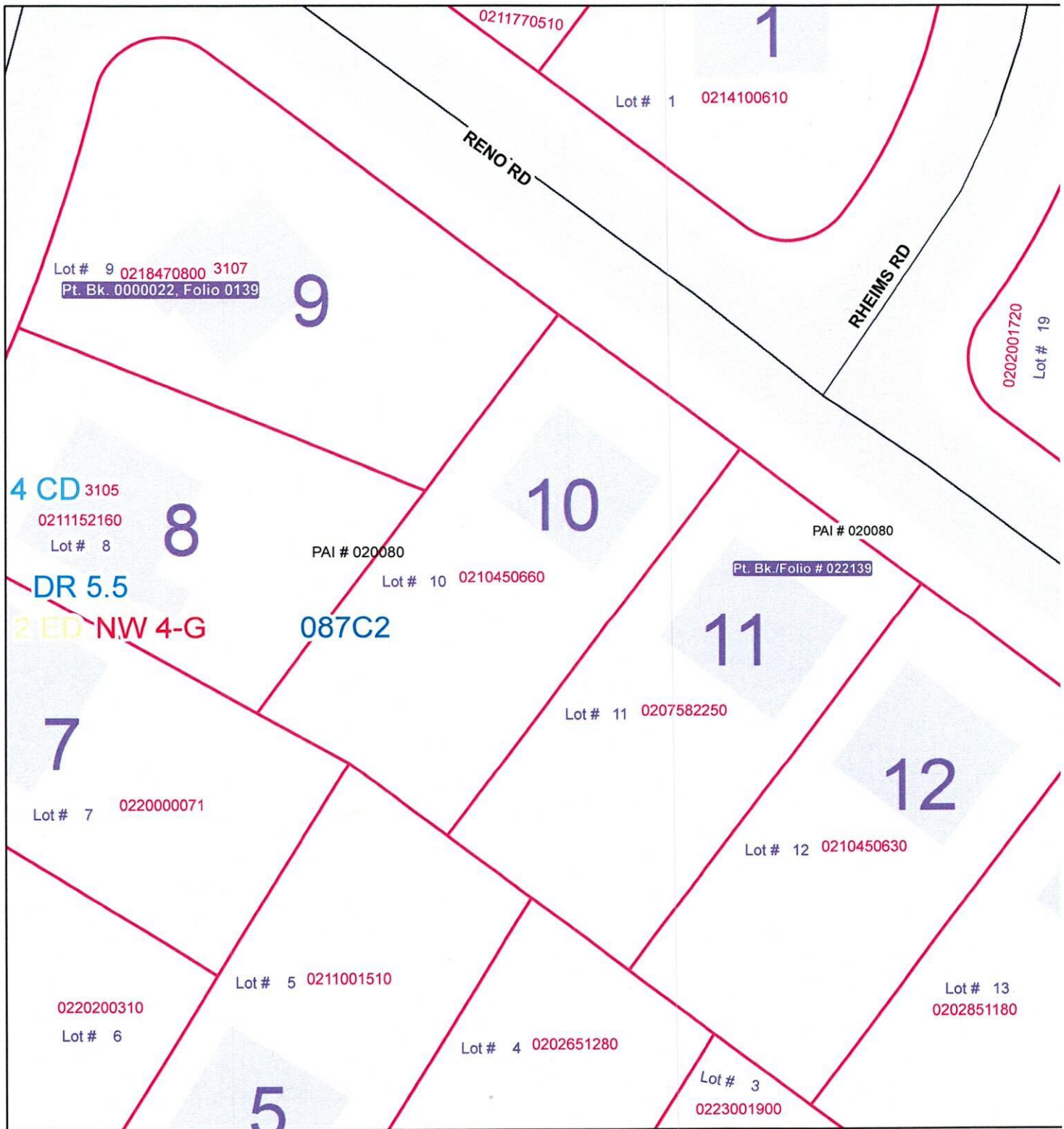
Signed by: \_\_\_\_\_  
For the Director, Office of Planning

Date: \_\_\_\_\_

Revised 2/7/11



# 7109 Reno Road



Publication Date: 1/13/2016



Publication Agency: Permits, Approvals & Inspections  
Projection/Datum: Maryland State Plane,  
FIPS 1900, NAD 1983/91 HARN, US Foot



0 10 20 40 60 80 Feet  
1 inch = 40 feet

