USE PERMIT

IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County, this 5TH day of OCTOBER, 2016, that TRUSTED HOME CARE (Individual or business name) located at 6205 NORVO RD., 21207 (Street address) should be and the same is hereby granted permission to operate a: THREE-BED ASSISTED LIVING FACILITY I.

139295
Permit (or Receipt) Number

Director, Permits, Approvals and Inspections

Planner's Initials JS

Revised 10/17/11

BALTIMORE COUNTY FIRE DEPARTMENT
INVESTIGATIVE SERVICES
FIRE INSPECTION REPORT

1. STATION	2. SHIFT	3. PERMIT NUMBER	4. NUMBER OF PAGES:
LDRIC			PAGE 1 OF 1

5. DATE OF INSPECTION:	6. BOX NUMBER:	7. OCCUPANCY TYPE:	COMPLETE 7A AND 7B IF THE OCCUPANCY TYPE IS A 100	7-A CAPACITY SIGN: ☐ YES ☐ NO	7-B CAPACITY:	8. NUMBER OF STORIES:	9. UNITS:
9-30-16	33-9	4110				1	2

10. BUSINESS NAME:	11. BUSINESS TELEPHONE NUMBER:
Trusted Home Care	240-593-7223

12. BUSINESS ADDRESS:	13. SUITE	14. CITY	15. STATE	16. ZIP CODE
1205 Nrow Rd		Balto Co	MD	21207

17. BUSINESS REPRESENTATIVE NAME:	18. KNOX BOX ☐ YES ☐ NO	KEYS ADDED OR REMOVED FROM THE KNOX BOX – FILL OUT THE KNOX BOX FORM 25
TYRICA HENDRICKS		

19. BUILDING FIRE PROTECTION SYSTEMS:

	NAME OF COMPANY:	TELEPHONE NUMBER:	LAST SERVICE DATE:
19-1. SPRINKLER SYSTEM ☑ YES OR ☐ NO	Lopez Design LLC	240-670-1888	9-30-16
19-2. FIRE ALARM SYSTEM ☐ YES OR ☐ NO	NAME OF FIRE ALARM COMPANY:	TELEPHONE NUMBER:	LAST SERVICE DATE:

20. OWNERS INFORMATION: (BUILDING OR BUSINESS)

NAME:	TELEPHONE NUMBER:

ADDRESS:	SUITE	CITY	STATE	ZIP CODE

21. VIOLATIONS / LOCATIONS / CODE SECTIONS / COMPLETION DATES :

Fire Safety Insp.

- No apparent violations at this time.

- Approved for 3 clients.

22 INSPECTED BY (PRINT NAME):	23. REPRESENTATIVE SIGNATURE:	24. DATE:
Nate Nock	X	9/30/16
25. INSPECTORS SIGNATURE:	**26. INSPECTORS SIGNATURE AFTER COMPLETION OF VIOLATIONS:**	**27. DATE:**

28. RE-INSPECTIONS

1ST RE-INSPECTION DATE:	INSPECTED BY (PRINT NAME):	2ND RE-INSPECTION DATE:	INSPECTED BY (PRINT NAME):

29. REFERRAL TO DISTRICT FIRE MARSHAL	CAPTAIN SIGNATURE:	DATE:	BATTALION CHIEF SIGNATURE:	DATE:

30. FIRE STATION TELEPHONE NUMBER:	31. DISTRICT FIRE MARSHAL'S OFFICE:	32. DISTRICT OFFICE TELEPHONE NUMBER:
	☐ CENTRAL ☐ EASTERN ☐ WESTERN	

DISTRIBUTION- MASTER FILE (WHITE) – STATION FILE (YELLOW) – REPRESENTIVES COPY (PINK)
145FP (REV. 03/10)

BALTIMORE COUNTY FIRE DEPARTMENT
INVESTIGATIVE SERVICES
FIRE INSPECTION REPORT

1. STATION	2. SHIFT	3. PERMIT NUMBER	4. NUMBER OF PAGES:
WF410		1081074	PAGE 1 OF 1

5. DATE OF INSPECTION:	6. BOX NUMBER:	7. OCCUPANCY TYPE:	COMPLETE 7A AND 7B IF THE OCCUPANCY TYPE IS A 100	7-A CAPACITY SIGN:	7-B CAPACITY:	8. NUMBER OF STORIES:	9. UNITS:
9-30-16	33-9	4lc		☐ YES ☐ NO		1	2

10. BUSINESS NAME:	11. BUSINESS TELEPHONE NUMBER:
Twisted Home Care	410-593-7223

12. BUSINESS ADDRESS:	13. SUITE	14. CITY	15. STATE	16. ZIP CODE
1705 Norris Rd		Balto Co	MD	21207

17. BUSINESS REPRESENTATIVE NAME:	18. KNOX BOX	KEYS ADDED OR REMOVED FROM THE KNOX BOX – FILL OUT THE KNOX BOX FORM 25
x [signature]	☐ YES ☐ NO	

19. BUILDING FIRE PROTECTION SYSTEMS:

	NAME OF COMPANY	TELEPHONE NUMBER:	LAST SERVICE DATE:
19-1. SPRINKLER SYSTEM ☐YES OR ☐ NO	NAME OF SPRINKLER COMPANY:		
19-2. FIRE ALARM SYSTEM ☐YES OR ☐ NO	NAME OF FIRE ALARM COMPANY:		

20. OWNERS INFORMATION: (BUILDING OR BUSINESS)

NAME:	TELEPHONE NUMBER:

ADDRESS:	SUITE	CITY	STATE	ZIP CODE

21. VIOLATIONS / LOCATIONS / CODE SECTIONS / COMPLETION DATES :

R 922 E6 Hidden / Fire Safety Items

- Hidden complete, no apparent violations at this time

22 INSPECTED BY (PRINT NAME):	23. REPRESENTATIVE SIGNATURE:	24. DATE:
Nate Abbott	x [signature]	30-1-16

25. INSPECTORS SIGNATURE:	26. INSPECTORS SIGNATURE AFTER COMPLETION OF VIOLATIONS:	27. DATE:
[signature]		

28. RE-INSPECTIONS

1ST RE-INSPECTION DATE:	INSPECTED BY (PRINT NAME):	2ND RE-INSPECTION DATE:	INSPECTED BY (PRINT NAME):

29. REFERRAL TO DISTRICT FIRE MARSHAL	CAPTAIN SIGNATURE:	DATE:	BATTALION CHIEF SIGNATURE:	DATE:

30. FIRE STATION TELEPHONE NUMBER:	31. DISTRICT FIRE MARSHAL'S OFFICE:	32. DISTRICT OFFICE TELEPHONE NUMBER:
	☐ CENTRAL ☐ EASTERN ☐ WESTERN	

DISTRIBUTION- MASTER FILE (WHITE) – STATION FILE (YELLOW) – REPRESENTIVES COPY (PINK)
145FP (REV. 03/10)

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

TO: Director, Office of Planning ALF
Attention: Lynn Lanham
Jefferson Building Permit
105 West Chesapeake Avenue, Room 101
Towson, MD 21204
Mail Stop 3402

Address 6205 NOEVO RD

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

TYRICA HENDRICKS (Print Name of Applicant) 2004 Hillside Dr (Address) 4439923453 (Telephone Number) TYRICA@TRUSTEDHOMECARELLC.COM (Email Address)

Lot Address 6205 NOEVO RD Election District 2 Councilmanic District 4 Square Feet of Lot 6825

Lot Location: (N) E S W/side/corner of NOEVO RD (street), 70 feet from N (E) S W corner of REDMAN RD (street)

Land Owner(s): TYRICA HENDRICKS 10 Digit Tax Account Number 0207410130

Address: 2004 Hillside Dr Baltimore MD 21207 Telephone Number (443) 992-3453

Email Address TYRICA@TRUSTEDHOMECARELLC.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)	☑	☐
2. Permit Application	☐	☑
3. Site Plan Property (3 copies) including lot size and sq ft of building, parking and open space – 10% lot area	☑	☐
Statement of Compliance with Checklist Note 5.A	☑	☐
4. Building Elevation Drawings (these may be waived if not 5.A from the Zoning Use Permit Checklist can be stated on the plans)	☐	☑ N/A
5. Photographs (please label all photos clearly Adjoining Buildings and Surrounding Neighborhood	☑	☐

6. Current Zoning Classification: DR 5.5

Accepted for filing by _____ (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: _____ Date: _____
For the Director, Office of Planning

Revised 2/7/11

ZONING USE PERMIT PLAN FOR AN ASSISTED LIVING FACILITY I (3 BEDS)

6205 NORVO ROAD
GWYNN OAK, MD 21207
2ND ELECTION DISTRICT
OWNER: TYRICA HENDRICKS
ADDRESS: 2004 HILLSIDE DR., GWYNN OAK, MD 21207
DATE: 6/1/16
PHONE: 443.992.3453
EMAIL: TYRICA@TRUSTEDHOMECARELLC.COM
APPLICANT: TYRICA HENDRICKS

LOT SIZE: 6,280 SQ. FT.
ZONING MAP: 088B2
ZONE: DR 5.5

NO. OF BEDS = 3 BEDS

PARKING: 1 SPACE FOR EACH 3 BEDS; 1 PARKING SPACE REQUIRED

BUILDING WILL NOT BE USED AS SINGLE FAMILY DWELLING CARETAKER WILL PARK IN FRONT YARD (SPACE 2)

EXISTING FLOOR AREAS SQ. FT.
1ST FLOOR = 1,203 SQ. FT.
BASEMENT LIVING AREA = 703 SQ. FT.
BASEMENT UTILTIY/STORAGE = 500 SQ. FT.

OPEN SPACE: 6,825 SQ. FT. X 10% = 682.5 SQ. FT.

THIS BUILDING HAS NOT BEEN ORIGINALLY CONSTRUCTED TO ACCOMODATE ELDERLY HOUSING OR AN ASSITED 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 OCCURED TO THEEXTERIOR OF THE BUILDING. NO ADDITIONS ARE PROPOSED.

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

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

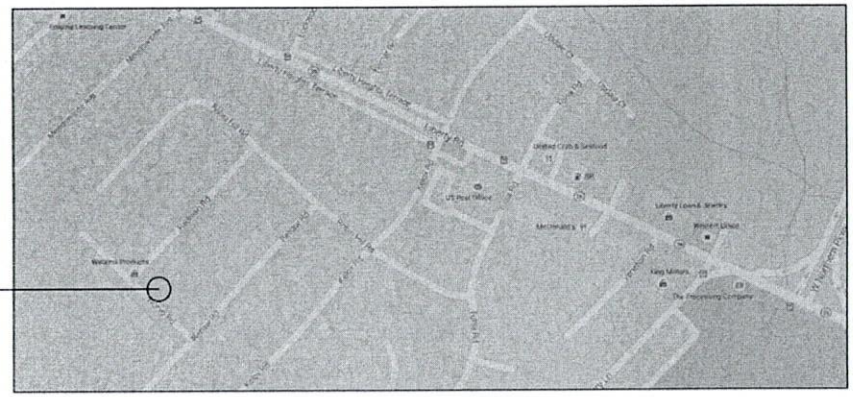
SIGNATURE DATE 6/10/16

TYRICA HENDRICKS
PRINTED NAME

6/10/16

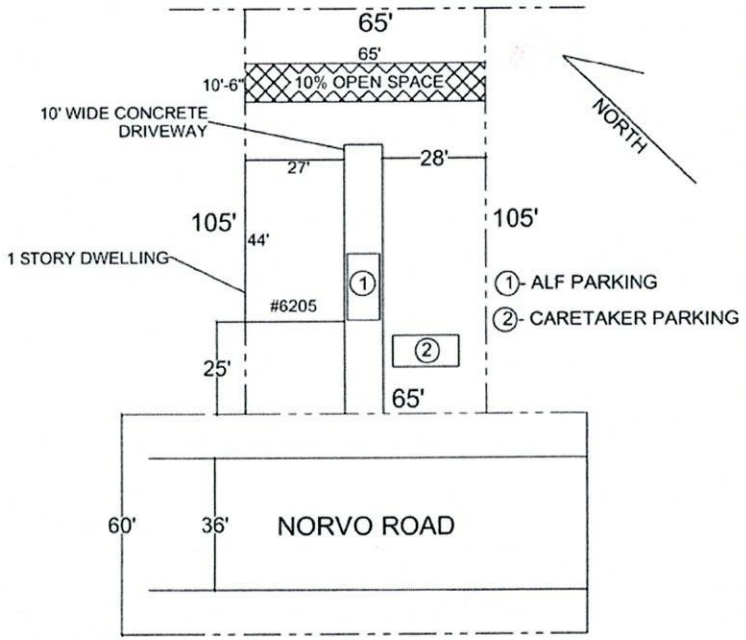
MATTHEW LEE DAVIS NOTARY PUBLIC BALTIMORE COUNTY, MD.

Matthew Lee Davis
Matthew Lee Davis
My commission expires: January 27. 2018



VICINITY MAP

SCALE: NTS



SITE PLAN

SCALE: 1" = 50 FT.

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

No. 139295

Date: 6/6/16

Fund	Dept	Unit	Sub Unit	Rev Source/ Obj	Sub Rev/ Sub Obj	Dept Obj	BS Acct	Amount
001	806	0000		6150				$100.00
							Total:	$100.00

Rec From: TYRIA HENDRICKS

For: ASSISTED LIVING FACILITY

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

PAID RECEIPT

BUSINESS	ACTUAL	TIME	DRW
6/06/2016	6/06/2016	11:37:57	5

RG W505 WALKIN LRB
RECEIPT # 852158 6/06/2016 OFLN
Dept 5 528 ZONING VERIFICATION
CR NO. 139295
Rcpt Tot $100.00
$.00 CK $100.00 CA
Baltimore County, Maryland

CASHIER'S VALIDATION

6/22/16

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

TO: Director, Office of Planning ALF
Attention: Lynn Lanham
Jefferson Building Permit
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

Address 6205 Norvo Rd

No. (if required) B _____

RECEIVED
JUN 07 2016
DEPT. 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):

Tyrica Hendricks 2004 Hillside Dr 4439923453 Tyrica@trustedhomecarellc.com
Print Name of Applicant Address Telephone Number Email Address

Lot Address 6205 Norvo Rd Election District 2 Councilmanic District 4 Square Feet of Lot 6825

Lot Location: (N) E S W/side/corner of Norvo Rd (street) , 70 feet from N (E) S W corner of Redman Rd (street)

Land Owner(s): Tyrica Hendricks 10 Digit Tax Account Number 0207410130

Address: 2004 Hillside Dr Baltimore MD 21207 Telephone Number (443) 992-3453

Email Address Tyrica@trustedhomecarellc.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)	☑	☐
2. Permit Application	☐	☑
3. Site Plan Property (3 copies) including lot size and sq ft of building, parking and open space – 10% lot area	☑	☐
Statement of Compliance with Checklist Note 5.A	☑	☐
4. Building Elevation Drawings (these may be waived if not 5.A from the Zoning Use Permit Checklist can be stated on the plans)	☐	☑ N/A
5. Photographs (please label all photos clearly Adjoining Buildings and Surrounding Neighborhood	☑	☐

6. Current Zoning Classification: DR 5.5

Accepted for filing by _____ (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 comments from Planner

Signed by: J. Nugent For the Director, Office of Planning Date: 6/22/16

Revised 2/7/11

BALTIMORE COUNTY, MARYLAND

INTER-OFFICE CORRESPONDENCE

TO: Jennifer Nugent
Department of Planning

DATE: June 22, 2016

FROM: Bill Skibinski
Department of Planning

SUBJECT: Assisted Living – 6205 Norvo Road

INFORMATION:

Address: 6205 Norvo Road, Lochearn, MD 21207
Petitioner: Tyrica Hendricks
Property Size: 6,825
Zoning: DR 5.5

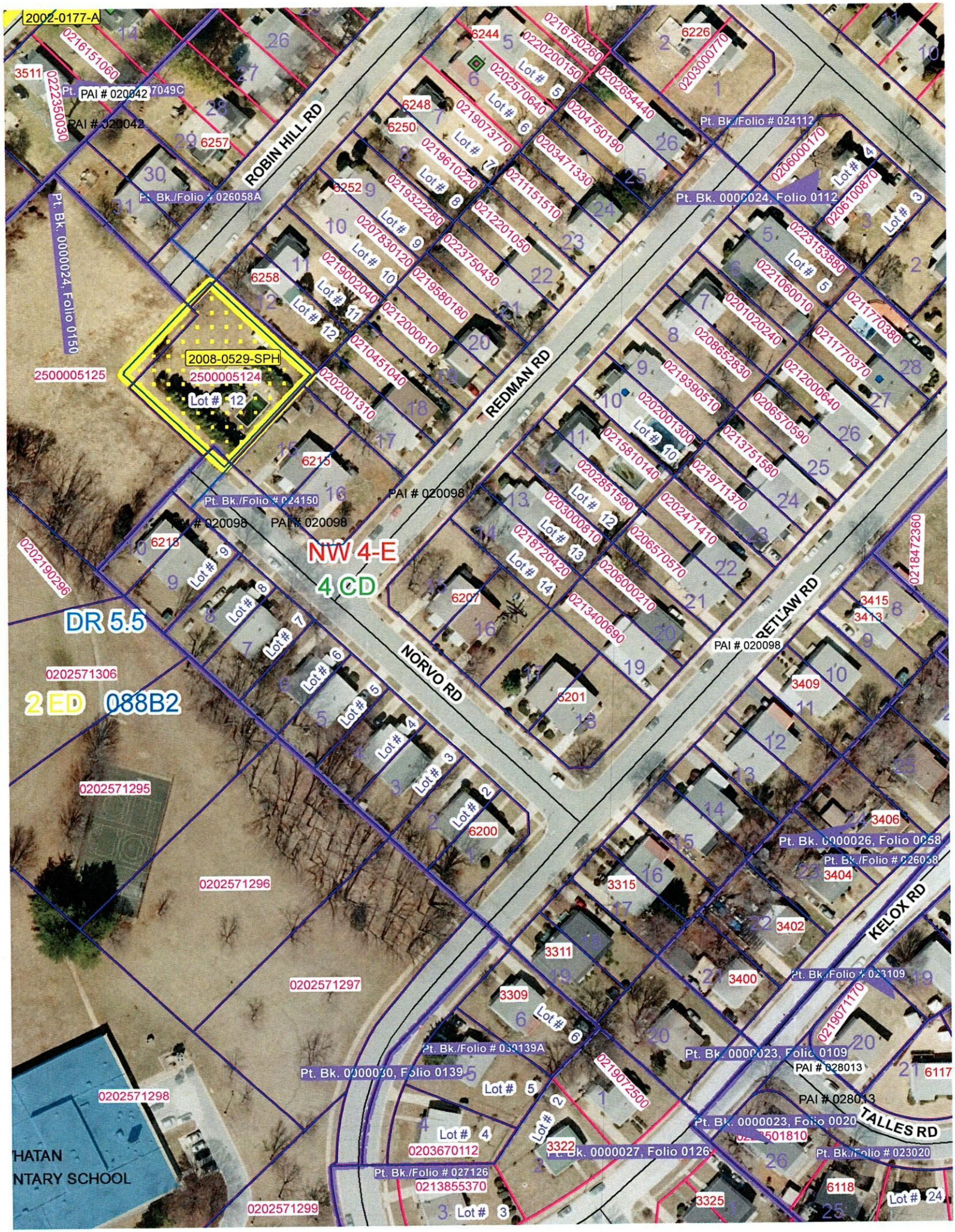
SUMMARY OF RECOMMENDATIONS:

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

1. Parking must maintain a minimum 10' setback from adjacent properties. The distance is not shown for the secondary parking space.
2. Additional parking should be on a durable and dustless surface. The proposed plan does not indicate whether or not the secondary parking space will be paved.
3. The plan does not indicate whether or not the existing tree in the front yard is to be removed for the additional parking space.
4. All rubbish around the dwelling's exterior should be removed.
5. Adequate on-street parking is available in lieu of creating an additional parking pad.

Prepared By: _____

Section Chief: _____


2002-0177-A
2008-0529-SPH
2500005125
2500005124
Lot # 12
ROBIN HILL RD
REDMAN RD
NORVO RD
RETLAW RD
KELOX RD
TALLES RD
NW 4-E
4 CD
DR 5.5
2 ED
088B2
PAI # 020098
Pt. Bk./Folio # 024150
Pt. Bk./Folio # 026058A
Pt. Bk. 0000024, Folio 0150
Pt. Bk./Folio # 024112
Pt. Bk. 0000024, Folio 0112
Pt. Bk. 0000030, Folio 0139
Pt. Bk./Folio # 030139A
Pt. Bk. 0000023, Folio 0109
PAI # 028013
Pt. Bk. 0000023, Folio 0020
Pt. Bk. 0000027, Folio 0126
Pt. Bk./Folio # 027126
Pt. Bk./Folio # 023109
Pt. Bk./Folio # 023020
Pt. Bk. 0000026, Folio 0058
Pt. Bk./Folio # 026038
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