USE PERMIT



IT IS ORDERED by the Director of the Department of Permits, Approvals and
Inspections of Baltimore County, this, day of, 20_16,
that Gerald and Amihan Agbayani located at (Individual or business name)
Street address) should be and the
same is hereby granted permission to operate a: Assisted Living
Facility (ALF) with four beds.
139354 (2ll 3-11-11-11-11-11-11-11-11-11-11-11-11-11
Permit (or Receipt) Number Director, Permits, Approvals and Inspections
Planner's Initials

6/17/16

INTER-OFFICE CORRESPONDENCE

RECOMMENDATION FORM

TO:	Director, Office of Planning Attention: Lynn Lenham Kathy Schlabach	ALF Address 39 Caraway Rd.
	Jefferson Building	Permit No. (if required) B
	105 West Chesapeake Avenue, Room 101 Towson, MD 21204 Mail Stop 3402	RECEIVED
FROM:	Arnold Jablon, Director Department of Permits, Approvals and Inspections	JUN - 3 2016
RE:	Assisted Living Facility	DEPARTMENT OF PLANNING
This offi	ce is requesting recommendations and comments from the	e Office of Planning and prior to this office's approval of a building/use permit.
A. MI	NIMUM APPLICANT SUPPLIED COMPATABILITY INF	FORMATION (As Required under A and B below): $ge_agba@$
Gevald a	nd Amihan Aabavani 4 Sara Court	OWINGS MILS, MD21117 443-929-1507 Yahoo. Com Telephone Number Email Address
Lot Add	ress 39 Cavaway ROAD Election District	4 Councilmanic District 4 Square Feet of Lot 8550 59 ft
Lot Loca	ation: NES W/side/corner of CAVWAY ROAD	feet from (N) ESW corner of Saffun Court
Land Ov	wner(s): <u>\$\langle \langle \la</u>	10 Digit Tax Account Number 0408004560
Address	:: <u>\$/q</u>	Telephone Number (443_929-1507
		Email Address ar anda@ Vahoo.com
		Linaii Address
		Email Address ge_agba@yahoo.com
	LIST OF MATERIALS (to be submitted by applicant for r	equired compatibility and/or appearance review by the Office of Planning)
CHECK	LIST OF MATERIALS (to be submitted by applicant for r	
CHECK		equired compatibility and/or appearance review by the Office of Planning)
CHECK		equired compatibility and/or appearance review by the Office of Planning) Planner to confirm information acceptance by marking <u>x</u> below YES NO
CHECK B. Al	PPLICANT MUST PROVIDE 1 THROUGH 6	Planner to confirm information acceptance by marking x below YES NO
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INTER-OFFICE CORRESPONDENCE RECOMMENDATION FORM

TO:	Director, Office of Planning Attention: Lynn Lanham Jefferson Building 105 West Chesapeake Avenue, Room 101 Towson, MD 21204	Permit No. (if required) B
FROM:	Mail Stop 3402 Arnold Jablon, Director Department of Permits, Approvals and Inspections	
RE:	Assisted Living Facility	
		m the Office of Planning and prior to this office's approval of a building/use permit
A. MII	NIMUM APPLICANT SUPPLIED COMPATABILITY MA AMMHAN AGBAYAM 4 SAVA COM THE OF APPLICANT ADDRESS	Y INFORMATION (As Required under A and B below): ge_agbaGa ANT OWINGS MILS, MD 21117 443-929-1507 YANOO. CON Telephone Number Email Address rict 4 Councilmanic District 4 Square Feet of Lot 8550 59.
Lot Add	ress 39 CAVAWAY ROAD Election Distri	rict \underline{A} Councilmanic District \underline{A} Square Feet of Lot $\underline{8550}$ Sq. $\overline{4}$
Lot Loca	ation: NES W/side/corner of CAVAWAY ROA	feet from (N) ESW corner of Saffun Court (street)
Land Ov	wner(s): 5/A	10 Digit Tax Account Number 0408004560
		Telephone Number (443) 929 - 1507
Address	3	Email Address <u>ge_aaba@yahoo.com</u>
		Email Address 10 - 10 01 60 9 11 100 100
		for required compatibility and/or appearance review by the Office of Planning)
	LIST OF MATERIALS (to be submitted by applicant	for required compatibility and/or appearance review by the Office of Planning)
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OFFICE OF BUDGET AND FINANCE MISCELLANEOUS CASH RECEIPT						13	19354	PAID PECEIPT ASSESS ACTION TIME NOW
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