

# USE PERMIT



IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County, this 26<sup>th</sup> day of July, 2017, that In Good Hands located at 924 Lindellen Ave. should be and the

(Individual or business name)  
(Street address)

same is hereby granted permission to operate a: ALF I 3bed's

156128  
Permit (or Receipt) Number

Director, Permits, Approvals and Inspections

Planner's Initials gh

# USE PERMIT



IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County, this 16 day of August, 2017, that Donna Gasnell located at 924 Lindellen Ave should be and the

(Individual or business name)  
(Street address)

same is hereby granted permission to operate a: Assisted  
Living Facility 1  
up to 3 Bed

Permit (or Receipt) Number

Director, Permits, Approvals and Inspections

Planner's Initials gh

Revised 10/17/11

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

**No 156128**

Date: 7/26/17

| Fund | Dept | Unit | Sub Unit | Rev Source/Obj | Sub Rev/Obj | Dept Obj | BS Acct | Amount |
|------|------|------|----------|----------------|-------------|----------|---------|--------|
| 001  | 806  | 1000 |          | 0150           |             |          |         | 100.00 |
|      |      |      |          |                |             |          |         |        |
|      |      |      |          |                |             |          |         |        |
|      |      |      |          |                |             |          |         |        |
|      |      |      |          |                |             |          |         |        |

Total: 100.00

Rec From:

Stephanie Funtl

For:

USE Permit

ALT I 3beds

**DISTRIBUTION**

WHITE - CASHIER

PINK - AGENCY

YELLOW - CUSTOMER

GOLD - ACCOUNTING

PLEASE PRESS HARD!!!!

**PAID RECEIPT**

BUSINESS ACTUAL TIME (MM)  
 7/26/2017 7/26/2017 09:35:54 3  
 REG 0503 WALKIN CAM  
 RECEIPT # 734335 7/26/2017 UFLN  
 Dept 5 528 ZONING VERIFICATION  
 CR NO. 156128  
 Recpt Tot \$100.00  
 \$100.00 CR \$0.00 CA  
 Baltimore County, Maryland

**CASHIER'S  
 VALIDATION**

INTER-OFFICE CORRESPONDENCE  
RECOMMENDATION FORM

8/10/17

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 924 Lindellen Ave.

No. (if required) B \_\_\_\_\_

RECEIVED

JUL 26 2017

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

RE: Assisted Living Facility

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):

Stephanie Fantl 16 Holy Cross Rd, Street MD (443) 528-8124 ssdseal4u@gmail.co  
Print Name of Applicant Address Telephone Number Email Address

Lot Address 924 Lindellen Ave Election District 4 Councilmanic District 2 Square Feet of Lot 12,500

Lot Location: N E SW side/corner of Lindellen (street) from N E SW corner of W. Cherry Hill Rd (street)

Land Owner(s): Donna Gosnell 10 Digit Tax Account Number 0401036450

Address: 924 Lindellen Ave Telephone Number (410) 967-9780

Email Address (443) 844-2406

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<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 type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4. Building Elevation Drawings (these <u>may be waived</u> 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 type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6. Current Zoning Classification: <u>DR23.5</u>                                                                                                 |                                     |                                     |

Accepted for filing by gla (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: [Signature]  
For the Director, Office of Planning

Date:

8/15/17

Revised 2/7/11

# BALTIMORE COUNTY, MARYLAND

## INTER-OFFICE CORRESPONDENCE

**TO:** Jennifer Nugent  
Department of Planning

**DATE:** August 11, 2017

**FROM:** Bill Skibinski  
Sector Planner, Neighborhood Response Team

**SUBJECT:** Assisted Living – 924 Lindellen Avenue

### INFORMATION:

**Address:** 924 Lindellen Avenue, Reisterstown, MD 21136

**Petitioner:** Stephanie Fantl

**Property Size:** 12,500 Sq. feet

**Zoning:** DR 3.5

### SUMMARY OF RECOMMENDATIONS:

I do not object to the request for an Assisted Living Facility at 924 Lindellen Avenue located in the Reisterstown area.

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



# **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 924 Lindellen Ave.  
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):**

Stephanie Fantl 16 Holy Cross Rd, Street MD (443) 528-8124 ssdseal4u@gmail.co  
Print Name of Applicant Address Telephone Number Email Address  
Lot Address 924 Lindellen Ave Election District 4 Councilmanic District 2 Square Feet of Lot 12,500  
Lot Location: N E S/W side/corner of Lindellen from N E S/W corner of W. Cherry Hill Rd  
(street) (street)  
Land Owner(s): Donna Gosnell 10 Digit Tax Account Number 0401036450  
Address: 924 Lindellen Ave Telephone Number (410) 967-9780  
Email Address (443) 844-2406

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 type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4. Building Elevation Drawings (these <u>may be waived</u> 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 type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6. Current Zoning Classification: <u>D123.5</u>                                                                                                 |                                     |                                     |

Accepted for filing by \_\_\_\_\_

(Date) gh

**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

PARKING  
PARKING

Lot # 1  
0423075960

FRAMFIELD RD

Lot # 6 0402067360  
Pt. Bk. 0000027, Folio 0003

Lot # 5  
0403077450

Lot # 5 0410000520

0402002240  
Lot # 4

916  
0416015690  
Lot # 8

918  
Lot # 7  
0412021290

920  
Lot # 6  
0412021380

922  
Lot # 5  
0414010400

924  
Lot # 4  
0401036450  
Pt. Bk. 0000023, Folio 0127

926  
Lot # 3 0403048678

Lot # 2  
0419052330

0406000060  
Lot # 1

ROA

0410046300  
Lot # 5

0404000480  
Lot # 4

1996-0001-A

6

LINDELLEN AVE

Lot # 4 0423052030

Lot # 3 0418011100

Lot # 2 0401089120

Lot # 1 041010891

Pt. Bk./Folio # 023127  
PAI # 048026

Pt. Bk. 0000026, Folio 0134

0423017160  
Lot # 1

Pt. Bk./Folio # 026134

PAI # 040117  
Pt. Bk./Folio # 037046  
Pt. Bk. 0000037, Folio 040117

1600C-1890  
Lot # 1

21  
0413040943

19  
0411001140

17  
Lot # 9  
0408002620

15  
Lot # 8  
0423017060

13  
Lot # 7  
0403068490

11  
0414065420  
Lot # 6

0402001630  
Lot # 5

0402021476  
2005-0067-A

0405043420

0423052550  
0408080126

R-1962-5716  
1976-0206-A  
1979-0130-A  
2011-0262-A  
2008-0491-SPHA

Pt. Bk./Folio # MP10023

PAI # 040726 PAI # 040726  
PAI # 040726

BM CCC

2 CD 048C3

4 ED NW 14-J

DR 3.5

E CHERRY HILL RD

HILLFIELD RD

PARKING  
PARKING

Lot # 1  
0423075960

FRAMFIELD RD

0423036010 0404050810  
Lot # 6 0402067360  
Pt. Bk. 0000027, Folio 0003  
Lot # 5 0403077450

Lot # 5 0410000520

0402002240  
Lot # 4

Lot # 4 0423052030

Lot # 2  
0411067840  
PAI # 040045  
PAI # 040045

Lot # 3 0418011100

Pt. Bk. 0000026, Folio 0134

Lot # 2 0401089120

0423017160  
Lot # 1

Lot # 1 041010891

Pt. Bk. 0000026, Folio 0134

Pt. Bk./Folio # 023127  
PAI # 048026

Lot # 4  
0401036450 924  
Pt. Bk. 0000023, Folio 0127

DR 3.5

PAI # 048026

Lot # 3 0403048678  
926

Lot # 2  
0419052330

PAI # 040117  
Pt. Bk./Folio # 037046  
Pt. Bk. 0000037, Folio 040117

21  
0413040943

19  
0411001140

17  
Lot # 9  
0408002620

15  
Lot # 8  
0423017060

13  
Lot # 7  
0403068490

11  
0414065420  
Lot # 6

0402001630  
Lot # 5

0402021476  
2005-0067-A

R-1962-5716  
1976-0206-A  
1979-0130-A  
2011-0262-A  
2008-0491-SPHA

Pt. Bk./Folio # MP10023

PAI # 040726 PAI # 040726  
PAI # 040726 PAI # 040726

BM CCC

2 CD 048C3

4 ED NW 14-J

ROA

HILLFIELD RD

E CHERRY HILL RD

0410046300  
Lot # 5

0404000480  
Lot # 4

1996-0001-A

0423001820  
6

**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 924 Lindellen Ave.

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):**

Stephanie Fantl 16 Holy Cross Rd, Street MD (443) 528-8124 ssdseal4u@gmail.co  
Print Name of Applicant Address Telephone Number Email Address  
Lot Address 924 Lindellen Ave Election District 4 Councilmanic District 2 Square Feet of Lot 12,500  
Lot Location: N E S (W) side/corner of Lindellen from N E S (W) corner of W. Cherry Hill Rd  
(street) (street)  
Land Owner(s): Donna Gosnell 10 Digit Tax Account Number 0401036450  
Address: 924 Lindellen Ave Telephone Number (410) 967-9780  
Email Address (443) 844-2406

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 type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4. Building Elevation Drawings (these <u>may be waived</u> 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 type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6. Current Zoning Classification: <u>D123.5</u>                                                                                                 |                                     |                                     |

Accepted for filing by \_\_\_\_\_

(Date) gh

**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

INTER-OFFICE CORRESPONDENCE  
RECOMMENDATION FORM

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

FROM: Arnel d. Jablon, Director  
Department of Permits, Approvals and Inspections

RE: Assisted Living Facility

Address: 924 Lindellen Ave.  
No. (if required) B

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):  
Stephanie Fantl 16 Holy Cross Rd, Street MD (443) 528-8124 ssdseu@uicgmail.com  
First Name of Applicant Address Telephone Number Email Address  
Lot Address: 924 Lindellen Ave Election District 4 Councilman's District 2 Square Feet of Lot 12,500  
Lot Location: N E S Corner of Lindellen Street 1 from N E S Corner of W. Cherry Hill Rd  
Land Owner(s): Donna Gosnell  
Address: 924 Lindellen Ave Telephone Number 410-967-9780  
Email Address (443) 844-2404

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

|                                                                                                                                                                        | YES                                 | NO                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Title 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 area and sq ft of building, parking and open space - 10% lot area<br>Statement of Compliance with Checklist Note 6.A | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Building Elevation Drawings (these may be waived if not 6.A from the Zoning Use Permit<br>Checklist can be stated as (in photo))                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Photographs (please label all photos clearly<br>Adjoining Buildings and Surrounding Neighborhood)                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6. Current Zoning Classification: DR 3.5                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Accepted for filing by: [Signature]

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  
ASSISTED LIVING FACILITY I  
(LESS THAN 5 PEOPLE)

PROJECT ADDRESS:  
924 LINDELLEN AVE.  
BALTIMORE COUNTY, MD 21136  
4th ELECTION DISTRICT

LOT SIZE: 12,500 SQ. FT.  
LOT # 4  
ZONING MAP: 048C3  
ZONING DR: 3.5  
2nd COUNCILMAN DISTRICT

OWNER: DONNA GOSNELL  
924 LINDELLEN AVE.  
REISTERSTOWN, MD 21136  
TEL: (410) 967-9780

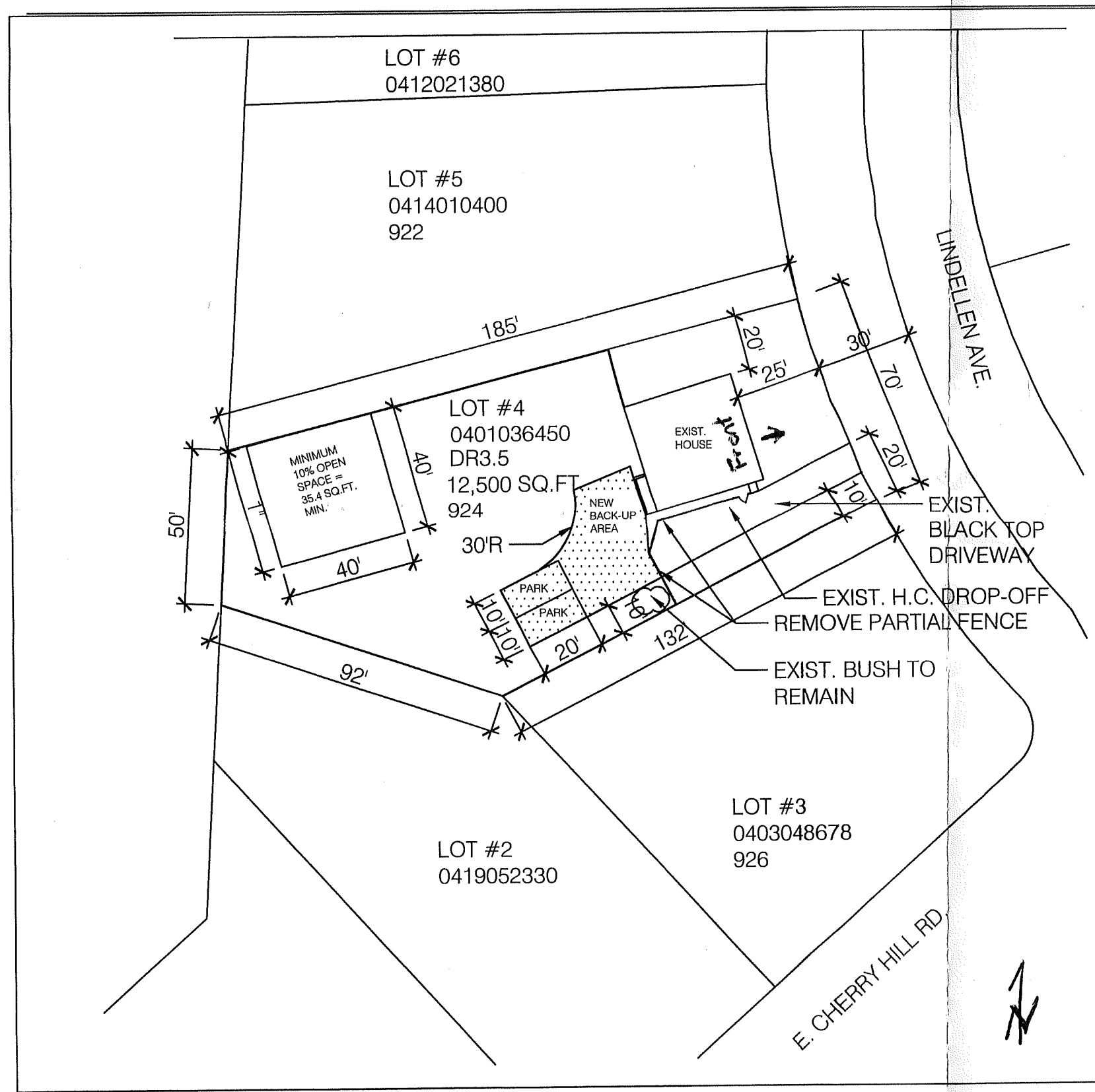
APPLICANT: SIGNED SEALED DELIVERED, LLC  
16 HOLY CROSS ROAD  
STREET, MD 12254  
CONTACT: STEPHANIE FANTL  
CELL: (443) 528-8124  
EMAIL:  
S.FANTL@SIGNEDSEALEDDELIVERLLC.COM

PROJECT INFORMATION:  
ALF1, 3 BEDS MAX. / (DENSITY NOT REQUIRED)

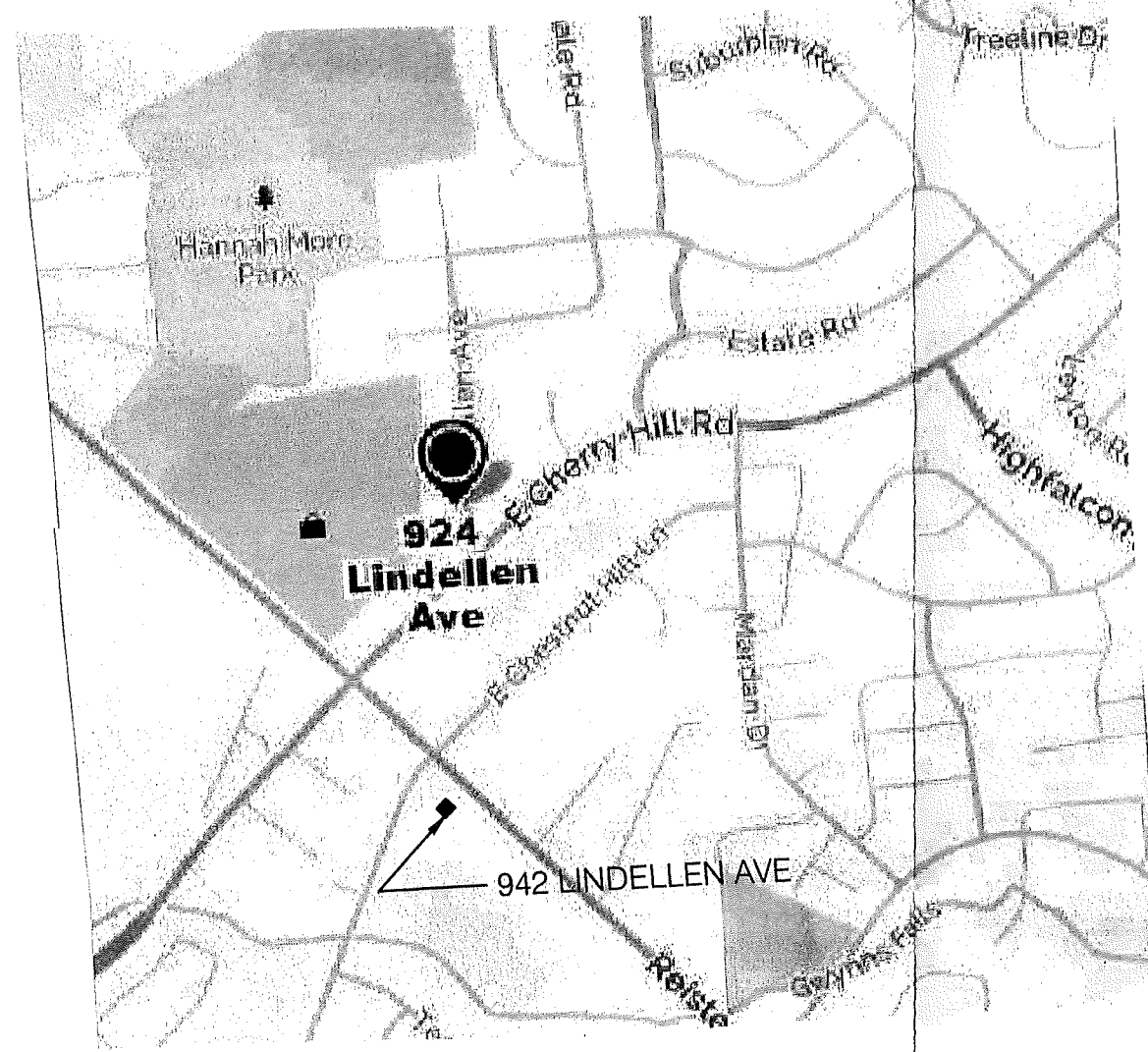
PROJECT NOTES:  
THIS BUILDING HAS NOT BEEN ORIGINALLY  
CONSTRUCTED TO ACCOMMODATE ELDERLY  
HOUSING OR AN ASSISTED LIVING FACILITY.  
THE BUILDING HAS NOT BEEN CONSTRUCTED  
IN THE PAST 5 YEARS.  
NO RECONSTRUCTION, RELOCATION,  
(EXTERIOR) CHANGES OR ADDITIONS (OF 25% OR  
MORE BASED ON THE GROUND FLOOR AREA AS  
OF 5 YEARS BEFORE THE DATE OF THIS  
APPLICATION) TO THE EXTERIOR OF THE  
BUILDING HAS OCCURRED.  
NO ADDITION ARE PROPOSED TO EXCEED  
THIS LIMIT FOR 5 YEARS FROM THE DATE OF THIS  
APPLICATION.

REQUIRED PARKING: 1 SPACE FOR EVERY 3  
PERSONS. 1 SPACE REQUIRED  
2 SPACES EXISTING

924 LINDELLEN AVE.



STREET VICINITY MAP  
SCALE: 1 INCH = 40 FEET



IN GOOD HANDS  
924 LINDELLEN AVE.  
REISTERSTOWN, MD 21136

DRAWING TITLE:  
USE  
PERMIT  
PLAN  
ALF 1

These drawings are the property of  
SIGNED SEALED DELIVERED, LLC and shall not be reproduced,  
copied, loaned or used for any  
purpose other than that which they  
were furnished and will be returned  
upon demand.

DRAWN BY: S.F.

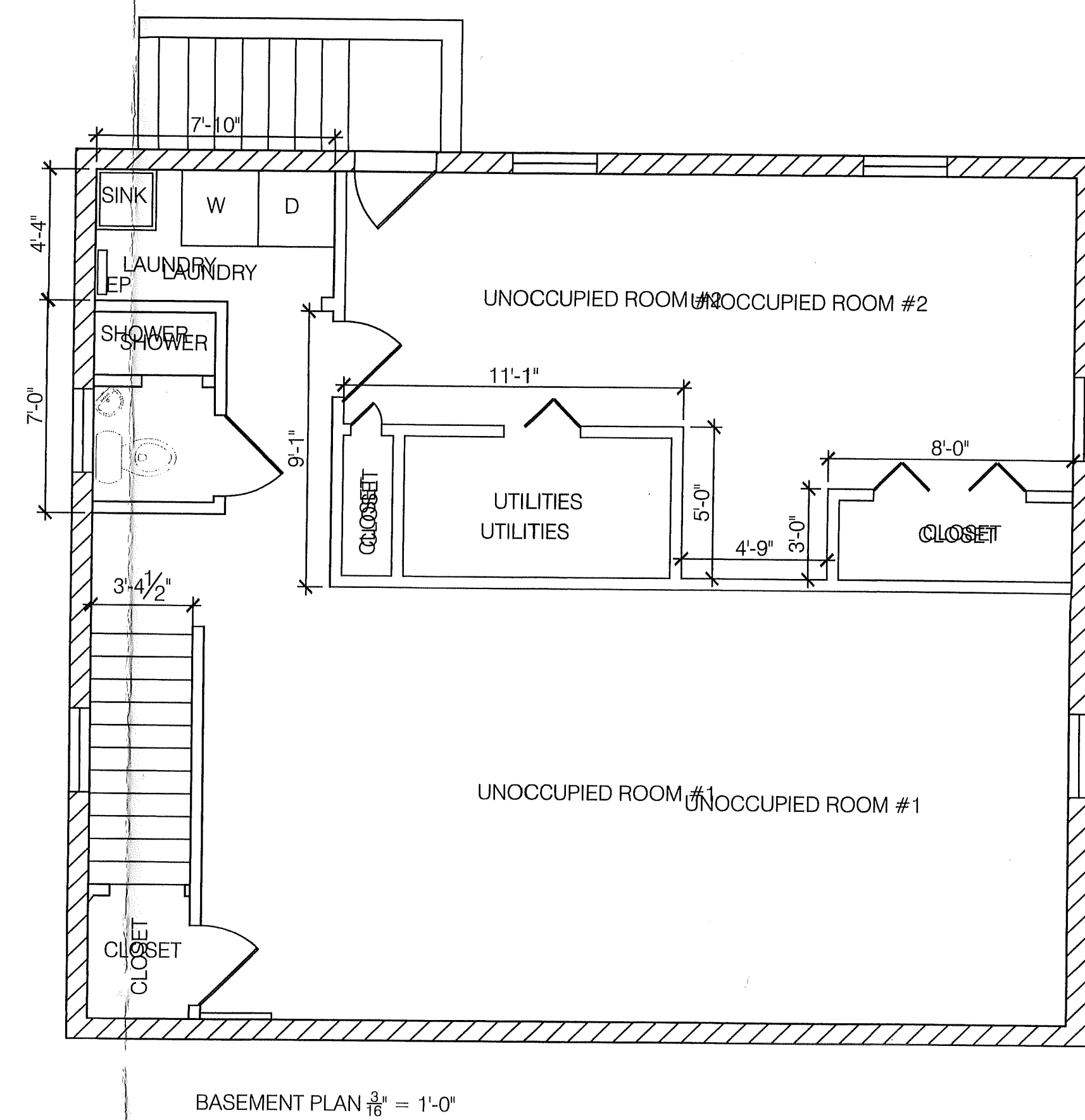
ISSUE DATE: 6/28/2017

REVISION DATE

1

SHEET:

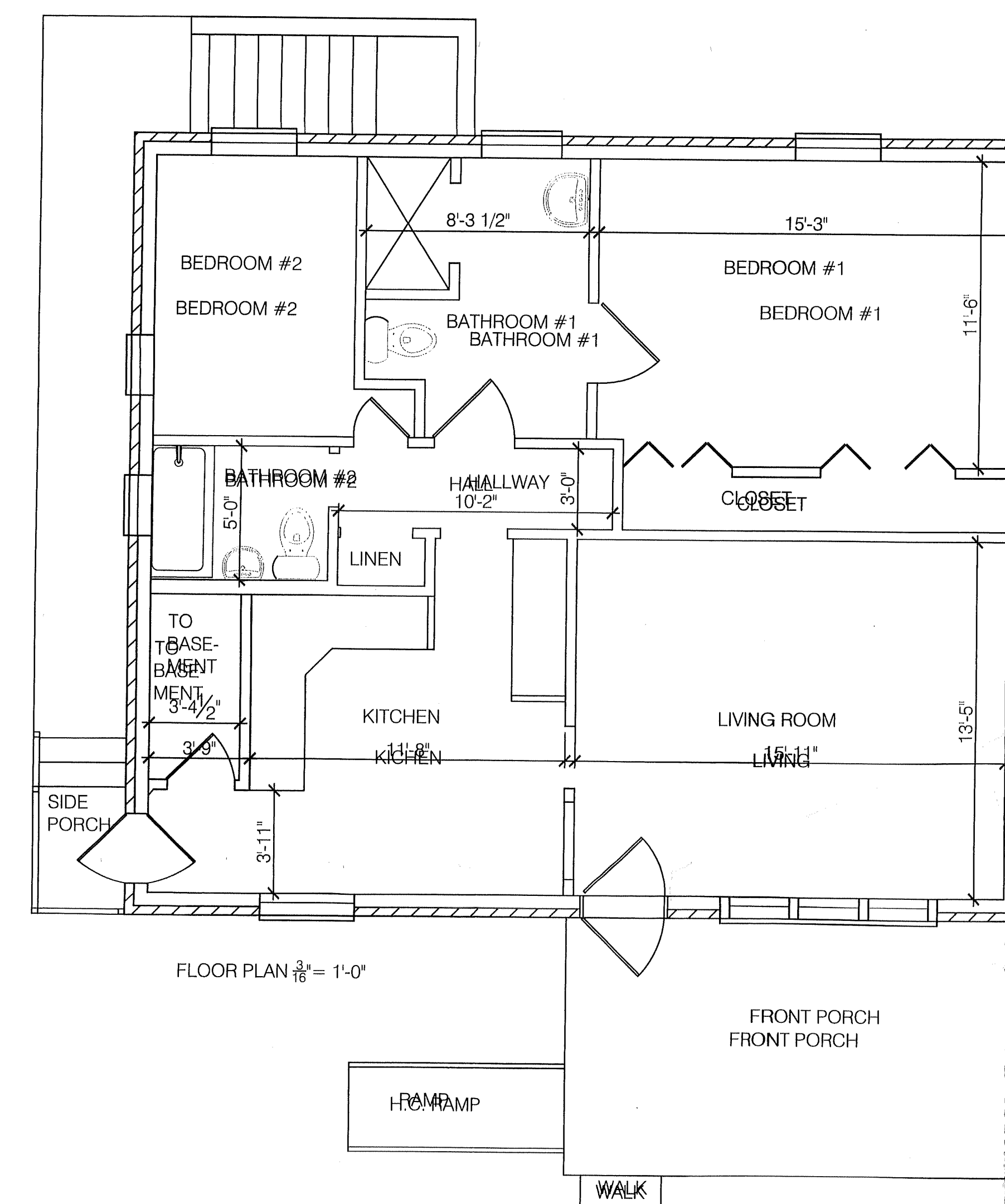
ALF1



2  
A-1

AS-BUILT BASEMENT PLAN

SCALE: 1/4" = 1'-0"



1 AS-BUILT PLAN  
A-1

SCALE: 1/4" = 1'-0"

***IN GOOD HANDS***  
***924 LINDELLEN AVE.***  
***REISTERSTOWN, MD 21136***

DRAWING TITLE:

AS-BUILT  
PLAN

These drawings are the property of SDAHC, and shall not be reproduced, copied, loaned or used for any purpose other than that which they were furnished and will be returned upon demand.

DRAWN BY: S.F.

ISSUE DATE: 6/23/2017

|          |      |
|----------|------|
| REVISION | DATE |
|----------|------|

1

SHEET:

A-1