# **USE PERMIT**



| IT IS ORDERED by the Director of the Departm   | ent of Permits, Approvals and |
|--|-------------------------------|
| Inspections of Baltimore County, this // TH    | day of SEPTEMBER, 2017,       |
| that TRACEY CUNNINGHAM/VICTO                   | RIOUS LIVING LLC located at   |
| (Individual or business nam                    | ie)                           |
| 6900 SCHISSLER AVE.                            | should be and the             |
| (Street address)                               | •                             |
| same is hereby granted permission to operate a |                               |
| Des Conney                                     | WENTZ COM CONTINUED           |
| 154777   | Planner's Initials            |
| D : 1400704                                    |                               |

Revised 10/17/11

## INTER-OFFICE CORRESPONDENCE

### RECOMMENDATION FORM

| TO:   | Director, Office of Planning Attention: Jen Company Jefferson Building 105 West Chesapeake Avenue, Room 101 Towson, MD 21204 Mail Stop 3402 |                      | Permit No.            | (if required) B           |   |
|---|---|----------------------|-----------------------|---------------------------|---|
| FROM:   | Arnold Jablon, Director<br>Department of Permits, Approvals and Inspections   |                      |                       |                           | , in the second |
| RE:   | Assisted Living Facility  |                      |                       | 2                         |   |
| This offi   | ce is requesting recommendations and comments from the  | Office of Planning   | and prior to this off | ice's approval of a build | ding/use permit.  |
|   | NIMUM APPLICANT SUPPLIED COMPATABILITY INF  | 15                   |                       |                           |   |
| TRA   | CEN CUMMINIGHAM 6900 SCHI<br>me of Applicant Address  | SSLER AVE. Telephone | Number                | Email Address             | Kaleync \$1.0gma  |
| Lot Add   | Iress 6900 Schissier Avetection District  | Z Council            | manic District 4      | _ Square Feet of Lot      | 21,930 \$   |
| Lot Loc   | ation: (NE S W/side/corner of SCHISSLER AVE   | , 477                | feet from NES W       | corner of 3+-Lo           | eet)  |
| Land O  | wner(s): TRACEY N. CUMNINGHAM   |                      | 10 Digit Tax Accou    | ant Number 0220           | 00017.0   |
| Addres  | s: 6900 SCHISSLER AVEAUE, 2   | 21207                | Telephone Numbe       | er ( ) 443-8              | 389-7459  |
|   |   |                      | Email Address _       | trace INCOT               | egmail.com  |
| <ol> <li>This</li> <li>Perr</li> <li>Site Pr</li> <li>Si</li> <li>Built Che</li> <li>Pho A</li> </ol> | roperty (3 copies) including lot size and sq ft of building, parking tatement of Compliance with Checklist Note 5.A                         | and open space –     | 10% lot area          |                           | Sc 7/18 (17   |
| RECO  | TO BE FILLED IN BY  MMENDATIONS / COMMENTS:  Approval Disapproval Approval conditioned on requi   |                      |                       |                           | ecommendations:   |
|   |   |                      | 2                     |                           |   |
| Signed  | by:For the Director, Office of Planning   |                      |                       | Date:                     |   |
|   | For the Director, Office of Planning  |                      |                       |                           | Revised 2/7/11  |

## INTER-OFFICE CORRESPONDENCE

RECOMMENDATION FORM

| TO:              | Director, Office of Planning   |                          | ALF Address                   |  |   |
|------------------|--|--------------------------|-------------------------------|--|---|
|                  | Attention: Jenifer WygenT  Jefferson Building  | *                        | Permit No. (if requi          | red) B   |   |
| . 14             | 105 West Chesapeake Avenue, Room 101<br>Towson, MD 21204<br>Mail Stop 3402   | ×                        | 8.                            | RECEIVED   |   |
| FROM:            | Arnold Jablon Director   |                          |                               | JUL 26 2017  |   |
|                  | Department of Permits, Approvals and Inspections   | 8 *                      |                               | DEPARTMENT OF PLANNING                               |   |
| RE:              | Assisted Living Facility   |                          |                               |  |   |
| This offi        | ice is requesting recommendations and comments from the  | Office of Planning a     | nd prior to this office's app | proval of a building/use permit.                     |   |
| A. MI            | NIMUM APPLICANT SUPPLIED COMPATABILITY INF   | ORMATION (As R           | equired under A and B b       | pelow):  |   |
| TRA<br>Print Nar | CEY CUMMINIGHAM 6900 SCHIS   | CSLEE AVE.               | LUCCDLALLN, MO                | 21207 tracerno 01 Egna<br>Email Address              | 0 |
| Lot Add          | ress 6900 Sehroster Averection District  | Z Councilma              | anic District <u>H</u> Squa   | re Feet of Lot 21,930 15                             |   |
| Lotriod          | Sallies Is Aug   | 477 #                    | eet from WEIS W corner o      | st-Lukeo La  |   |
| Lot Loc          | ation: (NE S W/side/corner of SCHISSLER AVE.,  |                          |                               | (street)   |   |
| Land O           | wner(s): TRACEY N. CUMMINGHAM  |                          | 10 Digit Tax Account Num      | DEI  |   |
| Address          | s: 6900 SCHISSLER AVEAUE, 2  | 1207                     | Telephone Number (            | 443-889-7489   |   |
|                  | •  |                          | Email Address <u>trac</u>     | ETNC47@ gmail.com                                    |   |
|                  | and the state of t |                          | ,                             | · · · · · · · · · · · · · · · · · · ·                |   |
| CHECK            | KLIST OF MATERIALS (to be submitted by applicant for r   |                          |                               |  |   |
| B. A             | PPLICANT MUST PROVIDE 1 THROUGH 6  | P!                       | lanner to confirm information | acceptance by marking $\underline{\mathbf{x}}$ below |   |
|                  |  |                          | YES                           | NO .   |   |
| 1. This          | Recommendation Form (3 copies)   |                          |                               |  |   |
| 150 12           | nit Application  | <i>i</i> .               |                               | . المناس   |   |
|                  |  |                          | 197                           |  |   |
| 3. Site          | enady (3 copies) including lot size and so ft of building, parking   | and open space - 10°     | % lot area                    |  |   |
|                  | latement of Compliance with Checklist Note 5.A   |                          |                               | ш  |   |
| 4. Buil          | ding Elevation Drawings (these <u>may be waived</u> if not 5.A fro<br>cklist can be stated on the plans)   | In the Zoning Goo.       |                               |  |   |
| 5, Pho           | tographs (please label all photos clearly<br>djoining Buildings and Surrounding Neighborhood   |                          |                               | 100 la   |   |
|                  |  | 55                       |                               | d for filing by $\frac{3E-7/18}{\text{(Date)}}$      | • |
|                  |  | *                        |                               |  | ; |
|                  | TO BE FILLED IN BY T   | HE OFFICE OF             | PLANNING ONLY                 | **   |   |
| RECO             | MMENDATIONS / COMMENTS:  |                          |                               | the following recommendations:                       |   |
|                  | Approval Disapproval LApproval conditioned on requir   | red modifications of the | A Commo                       | the following recommendations:                       |   |
| *                | Sec. a   | etteche                  |                               | 1 /  |   |
|                  | al distillation  |                          | Date:                         | 8/14/17  |   |
| Signed           | by: For the Director Office of Planning  | • • •                    | anticoste -                   | Revised 2/7/11                                       |   |

# **USE PERMIT**



| IT IS ORDERED by the Director of the Department |  |
|---|--|
| Inspections of Baltimore County, this // T#     | day of <u>SEPTEMBER</u> , 20 <u>17</u> , |
| that TRACEY CUNNINGHAM                          | located at                               |
| (Individual or business nar                     | should be and the                        |
| same is hereby granted permission to operate    |  |
| As per the approval of off                      | ex of Planning (J. Hugent)               |
| See Comments by Mr Dennis                       | Wertz ( affire of Planning)              |
| 154777  | ermits, approvals and Inspections        |
|   | Planner's Initials                       |

Revised 10/17/11

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| (Individual or business)  (Street address)      | sname) should be and the                                  |
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|   | Ace of Plenning (J. Hugent) is wentz (office of Planning) |
| 154777  | ermits, Approvals and Inspections Planner's Initials      |
|   |   |

Revised 10/17/11

## BALTIMORE COUNTY, MARYLAND

#### INTRA-OFFICE CORRESPONDENCE

DATE: 8/10/17

TO:

Jenifer Nugent

Kathy Schlabach

FROM:

Dennis Wertz

SUBJECT:

Assisted Living Facility (6900 Schissler Avenue)

I visited the site on 8/1/2017. The property is improved with a single family dwelling that appears to be in marginal condition. The outdoor areas of the property are poorly maintained. I observed litter, debris and tall grass on my site visit. The property owner is applying for a loan from Baltimore County to replace the roof and add a rear yard deck.

There are three recently created paved parking spaces located in the side yard. Access to these spaces is very poor. There is insufficient backup and maneuvering area for the spaces. However, even without the new spaces, the property appears to have sufficient off-street parking. Three spaces are required. The driveway in front of the dwelling is large enough to park four cars.

I don't see any legitimate reason for Baltimore County to deny this application. Hopefully, the state licensing requirements will assure that this dwelling will serve as a suitable Assisted Living Facility.

After reviewing the compatibility objectives in Section 32-4-402 of the County Code, it is my opinion that the use of this property for an Assisted Living Facility I will be compatible with the residential properties on Schissler Avenue provided that:

- No signs that identify the property as an Assisted living Facility will be erected on the premises.
- The outdoor areas of the property are properly maintained (i.e., no litter, debris or tall grass).

## INTER-OFFICE CORRESPONDENCE

### RECOMMENDATION FORM

| TO: Director, Office of Planning Attention: Jenifer Magent   | ALF Address  |
|--|--|
| Attention: Jefferson Building  | Permit No. (if required) B   |
| 105 West Chesapeake Avenue, Room 101<br>Towson, MD 21204<br>Mail Stop 3402   | RECEIVED   |
| FROM: Arnold Jablon, Director  | JUL 2 € 2017   |
| Department of Permits, Approvals and Inspections  RE: Assisted Living Facility   | DEPARTMENT OF PLANNING   |
| • •  | the first and a fi |
| This office is requesting recommendations and comments from the Office   |  |
| A. MINIMUM APPLICANT SUPPLIED COMPATABILITY INFORM.  | ATION (As Required under A and B below):   |
| TRACET CUNNINGHAM 6900 SCHISSLE Print Name of Applicant Address  | Telephone Number Email Address   |
| Lot Address 6900 Senissier Averection District 2   | Councilmanic District 4 Square Feet of Lot 27, 936 12  |
| Lot Location: (NE S W/side/corner of Schlissler Ave , 4  | 77 feet from N(E)S W corner of st-Lukes Ln (street)  |
| Land Owner(s): TRACEY N. CUMMINGHAM  | 10 Digit Tax Account Number  |
| Address: 6900 SCHISSLER AVENUE, 212  | Telephone Number ( ) 443-889-7459  Email Address <u>tracetnesses</u> gmail.com   |
|  | Email Address <u>traceincute gmail.com</u>   |
| printed NAME and the resemble (No. 1) and the Control of the Contr |  |
| CHECKLIST OF MATERIALS (to be submitted by applicant for require   |  |
| B. APPLICANT MUST PROVIDE 1 THROUGH 6  | Planner to confirm information acceptance by marking $\underline{x}$ below   |
|  | YES NO   |
| 1. This Recommendation Form (3 copies)   |  |
| 2. Permit Application  |  |
| 88   |  |
| Site Plan     Property (3 copies) including lot size and sq ft of building, parking and op     Statement of Compliance with Checklist Note 5.A   | en space – 10% lot area  |
| Building Elevation Drawings (these <u>may be waived</u> if not 5.A from the  |  |
| Building Elevation Drawings (these <u>may be waived</u> in lot out the flans)  Checklist can be stated on the plans)   | <u>√</u>   |
| Photographs (please label all photos clearly     Adjoining Buildings and Surrounding Neighborhood  |  |
| 6. Current Zoning Classification: DR 3.5 / DR 5  |  |
| TO BE FILLED IN BY THE   | OFFICE OF PLANNING ONLY  |
| RECOMMENDATIONS / COMMENTS:  |  |
| Approval Disapproval Approval conditioned on required mo   | difications of the application to conform with the following recommendations:  |
| 1 See atte   | Eiched Comments.   |
| al Allt  | Date: 8/14/17  |
| Signed by: For the Director, Office of Planning  | Revised 2/7/11   |

### BALTIMORE COUNTY, MARYLAND

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DATE: 8/10/17

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#### Bonifacio Jun Fernando Jr

From:

Jenifer G. Nugent

Sent:

Tuesday, August 15, 2017 10:12 AM

To:

Bonifacio Jun Fernando Jr ALF 6900 Schissler Avenue

Subject: Attachments:

20170815101842436.pdf

See attached

Jenifer German Nugent
Planner III
Development Review Division
Baltimore County Department of Planning
105 West Chesapeake Avenue, Suite 101
Towson, MD 21204
(410) 887-3480
(410) 887-7499 direct

----Original Message----

From: Planningcopier@baltimorecountymd.gov [mailto:Planningcopier@baltimorecountymd.gov]

Sent: Tuesday, August 15, 2017 10:19 AM

To: Jenifer G. Nugent < jnugent@baltimorecountymd.gov>

Subject: Message from "RNP002673A5B368"

This E-mail was sent from "RNP002673A5B368" (MP 4054).

Scan Date: 08.15.2017 10:18:41 (-0400)

Queries to: Planningcopier@baltimorecountymd.gov

| OFFI   | CE OF BUE           | GET ANI   | DFINANC         | E              |                 | No.      | 239       | 1/08     |            | PAID RECEIPT MISURESS ACTUS THE 1880                      |
|--|---------------------|-----------|-----------------|----------------|-----------------|----------|-----------|----------|------------|---|
|  |                     |           |                 | Rev            | Sub             | Date.    | -/        | 700      | Mills.     | 701/2008 10/01/2008 10:44444 5<br>Wall Walkin No.6 LRB    |
| Fund   | Dept                | Unit      | Sub Unit        | Source/<br>Obj | Rev/<br>Sub Obj | Dept Obj | BS Acct   | Amount   | <b>并</b> 自 | CENT N STABLY 10/01/2008 OF A<br>S 528 ZORING VERTENATION |
| 001  | 806                 | 0         |                 | 6150           |                 |          |           | 50.00    | 18 1       | M. 023903<br>Recpt fot \$50,00                            |
|  |                     |           |                 |                |                 |          |           |          |            | \$.00 CK \$100.00 CA                                      |
|  |                     |           |                 |                |                 |          |           |          |            | 850.00-06<br>Baltimore County, Maryland                   |
|  |                     |           |                 |                |                 | Total:   |           | 50.00    |            |   |
| Rec<br>From:   | 1                   | a the     | 6 K.            | 200            | ·               |          |           | 30.      |            |   |
| For:   |                     | . 1       |                 | 9              |                 |          |           |          |            |   |
|  | 670                 | ) Sel     | 21207           | Noc            |                 | ALF      | 2         |          |            |   |
|  |                     |           | /               |                |                 |          |           |          |            |   |
| Mark Street Company Co | BUTION<br>- CASHIER | PINK - AG | ENCY<br>SE PRES |                | CUSTOME         | R        | GOLD - AC | COUNTING |            | CASHIER'S<br>VALIDATION                                   |
|  |                     | FLEA      | OE FRES         | S HARD!        | 111             |          |           |          |            |   |

IRW

OFLN

\$100.00 \$.00 CA

| OFFIC              | MORE CO<br>E OF BUE<br>ELLANEOL | GET AND   | FINANC          |                |                 | Date:    | N 7/1     |       | 154777 | PAID RECEIPT  BUSINESS ACTUAL TIME 7/19/2017 7/18/2017 11:29:14  REG WS02 WALKIN JEE >>RECEIPT # 016765 7/18/2017 |
|--------------------|---------------------------------|-----------|-----------------|----------------|-----------------|----------|-----------|-------|--------|---|
|                    |                                 |           |                 | Rev            | Sub             |          |           |       |        | Dept 5 528 ZONING VERIFICATION OR NO. 154777  |
| Fund               | Dept                            | Unit      | Sub Unit        | Source/<br>Obj | Rev/<br>Sub Obj | Dept Obj | BS Acct   |       | Amount | Recpt Tot \$100.00  |
| 001                | 800                             | 0000      |                 | 6152           |                 |          |           | _     | 00.00  | \$100.00 CK \$.00<br>Baltimore County, Maryland   |
|                    | -                               |           |                 |                |                 | 100      |           |       |        | Dal Candi C Country & tracy assess  |
|                    |                                 |           |                 |                |                 |          |           |       |        |   |
|                    |                                 |           |                 |                |                 |          |           |       |        |   |
| Rec<br>From:       | Tra                             | < 64      | Cun             | 110 71         | 1001            | Total:   | 100       |       | 90     |   |
| For:               |                                 | /         | 6700            | V              |                 | len A    | lue       |       |        |   |
|                    |                                 |           |                 |                |                 |          |           |       |        |   |
| DISTRIB<br>WHITE - | UTION<br>CASHIER                | PINK - AG | ENCY<br>SE PRES |                | CUSTOME         | :R       | GOLD - AC | ccoul | NTING  | CASHIER'S<br>VALIDATION   |

| i k   |  | 3 SITE VICINITY MAP                       |
|---|--|---|
| MING USE PERMIT PLAN FOR A ASSISTED LIVING  | FACILITY I (MARK TYPE REQUESTED WITH X)  |   |
| DRESS 6900 SCHISSLER AVENUE, BALTIMORE COUNTY 21207 OWNER(S) NAI  | ME(S) TRACEY CUNNINGHAM                  | LUKES LAI                                 |
| DRESS. 6700 SCHI SSEEK WEINE, BIRTHER   |  | / / 5//                                   |
| BDIVISION NAME  |  | SCHISSIE SITE                             |
| AT BOOK # FOLIO # 10 DIGIT TAX # 0 2 2 5 0  | 00190 DEED REF.#/                        | 1 /                                       |
| PHONE: 443.889.7459   | 97'                                      |   |
| APPLICANT: TRACEY N. CUNNINGHAM (OWNER)  LOT SIZE: 21,930 SQ. FT.  ZONING MAP-N-W-4F. O88A2  DUAL ZONE: DR 3.5, DR 5.5  |  | 7.1                                       |
|   |  | P*  |
| LOT SIZE: 21,930 SQ. FT.  | 50 6                                     | <b>A</b>                                  |
| ZONING MAP-N-W-4E 088A2   | 3 PAI<br>(PAVED)                         | ■ MAP IS NOT TO SCALE                     |
|   | 10                                       | ZONING MAP# 08842                         |
| PARKING: 1 SPACE FOR EACH 3 BEDS= 3 PARKING SPACES REQUIRED.  | 30 10 17                                 | SITE ZONED DR 3.5, DR                     |
| EXISTING FLOOR AREAS SQ. FT.  | - 1 × 8 × 1                              |   |
| EXISTING FLOOR AREAS SQ. FT.  |  | ELECTION DISTRICT 2 nd                    |
| MAIN FLOOR (GROUND) = 1968 SQ FT.   | 12 25 ES                                 | COUNCIL DISTRICT 4 < D                    |
| TOTAL 1968 SQ. FT.  BASEMENT FOR STORAGE AND MECHANICAL EQUIPMENT = 1050 SQ. FT.  |  | LOT AREA ACREAGE 0.503                    |
| PAVIN   | IG ,                                     | EUT ANDA FORE SOL (S) 2 C                 |
| OPEN SPACE: .10 X LOT AREA (21, 930 SQ. FT.) = 2,193 SQ. FT.  | EXISTING 15' #                           | OR SQUARE FEET 21, 930                    |
|   |  | HISTORIC ?_ ~ ~                           |
| NUMBER OF BEDS: 7   | DRIVEWAY 20                              | IN CBCA 3 NO                              |
| CALCULATIONS:  1BED = .25 DWELLING UNITS (4 BEDS PER DWELLING UNIT)   | n' 5                                     |   |
| ZONE DR 3.5  15.105 SO. FT. = .347 ACRE   | TOW IZ'                                  | IN FLOOD PLAIN ? NO                       |
| 15,105 SQ. FT. = .347 ACRE  | 22 es 27 la                              | UTILITIES? MARK WITH X                    |
| .347 ACRE X 3.5 DWELLING UNITS/ACRE = 1.21 DWELLING UNITS   | 25 23   0 ± 27 80   0 -                  | WATER IS:                                 |
| 1.21 DWELLING UNITS / .25 DWELLING UNITS/BED = 4.8 BED (4 BEDS)   | SQ. SQ.                                  | Testes and                                |
| ZONE 5.5<br>6,825 SQ. FT. = .156 ACRE   | 0- 21' B                                 | PUBLIC / PRIVATE                          |
| 6,825 SQ. FT. = .156 ACRE  .156 ACRE X 5.5 DWELLING UNITS/ACRE = .858 DWELLING UNITS  | ". ~     ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | SEWER IS:                                 |
| .858 DWELLING UNITS / .25 DWELLING UNITS/BED = 3.42 BED (3BEDS)   | A A A A A A A A A A A A A A A A A A A    | PUBLIC / PRIVATE                          |
| TOTAL 7 BEDS  | 44'. 25' AREA PRESENTED                  |   |
| THIS BUILDING HAS NOT BEEN ORIGINALLY CONSTRUCTED TO ACCOMMODATE ELDERLY HOUSING OR AN ASSISTED LIVING FACILITY. THIS BUILDING HAS NOT BEEN CONSTRUCTED IN THE PAST 5 YEARS. NO | 74                                       | PRIOR HEARING ?                           |
| RECONSTRUCTION, RELOCATION, EXTERIOR CHANGES OR ADDITIONS (OF 25% OR MORE BASED ON GROUND FLOOR AREA AS OF 5 YEARS BEFORE THE DATE OF THIS APPLICATION) TO THE EXTERIOR OF      | 20 20 20 20 20 20 20 20 20 20 20 20 20 2 | IF SO GIVE CASE NUMBER                    |
| THE BUILDING HAVE OCCURRED. NO ADDITIONS ARE PROPOSED TO EXCEED THIS LIMIT FOR STEAMS   |  | AND ORDER RESULT BELOW                    |
| FROM THE DATE OF THIS APPLICATION.  SIGNS WILL COMPLY WITH SECTION 450 B.C.Z.R. AND ALL ZONING SIGN POLICIES.   |  | Little Categoria services and an analysis |
| THE UNDERSIGNED ARE RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION ON THIS PLAN.   |  |   |
|   | ×  |   |
| TRACEY CUNNIGHAM (OWNER   APPLICANT)  | 108,                                     |   |
|   | SCALE: 1 INCH = 30 FEET                  |   |
| AN DRAWN BY T. N.C. DATE 1/13/17  | The part Manhor with Hold work           | WALATIAN CAATINEA                         |
|   |  | VIOLATION CASE INFO:                      |