

USE PERMIT



IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County, this 26TH day of JANUARY, 2018, that OGECHI AMAZI located at 3311 GREENMEAD ROAD should be and the

(Individual or business name)
(Street address)

same is hereby granted permission to operate a: ASSISTED LIVING FACILITY I (4 BEDS)

161183

Permit (or Receipt) Number

[Signature]
Director, Permits, Approvals and Inspections

Planner's Initials: AT

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 3311 GREENMEAD RD

No. (if required) B _____

RECEIVED

JAN 16 2013

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

RE: Assisted Living Facility (4 BEDS)

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):

OGECHI AMADI 3311 Greenmead rd 410-262-4587
Print Name of Applicant Address Telephone Number Email Address

Lot Address 3311 Greenmead Election District 2nd Councilmanic District _____ Square Feet of Lot _____

Lot Location: N E S W/side/corner of _____ (street) _____ feet from N E S W corner of _____ (street)

Land Owner(s): Ogechi Amadi 10 Digit Tax Account Number _____

Address: 3311 Greenmead rd, Balto. MD Telephone Number 410 262-4587

Email Address godisgood.amadi@gmail

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 <u>may be waived</u> if not 5.A from the Zoning Use Permit
Checklist can be stated on the plans) | ☒ | ☐ |
| 5. Photographs (please label all photos clearly
Adjoining Buildings and Surrounding Neighborhood | ☒ | ☐ |
| 6. Current Zoning Classification: <u>DR 5.5</u> | | |

Accepted for filing by Aarontson
(Date) 01/12/18

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.

Signed by: Brett M. Williams Date: 1/24/18
For the Director, Office of Planning

Revised 2/7/11

161183

Date:

01/10/18

REPORT

BUSINESS	ACTUAL	TIME	DEI
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1/11/2018 1/10/2018 11:47:00

REG MED1 WALKIN LJR

RECEIPT # 770356 1/10/2018 OFL

Dept 5 528 ZONING VERIFICATION

CF NO. 161183

Receipt Tot \$100.00

1.00 OK \$100.00 CA

Baltimore County, Maryland

Total:

5/00

Rec
From:

OYECHI AMADI

For:

3311 GREENMEAD RD

(ALT I - 4 BEDS)

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 ALF
Attention: Lynn Lanham
Jefferson Building Permit
105 West Chesapeake Avenue, Room 101
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Print Name of Applicant Address Telephone Number Email Address

3311 Greenmead 19 Election District 2nd Councilmanic District _____ Square Feet of Lot _____

Lot Location: N E S W side/corner of _____ feet from N E S W corner of _____
(street) (street)

Land Owner(s): Ogechi Amadi 10 Digit Tax Account Number _____

Address: 3311 Greenmead rd, Balto. MD Telephone Number 410-262-4587

Email Address godisgood.amadi@gmail

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

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	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 <u>may be waived</u> if not 5.A from the Zoning Use Permit Checklist can be stated on the plans)	☒	☐
5. Photographs (please label all photos clearly Adjoining Buildings and Surrounding Neighborhood	☒	☐
6. Current Zoning Classification: <u>DR 5.5</u>		

Accepted for filing by Xarontan
(Date) 01/10/18

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



ARCHI-TEK-TIKA

4 WOODTHORNE COURT, SUITE 5
OWINGS MILLS, MARYLAND 21117
PHONE (410) 463-4332

Project Title
FAVOR ASSISTED LIVING, INC.
RESIDENTIAL BUILDING RENOVATION
OWNER: OGECHI AMADI

REVISIONS		
NO.	DESCRIPTION	DATE

SCALE: 1/4"=1'-0"
OR AS NOTED

DATE
DECEMBER 19, 2017

DRAWING TITLE
SITE PLAN

SHEET NO.
SP-1

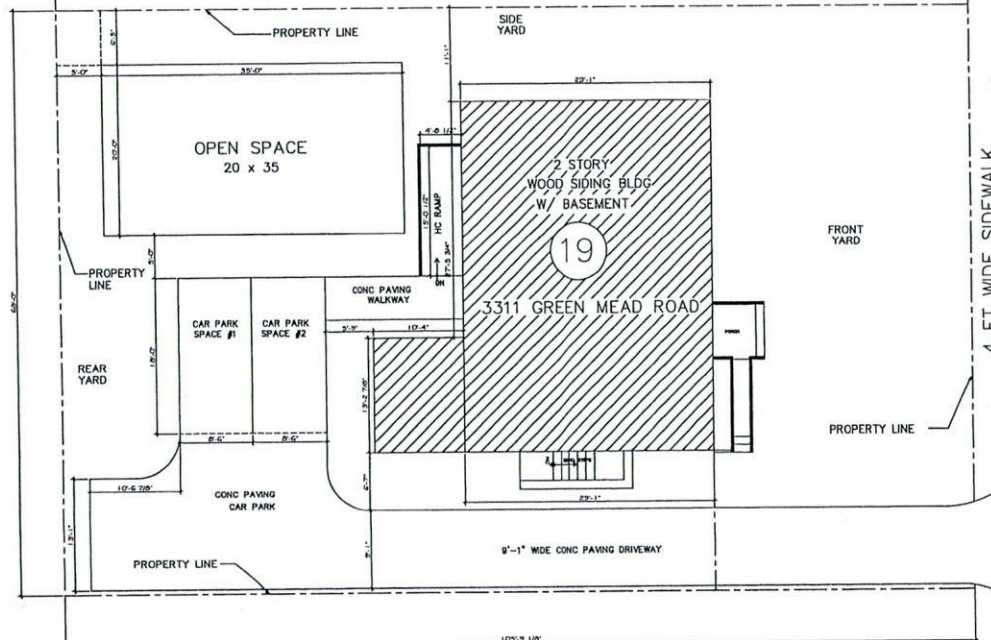
PROPERTY:

PROJECT DATA

PARCEL ID 02-02-18101340

LOT SIZE: 0.16 ACRES
ZONING: DENSITY RESIDENCE (DR 5.5)
PROPERTY CLASS: RESIDENTIAL (R)
SQUARE FOOTAGE: 1,720
YEAR CONSTRUCTED: 1960
CONSTRUCTION TYPE: V-B
BUILDING HEIGHT: 2 STORIES
BUILDINGS: 1 BUILDING
SPRINKLED: YES
FIRE SEPARATION: 2 HR EXTERIOR

The applicant is made aware that the property would require sprinkler system before a use permit will be issued to operate as an Assisted Living Facility, and per County Council Bill no. 45-17 that an assisted-living facility in a DR zone is not permitted within 1,000 feet of another property. A copy of the said Bill has been given to the applicant for information.



ZONING USE PERMIT

PLAN FOR AN ASSISTED LIVING FACILITY I OR II
LOT SIZE: 6,970 SQ. FT. (4 BEDS)
ZONING MAP N.W. 5F
ZONE DR 3.5
PARKING: 1 SPACE FOR EACH 3 BEDS
= 2 PARKING SPACES REQUIRED
EXISTING FLOOR AREAS SQ. FT.
GROUND FLOOR = 591 SQ. FT.
1ST FLOOR AND SUN ROOM = 726 SQ. FT.
2ND FLOOR = 649 SQ. FT.
TOTAL 1,966 SQ. FT.
BASEMENT FOR STORAGE AND
MECHANICAL EQUIPMENT = 508 SQ. FT.
EXISTING GARAGE = NONE
OPEN SPACE: .10 x LOT AREA (6,970 SQ. FT.)
= 697 SQ. FT.

N

LOT: 19
SECTION: 1
COMMERCIAL
DISTRICT: 2nd ELECTION

3311 GREEN MEAD ROAD
BALTIMORE, MARYLAND 21244
SITE PLAN

SCALE: 1" = 10'

THIS BUILDING HAS NOT BEEN ORIGINALLY CONSTRUCTED TO ACCOMMODATE ELDERLY HOUSING OR AN ASSISTED LIVING FACILITY, NO CONSTRUCTION, RELOCATION, EXTERIOR CHANGES OR ADDITIONS OF 15% OR MORE IN GROUND FLOOR AREA AS IT HAS EXISTED IN 5 YEARS BEFORE THE DATE OF THIS APPLICATION HAS OCCURRED TO THE EXTERIOR OF THE BUILDING. NO ADDITIONS ARE PROPOSED

VICINITY MAP

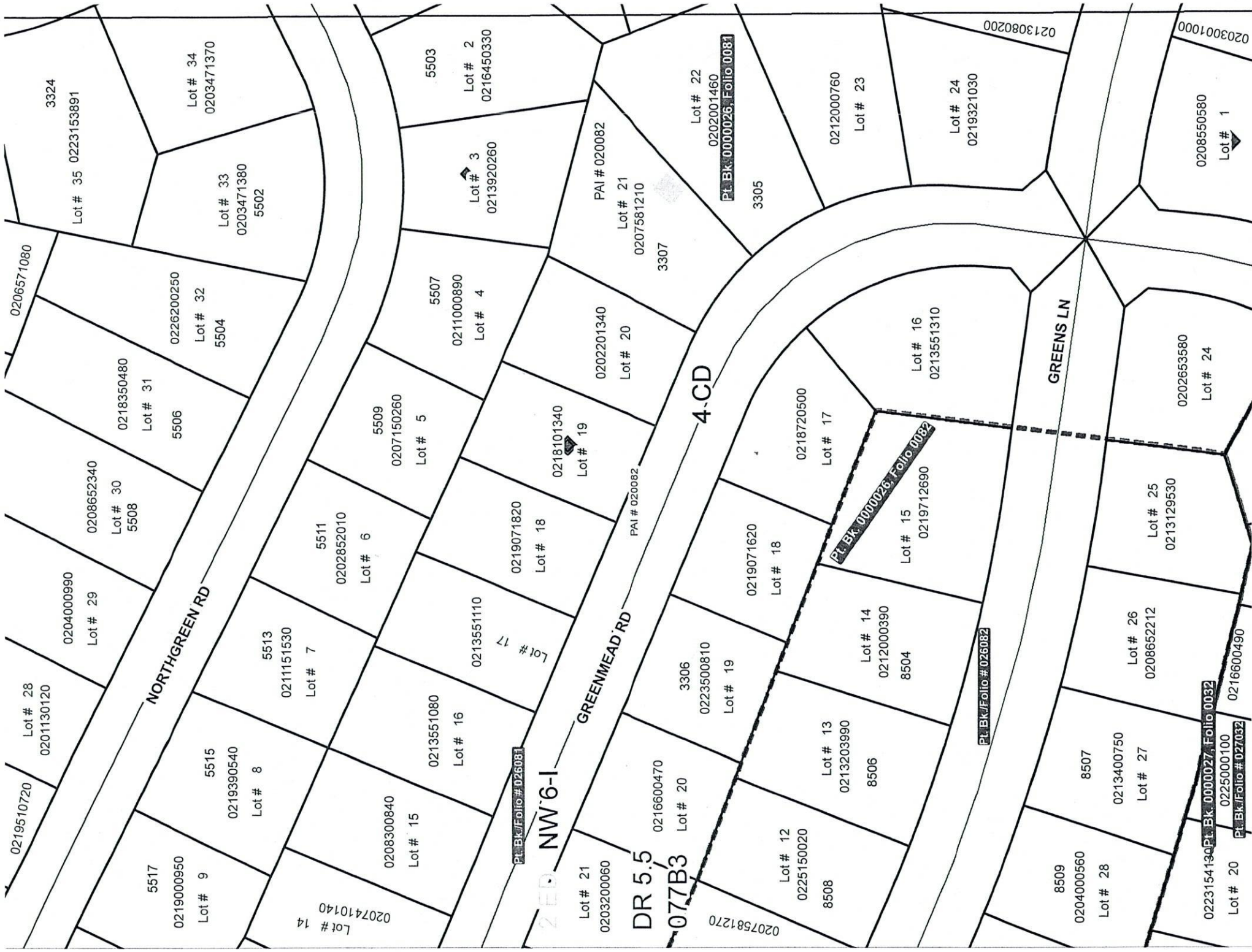
GREEN MEAD ROAD

Northgreen Rd
Greenmead Rd
3311 Greenmead Road

APPLICANT:

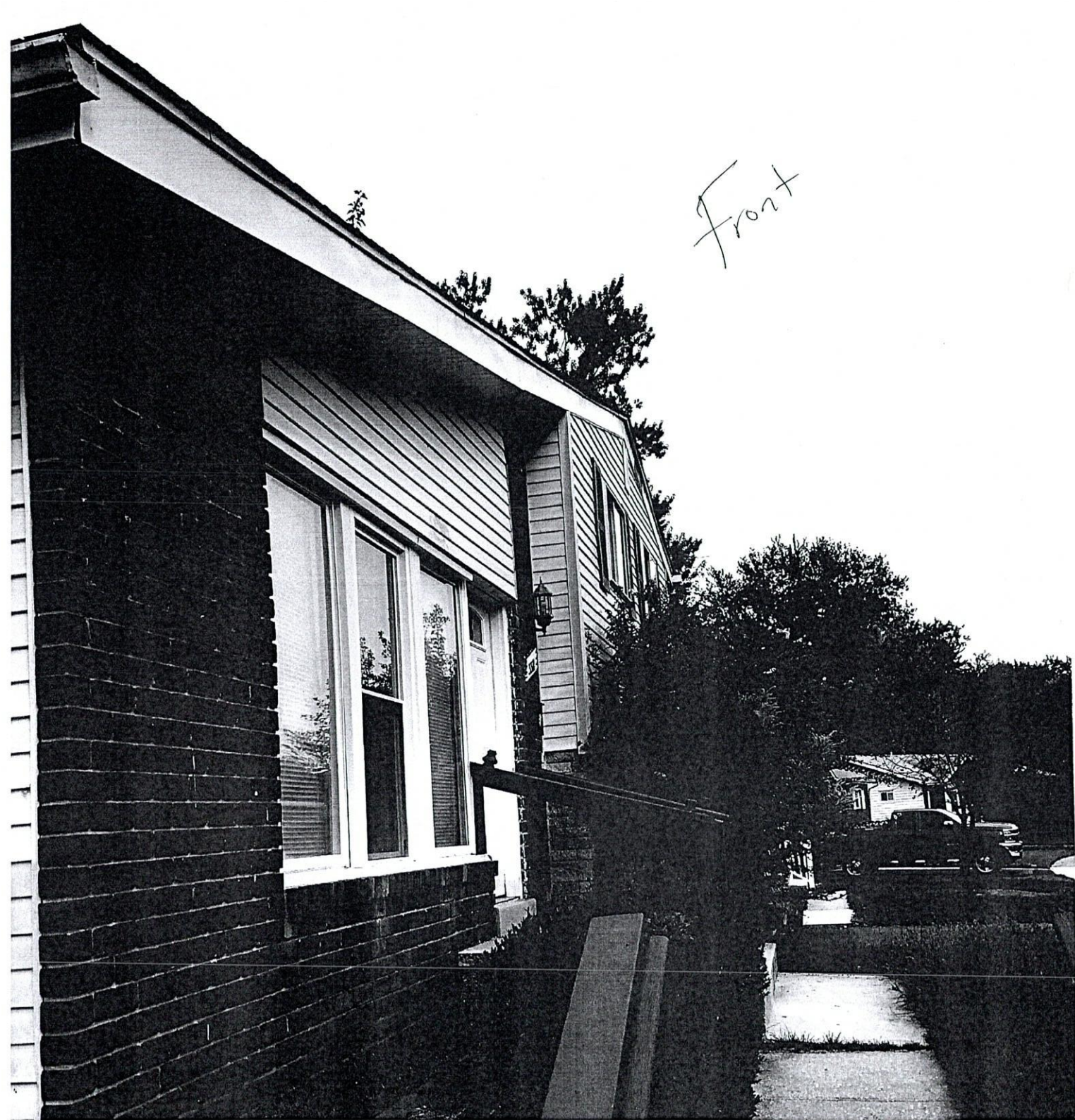
OGECHI AMADI
3311 GREENMEAD ROAD
WINDOR MILL, MARYLAND 21244

DATE:
DEC. 18, 2017





Front



2 Back
parking lot



