### **USE PERMIT**

Revised 10/17/11



IT IS ORDERED by the Director of the Department of Permits, Approvals and	
Inspections of Baltimore County, this 2/st day of FEBRUARY, 2018,	
that SHAREBA KERRIEM located at	
(Individual or business name)  9917 LIBERTY RD  (Street address)  should be and the	
same is hereby granted permission to operate a: ASSISTED LIVING  Facility I (5 BEDS) (SEE ATTACHED CONDITION	~€ 0
163146 Pell John	
Permit (or Receipt) Number Director, Permits Approvals and Inspections	
Permit (or Receipt) Number  Approvals and Inspections  Approvals and Inspections  Approvals and Inspections  Planner's Initials: JF	

### **USE PERMIT**



IT IS ORDERED by the Director of the Department of Permits, Approvals and				
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163146 Pell John				
Permit (or Receipt) Number Director, Permits Approvals and Inspections				
Permit (or Receipt) Number  Director, Permits Approvals and Inspections  Approved by: Brett Williams  Office of planning  Revised 10/17/11  Director, Permits Approvals and Inspections  Planner's Initials: TF				

# COUNTY COUNCIL OF BALTIMORE COUNTY, MARYLAND Legislative Session 2017, Legislative Day No. <u>12</u>

	10.4	Bill No. <u>45-17</u>
		Mrs. Cathy Bevins, Councilwoman
		By the County Council, July 3, 2017
		A BILL ENTITLED
AN A	CT concerning	
	Zoning Regu	nlations – Assisted-Living Facilities
FOR		of limiting the proximity of assisted-living facilities I and II to other such d generally relating to the location of assisted-living facilities.
BY	Article 4 – S Section 432	d re-enacting, with amendments pecial Regulations A.1.A ounty Zoning Regulations
COU	SECTION 1	BE IT ENACTED BY THE COUNTY COUNCIL OF BALTIMORE LAND, that the Baltimore County Zoning Regulations read as follows:
EXPL	ANATION:	CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.  [Brackets] indicate matter stricken from existing law.  Strike out indicates matter stricken from bill.  Underlining indicates amendments to bill.

1	ARTICLE 4 – Special Regulations
2	
3	§ 432A. Assisted-Living Facility; Housing for the Elderly
4	§ 432A.1 Permitted zones; conditions for use.
5	A. An assisted-living facility is permitted in the D.R., R.O., R.O.A., R.A.E., B.R., B.M., and OR-
6	2 Zones as follows:
7	1. An assisted-living facility I is permitted by use permit.
8	2. An assisted-living facility II is permitted by use permit if it has frontage on a principal
9	arterial street.
10	3. IN A D.R. ZONE, AN ASSISTED-LIVING FACILITY I OR II IS NOT PERMITTED
11	WITHIN 1,000 FEET OF ANOTHER PROPERTY WITH AN EXISTING ASSISTED-LIVING
12	FACILITY I OR II OR ANOTHER PROPERTY FOR WHICH AN APPLICATION FOR A USE
13	PERMIT HAS BEEN FILED FOR AN ASSISTED-LIVING FACILITY I OR II.
14	[3] 4. An assisted-living facility III is permitted in a D.R.16, R.A.E., R.O., R.O.A., or
15	B.M. Zone by use permit. An assisted-living facility III is permitted in the OR-2 Zone by special
16	exception and is limited by the use, area and bulk regulations of the D.R.10.5 Zone. A facility
17	located in an R.O. zone is also subject to review by the design review panel for compatibility with
18	surrounding uses.
19	[4] 5. Housing for the elderly is permitted by right in R.A.E. Zones.
20	
21	SECTION 2. AND BE IT FURTHER ENACTED, that this Act, having been passed by

the affirmative vote of five members of the County Council, shall take effect on August 21, 2017.

### 

TO: FROM:	Director, Office of Planning Attention: ALF REVIEWER County Courts Building, Room 406 401 Bosley Avenue Towson, MD 21204 M.S. 3402 Arnold E. Jablon, Director Department of Permits, Approvals and M.S. 1105	Inspections	ALF Address 9915 Permit No. (if required)	
RE:	Assisted Living Facility I or II			_
This offic	e is requesting recommendations and comm	nents from the Office of Planning and prior to	this office's approval of a build	ding/use permit.
MINIMU	M APPLICANT SUPPLIED COMPATA	BILITY INFORMATION (As Required u	ınder A and B below):	
A.	Shareba Kerriem Print Name of Applicant	andali Address, wo z 1133	443857-5330 Telephone Number	Sall para Q Email Address and con
Lot Loca	The state of the s	Retuil 1000 _ 60 feet	ncilmanic District	,
Land Ov	wher: Shateloaker rien			
Address		2ll 33 Telephone	Number Email Add	
CHECKL	IST OF MATERIALS (to be submitted by ap	pplicant for required compatibility and/or app	pearance review by the Office	of Planning
B.	CANT MUST PROVIDE 1 through 6		Planner to confirm informulation by marking <b>X</b> below:	mation acceptance
			YES NO	_
3. Site P	lan: by (3 copies): including lot size and square feet of bui	uildings, parking and open space – 10% lot area	<u> </u>	
Statem	nent of Compliance with Checklist Note 5.A			
4. Buildi Zonin	ng Elevation Drawings (these <u>may be waiv</u> g Use Permit Checklist can be stated on th	ved if note 5.A. from the the plans)		
Adjoin	graphs (please label all photos clearly) ing Buildings, the Proposed Building,urrounding Neighborhood			
6. Current	t Zoning Classification: DR 3.	5	Accepted for filing	by 5F , 1(22(1) Date
	TO BE	FILLED IN BY THE OFFICE OF PLANNING	ONLYI	
RECOMM	Approval Disapproval	Approval conditioned on required modifications of the	e application to conform with the fo	lowing recommendations:
Signed by	for the Director, Office of Planning	KECEXV JAN 23		2/12/16

DEPARTMENT OF PLANNING

### BALTIMORE COUNTY, MARYLAND

#### INTRA-OFFICE CORRESPONDENCE

TO:

Brett Williams

DATE: February 7, 2018

FROM:

Pat McDougall AJAY

SUBJECT: Assisted Living Facility – 9917 Liberty Road

In response to the Department of Permits, Approvals and Inspection's request on the matter of compatibility of the subject site, 9917 Liberty Road, I offer the following:

- The plan accompanying the application does not properly identify and label the required open space. While the 10% open space calculation is shown, the plan does not identify it as the open space calculation. Nor is the extent of the open space delineated on the plan (instead, there is a vague handwritten label of "\* open space").
- I performed a site visit on Tuesday, January 23<sup>rd</sup>. The subject property appeared to be in fair condition overall. However, the photos provided with the application show damaged, cracked, uneven driveway and parking area paving. The applicant should be required to have the driveway repaired, and the required two parking spaces must be lined, as per Baltimore County Zoning Regulations for off-street parking (Section 409.8).
- I found no record of other assisted living facility I or II within 1,000' of the subject address.
- All zoning regulations associated with parking appear to be achievable though the striping of the 2-space parking pad displayed on the site plan, which will comply with requirements for set back from the side property line.

Overall, this application appears to fulfill the compatibility requirements of Section 32-4-402 of the Baltimore County Code. In addition to the above notes pertaining to repairing and striping the driveway and parking pad, the following conditions should apply:

- The exterior of the existing dwelling may not be altered.
- No signs that identify the property as an Assisted living Facility will be erected on the premises, except for those in compliance with Section 450 of the Baltimore County Zoning Regulations.

Please let me know if you have any questions or require further information.

## INTER-OFFICE CORRESPONDENCE RECOMMENDATION FORM

TO: FROM:	Director, Office of Planning Attention: ALF REVIEWER County Courts Building, Room 406 401 Bosley Avenue Towson, MD 21204 M.S. 3402 Arnold E. Jablon, Director	Pe	F Address		Beetl
	Department of Permits, Approvals and Ins M.S. 1105	pections			
RE:	Assisted Living Facility I or II		CONTRACTOR AND ADDRESS		
This offic	e is requesting recommendations and comment	s from the Office of Planning and prior to this of	ffice's approval of	f a building/use permit.	
MINIMU	M APPLICANT SUPPLIED COMPATABIL	ITY INFORMATION (As Required under	r A and B below	w):	
A.	Shareba Kerriem  Print Name of Applicant	9917 Liberty Road 4.	43857-52 lephone Number	Email Address	eva Q
Lot Loca		and suggestion District 2d Councilm			
Land Ov	uner: Shateloa Kerrierri			300010	
Address	: 9917 Liberty Rd la			sak paral	901.can
	IST OF MATERIALS (to be submitted by appli	relephone Numb cant for required compatibility and/or appeara		mail Adddress e Office of Planning	
B.	CANT MUST PROVIDE 1 through 6		nner to confirm narking <u>X</u> belo YES	n information accep w: NO	otance
1. This F	Recommendation Form (3 copies)				
2. Permi	t Application (If availabl			<u>×</u>	
3. Site P	ly (3 copies): including lot size and square feet of building	igs, parking and open space – 10% lot area	<u>√</u>	-	
	nent of Compliance with Checklist Note 5.A				
4, Buildi Zonin	ng Elevation Drawings (these <u>may be waivec</u> g Use Permit Checklist can be stated on the	if note 5.A. from the plans)		<u>×</u>	
5. Photo	graphs (please label all photos clearly) ing Buildings, the Proposed Building,urrounding Neighborhood			_	dooles
6. Curren	t Zoning Classification: DR 3.5		Accepted fo	or filing by 5 T	1 (22 (y Date
	TO BE FIL	LED IN BY THE OFFICE OF PLANNING ONL	LYI		
RECOMM	Approval Disapproval App	roval conditioned on required modifications of the applic	cation to conform wi	ith the following recommen	dations:
Signed by	For the Director Office of Planning	JAN 2 3 201	8	Date: 2/12	118

DEPARTMENT OF PLANNING

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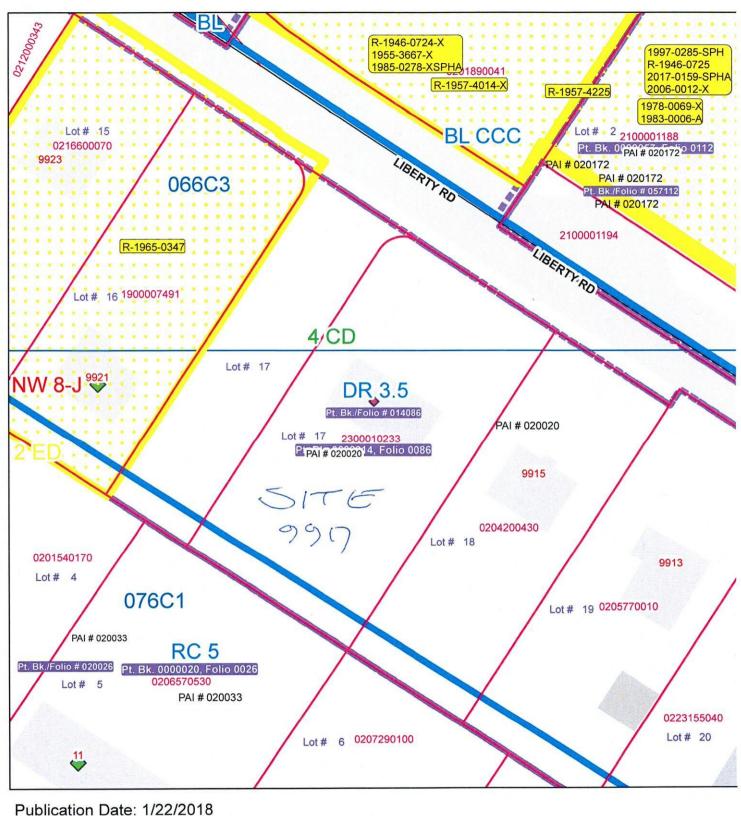
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Please let me know if you have any questions or require further information.

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TO:	Attention: ALF REVIEWER	Permit No. (if required)	
FROM:	Arnold E. Jablon, Director Department of Permits, Approvals and Inspections M.S. 1105		
RE:	Assisted Living Facility I or II		
This offic	e is requesting recommendations and comments from the Office of Planning and prior to thi	s office's approval of a build	ling/use permit.
MINIMU	M APPLICANT SUPPLIED COMPATABILITY INFORMATION (As Required und		
A.	Shareba Kerrien 9917 Liberty Road  Print Name of Applicant Random Address, MD 7 1133	443857-5330 Telephone Number	SOL Para Q Email Address and c
	Lot Address 9917 Wholy 16 Pardoll Transpletion District 2nd Council	cilmanic District 4 Square	Feet of Lot 29,359
Lot Loc	(street)	om NE SW corner of M	(street)
Land O	wner: Shateloakernem 10 Digit Tax	Account Number $\angle 3$	00010233
Address	: 9917 Liberty Rd landelstan MD M43, 85 Telephone Nu		paralagolica
CHECKI	LIST OF MATERIALS (to be submitted by applicant for required <i>compatibility</i> and/or <i>appe</i>		
В.		anner to confirm informulation (	mation acceptance
<u>APPLI</u>	CANT MUST PROVIDE 1 through 6	-	
1. This l	Recommendation Form (3 copies)	YES NO	-
2. Perm	it Application (If availabl		
	rty (3 copies): including lot size and square feet of buildings, parking and open space – 10% lot area		-
	ment of Compliance with Checklist Note 5.A		
4. Build Zonir	ing Elevation Drawings (these <u>may be waived</u> if note 5.A. from the ng Use Permit Checklist can be stated on the plans)		
Adjoi	ographs (please label all photos clearly) ning Buildings, the Proposed Building, Surrounding Neighborhood	<u></u>	-
6. Currer	nt Zoning Classification: DR 3. 5	Accepted for filing	by JF , 1/22/ Date
	TO BE FILLED IN BY THE OFFICE OF PLANNING	ONLY!	
RECOM	MENDATIONS / COMMENTS:  Approval Disapproval Approval conditioned on required modifications of the a		llowing recommendations:
Signed b	y: for the Director, Office of Planning	Date: _	

### 9917 Liberty Road



Publication Date: 1/22/2018



Publication Agency: Permits, Approvals & Inspections Projection/Datum: Maryland State Plane, FIPS 1900, NAD 1983/91 HARN, US Foot



