USE PERMIT

IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County, this 17TH day of JANUARY, 2019, that WESTFIELD ASSISTED LIVING (Individual or business name) located at 1005 SAYWARD AVENUE (Street address) should be and the same is hereby granted permission to operate a: 5 BED ASSISTED LIVING FACILITY.

Permit (or Receipt) Number

Director, Permits, Approvals and Inspections

Planner's Initials: RF

Revised 10/17/11

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

1005 SAYWARD AVE
ALF Address PARKVILLE, Md 21234

TO: Director, Office of Planning
Attention: ALF REVIEWER
County Courts Building, Room 406
401 Bosley Avenue
Towson, MD 21204
M.S. 3402

Permit No. (if required) B _____

FROM: Arnold E. Jablon, Director
Department of Permits, Approvals and Inspections
M.S. 1105

RE: Assisted Living Facility (I) or II

This office is requesting recommendations and comments from the Office of Planning and prior to this office's approval of a building/use permit.

MINIMUM APPLICANT SUPPLIED COMPATABILITY INFORMATION (As Required under A and B below):

A. Herbert Salter — 902 FAWN Ct JOPPA, Md 21085 — 443-622-7576
Print Name of Applicant — Address — Telephone Number — Email Address

Lot Address 1005 SAYWARD AVE Election District 8TH Councilmanic District 4 Square Feet of Lot 14,039

Lot Location: N E S W/side/corner of Collinsdale Rd (street), _____ feet from N E S W corner of SAYWARD AVE (street)

Land Owner: Audrey M Smith 10 Digit Tax Account Number 0902000349Q

Address: 902 FAWN Ct JOPPA, Md 21085 (410) 340-0547 _____
Telephone Number — Email Adddress

CHECKLIST OF MATERIALS-. (to be submitted by applicant for required ***compatibility*** and/or ***appearance*** review by the Office of Planning

B.

Planner to confirm information acceptance by marking **X** below:

APPLICANT MUST PROVIDE 1 through 6

	YES	NO
1. This Recommendation Form (3 copies)	✓	
2. Permit Application (If availabl		X
3. Site Plan: Property (3 copies): including lot size and square feet of buildings, parking and open space – 10% lot area	✓	
Statement of Compliance with Checklist Note 5.A	✓	
4. Building Elevation Drawings (these may be waived if note 5.A. from the Zoning Use Permit Checklist can be stated on the plans)		
5. Photographs (please label all photos clearly) Adjoining Buildings, the Proposed Building, and Surrounding Neighborhood	✓	

6. Current Zoning Classification: DR 5.5

Accepted for filing by JF, 8/29/18
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:

RECEIVED
AUG 30 2018
DEPARTMENT OF PLANNING

Signed by: Britt M. Williams
for the Director, Office of Planning

Date: 9/12/18

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

No. 170315

Date: 8/29/18

Fund	Dept	Unit	Sub Unit	Rev Source/ Obj	Sub Rev/ Sub Obj	Dept Obj	BS Acct	Amount
001	806	0000		6150				100.00

Total: 100.00

Rec From: ~~EUGENE~~ HERBERT SALTER

For: 1005 SAYWARD AVE
ALF I

DISTRIBUTION
WHITE - CASHIER PINK - AGENCY YELLOW - CUSTOMER GOLD - ACCOUNTING
PLEASE PRESS HARD!!!!

PAID RECEIPT

BUSINESS	ACTUAL	TIME	DRW
8/30/2018	8/29/2018	13:07:35	2

REG WS02 WALKIN JEE
>>RECEIPT # 066214 8/29/2018 OFLN
Dept 5 528 ZONING VERIFICATION
CR NO. 170315
Rcpt Tot $100.00
$100.00 CK $.00 CA
Baltimore County, Maryland

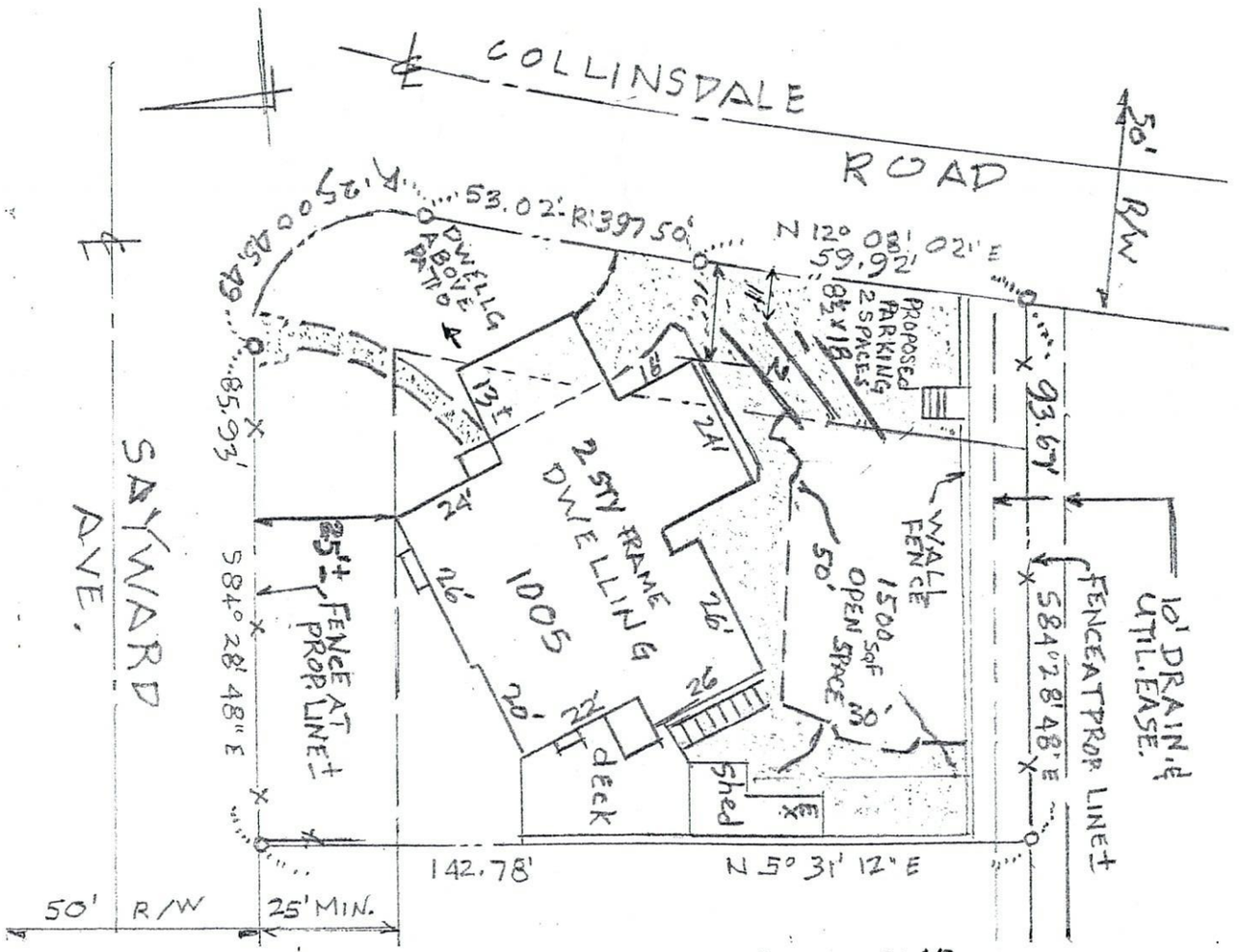
CASHIER'S VALIDATION

ZONING HEARING PLAN FOR VARIANCE ___ FOR SPECIAL HEARING ___ (MARK TYPE REQUESTED WITH X)

ADDRESS 1005 SAYWARD AVE OWNER(S) NAME(S) Audrey M Smith

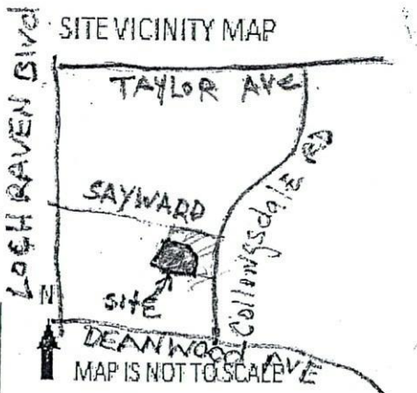
SUBDIVISION NAME OLDE HILLENDALE LOT # 5 BLOCK # ___ SECTION # ___

PLAT BOOK # ___ FOLIO # 0013 10 DIGIT TAX # 0902003490 DEED REF. # 4000 8/00 210



PLAN DRAWN BY STEVEN BROYLES DATE Aug 28 2018 SCALE: 1 INCH = 30 FEET

SITE VICINITY MAP



ZONING MAP# ___

SITE ZONED DR 5.5

ELECTION DISTRICT 9

COUNCIL DISTRICT 6

LOT AREA ACREAGE ___

OR SQUARE FEET 14,039

HISTORIC ? NO

IN CBCA ? NO

IN FLOOD PLAIN ? ___

UTILITIES ? MARK WITH X

WATER IS:

PUBLIC X PRIVATE ___

SEWER IS:

PUBLIC X PRIVATE ___

PRIOR HEARING ? 1967-0182A

IF SO GIVE CASE NUMBER AND ORDER RESULT BELOW

VIOLATION CASE INFO:

PLAN FOR ASSISTED LIVING FACILITY 1

1005 SAYWARD AVE
PARKVILLE, Md. 21234
ELECTION DISTRICT
OWNER: AUDREY M SMITH
ADD: 902 FAWN CT. JOPPA, Md 21085
DATE AUGUST 28 2018
PHONE 443-622-7576
APPLICANT: HERB SALTER

LOT SIZE 14,039 SqF
ZONING MAP 080B1
ZONE DR 5.5
PARKING: 1 SPACE FOR EACH 3 BEDS = 2 SPA
1st FLOOR AND SUNROOM = 2289
2ND FLOOR = 1087 SQF
TOTAL = 2689 SQF
BASEMENT = 400 SQF

OPEN SPACE .10 X LOT AREA (14,039) = 1403 SQ

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 FIVE (5) YEARS. NO RECONSTRUCTION, RELOCATION, (EXTERIOR) CHANGES OR ADDITIONS (OF 25% OR MORE BASED ON THE GROUND FLOOR AREA AS OF FIVE (5) YEARS BEFORE THE DATE OF THIS APPLICATION) TO THE EXTERIOR OF THE BUILDING HAVE OCCURRED. NO ADDITIONS ARE PROPOSED TO EXCEED THIS LIMITS FOR FIVE (5) YEARS FROM THE DATE OF THIS APPLICATION.

SIGNS WILL COMPLY WITH SECTION 450 B.C.Z.R.

THE UNDERSIGNED (STATE IF OWNERS OR APPLICANTS) ARE RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION ON THIS PLAN.

Herbert L Salter 29 August 2018

SIGNATURE DATE

Herbert L Salter

PRINTED NAME

SIGNATURE DATE

PRINTED NAME