USE PERMIT

IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County, this 15TH day of APRIL, 2016, that PARADIGMS UNLIMITED LLC (Individual or business name) located at 5413 GRADIN AVENUE (Street address) should be and the same is hereby granted permission to operate a: ASSISTED LIVING FACILITY I - THREE (3) BEDS

138173
Permit (or Receipt) Number

Director, Permits, Approvals and Inspections

Planner's Initials AT

Revised 10/17/11

USE PERMIT

IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County, this 13TH day of NOVEMBER, 2018, that RASHIDAH UQDAH (Individual or business name) located at 5413 GRADIN AVENUE, 21207 (Street address) should be and the same is hereby granted permission to operate a: 4 BED ASSISTED LIVING FACILITY.

177157
Permit (or Receipt) Number

Director, Permits, Approvals and Inspections

Planner's Initials: JS

Revised 10/17/11

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

No. 177157

Date: 11/13/18

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: RASHIDAH UQDAH

For: ALF

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

CASHIER'S VALIDATION

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

No. 138173

Date: 4/15/2016

Fund	Dept	Unit	Sub Unit	Rev Source/ Obj	Sub Rev/ Sub Obj	Dept Obj	BS Acct	Amount
001	806	0000		6150				$100

Total: $100

Rec From: PARADIGMS UNLIMITED LLC

For: 5413 GRADIN AVE
ALF - I - 3 BEDS
(CHANGE OF BUSINESS NAME)

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

CASHIER'S VALIDATION

PAID RECEIPT
BUSINESS ACTUAL TIME DRW
4/18/2016 4/15/2016 10:49:52 3
NO WS03 WALKIN CMET CAH
RECEIPT # 374352 4/15/2016 OFLN
Dept 5 528 ZONING VERIFICATION
NO. 138173
Recpt Tot $100.00
$.00 CK $100.00 CA
Baltimore County, Maryland

State of Maryland

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
4201 PATTERSON AVENUE • BALTIMORE, MARYLAND 21215-2299 •

William Donald Schaefer
Governor

Nelson J. Sabatini
Secretary

January 31, 1995

PER APPLIC. EX. ALF-I 3 BEDS ; NO FILE RECORDS.

Ms. Rashidah R. Uqdah
Mecca House
5413 Gradin Avenue
Baltimore, Maryland 21207

BUSINESS NAME CHANGED ONLY.

Dear Ms. Uqdah:

This is to acknowledge receipt of an application and a fee of $25.00 for a permit to operate "Mecca House".

The enclosed permit will be in effect until January 31, 1996, unless revoked. It is your authority to maintain a Domiciliary Care Home with a registered capacity of three (3) beds under the provisions of COMAR 10.07.03.

This permit is issued conditionally based upon your affidavit that your facility is in compliance with Health-General Article 19-324.1, 19-324.2, and Chapter 22 of the 1991 Edition of the N.F.P.A. Life Safety Code.

A facility registered in accordance with Regulations .02 of COMAR 10.07.03 is not required to meet the standards contained in Regulations .09 - .27 of COMAR 10.07.03. However, registered facilities are encouraged to meet the standards in Regulations .09 - .27 to the extent possible.

This permit is to be displayed in a conspicuous place, at or near the entrance, plainly visible and easily read by the public.

Sincerely yours,

Carol Benner, Director
Office of Licensing and
Certification Programs

CB:cyw

Enclosure: Permit #01952

cc: Baltimore County Health Officer
Ernestine A. Williams
Dorothy Greene
File

11/13/18
Brett

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

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

ALF Address 5413 GRADIN AVE 21207

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): 443-540-2100

A. Rashidah & Ugdah 5413 GRADIN Ave DMAWKK@yahoo.com
Print Name of Applicant Address 21207 Telephone Number Email Address

Lot Address 5413 GRADIN Avenue Election District 2 Councilmanic District 4 Square Feet of Lot 6,325 ±

Lot Location: N E S (W) side corner of GRADIN AVE (street), 328 feet from N E S (W) corner of MONTBEL AVE. (street)

Land Owner: RASHIDA + WALI UQBAH 10 Digit Tax Account Number 0204502200

Address: 5413 GRADIN AVE. (443) 540-2100 (Telephone Number) DMawKK@yahoo.com (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	___	___
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: _____

Accepted for filing by JASON, 10/25/18 (Date)

TO BE FILLED IN BY THE OFFICE OF PLANNING ONLY!

RECOMMENDATIONS / COMMENTS:

[X] Approval [ ] Disapproval [ ] Approval conditioned on required modifications of the application to conform with the following recommendations:

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

RECEIVED
OCT 29 2018
DEPARTMENT OF PLANNING

Date: 11/7/18

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

ALF Address 5413 GRADIN AVE 21207

Permit No. (if required) B _____

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

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): 443-540-2100

A. Rashidah & Ugdah 5413 Gradin Ave 21207 DMAWKK@yahoo.com
Print Name of Applicant | Address | Telephone Number | Email Address

Lot Address 5413 Gradin Avenue Election District 2 Councilmanic District 4 Square Feet of Lot 6,325 ±

Lot Location: N E (S) W side/corner of GRADIN AVE (street), 328 feet from (N) E S (W) corner of MONTBEL AVE. (street)

Land Owner: RASHIDA + WALI UQDAH 10 Digit Tax Account Number 0204502200

Address: 5413 GRADIN AVE. (443) 540-2100 (Telephone Number), DMAWKK@yahoo.com (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	___	___
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: _____

Accepted for filing by JASON, 10/25/18 (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:

Signed by: _____ Date: _____
for the Director, Office of Planning

ZONING USE PERMIT
PLAN FOR A ASSISTED LIVING FACILITY I OR II

5413 GRADIN AVENUE
BALTIMORE COUNTY MD 21207
2ND ELECTION DISTRICT
OWNERS: RASHIDAH AND WALI UQDAH
ADD. 5413 GRADIN AVENUE
GWYNN OAK MD 21207
DATE: 10/11/2018
PHONE: 443-540-2100

LOT SIZE: 6,325 SQ. FT.
ZONING MAP: 0088
ZONE: DR 5.5

PARKING: 1 SPACE FOR EACH 3 BEDS = 2 PARKING SPACES REQUIRED

EXISTING FLOOR AREAS SQ. FT.
1ST FLOOR = 841 SQ. FT.
SUNROOM = 96 SQ. FT.
2ND FLOOR = 508 SQ. FT.
TOTAL = 1445 SQ. FT
BASEMENT FOR STORAGE AND MECHANICAL EQUIPMENT = 739 SQ. FT.
OUTDOOR SHED = 80 SQ. FT.

OPEN SPACE: .10 x LOT AREA (6,325 SQ. FT.) = 632.5 SQ. FT.

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.

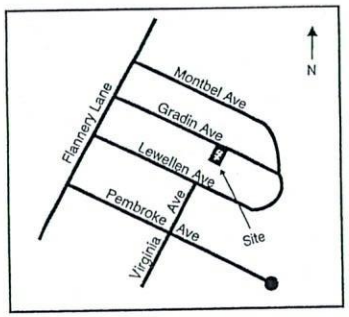
THE UNDERSIGNED APPLICANTS ARE RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION ON THIS PLAN.

Rashidah Uqdah
SIGNATURE DATE

Rashidah Uqdah
PRINTED NAME

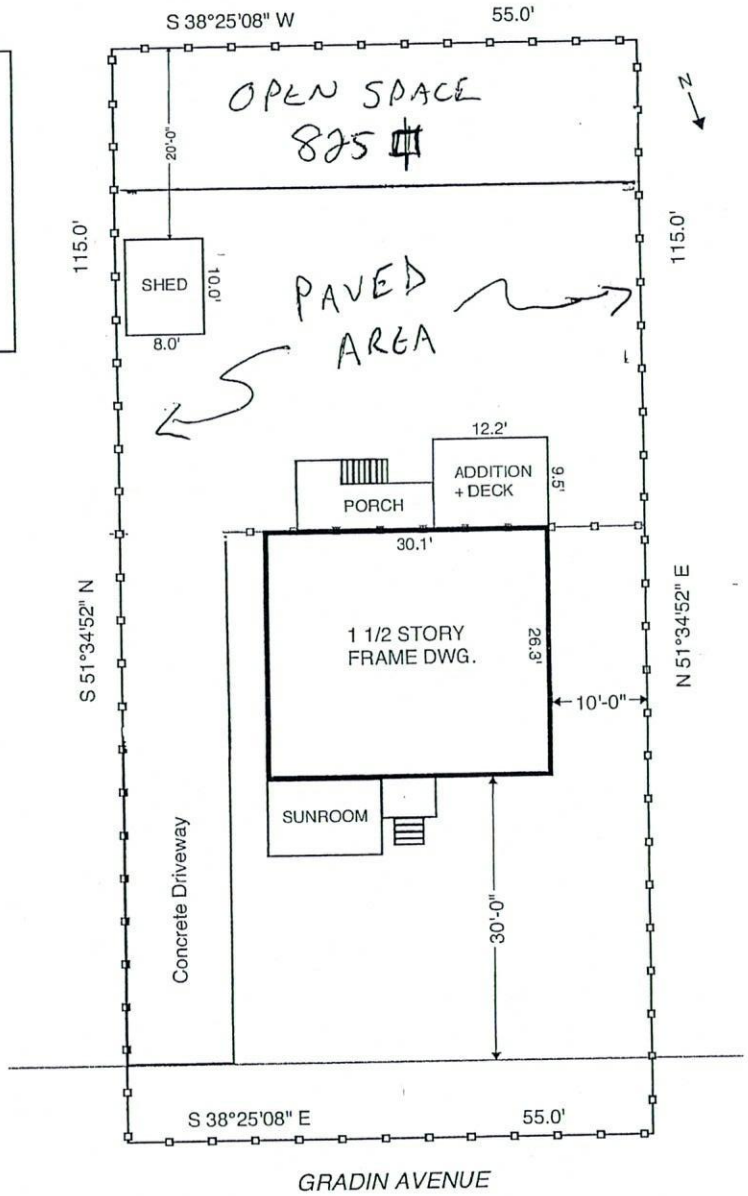
Wali M. Uqdah Sr 10-11-18
SIGNATURE DATE

Wali M. UQdah Sr 10-11-18
PRINTED NAME



VICINITY MAP

= APPROX. FENCE LINES



ENGINEERS SCALE: 1 IN = 20 FT