### **USE PERMIT**



11/23/18

# INTER-OFFICE CORRESPONDENCE RECOMMENDATION FORM

| TO:                 | Director, Office of Planning<br>Attention: Lynn Lanham<br>Jefferson Building<br>105 West Chesapeake Avenue, Room 101<br>Towson, MD 21204<br>Mail Stop 3402 |             |                               | ddress 23, St) 64<br>MD 21221<br>No. (if required) B |                     | <u> </u>   |
|---------------------|--|-------------|-------------------------------|--|---------------------|------------|
| FROM:               | Arnold Jablon, Director<br>Department of Permits, Approvals and Inspections  | . 1         |                               |  | 1                   |            |
| RE:                 | Assisted Living Facility attn; Gary Ho   | neik        |                               |  |                     |            |
| This offi           | ce is requesting recommendations and comments from the   | e Office of | Planning and prior to this    | office's approval                                    | of a building/use p | ermit.     |
| A. MI               | NIMUM APPLICANT SUPPLIED COMPATABILITY IN  | FORMATI     | ON (As Required unde          | r A and B below):                                    |                     |            |
| DLUYE               | MI BAINA 23, SIDEWELL CT ESSED   | c MB 2      | 1221 347-552-73               | 166 Olay   | emibawaw.           | nw. can ex |
| Print Nan           | ress 23, G 1 b twell CT ESSEY Election District  | 15H         | elepnone Number               | 1 Ll. Commission                                     | adress              | 1000       |
|                     |  |             |                               |  |                     |            |
| Lot Loca            | tion: NE W/side/corner of Sidewell (+ (street)   | 1-6         | 20 feet from NE's             | W corner of Kil                                      | (street)            | L'Gue Ki   |
| Land Ov             | mer(s): OLUYEMI BAWA   |             |                               | count Number 2                                       |                     |            |
| Address             | 23,511 FLOGEL CT ESSEDE MJ 21221   |             | Telephone Nun                 | nber ( ) <u>34</u>                                   | 1-552-73            | 66         |
|                     |  | 10          | Email Address                 | Olygemiso  | ws@ jeh             | M3.60      |
| OU FOR              | IST OF MATERIALS (to be submitted by applicant for   | ogulred o   | ompatibility and/or annes     | arance review by the                                 | he Office of Planc  | nino)      |
|                     | PLICANT MUST PROVIDE 1 THROUGH 6   | _           |                               | information accepta                                  |                     |            |
|                     |  |             |                               | YES  | NO                  |            |
| 1. This R           | ecommendation Form (3 copies)  |             |                               | 🖸  | <u> </u>            |            |
| 2. Permit           | Application  |             |                               |  |                     |            |
| 3. Site Pl          | perty (3 copies) including lot size and sq ft of building, parking   | and open s  | pace - 10% lot area           | - <del>-</del>                                       |                     |            |
|                     | ement of Compliance with Checklist Note 5.A  |             |                               |  |                     |            |
| 4. Buildir<br>Check | ng Elevation Drawings (these <u>may be walved</u> if not 5.A froi<br>list can be stated on the plans)  | n the Zoni  | ng Use Permit                 | 🗆  |                     |            |
| 5. Photos<br>Adjo   | graphs (please label all photos clearly<br>ining Buildings and Surrounding Neighborhood  |             |                               | 🖸  |                     | 1          |
| 6. Currer           | it Zoning Classification: DR 5.5   |             |                               | Accepted for filing                                  | by (Date)           | <u>S</u>   |
|                     | TO BE FILLED IN BY T   | SE OFFI     | CE OF PLANNING O              | NLY  |                     |            |
| RECOMM              | ENDATIONS / COMMENTS:  |             |                               | *  |                     |            |
| X API               | proval Disapproval Approval conditioned on require   | d modificat | ions of the application to co | onform with the follow                               | ing recommendatio   | ns:        |
| 7                   |  |             | RECEIVED                      |  | , ,                 |            |
| 0.                  | Brott M Wille  |             | NUV - 3 2018                  | Date: ///  | 15/18               | }          |
| Signed by           | For the Director, Office of Planning   | DEPAR       | RTMENT OF PLANNING            |  | Revised 2           | L/7/11     |

| POR STANDARD CENTER AND | LINE TO PARTIE AND THE PROPERTY OF THE PARTY. | emaloreal with ARP of a firme | ) FINANC<br>RECEIPT | Sheet It has breat the street | Sub<br>Rev/ | No.<br>Date: | 177     | 8/18   | EUSTREE<br>L1707/201<br>C 9502<br>RECEIPT #  | 8 - 11/06/2018 07137104<br>\$4KIN - 166<br>073576 - 11/08/2018 |
|-------------------------|---|-------------------------------|---------------------|-------------------------------|-------------|--------------|---------|--------|--|--|
| Fund                    | Dept  | Unit                          | Sub Unit            | Obj                           |             | Dept Obj     | BS Acct | Amou   | nt 5<br>Int 177  | 528 ZONING VERIFICATIO:  |
| 001                     | 806   | 0000                          |                     | 6150                          |             |              |         | \$ 100 | The second secon | t Tot \$100.00   |
|                         |   |                               |                     |                               |             |              |         |        | 4  | .00 CK \$190.00  |
|                         |   |                               |                     |                               |             | 10/100       | •       |        | Balt   | imore County, Maryland   |
|                         |   |                               |                     |                               |             |              |         |        |  |  |
|                         |   |                               |                     | <b>Harria</b>                 |             |              |         |        |  |  |
|                         |   |                               |                     |                               |             | Total:       | \$10    | /() °° | FEBRUAR.   |  |
| Rec<br>From:            |   |                               |                     |                               |             |              |         |        |  |  |
| For:                    | AL  | FI                            |                     |                               |             | ą            |         |        |  |  |
|                         | A SUSTA PROTECTION                            |                               |                     |                               |             |              |         |        |  |  |
|                         |   |                               |                     |                               |             |              |         |        |  |  |
|                         |   |                               |                     |                               |             |              | Hille   |        |  |  |
|                         |   |                               |                     |                               |             |              |         |        | <b>建制型</b>   | CASHIER'S  |
| DISTRIBU                | TION  |                               |                     |                               |             |              |         |        |  | VALIDATION   |

# INTER-OFFICE CORRESPONDENCE RECOMMENDATION FORM

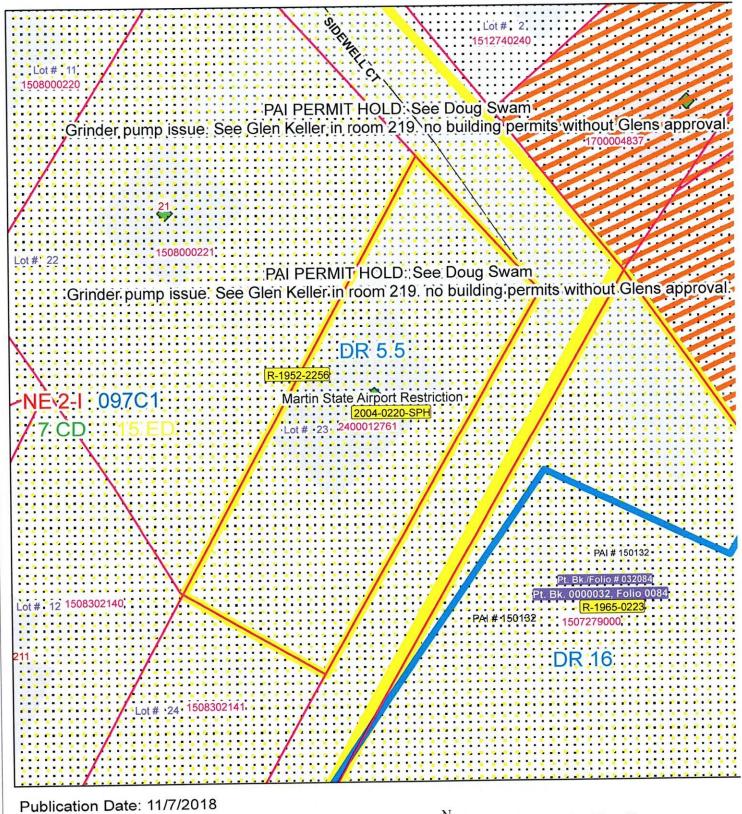
| TO:              | Director, Office of Planning Attention: Lynn Lanham Jefferson Building 105 West Chesapeake Avenue, Room 101 Towson, MD 21204 Mail Stop 3402 Arnold Jablon, Director Department of Permits, Approvals and Inspections |   |
|------------------|--|---|
| RE:              | Assisted Living Facility attn: Gary Huc  |   |
| This offi        | ce is requesting recommendations and comments from   | the Office of Planning and prior to this office's approval of a building/use permit.  |
| A. MI            | NIMUM APPLICANT SUPPLIED COMPATABILITY   | NFORMATION (As Required under A and B below):   |
| OLU              | EMI BAWA 23, SIDEWELL CE   | Telephone Number Email Address  |
|                  |  |   |
|                  |  | t 15th Councilmanic District 7th Square Feet of Lot 10,010 SF                         |
| Lot Loca         | ation: NES Wiside/corner of Sidewell C   | f, 1/620 feet from NES W corner of River wood Rd Cove Rd                              |
| Land Or          | wner(s): Ohutemi Bawt  | 10 Digit Tax Account Number 2400012761  |
|                  |  | 2   2   22   Telephone Number ( ) 347-552-7366  |
| Address          |  | Email Address Olyemibara Qualow Con   |
|                  |  |   |
| CHECK            | LIST OF MATERIALS (to be submitted by applicant for  | or required compatibility and/or appearance review by the Office of Planning)         |
| B. Al            | PLICANT MUST PROVIDE 1 THROUGH   | 6 Planner to confirm information acceptance by marking <u>x</u> below                 |
| ų.               |  | YES NO  |
| 1 This           | Recommendation Form (3 copies)   |   |
| 1.2.             |  |   |
| 2. Perm          | t Application  |   |
|                  | lan perty (3 copies) including lot size and sq ft of building, parkir tement of Compliance with Checklist Note 5.A   |   |
| 4. Build<br>Chec | ing Elevation Drawings (these <u>may be waived</u> if not 5.A t<br>klist can be stated on the plans)   | from the Zoning Use Permit  |
| 5. Photo<br>Adj  | graphs (please label all photos clearly<br>oining Buildings and Surrounding Neighborhood   |   |
| 6. Curre         | nt Zoning Classification: DR 5.5   | Accepted for filing by (Date)   |
|                  | TO BE EILIED IN BY   | THE OFFICE OF PLANNING ONLY   |
| RECOM            | MENDATIONS / COMMENTS:   | THE OTTOE OF PERMIT   |
|                  |  | uired modifications of the application to conform with the following recommendations: |
| ^)               |  |   |
|                  |  |   |
| Signad           |  | Date:   |
| Signed b         | For the Director, Office of Planning   |   |

11/23/18

# INTER-OFFICE CORRESPONDENCE RECOMMENDATION FORM

| TO:                       | Director, Office of Planning<br>Attention: Lynn Lanham<br>Jefferson Building<br>105 West Chesapeake Avenue, Room 101<br>Towson, MD 21204<br>Mail Stop 3402                                       |  | LF Address <u>23, S ()</u><br>MD <u>2122-1</u><br>ermit No. (if required | DEWELL COURT ESSE<br>1) B             |
|---------------------------|--|--|--|---------------------------------------|
| FROM:                     | Arnold Jablon, Director<br>Department of Permits, Approvals and Inspections  | , .1   |  | ì                                     |
| RE:                       | Assisted Living Facility attn: Gary C  | lucik  |  | · · · · · · · · · · · · · · · · · · · |
| This offi                 | ce is requesting recommendations and comments from   | the Office of Planning and prior t                           | o this office's approv   | /al of a building/use permit.         |
| A. MI                     | NIMUM APPLIÇANT SUPPLIED COMPATABILITY I   | NFORMATION (As Required (                                    | under A and B belo   | ow):                                  |
| Lot Loca<br>Land Ov       | MIBAWA 23, SIDEWELL CT ESSENTE OF ADDRESS 21221 ress 23, GIBEWELL CT ESSEX Election District ention: NE & Wiside/corner of Sidewell (functions): OLUYEMI BAWA  123, SINEWELL CT ESSENTE MD 21221 | t 15th Councilmanic Distr<br>_, +/-620 feet from 10 Digit To | ict 7 th Square F<br>ES W corner of 6<br>ax Account Number               | Riverwood Rd Cove                     |
| Address                   | 15,51) EWELL OF 28523E W/ 21/24  |  |  | pame@ Lapos co.                       |
|                           | PLICANT MUST PROVIDE 1 THROUGH   |  | YES  | eplance by marking <u>x</u> below     |
| 1. This F                 | ecommendation Form (3 copies)  |  |  |                                       |
| 2. Permi                  | Application  |  |  |                                       |
| 3. Site P<br>Prop<br>Stat | lan<br>perty (3 copies) including lot size and sq ft of building, parkin<br>ernent of Compliance with Checklist Note 5.A   | g and open space – 10% lot area                              |  |                                       |
| 4. Buildi<br>Check        | ng Elevation Drawings (these <u>may be waived</u> if not 5.A fi<br>list can be stated on the plans)  | rom the Zoning Use Permit                                    |  | <b>d</b>                              |
| 5. Photo<br>Adjo          | graphs (please label all photos clearly<br>ining Buildings and Surrounding Neighborhood  |  |  |                                       |
| 6. Currer                 | nt Zoning Classification: 275 5.5  |  | Accepted for f   | illing by (Date)                      |
| W.                        | ENDATIONS / COMMENTS:  | THE OFFICE OF PLANKING ITEM MODIFICATION RECEIVED            |  | ollowing recommendations:             |
|                           | For the Director, Office of Planning   | DEPARTMENT OF PLANNS   | NG .   | Revised 2/7/11                        |

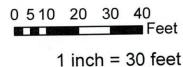
## 23 Sidewell Court, Tax #24-00-012-761

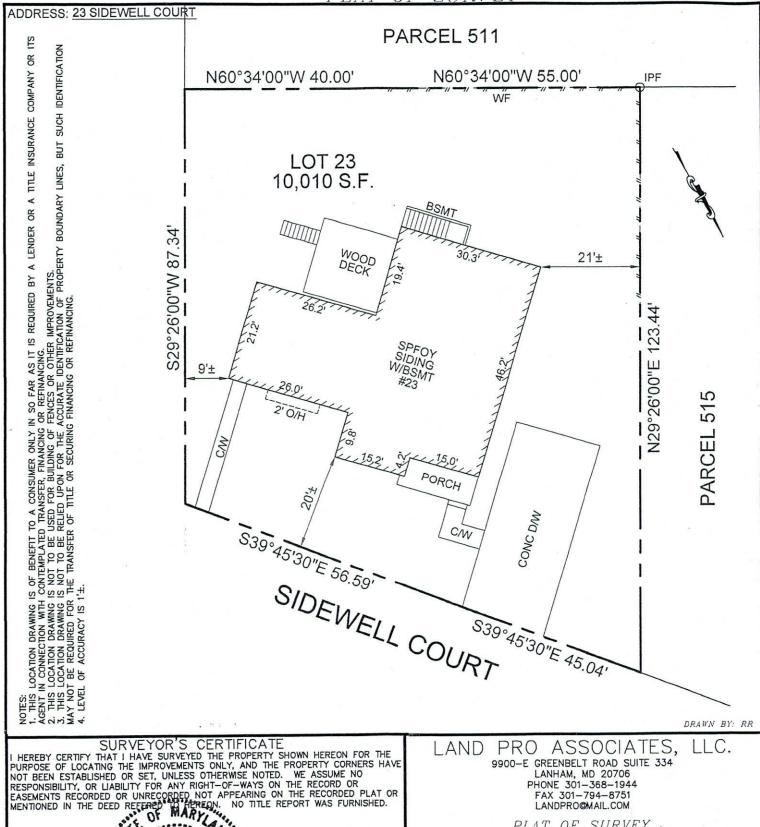




Publication Agency: Permits, Approvals & Inspections Projection/Datum: Maryland State Plane, FIPS 1900, NAD 1983/91 HARN, US Foot









7/9/2019 DATE

LANHAM, MD 20706 PHONE 301-368-1944 FAX 301-794-8751 LANDPRO@MAIL.COM

PLAT OF SURVEY PRICES COVE (UNRECORDED) LOT 23 MAP 97 CRID 5 PLAT BOOK 21@243 BALTIMORE COUNTY, MARYLAND SCALE: 1" = 20' DATE: 7/1/18

FILE: #23 SIDEWELL COURT

CASE: # 0

#### ZONING USE PERMIT PLAN FOR ASSISTED LIVING FACILITY I

23 SIDEWELL COURT, ESSEX, MD 21221

6<sup>TH</sup> ELECTION DISTRICT

PHONE: 234-552-7366

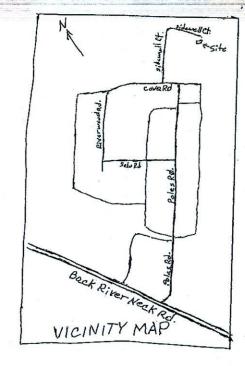
LOT SIZE: 10,010 S.F.

ZONING MAP: 097C1

**OWNER: OLUYEMI BAWA** 

DATE: 10/25/2018 (PLAN DATE)

| ZONING DR: 5.5  |   |   |
|---|---|---|
|   |   |   |
| PARKING: 1 SPACE FOR EACH 3 BEDS (+1 FOR                                      | STAFF)  |   |
| 2 & parking spaces required 4 beds requested                                  |   |   |
| TOTAL FLOOR AREA: 2,544 S.F.  |   |   |
|   |   |   |
| OPEN SPACE : .10 X LOT AREA (10,010 S.F.) < 1                                 | ,025 S.F.   |   |
| THIS BUILDING HAS NOT BEEN CONSTRUCTED ADDITIONS (OF 25% OR MORE ON THE GROUP | IN THE PAST 5 YEARS. NO CCONSTR<br>ND FLOOR AREA AS OF 5 YEARS BEFO<br>NO ADDITIONS ARE PROPOSED TO E | EXCEED THIS LIMIT FOR 5 YEARS FROM THE DATE |
| ALL SIGNS WILL COMPLY WITH SECTION 450 (                                      | BCZK) AND ALL ZONING SIGN FOLICI  | LS ON A ZONING VANDANGE IS NECOMED          |
| THE UNDERSIGNED ARE RESPONSIBLE FOR TH  | E ACCURACY OF THE INFORMATION   | ON THIS PLAN.                               |
| Junjean Pango   | 11-8-2018   |   |
| SIGNATURE   | DATE  |   |
|   |   |   |
| SIGNATURE   | DATE  |   |
|   |   |   |



### PARCEL 511

