# **USE PERMIT**



IT IS ORDERED by the Director of the Department of Permits, Approvals and
Inspections of Baltimore County, this $27$ day of $Mach$ , $20$ $19$ ,
that Yong D. Kim located at
that Yong D. KIM located at (Individual or business name)  606 WINTERS LANE, CATONSVILLE should be and the (Street address)
same is hereby granted permission to operate a: ASSISTED LIVING
FACILITY 1, MAXIMUM OF SEVEN (7) BEDS,
178457 public problem
Permit (or Receipt) Number Director, Permits, Approvals and Inspections
Revised 10/17/11



### INTER-OFFICE CORRESPONDENCE RECOMMENDATION FORM

	Office	ALF Address 606 WIN	TERS LANE
TO:	Office of Planning, Development Review Office Attention: ALF REVIEWER		
	Jefferson Building	Permit No. (if required) B	T
	105 W. Chesapeakie Avenue, Room 101 Towson, MD 21204	Intake Planner's Name Roz	2 JOHNSON_
5	M.S. 3402	Filing Date 1312	
FROM:	Department of Permits, Approvals and Inspections	<del></del>	Domine 1
	Zoning Review Office		Jengu
	M.S. 1105		12
RE:	Assisted Living Facility I or II		Diele
	ce is requesting recommendations and comments from the Office		
A. MI	NIMUM APPLICANT SUPPLIED COMPATABILITY / APP	EARANCE INFORMATION (As Require	d under A and B below):
	Print Name of Applicant Address	LANCE CATOUSVILLE Ma 21228 Telephone Number 304-529-58  Election District /ST Councilmanic District	YONG 3/108 @ GMAIL. COM Email Address 90 ct/sr Sq. Ft. of Lot 53, 143
	ALI LOLAGUICOS TO THE STATE OF	ENO	of JOHNSON STREET
Lot Loc	cation: N E SW/side/corner of WINTERS LANS (street)		(street)
Land C	Owner: YONG D. Kim & LIZA M. Kim	10 Digit Tax Account Number	OTOTIGOTOO
Addres	SS: 606 WILLTERS LAUE	( ) SEE ABOUE Telephone Number	Email Adddress
Addies		Telephone Number	
B. Al	PPLICANT MUST PROVIDE THE FOLLOWING ITE!  be submitted by applicant for required compatibility and/or appear	MS (1 THROUGH 7) BELOW: rance review by the Office of Planing)	Intake Planner to confirm information acceptance by marking X below:
			YES NO
1. This	Completed Recommendation Form (3 copies)		<del>*</del> <del>-</del>
2 Ruile	ding Permit Application or Copy (If available)		<del>X</del>
	D. O. C. Desuisomor	ato):	X
Prot	nerty (3 copies): including lot size and square feet of buildings, parking and of		* _
State	ement of Compliance with Checklist Note 5.A	1. 10-15-1221 1 2 2 079	$\overline{\mathbf{x}}$
	ement of Compliance with Checklist Note 6 regarding the 1000 foot proximity	County Building Code	$\overline{X}$ $$
Stat	ement of Compliance with Checklist Note 10 regarding automatic sprinkler sy For more information about automatic sprinkler system requirements, you mus	AND RESIDENT PROTECTION CONTRACTOR OF THE PROTECTION OF THE PROTEC	7-3987)
	Iding Elevation Drawings (these <u>may be waived</u> if note 5.A. fro ling Use Permit Checklist can be stated on the plans)	om the Ciral VED	PERSA NIA
She	otographs (please label all photos clearly) ow the Adjoining Buildings, the Proposed Building, and the Surrounding Neigl	hborhood	× -
6 Ann	plicant Confirms compliance with 1000 foot proximity requirem	nent of section 432.1.A.3, BCZR	<del>-</del>
7. App	olicant Confirms that Building Plans Review Office was contact filding Plans Review Office can be reached at 410-887-3987	ted regarding automatic sprinkler system r	requirements
8. Cur	rrent Zoning Classification:		
	TO BE FILLED IN BY TH	HE OFFICE OF PLANNING ONLY!	
RECO	MMENDATIONS / COMMENTS:		
Ş	Approval Disapproval Approval conditioned of Comments below (or a	9	e plan to conform with the following
	Ball M 71/11.	RECEIVED	Date: 2 27 19
Signed	by: for the Director, Office of Planning	Page 4 FEB 1 3 2019	
	25.	I MAN T	

ZONING USE PERMIT CHECKLIST

ASSISTED LIVING FACILITY I (1 – 7 beds) or II (8-15 beds) Pursuant to County Council Bills 19-04, 32-06 & 45-17

This checklist is intended to inform the public of Assisted Living Facility (ALF) standards. One of the new requirements for small scale ALF's for 1-3 beds (which were formerally exempted), is that they now have to file for a zoning use permit (use permits previously required only for 4 -15 bed facilities). However, if you can clearly document to this office that your facility was licensed and legally operating for care of a certain set number of beds prior to enactment of the above referenced bills, an ALF use permit may be issued at the discretion of the Zoning Review Office for continuance of your ALF for the previously licensed number of beds, without a full use permit review as stipulated in this checklist. This is done by an individual property use review for each site for which such documentation is presented. Prior to applying for this Use Permit, contact the Baltimore County Department of Aging for related information. Fees and Plan/Checklist requirements are subject to change without advance notice. Sealed plans may be required.

THESE CHECKLIST REQUIREMENTS MUST BE FOLLOWED IN ACCURATE DETAIL FOR FILING ACCEPTANCE

Three (3) use permit plans, per this checklist and the sample plan sheet shown; one Planning Office compatibility/appearance review package (see Page 4 Recommendation Form), and a fee of \$100.00 payable to Baltimore County, Maryland are required for filing the application. If a Public Hearing (i.e., Variance and/or Special Hearing) is required, an additional fee of \$500.00 will be required. Due to the necessity of a detailed review of the materials, you must contact 410-887-3391 for a filing appointment for this use permit.

Provide the following information on an engineer scaled drawing at a 1"=50' or larger scale.

Owner's name, and if the applicant is not the owner, the applicant's name, date, address, daytime phone number with Email J1.

address, and the address of the property under this use permit review.

Title and Number of Beds Proposed: "Use permit plan for Assisted Living Facility (ALF I or II) for a Maximum of (# of beds) 2. Beds". Street vicinity map with site indicated, north arrow, scale of drawing (must be an engineer's scale and legible), election district, property outline, and dimensions in feet, the square footage of the lot and the current zoning of the property per the official zoning map.

Location on the property, use and the dimensioned footprint of the ground floor area and gross floor area (all floors) of each structure on the lot in square feet. Show and label a minimum of 10% of the lot as "open space". Show the method of open

\_\_ sq. ft. of open space). space calculation (Lot sq ft. x .10=\_\_

Parking calculations based on the number of beds proposed indicating 1 parking space for each 3 beds (round-up all numbers). Note that all parking and maneuvering will be paved with a durable, dustless surface (such as asphalt or concrete and will be permanently striped. Indicate the location and dimension of all parking and maneuvering areas. Each parking space must be 8-1/2 feet x 18 feet, and must be shown and dimensioned on the site plan.

Parking spaces must be shown to comply with the following: 10 feet from all lot lines other than an alley that does not abut the front or rear yard of a residentially used property. All parking and delivery areas must be in the side or rear yard only (behind the front wall of the dwelling). Contact the zoning office for questions. THIS

STANDARD MUST BE CLEARLY SHOWN. PUBLIC HEARINGS ARE REQUIRED FOR ANY CONFLICTS. Note on the plan: "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 5 years. No reconstruction, relocation, (exterior) changes or additions (of 25% or more based on the ground floor area as of 5 years before the date of this application) to the exterior of the building have occurred. No additions are proposed to exceed this limit for 5 years from the date of

Where compliance with note 5.A. cannot be stated, the use permit application may not be accepted for filing or a public hearing may be required. The zoning office should be contacted for further information.

Note on the plan: THE APPLICANT IS AWARE & CERTIFIES THAT IN A D.R. ZONE, AN ASSISTED LIVING FACILITY I OR II IS NOT PERMITTED WITHIN 1000 FEET OF ANOTHER PROPERTY WITH AN EXISTING ASSISTED-LIVING FACILITY I OR II OR ANOTHER PROPERTY FOR WHICH AN APPLICATION FOR A USE PERMIT HAS BEEN FILED FOR AN ASSISTED-LIVING FACILITY I OR II, PURSUANT TO SECTION 432A.1.A.3, BCZR.

Class II ALF's must be shown to be located on a prinicpal arterial street on the plan.

Note on the plan that any proposed signs will comply with Section 450 (BCZR) and all zoning sign policies or a zoning

variance is required.

3.

4.

5.

11.

Include signatures, printed names (and dates) of those responsible for the accuracy of the information in this application. Note on the plan: THE APPLICANT IS AWARE & CERTIFIES THAT A BUILDING PERMIT FOR THE INSTALLATION AND INSPECTION OF AN "AUTOMATIC SPRINKLER SYSTEM" FOR THE PRINCIPAL BUILDING ON THE PROPERTY WILL BE REQUIRED, PRIOR TO THE OPERATION AND OCCUPANCY OF AN ASSISTED LIVING FACILITY (ALF I, II OR III), PURSUANT TO THE BALTIMORE COUNTY BUILDING CODE, SECTION 308 AND/OR SECTION 310. (Contact the Building Plans Review Office at 410-887-3987 for more information about automatic sprinkler system requirements). For more than 4 beds, density calculations must be shown on the site plan based on the particular zone's minimum

lot area requirements for each density or dwelling unit used. See the chart below:

Density	
1-4 beds	Not required
5-8 beds	2 density lots required
9-12 beds	3 density lots required
13-15 beds	4 density lots required

# SAMPLE SITE PLAN FOR ALF I OR II

SAMPLE FORM, ADD YOUR INFORMATION ACCORDING TO THIS FORMAT. ZONING USE PERMIT PLAN FOR A ASSISTED LIVING FACILITY I OR II FOR A MAXIMUM OF 4 BEDS #123 SMITH ROAD THE APPLICANT IS AWARE & CERTIFIES **BALTIMORE COUNTY MD 20204** THAT IN A D.R. ZONE, AN ASSISTED 3RD PLECTION DISTRICT LIVING FACILITY LOR ILIS NOT OWNER: JOHN & LINDA SMITH PERMITTED WITHIN 1000 FEET OF ADD. #321 BROOK LA. TOWSON MD 21044 ANOTHER PROPERTY WITH AN EXISTING DATE 2/24/94 (PLAN DATE) ASSISTED LIVING FACILITY I OR II OR ANOTHER PROPERTY FOR WHICH AN PHONE: 410-325-1799 ICINITY APPLICANT: IF NOT OWNER ADD ABOVE INFO. APPLICATION FOR A USE PERMIT HAS BEEN FILED FOR AN ASSISTANT LIVING FACILITY I OR II, PURSUANT TO SECTION LOT SIZE: 6,000 SQ. FT. 432A.1.A.3, BCZR. ZONING MAP N.W. 5F ZONE DR 3.5 PARKING: 1 SPACE FOR EACH 3 BEDS = 2 PARKING SPACES REQUIRED. (BASED ON 4 BEDS PROPOSED) THE APPLICANT IS AWARE & CERTIFIES THAT A BUILDING PERMIT EXISTING FLOOR AREAS SQ. FT. FOR THE INSTALLATION AND 18T FLOOR AND SUN ROOM = 1987 SQ. FT. INSPECTION OF AN "AUTOMATIC 2ND FLOOR = 1811 SQ. FT. SPRINKLER SYSTEM" FOR THE 308 TOTAL 3,798 SQ. FT. PRINCIPAL BUILDING ON THE PROPERTY WILL BE REQUIRED, BASEMENT FOR STORAGE AND PRIOR TO THE OPERATION AND MECHANICAL EQUIPMENT = 1811 SQ. FT. OCCUPANCY OF AN ASSISTED LIVING EXISTING GARAGE = 374 SQ. FT. FACILITY (ALF I, II OR III), PURSUANT TO THE BALTIMORE COUNTY EXIST. APPRING SPACES TOTAL **BUILDING CODE, SECTION 308** OPEN SPACE: .10 x LOT AREA (6,000 SQ. FT.) = 600 SQ. FT. 2 SPICES IN AND/OR SECTION 310. STORY GARAGE FOR MORE THAN 4 BEDS SEE THE DENSITY CHART AT THE BOTTOM OF 5 PAGE 2 OF THIS CHECKLIST, SHOW CALCULATIONS IN THIS AREA ON YOUR PLAN. 600 SQ.FT. THIS BUILDING HAS NOT BEEN ORIGINALLY CONSTRUCTED TO ACCOMMODATE OPEN SPACE ELDERLY HOUSING OR AN ASSISTED LIVING FACILITY. NO CONSTRUCTION, RELOCATION, EXTERIOR CHANGES OR ADDITIONS OF 25% OR MORE IN GROUND FLOOR AREA AS IT HAS EXISTED FOR 5 YEARS BEFORE THE DATE OF THIS APPLICATION HAS OCCURRED TO THE EXTERIOR OF THE BUILDING, NO ADDITIONS 32' ARE PROPOSED. 2 STY. FRAMES DWG. S SIGNS WILL COMPLY WITH SECTION 450 B.C.Z.R. # 123 311 THE UNDERSIGNED (STATE IF OWNERS OR APPLICANTS) ARE RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION ON THIS PLAN. DATE SIGNATURE 45 110 PRINTED NAME ₹. DATE SIGNATURE ROAD PRINTED NAME **ENGINEERS SCALE** 

## **ASSISTED LIVING FACILITIES I, II, & III.**

(Bill Nos. 19-04, 32-06 & 45-17)

\*\*\*\*\*\*\*SECTION 101. DEFINITIONS.

ASSISTED LIVING FACILITY: A BUILDING, OR SECTION OF A BUILING THAT PROVIDES HOUSING AND SUPPORTIVE SERVICES, SUPERVISION, PERSONALIZED ASSISTANCE, HEALTH-RELATED SERVICES, OR A COMBINATION THEREOF, TO MEET THE NEEDS OF INDIVIDUALS WHO ARE UNABLE TO PERFORM OR WHO NEED ASSISTANCE IN PERFORMING THE ACTIVITIES OF DAILY LIVING AND WHICH IS LICENSED AS AN ASSISTED LIVING PROGRAM AS DEFINED UNDER TITLE 19, SUBTITLE 18 OF THE HEALTH-GENERAL ARTICLE, ANNOTATED CODE OF MARYLAND. FOR THE PURPOSES OF THIS DEFINITION, IF A RESIDENT LIVES IN A ROOM OR APARTMENT PROVIDING COMPLETE KITCHEN FACILITIES INTENDED FOR THE DAILY PREPARATION OF MEALS BY OR FOR THAT RESIDENT, THE UNIT SHALL NOT BE CONSIDERED AN ASSISTED LIVING FACILITY. DENSITY FOR SUCH FACILITIES SHALL BE CALCULATED AT 0.25 FOR EACH BED.

\*\*\*\*\*\*\*\*\*\*SECTION 432A. ASSISTED LIVING FACILITY; HOUSING FOR THE ELDERLY. AN ASSISTED LIVING FACILITY IS PERMITTED IN THE D.R., R.O., R.O.A., R.A.E., B.R., B.M. AND OR-2 ZONES AS FOLLOWS:

1) AN ASSISTED LIVING FACILITY HIS PERMITTED BY USE PERMIT.

- AN ASSISTED LIVING FACILITY II IS PERMITTED BY USE PERMIT IF IT HAS FRONTAGE ON A PRINCIPAL ARTERIAL STREET.
- 3) IN A D.R. ZONE, AN ASSISTED -LIVING FACILITY I OR II IS NOT PERMITTED WITHIN 1000 FEET OF ANOTHER PROPERTY WITH AN EXISTING ASSISTED-LIVING FACILITY I OR II OR ANOTHER PROPERTY FOR WHICH AN APPLICATION FOR A USE PERMIT HAS BEEN FILED FOR AN ASSISTED-LIVING FACILITY I OR II.
- 4) AN ASSISTED LIVING FACILITY III IS PERMITTED IN A D.R. 16, R.A.E., R.O., R.O.A. or B.M., ZONE BY USE PERMIT. AN ASSISTED LIVING FACILITY III IS PERMITTED IN THE OR -2 ZONE BY SPECIAL EXCEPTION AND IS LIMITED BY THE USE, AREA, AND BULK REGULATIONS OF THE D.R. 10.5 ZONE. A FACILITY LOCATED IN A R.O. ZONE IS ALSO SUBJECT TO REVIEW BY THE DESIGN REVIEW PANEL FOR COMPATABILITY WITH SURROUNDING USES.
- 5) HOUSING FOR THE ELDERLY IS PERMITTED BY RIGHT IN R.A.E. ZONES

#### \*\*\*\*\*\*\*ASSISTED LIVING FACILITY I: AN ASSISTED LIVING PROGRAM WHICH:

- 1) IS LOCATED IN A STRUCTURE WHICH WAS BUILT AT LEAST FIVE YEARS BEFORE THE DATE OF APPLICATION.
- 2) WAS NOT ENLARGED BY 25% OR MORE OF GROUND FLOOR AREA WITHIN THE FIVE YEARS BEFORE THE DATE OF APPLICATION.
- 3) WHICH ACCOMODATES FEWER THAN 8 RESIDENT CLIENTS.

#### \*\*\*\*\*\*\*\*ASSISTED LIVING FACILITY II: AN ASSISTED LIVING PROGRAM WHICH:

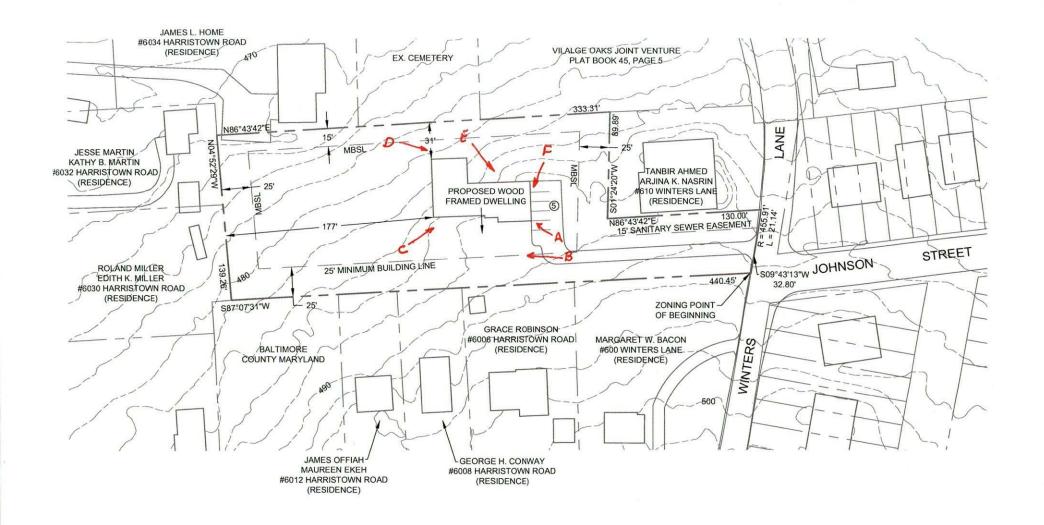
- 1) IS LOCATED IN A STRUCTURE WHICH WAS BUILT AT LEAST FIVE YEARS BEFORE THE DATE OF APPLICATION.
- 2) WAS NOT ENLARGED BY 25% OR MORE OF GROUND FLOOR AREA WITHIN THE FIVE YEARS BEFORE THE DATE OF APPLICATION.
- 3) WHICH ACCOMODATES BETWEEN 8 AND 15 RESIDENT CLIENTS.

### \*\*\*\*\*\*\*ASSISTED LIVING FACILITY III: AN ASSISTED LIVING PROGRAM WHICH:

- 1) WILL ACCOMMODATE MORE THAN 15 RESIDENT CLIENTS.
- 2) WILL BE IN A STRUCTURE WHICH WAS BUILT OR ENLARGED BY MORE THAN 25% OF GROUND FLOOR AREA LESS THAN FIVE YEARS BEFORE THE DATE OF APPLICATION. OR
- 3) WILL BE IN A STRUCTURE WHICH WILL BE NEWLY CONSTRUCTED OR ENLARGED BY MORE THAN 25% OF GROUND FLOOR AREA FOR THE ASSISTED LIVING PROGRAM.

#### \*\*\*\*\*\*\*\*SITE DESIGN STANDARDS:

- 1) EXCEPT FOR THE SIGNS PERMITTED BY SECTION 450, NO OTHER SIGNS OR DISPLAYS OF ANY KIND VISIBLE FROM THE OUTSIDE ARE PERMITTED.
- 2) OFF-STREET PARKING SHALL BE PROVIDED IN ACCORDANCE WITH SECTION 409 AND SUBJECT TO THE FOLLOWING CONDITIONS, BUT NO PARKING STRUCTURE IS PERMITTED EXCEPT FOR A RESIDENTIAL GARAGE AS DEFINED IN SECTION 101.
  - PARKING SHALL BE SET BACK AT LEAST 10 FEET FROM THE PROPERTY LINE, EXCEPT THAT IF THE PROPERTY LINE ABUTS AN ALLY. NO SETBACK IS REQUIRED IF THE ALLEY DOES NOT ABUT THE FRONT OR REAR YARD OF A RESIDENTIALLY USED PROPERTY.
  - PARKING AND DELIVERY AREAS SHALL BE LOCATED IN THE SIDE OR REAR ONLY.
  - AT LEAST 10% OF THE LOT SHALL BE USED TO PROVIDE USABLE CONTIGUOUS AND PRIVATE OPEN SPACE.
- AN ASSISTED LIVING FACILITY IS SUBJECT TO A COMPATIBILITY FINDING PERSUANT TO SECTION 32-4-402 OF THE BALTIMORE COUNTY CODE.
- 4) AN ASSISTED LIVING FACILITY LOCATED IN A COUNTY HISTORIC DISTRICT IS ALSO SUBJECT TO REVIEW BY THE LANDMARKS PRESERVATION COMMISSION IN THE SAME MANNER AS OTHER BUILDINGS LOCATED IN A HISTORICAL DISTRICT.





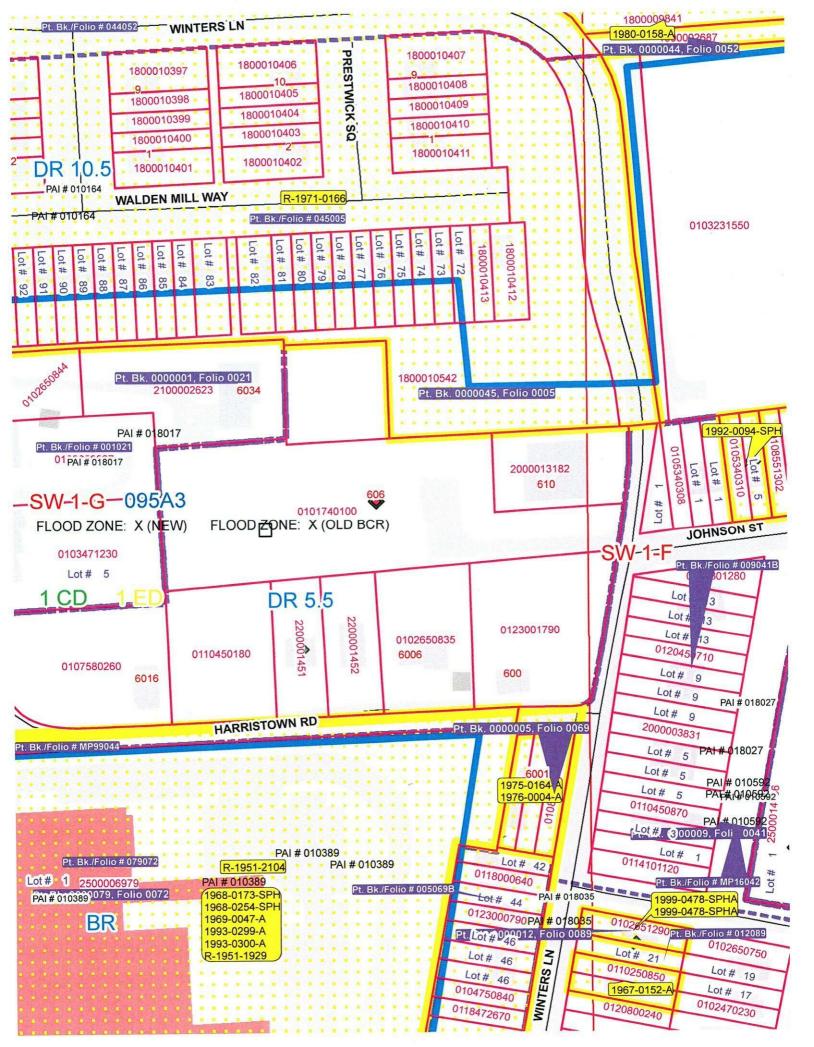












#### Real Property Data Search ( w3)

#### Search Result for BALTIMORE COUNTY

View Maj	p	View GroundRe	ent Redemption			View Gr	oundRent Registr	ation	
Tax Exempt Exempt Cla			Spec	ial Tax Recapt E	ure:				
Account Iden		District - 0	1 Account Num	ber - 01017401	00				
				Owner Informat	tion				
Owner Name		KIM LISA I			Use: Principal Res	idence:	RESIDENTIA YES		
Mailing Addre	ess:	606 WINTE BALTIMOR	ERS LN RE MD 21228-28	Deed Reference:		ce:	e: /29867/ 00268		
				n & Structure II	nformation				
Premises Ado	dress:	606 WINTE BALTIMOR	ERS LN RE 21228-2821		Legal Descrip	otion:	1.2219 AC W 6010 HARRIS 100 N JOHNS	STOWN RD	
3/6//	Grid: Parcel: 0019 0357	Sub District:	Subdivision: 0000	Section	Block:	Lot: Asset	essment Year:	Plat No: Plat Ref:	
Special Tax	Areas:			Town: Ad Valore Tax Class			NONE		
Primary Str 2013	ructure Built	Above Grade Livin 4,654 SF	ng Area	Finished B	asement Area	Propert 1.2200	ty Land Area AC	County Use 04	
Stories 2	Basement YES	Type STANDARD UNIT	Exte		ull/Half Bath full/ 1 half	Garage	Last Major F	Renovation	
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Seller: ARM	ISTRONG LEROY		Date:	04/16/1999			Price: \$60,000		
Type: NON	-ARMS LENGTH OTH	ER	Deed	1: /13679/ 005	44		Deed2:		
Seller: ARMSTRONG EUGENE				Date: 09/24/1998 Deed1: /13172/ 00633			Price: \$55,000 Deed2:		
Type: ARM	S LENGTH IMPROVE	U		xemption Inform			DJULE.		
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State:		000			0.00				
Municipal:		000			0.00 0.00		0.00 0.00		
Tax Exemp				cial Tax Recap	ture:				
Exempt Cla	ass:		NON		tofo median				
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Homestead A	Application Status: No	o Application	Llamasonason	Tay Cradit A	lication Informatic	nn.			
			nomeowners	Tax Credit App	lication Information	J11			

This screen allows you to search the Real Property database and display property records.
 Click here for a glossary of terms.
 Deleted accounts can only be selected by Property Account Identifier.
 The following pages are for information purpose only. The data is not to be used for legal reports or documents. While we have confidence in the accuracy of these records, the Department makes no warranties, expressed or implied, regarding the information.

# **Transmittal**



Land Use Expert & Surveyor

Date 2/06/19

Bruce E. Doak Consulting, LLC 3801 Baker Schoolhouse Road Freeland, MD 21053 Phone 443-900-5535 Cell 410-419-4906 bdoak@bruceedoakconsulting. com

PROVIDE **Baltimore** TO **County Zoning** Roz

COMMENTS Kim Property 606 Winters Lane

ate		Description	Request
2/05/19	4	Plan to Accompany a Use Permit Application	Please pass on to Planning for their review and approval
	465		
		Please feel free to email me with any questions you may have or if you need anything else.	

OFFICE	OF BUD	GET ANI	IARYLANI D FINANC RECEIPT	E	Sub Rev/	No.	178	1/201 DEG	BUSINES 2/01/20: WSO: CEXPT #	19 1/31/2019 WALKIN LJR 1 831869 1/3 528 ZONING VE	1/2010	DF)
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## ZONING USE PERMIT Plan for an Assisted Living Facility 1 for a maximum of 7 beds GENERAL SITE INFORMATION 1. Ownership: Yong D. & Lisa M. Kim 606 Winters Lane Baltimore, MD 21228 (contact William Yang 443-801-0918) Address: 606 Winters Lane Baltimore, MD 21228 Deed references: JLE 29867/ 268 4. Lot size: 1.22 acre / 53,143 sf (per SDAT) 5. Tax Map / Parcel / Tax account #: 95 / 357 / 01-01-740100 6. Election District: 1 Councilmanic District: 1 ADC Map: 4817A4 GIS tile: 095A3 Position sheet: 4SW25 7. The boundary shown hereon is from the deed recorded in the Land Records of Baltimore County. All other information shown hereon was taken from Baltimore County GIS tile 095A3 and the information provided by Baltimore County on the 8. Improvements: Single family dwelling & parking area. The existing dwelling and parking area will remain. The house was built in 2013 (per SDAT) OFFICE OF ZONING Zoning: DR 5.5 There are no previous zoning cases on the subject parcels. Density Calculations: 5-8 beds = 2 density rights required 53,143 sf / 6,000 sf = 8 density rights possible Parking Calculations Required parking spaces: 3 Residence: 0 Assisted Living: 3 (1 per 3 beds)

Provided parking spaces: 4

DR 5.5 Setbacks for Residential Buildings

Front: 25 feet from the property line or street right of way Side: 15 feet from the property line Rear: 30 feet from a property line

ENVIRONMENTAL IMPACT

Watershed: Gwynns Falls URDL land type: 1

1. The existing dwelling is currently served by public water and sewer in Winters Lane.

2. There are no underground storage tanks on the subject property. 3. The subject property is not in the Chesapeake Bay Critical Area.

4. The subject property is not located within a 100 year flood plain.

SIGNAGE

All signs will comply with Section 450 BCZR OFFICE OF PLANNING

Regional Planning District: Security District Code: 323

1. The subject dwelling is not historic. The subject property is not in a historic district.

PROPOSED DEVELOPMENT

To utilize a portion of the subject dwelling for assisted living

EXISTING FLOOR AREAS

First Floor = 2910 sf 5 bedrooms Second Floor = 1449 sf Total= 4371 sf

4 bedrooms 9 bedrooms

Basement for storage and mechanical equipment = 2910 sf

There is no garage

OPEN SPACE

53,143 SF (LOT AREA) - 10M674 SF (TOTAL IMPROVEMENTS AREA) = 42,469 SF 42,469 SF / 10 = 4,247 SF OPEN SPACE (SHOWN HEREON)

CERTIFICATIONS

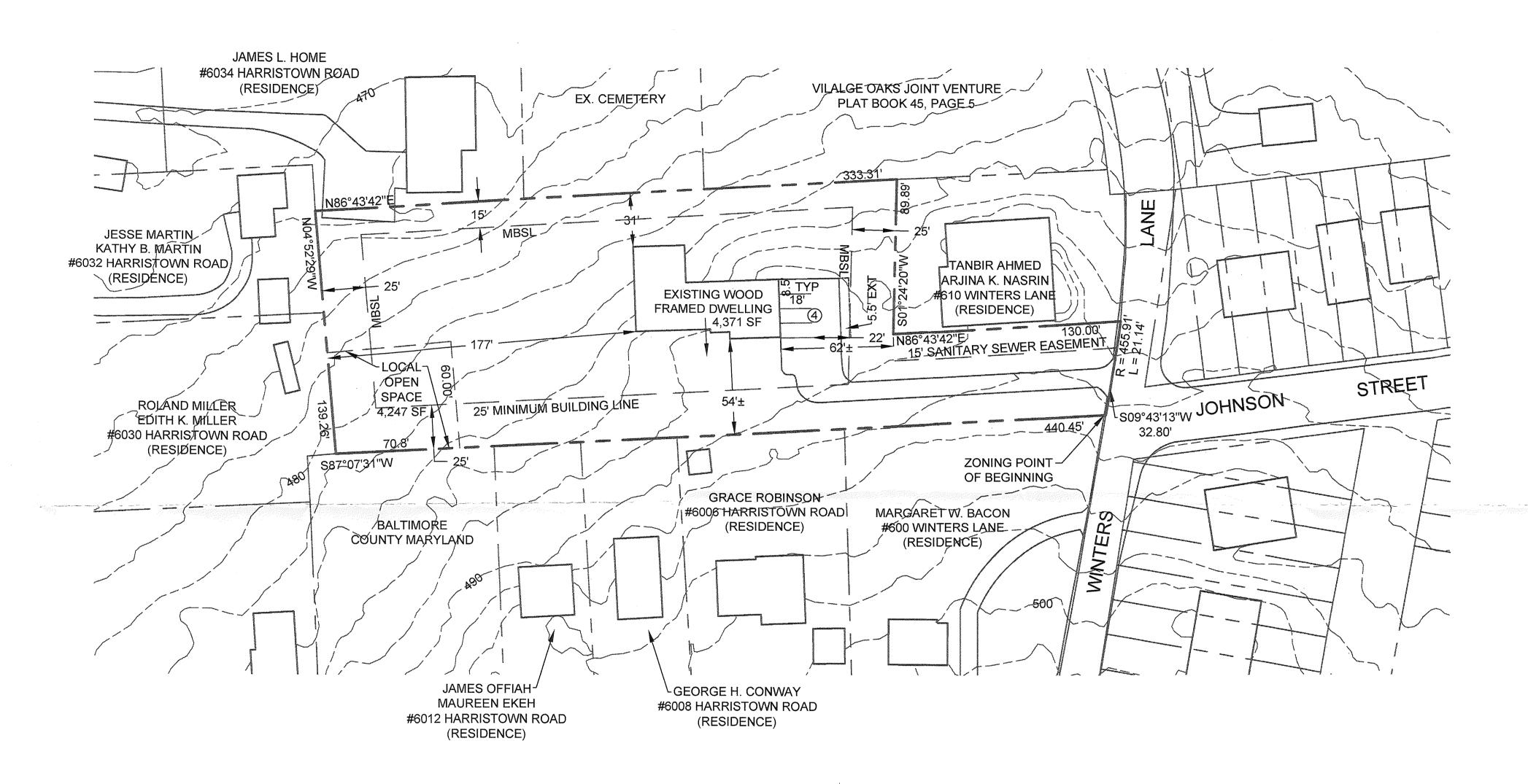
This building was not been originally constructed to accommodate elderly housing or an assisted living facility. No construction, relocation, exterior changes or additions of 25% or more in ground floor area as it has existed for 5 years before the date of this application has occurred to the exterior of the building. No additions are proposed.

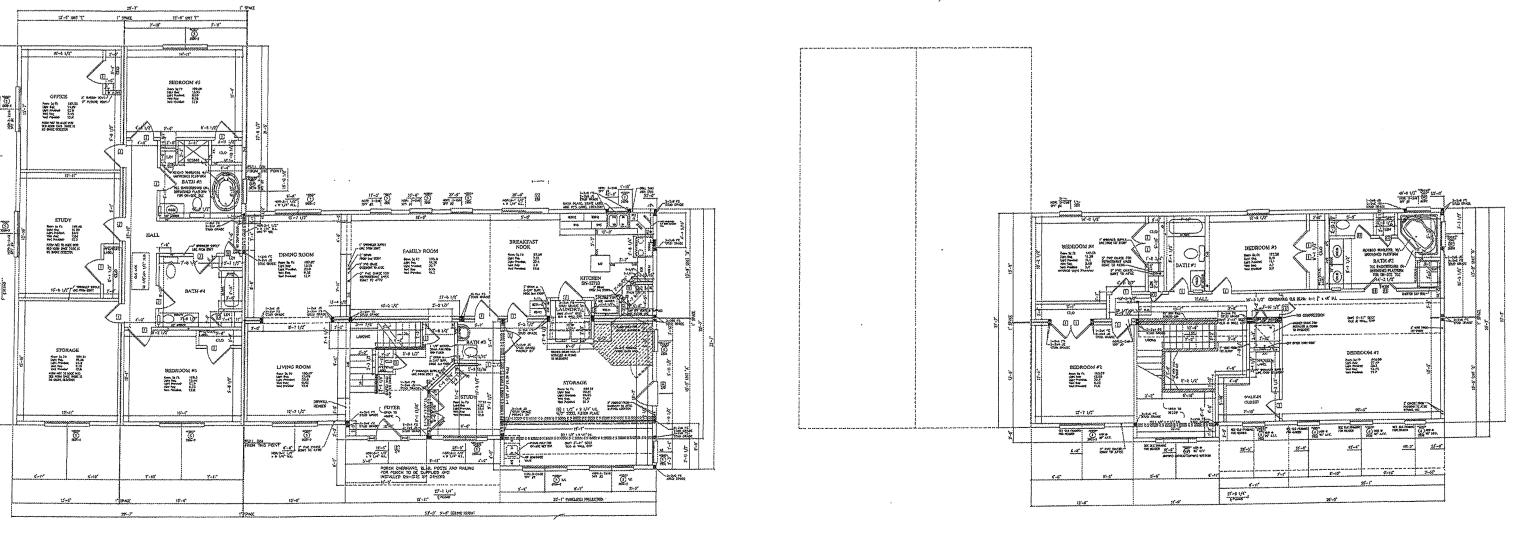
The applicant is aware and certifies that in a DR zone, an Assisted Living Facility 1 is not permitted within 1,000 feet of another property with an existing Assisted Living Facility 1 or another property for which an application for a use permit has been filed for an Assistant Living Facility 1, pursuant to Section 432.A.1.A.3

The principal building has an existing automatic sprinkler system that will continue to be operational prior to the operation and occupancy of an Assisted Living Facility 1, pursuant to the Baltimore County Building Code, Section 308 and / or Section 310.

The undersigned Owners are responsible for the accuracy of the information on this plan.

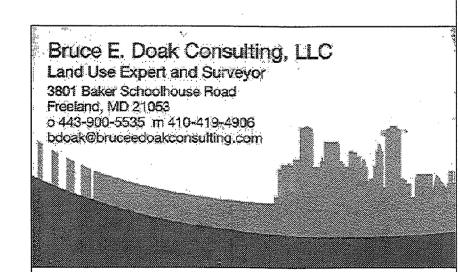
Thelin	2/05/19
Signature	Date
YONG D. KIM	
Printed Name	
Cush Co-	2/05/19
Signature	Date
LISA M. KIM	





FIRST FLOOR PLAN

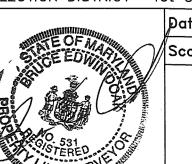
SECOND FLOOR PLAN



<u>Vicinity Map</u> − Scale: 1' = 300' (N)

PLAN TO ACCOMPANY A USE PERMIT APPLICATION FOR AN ASSISTED LIVING FACILITY 1

#606 WINTERS LANE BALTIMORE COUNTY, MARYLAND 1st ELECTION DISTRICT 1st COUNCILMANIC DISTRICT



REVISION 2/5/19. ADDRESS ZONING REVISION COMMENTS

> Pate: 1/30/19 Scale: 1"= 40'