USE PERMIT



IT IS ORDERED by the Director of the De	epartment of Permits, Approvals and
Inspections of Baltimore County, this 2	7)
that July 4 Emilienne (Individual or busines	Nkema y im located at ss name) d 21136 should be and the
504 Gwynnwest Roa (Street address)	d 21136 should be and the
same is hereby granted permission to op	erate at an Assisted
Living Facility	4 Beds
)	,
178993	publ peoble
Permit (or Receipt) Number	Director, Permits, Approvals and Inspections
Revised 10/17/11	Planner's Initials: 95

USE PERMIT



INTER-OFFICE CORRESPONDENCE RECOMMENDATION FORM

Jenige / Beett

то:	Office of Planning, Development Review Office Attention: ALF REVIEWER Jefferson Building 105 W. Chesapeakie Avenue, Room 101 Towson, MD 21204 M.S. 3402	Permit No. (if required) B Intake Planner's Name Gary Hucik Filing Date 2 / 6 / 2019
FŖOM:	Department of Permits, Approvals and Inspections Zoning Review Office M.S. 1105	,
RE:	Assisted Living Facility I or II	
	e is requesting recommendations and comments from the Office of Pla	
A. MIN	NIMUM APPLICANT SUPPLIED COMPATABILITY / APPEAR	NCE INFORMATION (As Required under A and B below):
Ju	LIUS F. NKEMAYIM, 7083 BRIOLE CT, S	YKESVILLE MS. 301-537-0608- JURUTAI & PAHON Telephone Number Email Address
	ALF Lot Address 504 GWYNNWEST RD E	lection District 4 Councilmanic District 2 Sq. Ft. of Lot 10,132 39 ft
Lot Loc	ation: NESWside/corner of GWYNNWEST Rb.	182' feet from N ESW corner of DEALDN BROOK CR. (street)
Land O	WINDER JULIUS F. & EMILIENNE NKEMAYIM	10 Digit Tax Account Number 1600005514
Address	: 7083 BRIDLE CT, SYKESVILLE MA	301, 537-0608 JURUFAL @ 9AHOD. Low Telephone Number Email Adddress
of the return		Coppose value
B. AF	PPLICANT MUST PROVIDE THE FOLLOWING ITEMS (*) be submitted by applicant for required compatibility and/or appearance	I THROUGH 7) BELOW: Intake Planner to confirm information acceptance by marking X below:
		YES NO
1. This	Completed Recommendation Form (3 copies)	
2. Build	ing Permit Application or Copy (If available)	X
Prope	Plan (See Zoning Use Permit Checklist on Page 2 for Requirements): erty (3 copies): including lot size and square feet of buildings, parking and open spa	ice – 10% lot areá
State	ment of Compliance with Checklist Note 5.A	× -
State	ment of Compliance with Checklist Note 6 regarding the 1000 foot proximity require	sment of Section 432.1.A.3, BCZR
State (Fo	ment of Compliance with Checklist Note 10 regarding automatic sprinkler system re or more information about automatic sprinkler system requirements, you must conta	equirement of County Building Code ct the Building Plans Review Office at 410-887-3987)
	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)	· V
	ographs (please label all photos clearly) w the Adjoining Buildings, the Proposed Building, and the Surrounding Neighborho	X
6. Appl	icant Confirms compliance with 1000 foot proximity requirement o	f section 432.1.A.3, BCZR
7 Anni	icant Confirms that Building Plans Review Office was contacted re ding Plans Review Office can be reached at 410-887-3987	garding automatic sprinkler system requirements
	ent Zoning Classification:	and the second of the second o
	TO BE FILLED IN BY THE OF	FICE OF PLANNING ONLY!
RECOM	MENDATIONS / COMMENTS:	More the plants approximately the following
	Approval Disapproval Approval conditioned on requirements below (or attached	ired modifications of the application and/or site plan to conform with the following th: RECEIVED
Signed t	by: Dhath M. William for the Director, Office of Planning Page	FEB - 6 2019 Date: 2/19:119

DEPARTMENT OF PLANNING

BALTIMORE COUNTY, MARYLAND

INTER-OFFICE CORRESPONDENCE

TO:

Brett Williams

Development Review

DATE: February 19, 2019

FROM:

Bill Skibinski

Sector Planner, Community Planning

SUBJECT: Assisted Living - 504 Gwynnwest Road

INFORMATION:

Address: 504 Gwynnwest Road, Reisterstown, MD 21136

Petitioner: Julius F. Nkemayim

Property Size: 10,132 SF

Zoning: DR 3.5

SUMMARY OF RECOMMENDATIONS:

I do not object to the request for an Assisted Living Facility conditioned upon the following:

• Where possible and without trespass, landscaped screening should be provided between the proposed parking spaces and the adjacent property #506.

Prepared By:

Jurufai à Yahoo. com

WISCE	LANEO	JS CASH	RECEIPT	Rev	Sub	Date:	2	0119pm	C MSDZ WALK	2/06/2019 09:17 IN CAM
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INTER-OFFICE CORRESPONDENCE RECOMMENDATION FORM

TO: FROM:	Office of Planning, Development Review Office Attention: ALF REVIEWER Jefferson Building 105 W. Chesapeakie Avenue, Room 101 Towson, MD 21204 M.S. 3402 Department of Permits, Approvals and Inspections Zoning Review Office M.S. 1105	ALF Address 504 Guynn west Rd 21136 Permit No. (if required) B Intake Planner's Name Gary Hucik Filing Date 2 / 6 / 2019
RE:	Assisted Living Facility I or II	
This offic	ce is requesting recommendations and comments from the Office of Pla	anning prior to Zoning Review Office's approval of a building/use permit.
A. MI	NIMUM APPLICANT SUPPLIED COMPATABILITY / APPEAR	ANCE INFORMATION (As Required under A and B below):
Ju	LIUS F. NKEMAYIM, 7083 BRIDLE CT.	SYKESVILLE MO. 301-537-0608- JURUFAI & JAHOD-CI Telephone Number Email Address
	ALF Lot Address 504 GWYNNWEST RD E	Election District 4 Councilmanic District 2 Sq. Ft. of Lot 10, 132 39 ft
Lot Loc	ation: NESWside/corner of GWYNNWEST Rb. (street)	182' feet from N ESW corner of DEALDN BROOK CR.
	wner Julius F. & EMILIENNE NKEMAYIN	10 Digit Tax Account Number 16 0003514
Land O	wner_JULIUS F. A CHILLENNE TVNCTIN THE	301,537-0608 JURUFAI @ MAHOD. Com
Address	s: 7083 BRIDLE CT, RYKESVILLE MA	Telephone Number Email Adddress
B. AF	PPLICANT MUST PROVIDE THE FOLLOWING ITEMS (be submitted by applicant for required compatibility and/or appearance	1 THROUGH 7) BELOW: Intake Planner to confirm information acceptance by marking X below:
		YES NO
1. This	Completed Recommendation Form (3 copies)	×
2. Build	ling Permit Application or Copy (If available)	X
Prope	Plan (See Zoning Use Permit Checklist on Page 2 for Requirements): erty (3 copies): including lot size and square feet of buildings, parking and open sp	~
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	(-lease label all photos clearly)	Y
Show	w the Adjoining Buildings, the Proposed Building, and the Surrounding Neighborns	
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7. Appl Build	icant Confirms that Building Plans Review Office was contacted red ding Plans Review Office can be reached at 410-887-3987	egarding automatic sprinkler system requirements
8. Curr	ent Zoning Classification:	The state of the s
	TO BE FILLED IN BY THE O	FFICE OF PLANNING ONLY!
RECOM	MENDATIONS / COMMENTS:	
	Approval Disapproval Approval conditioned on requirements below (or attached)	uired modifications of the application and/or site plan to conform with the following d):
Signed b	by: for the Director, Office of Planning	Date:

Page 4



