

USE PERMIT



IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County, this 21st day of JANUARY, 2020, that VICTORIA HARLESTON located at
(Individual or business name)
1320 CANBERRA DR. should be and the
(Street address)

same is hereby granted permission to operate a: ALF I
4 BEDS MAXIMUM

191941
Permit (or Receipt) Number Director, *[Signature]* Permits, Approvals and Inspections
LP-2019-0007-AL Planner's Initials JF

Revised 10/17/11

OFFICE OF PLANNING

BRETT WILLIAMS - Approved 12/31/19

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Side of house

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

TO: Office of Planning, Development Review Office
Attention: ALF REVIEWER
Jefferson Building
105 W. Chesapeake Avenue, Room 101
Towson, MD 21204
M.S. 3402

ALF Address

#135L of
1320 Canberra Dr. Essex MD 21221

Permit No. (if required) B

Intake Planner's Name

JE

Filing Date

12 / 11 / 19

UP-2019-0007-AL

FROM: Department of Permits, Approvals and Inspections
Zoning Review Office
M.S. 1105

RE: Assisted Living Facility I or II

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

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

VICTORIA HARLESTON 1320 CANBERRA DR ESSEX MD 21221 VICKY132064@Gmail.G
Print Name of Applicant Applicant Address Telephone Number Email Address
ALF Lot Address #135 1320 Canberra Dr. Election District 15 Councilmanic District 07 Sq. Ft. of Lot 6,439
Lot Location: NE S W side/corner of Canberra Dr. 1400 feet from NE S W corner of Gville Rd
(street) (street)
Land Owner: VICTORIA A HARLESTON 10 Digit Tax Account Number 2400007833
Address: 1320 CANBERRA DR ESSEX MD 21221 4435796001 VICKY132064@Gmail.Com
Telephone Number Email Address

B. APPLICANT MUST PROVIDE THE FOLLOWING ITEMS (1 THROUGH 7) BELOW:

(to be submitted by applicant for required compatibility and/or appearance review by the Office of Planning)

Intake Planner to confirm
information acceptance
by marking X below:

- | | YES | NO |
|--|-----|----|
| 1. This Completed Recommendation Form (3 copies) | ✓ | |
| 2. Building Permit Application or Copy (if available) | | ✓ |
| 3. Site Plan (See Zoning Use Permit Checklist on Page 2 for Requirements): | | |
| 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 | ✓ | |
| Statement of Compliance with Checklist Note 6 regarding the 1000 foot proximity requirement of Section 432.1.A.3, BCZR | ✓ | |
| Statement of Compliance with Checklist Note 10 regarding automatic sprinkler system requirement of County Building Code
(For more information about automatic sprinkler system requirements, you must contact the Building Plans Review Office at 410-887-3987) | ✓ | |
| 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)
Show the Adjoining Buildings, the Proposed Building, and the Surrounding Neighborhood | ✓ | |
| 6. Applicant Confirms compliance with 1000 foot proximity requirement of section 432.1.A.3, BCZR | ✓ | |
| 7. Applicant Confirms that Building Plans Review Office was contacted regarding automatic sprinkler system requirements
Building Plans Review Office can be reached at 410-887-3987 | ✓ | |
| 8. Current Zoning Classification: DR 3.2 | | |

TO BE FILLED IN BY THE OFFICE OF PLANNING ONLY!

RECOMMENDATIONS / COMMENTS:



Approval



Disapproval



Approval conditioned on required modifications of the application and/or site plan to conform with the following
Comments below (or attached):

RECEIVED

Signed by:

Brett M. Williams

for the Director, Office of Planning

DEC 11 2019

Date:

12/31/19

**INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM**

TO: Office of Planning, Development Review Office
Attention: ALF REVIEWER
Jefferson Building
105 W. Chesapeake Avenue, Room 101
Towson, MD 21204
M.S. 3402

ALF Address 1320 CANBERRA DR.
Permit No. (if required) B _____
Intake Planner's Name JF
Filing Date 12/11/19

FROM: Department of Permits, Approvals and Inspections
Zoning Review Office
M.S. 1105

RE: Assisted Living Facility I or II

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

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

VICTORIA HARLESTON 1320 CANBERRA DR SEEX MD 21221 443 579 6001 VICKY132064@Gmail.com
Print Name of Applicant Applicant Address Telephone Number Email Address
ALF Lot Address 1320 Canberra Dr Election District 15 Councilmanic District 07 Sq. Ft. of Lot 6,439
Lot Location: NE SW side/corner of Canberra Dr., 1900 feet from NE SW corner of aville rd
(street) (street)
Land Owner: VICTORIA A HARLESTON 10 Digit Tax Account Number 2402007333
Address: 1320 CANBERRA DR SEEX MD 21221 443 579 6001 VICKY132064@Gmail.com
Telephone Number Email Address

B. APPLICANT MUST PROVIDE THE FOLLOWING ITEMS (1 THROUGH 7) BELOW:

(to be submitted by applicant for required compatibility and/or appearance review by the Office of Planning)

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

	YES	NO
1. This Completed Recommendation Form (3 copies)	☒	☐
2. Building Permit Application or Copy (If available)	☐	☒
3. Site Plan (See Zoning Use Permit Checklist on Page 2 for Requirements):		
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	☒	☐
Statement of Compliance with Checklist Note 6 regarding the 1000 foot proximity requirement of Section 432.1.A.3, BCZR	☒	☐
Statement of Compliance with Checklist Note 10 regarding automatic sprinkler system requirement of County Building Code (For more information about automatic sprinkler system requirements, you must contact the Building Plans Review Office at 410-887-3987)	☒	☐
4. Building Elevation Drawings (these <u>may be waived</u> if note 5.A. from the Zoning Use Permit Checklist can be stated on the plans)	☒	☐
5. Photographs (please label all photos clearly) Show the Adjoining Buildings, the Proposed Building, and the Surrounding Neighborhood	☒	☐
6. Applicant Confirms compliance with 1000 foot proximity requirement of section 432.1.A.3, BCZR	☒	☐
7. Applicant Confirms that Building Plans Review Office was contacted regarding automatic sprinkler system requirements Building Plans Review Office can be reached at 410-887-3987	☒	☐
8. Current Zoning Classification: <u>DR 3.5</u>		

TO BE FILLED IN BY THE OFFICE OF PLANNING ONLY!

RECOMMENDATIONS / COMMENTS:

☐ Approval ☐ Disapproval ☐ Approval conditioned on required modifications of the application and/or site plan to conform with the following
Comments below (or attached):

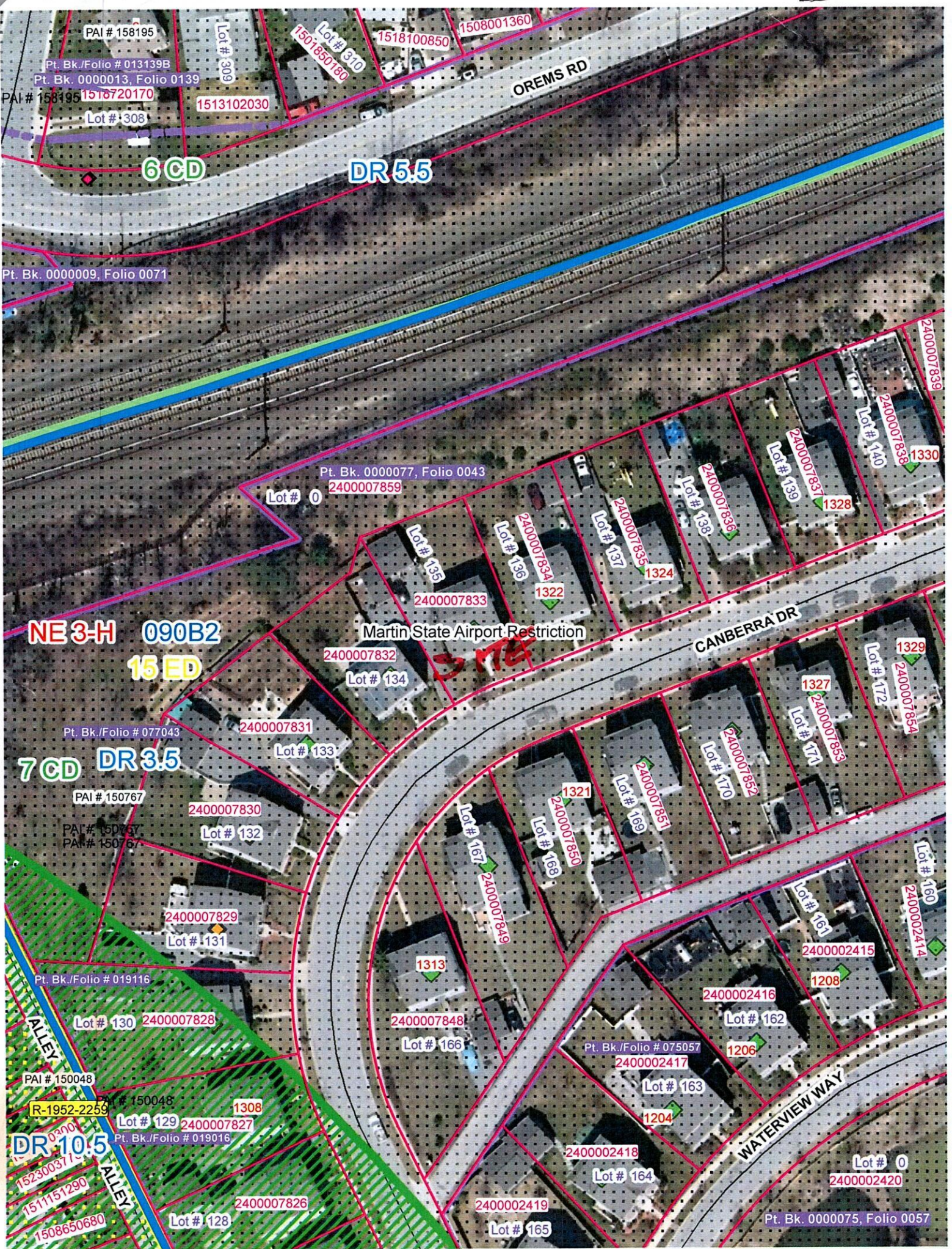
Signed by: _____
for the Director, Office of Planning

Date: _____



Driveway

Neighbor's side



PAI # 158195
Pt. Bk./Folio # 013139B
Pt. Bk. 0000013, Folio 0139
PAI # 158195
Lot # 308
1513102030
Lot # 309
1507850780
Lot # 310
1518100850
1508001360

Pt. Bk. 0000009, Folio 0071

Pt. Bk. 0000077, Folio 0043
2400007859
Lot # 0

NE 3-H 090B2
15 ED

Martin State Airport Restriction

Pt. Bk./Folio # 077043

7 CD DR 3.5

PAI # 150767

PAI # 150767
PAI # 150767

Pt. Bk./Folio # 019116

PAI # 150048

R-1952-2259

DR 10.5

Pt. Bk./Folio # 019016
Lot # 129
2400007827
1308

Lot # 128
2400007826

Lot # 165
2400002419

Pt. Bk. 0000075, Folio 0057
Lot # 0
2400002420

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

No. **191941**

Date: **12/11/19**

PAID RECEIPT

BUSINESS ACTUAL TIME DRW
 12/11/2019 12/11/2019 10:40:38

REG W505 WALKIN LRB
 >>RECEIPT # 047638 12/11/2019 OFLN

5 528 ZONING VERIFICATION

NO. 191941

Recpt Tot \$ 100.00

.00 CK 100.00 CA

Baltimore County, Maryland

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: **VICTORIA HARLESTON**

For: **ALFI UP-2019-0007-AL**

1320 CANBERRA DR.

DISTRIBUTION

WHITE - CASHIER

PINK - AGENCY

YELLOW - CUSTOMER

GOLD - ACCOUNTING

PLEASE PRESS HARD!!!!

**CASHIER'S
 VALIDATION**

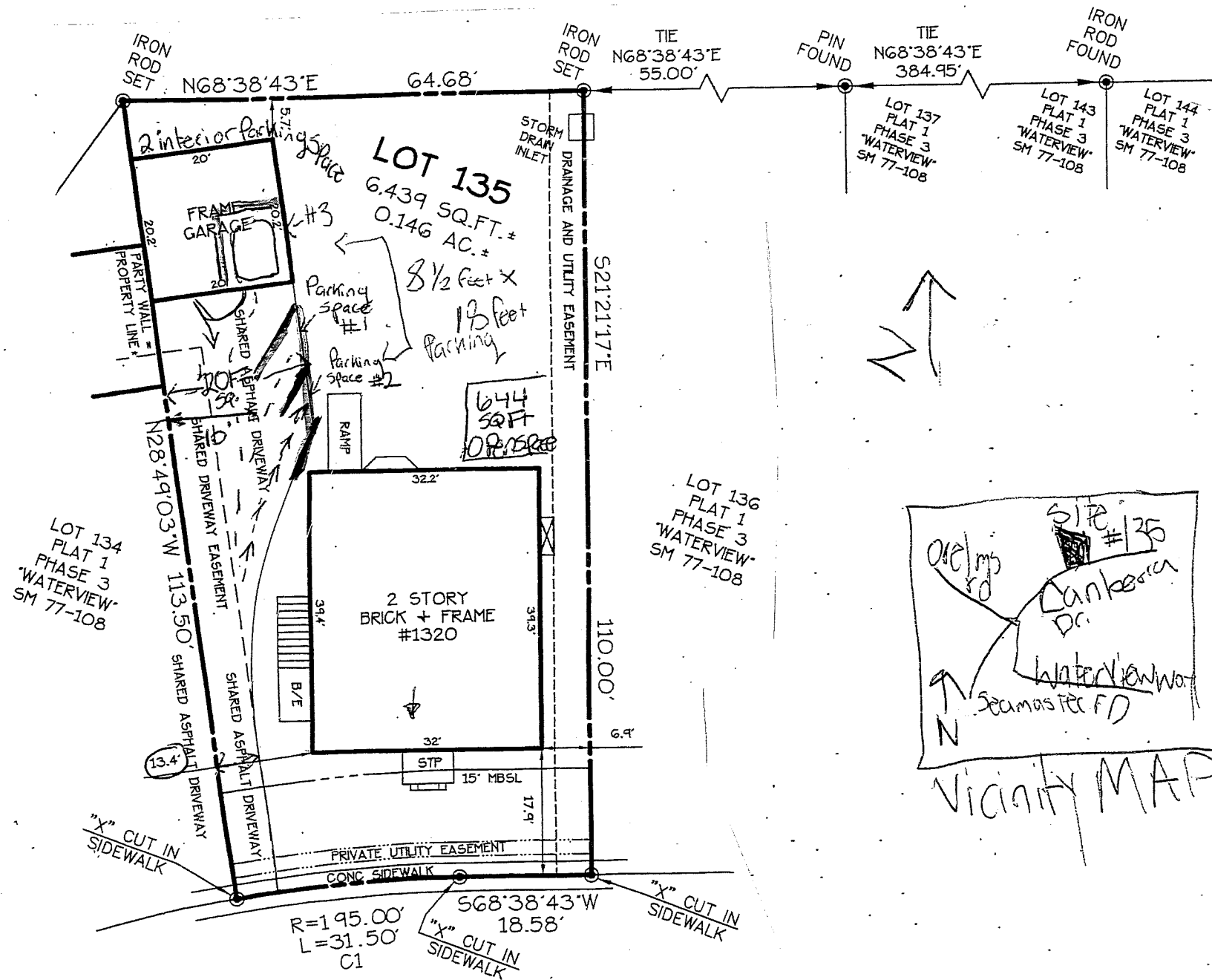
UP-2019-0007-AL

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.

SIGNATURE Victoria Harleston DATE 12/11/19
PRINTED NAME VICTORIA HARLESTON

SIGNATURE _____ DATE _____
PRINTED NAME _____



PLAN FOR A ASSISTED LIVING FACILITY I FOR A MAXIMUM OF 4 BEDS

135 CANBERRA DR. BALTIMORE COUNTY MD 21221
15TH ELECTION DISTRICT
OWNER: VICTORIA HARLESTON
✓ ADD. 1320 CANBERRA DR. ESSEX MD 21221
DATE: 12/02/19(PLAN DATE)
PHONE: 443-579-6001
LOT SIZE: 6439 SQ. FT.
NE ZONE DR3.5

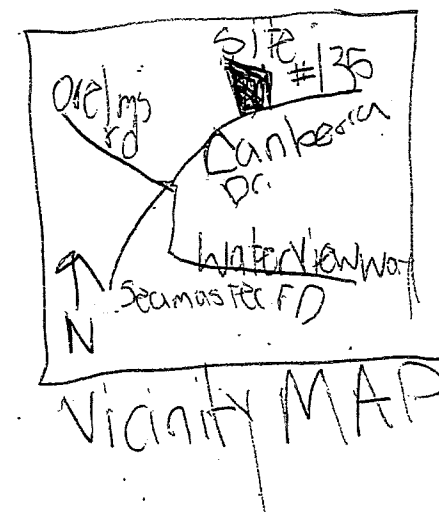
EXISTING FLOOR AREAS SQ. FT.
1ST FLOOR = 3,200
2ND FLOOR = 3,534

OF PROPOSED BEDS 4

THIS 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 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.

THIS 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

THIS BUILDING HAS 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.



OPEN SPACE: .10 x LOT AREA (6,000 SQ. FT.) = 600 SQ. FT.

VARIABLE WIDTH RIGHT-OF-WAY

PLAN DRAWN BY Victoria

DATE 12/02/19 SCALE: 1 INCH = 20 FEET