USE PERMIT

IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County, this 13TH day of MARCH, 2020, that ABRAHAM SCHWARTZ (Individual or business name) located at 133 E. CHESAPEAKE AVE. (Street address) should be and the same is hereby granted permission to operate a: FOUR BED ALF, SUBJECT TO PLANNING OFFICE CONDITIONS SET FORTH ON THE APPROVAL FORM DATED 3/11/2020 COPY ATTACHED

195560
Permit (or Receipt) Number

Director, Permits, Approvals and Inspections

Planner's Initials JCM

Revised 10/17/11

3/11/2020

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

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

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

RE: Assisted Living Facility I or II

ALF Address 133 E. Chesapeake Avenue, 21286

Permit No. (if required) B _____

Intake Planner's Name JCM

Filing Date 02/20/2020

RECEIVED
FEB 25 2020
DEPARTMENT OF PLANNING

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):

Abraham Shwartz 2435 Sylvale Road, 21209 (410)236-1503
Print Name of Applicant | Applicant Address | Telephone Number | Email Address

ALF Lot Address 133 East Chesapeake Ave. Election District 9 Councilmanic District ___ Sq. Ft. of Lot _____

Lot Location: N E S W/side/corner of Virginia Ave. 21286 (street), _____ feet from N E S W corner of Towsontown Blvd. (street)

Land Owner: NAS COMPANY LLC 10 Digit Tax Account Number 0923501100

Address 2435 Sylvale Road, Baltimore MD 21209 (410)236-1503 Telephone Number shwartz1@verizon.net Email Adddress

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 Planing)

Intake Planner to confirm information acceptance by marking X below:

	YES	NO
1. This Completed Recommendation Form (3 copies)	X	
2. Building Permit Application or Copy (If available)		X
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	X	
Statement of Compliance with Checklist Note 5.A	X	
Statement of Compliance with Checklist Note 6 regarding the 1000 foot proximity requirement of Section 432.1.A.3, BCZR	X	
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)	X	
4. Building Elevation Drawings (these may be waived if note 5.A. from the Zoning Use Permit Checklist can be stated on the plans) ✓	X	
5. Photographs (please label all photos clearly) Show the Adjoining Buildings, the Proposed Building, and the Surrounding Neighborhood ✓	X	
6. Applicant Confirms compliance with 1000 foot proximity requirement of section 432.1.A.3, BCZR ✓	X	
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)	X	

8. Current Zoning Classification: BM

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): NO parking shall take place on the path in front of the subject property.

Signed by: Laura Hay for the Director, Office of Planning Date: 3/11/20

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

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

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

RE: Assisted Living Facility I or II

ALF Address 133 E. Chesapeake Avenue, 21286

Permit No. (if required) B _____

Intake Planner's Name JCM

Filing Date 02/20/2020

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):

Abraham Shwartz 2435 Sylvale Road, 21209 (410)236-1503
Print Name of Applicant | Applicant Address | Telephone Number | Email Address

ALF Lot Address 133 East Chesapeake Ave. Election District 9 Councilmanic District ___ Sq. Ft. of Lot _____

Lot Location: N E S W/side/corner of Virginia Ave. 21286 (street), _____ feet from N E S W corner of Towsontown Blvd. (street)

Land Owner: NAS COMPANY LLC 10 Digit Tax Account Number 0923501100

Address 2435 Sylvale Road, Baltimore MD 21209 (410)236-1503 Telephone Number Shwartz1@verizon.net Email Adddress

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 Planing)

Intake Planner to confirm information acceptance by marking X below:

	YES	NO
1. This Completed Recommendation Form (3 copies)	X	
2. Building Permit Application or Copy (If available)		X
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	X	
Statement of Compliance with Checklist Note 5.A	X	
Statement of Compliance with Checklist Note 6 regarding the 1000 foot proximity requirement of Section 432.1.A.3, BCZR	X	
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)	X	
4. Building Elevation Drawings (these may be waived if note 5.A. from the Zoning Use Permit Checklist can be stated on the plans) ✓	X	
5. Photographs (please label all photos clearly) Show the Adjoining Buildings, the Proposed Building, and the Surrounding Neighborhood ✓	X	
6. Applicant Confirms compliance with 1000 foot proximity requirement of section 432.1.A.3, BCZR ✓	X	
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)	X	

8. Current Zoning Classification: BM

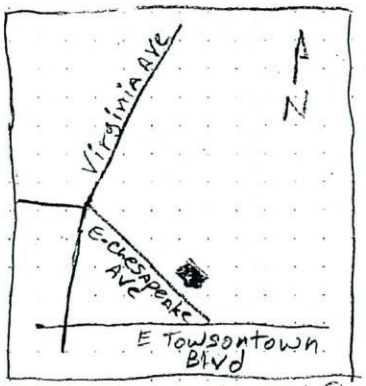
TO BE FILLED IN BY THE OFFICE OF PLANNING ONLY!

RECOMMENDATIONS / COMMENTS:

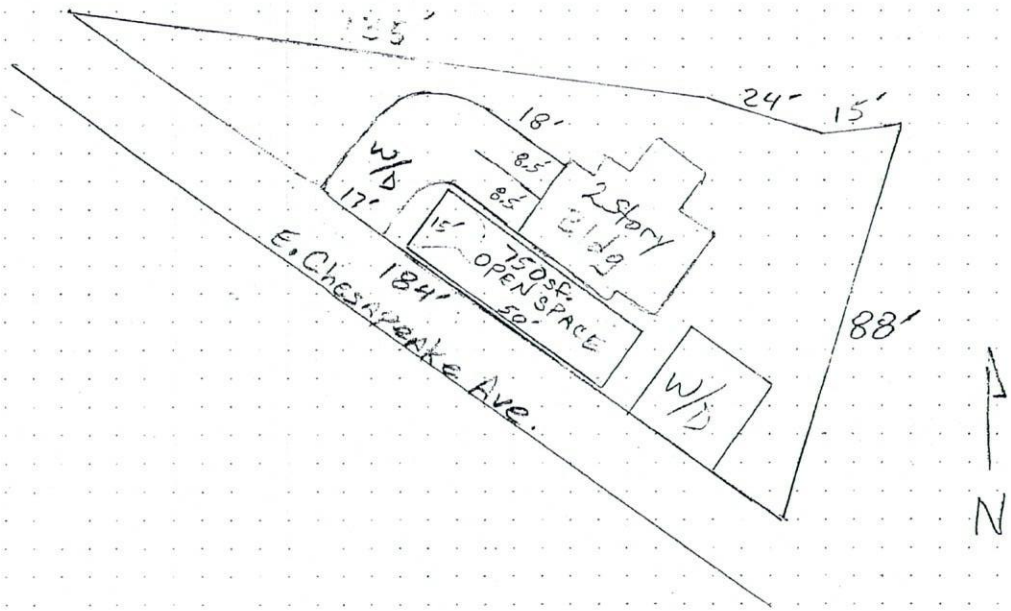
☐ Approval ☐ Disapproval ☐ Approval conditioned on required modifications of the application and/or site plan to conform with the following Comments below (or attached):

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

133 Chesapeake Ave
Baltimore, MD 21286



VICINITY MAP



1" = 30'

133 CHESAPEAKE AVE, BALTIMORE, MD 21206

9TH ELECTION DISTRICT

OWNER : ABRAHAM SHWARTZ

ADDRESS : 22 HOUNDSWOOD CT
BALTIMORE, MD 21209

DATE : 19 FEB, 2020

PHONE : 410 236 1504

LOT SIZE : 7,013 s.f.

ZONE DR : BM

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.

The applicant is aware & certifies that a building permit for the installation and inspection of an "automatic sprinkler system" for the principle building will be required, prior to the operation and occupancy of an assisted living facility (ALF I,II, or III), pursuant to the Baltimore County Code, section 308 and / or section 310.

PARKING : 1 Parking space for each 3 beds = 2 parking spaces req. (based on the 4 beds proposed)

EXISTING FLOOR AREAS SQ. FT.

1ST FLOOR	= 974 s.f.
2ND FLOOR	= 850 s.f.
TOTAL :	= 1,824 s.f.

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 an 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 432 A.1.A.3. BCZR.

OPEN SPACE : .10 x lot area (7,013 s.f.) ≤ 750 s.f.

SIGNS WILL COMPLY WITH SECTION 450.B.C.Z.R.

THE UNDERSIGNED (STATE IF OWNER OR APPLICANT) ARE RESPONSIBLE FOR THE ACCURACY OF THIS INFORMATION ON THIS PLAN.

SIGNATURE — DATE

Abraham Shwartz — 2/20/20
PRINTED

A. Shwartz — 2/20/20
SIGNATURE — DATE

PRINTED

ENGINEERS SCALE 1 in = 30 ft

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

No. 195560

Date: 02/21/2020

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: MARINA SHWARTZ

For: ALF

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

PAID RECEIPT

BUSINESS ACTUAL TIME DRW
2/21/2020 2/21/2020 09:36:05 2
REG WS02 WALKIN MSJ
>>RECEIPT # 012307 2/21/2020 OFLN
528 ZONING VERIFICATION
195560
Recpt Tot $ 100.00
100.00 CK .00 CA
Baltimore County, Maryland

CASHIER'S VALIDATION