USE PERMIT



IT IS ORDERED by the Director o	f the Depart	ment of Pe	ermits, Approva	als and			
Inspections of Baltimore County, t	his <u>12</u>	_ day of _	March	, 20_Z¢			
that Abraham Shu	partz			_ located at			
, (Individua	al or business n	ame)					
37 Willow Avenu	R. 212	86	should	d be and the			
(Street address)							
same is hereby granted permission to operate at an Assisted							
Living Facility I (4 beds)							
0							
195509		M	J. Mulus	P			
Permit (or Receipt) Number	Director,	Permits, A	pprovals and	Inspections			
Povined 10/17/11			Planner's Initials	s gh			

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Permit (or Receipt) Number	Director, F	Permits, A	Approvals and	Inspections			
Revised 10/17/11			Planner's Initials				

4p-2020-0003-AL

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	Permit No. (if required) B Intake Planner's Name Filling Date 02 120 2020				
FROM:	Department of Permits, Approvals and Inspections Zoning Review Office M.S. 1105	Filing Date Own 1000 1000 000				
RE:	Assisted Living Facility I or II					
This offic	te is requesting recommendations and comments from the Office of Pl	anning prior to Zoning Review Office's approval of a building/use permit.				
	Abraham Shwartz 2435 Syl Print Name of Applicant Applicant Applicant Address Applicant Applicant Address Applicant Address Applicant Applicant Address Applicant Applica	ANCE INFORMATION (As Required under A and B below): Vale Poad (410) 236 - 1503				
(to	PPLICANT MUST PROVIDE THE FOLLOWING ITEMS (be submitted by applicant for required compatibility and/or appearance Completed Recommendation Form (3 copies)	e review by the Office of Planing) information acceptance by marking X below: YES NO				
	ing Permit Application or Copy (If available)					
3 Site F	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					
State	ment of Compliance with Checklist Note 5.A					
State	ment of Compliance with Checklist Note 6 regarding the 1000 foot proximity requir	rement of Section 432.1.A.3, BCZR				
State:	ment of Compliance with Checklist Note 10 regarding automatic sprinkler system i ir more information about automatic sprinkler system requirements, you must cont	requirement of County Building Code act the Building Plans Review Office at 410-887-3987)				
	ing Elevation Drawings (these <u>may be waived</u> if note 5.A. from thing Use Permit Checklist can be stated on the plans)					
5. Photo Show	ographs (please label all photos clearly) v the Adjoining Buildings, the Proposed Building, and the Surrounding Neighborho	ood				
6. Appli	cant Confirms compliance with 1000 foot proximity requirement o	of section 432.1.A.3, BCZR				
Build	cant Confirms that Building Plans Review Office was contacted reling Plans Review Office can be reached at 410-887-3987	egarding automatic sprinkler system requirements X				
8. Curre	ent Zoning Classification: DR O 7	FIG. OF BLANKING ONLY				
RECOM	TO BE FILLED IN BY THE OF MENDATIONS / COMMENTS:	FICE OF PLANNING ONLY:				
		nired modifications of the application and/or site plan to conform with the following d):				
Signed b	y:	Date:				

Page 4

37 WILLOW AVE, BALTIMORE, MD 21206

14th ELECTION DISTRICT

OWNER: ABRAHAM SHWARTZ

ADDRESS: 22 HOUNDSWOOD CT

BALTIMORE, MD 21209

DATE: 16 FEB, 2020

PHONE: 410 236 1504

Tax ID# 0907583500

LOT SIZE: 10,044 s.f.

ZONE DR 5.5

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

4 beds. 2 spaces only

EXISTING FLOOR AREAS SQ. FT.

1ST FLOOR AND SUN ROOM = 803 s.f.

2ND FLOOR

= 672 s.f.

TOTAL:

= 1,475 s.f.

BASEMENT

= 672 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 Il 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 (10,044 s.f.) ≤ 1,100 s.f.

OPEN SPACE: .10 x lot area (10,044 s.t.) & 1,100 s.t.

This property is in compliance with the 1000 proximity requirement. SIGNS WILL COMPLY WITH SECTION 450.B.C.Z.R.

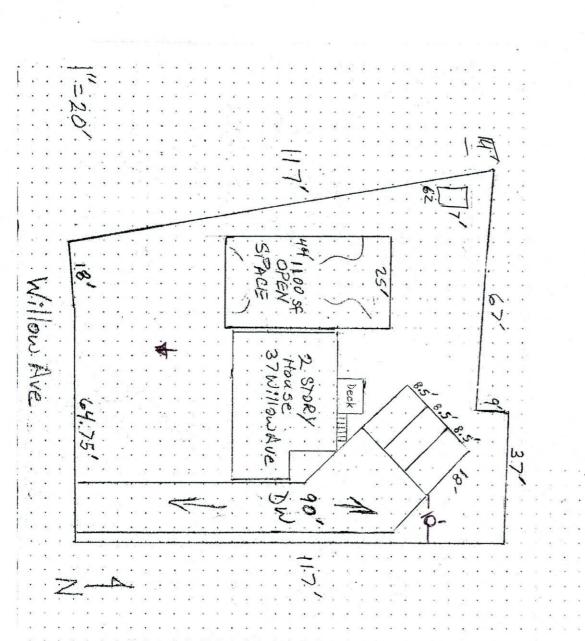
THE UNDERSIGNED (STATE IF OWNER OR APPLICANT) ARE RESPONSIBLE FOR THE ACCURACY OF THIS INFORMATION ON THIS PLAN.

SIGNATURE

DATE

PRINTED

ENGINEERS SCALE 1 in = 20 ft



BALLIMORE, MD 21206

York Rd VICINITY MAP

Baltimore County - Permit Review

BALTIMORE COUNTY, MARYLAND STATE AND COUNTY REAL PROPERTY TAXES

Ownership and Address Information

Parcel ID: 09-07-583500 **Tax Year:** 2020

Owner Name: Shwartz Abraham Etal

Shwartz Nataly

Mailing Address: 22 Houndswood Ct, Baltimore, MD 21209

Parcel/Situs Address: 37 Willow Ave

District: 09

Property Class: 04 Residential

Semi-Annual Eligible: No

Miscellaneous:

Legal Description

LT 1 PT LT 2 37 WILLOW AVE

Assessment Information -

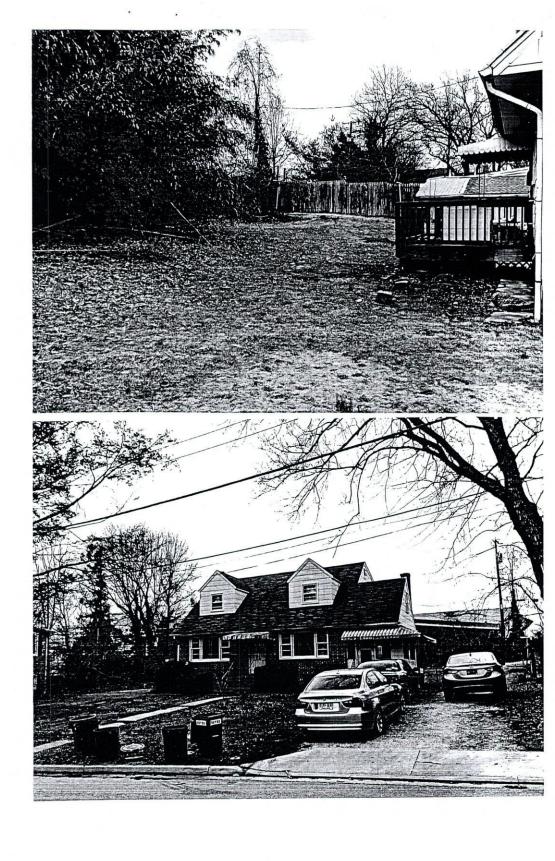
Full Year 233,500

Tax rate for Full Year: County \$1.10000, State \$0.11200 per \$100 of Assessed Value

Tax Receivable Amounts

Bill Date: 07/01/2019

Billed Amount	Paid	Outstanding	First SA	Second SA
4,537.18	4,537.18	.00	.00	.00
.00	.00	.00	.00	.00
4,537.18	4,537.18	.00	.00	.00
.00	.00	.00	.00	.00
.00	.00	.00	.00	.00
45.38	45.38	.00	.00	.00
.00	.00	.00	.00	.00
4,582.56	4,582.56	.00	.00	.00
	Amount 4,537.18 .00 4,537.18 .00 .00 .00 .45.38 .00	Amount Paid 4,537.18 4,537.18 .00 .00 4,537.18 4,537.18 .00 .00 .00 .00 45.38 45.38 .00 .00	Amount Paid Outstanding 4,537.18 4,537.18 .00 .00 .00 .00 4,537.18 4,537.18 .00 .00 .00 .00 .00 .00 .00 45.38 45.38 .00 .00 .00 .00	Amount Paid Outstanding First SA 4,537.18 4,537.18 .00 .00 .00 .00 .00 .00 4,537.18 4,537.18 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 45.38 45.38 .00 .00 .00 .00 .00 .00





	OFFICE	OF BUD	GET AND	IARYLANI D FINANC RECEIPT	Ε	Sub Rev/	No. Date:	1958	509	PAII BUSINES 2026/202 RES WSOI >>RECEIPT #	0 2/26/2020 WALKIN LJR	TIME 09:36:44 6/2020	DRW 1 OFLW
	Fund	Dept	Unit	Sub Unit			Dept Obj	BS Acct	Aı	mount		RIFICATION	
	9 0	900	000		0150				11	70 From	ouy - Tot \$	100.00	
											oo cx	.00	CA
										Balt	more County,	Maryland	
										<i>a</i>)			
							Total:		10	ω			
1000	Rec From:	Ab	raha	m S	In we	MZ							
	For: 37 Willow Ave												
	ALFI												
DISTRIBUTION COLOR AL										SHIER'S IDATION			
WHITE - CASHIER PINK - AGENCY YELLOW - CUSTOMER GOLD - ACCOUNTING													
PLEASE PRESS HARD!!!!													

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	Permit No. (if required) B Intake Planner's Name Filling Date 02 , 20, 2020	nue, 21286 Devik 3/13/2020
RE:	Assisted Living Facility I or II		
This offic	e is requesting recommendations and comments from the Office of Pla	nning prior to Zoning Review Office's approval of a bu	ilding/use permit.
Lot Loca	Abraham Shwartz 2435 Sylprint Name of Applicant ALF Lot Address 37 Willow Avenue, 21286 Eation: NE Swiside/corner of Meridan Lane wher: Abraham Shwartz s:2435 Sylvale Road, Ba Himore Mangary	vale Road (410) 236 -1503	Address of Lot 10044 411
(to	PLICANT MUST PROVIDE THE FOLLOWING ITEMS (1 be submitted by applicant for required compatibility and/or appearance completed Recommendation Form (3 copies)	review by the Office of Planing) information by mark	nner to confirm on acceptance king X below; YES NO
	ing Permit Application or Copy (If available)		×
3. Site P Prope Staten	Plan (See Zoning Use Permit Checklist on Page 2 for Requirements): rty (3 copies): including lot size and square feet of buildings, parking and open spanent of Compliance with Checklist Note 5.A	ment of Section 432.1 A.3, BCZR	× — × — × — × — × — × — × — × — × — × —
4. Buildi	more information about automatic sprinkler system requirements, you must contain ng Elevation Drawings (these <u>may be waived</u> if note 5.A. from the g Use Permit Checklist can be stated on the plans)	·	_ ×
Show	graphs (please label all photos clearly) the Adjoining Buildings, the Proposed Building, and the Surrounding Neighborhoo		× _
	cant Confirms compliance with 1000 foot proximity requirement of		×
Buildi	rant Confirms that Building Plans Review Office was contacted reg ng Plans Review Office can be reached at 410-887-3987	garding automatic sprinkler system requirements	<u> </u>
	TO BE FILLED IN BY THE OFF	FICE OF PLANNING ONLY!	
Signed by	Approval Disapproval Approval conditioned on require Comments below (or attached). To the Director, Office of Planning	RECEIVED - Date:	with the following $\int \mathcal{U} \left \frac{20}{20} \right $

Page 4

DEPARTMENT OF PLANNING

