USE PERMIT

IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County, this 15 day of May, 2020, that Abraham Shwartz (Individual or business name) located at 37 Willow Avenue 21286 (Street address) should be and the same is hereby granted permission to operate a: an Assisted Living Facility I ; for 6 Beds

197368
Permit (or Receipt) Number

Director, Permits, Approvals and Inspections

Planner's Initials gh

Revised 10/17/11

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

up-2020-0004-AL

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 37 Willow Avenue, 21286

Permit No. (if required) B _____

Intake Planner's Name Gary Hucik

Filing Date 3/16/2020

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):

Abraham Shwartz | 2435 Sylvale Road, Baltimore MD 21209 | (410)236-1503 | Shwartz1@verizon.net
Print Name of Applicant | Applicant Address | Telephone Number | Email Address

ALF Lot Address 37 Willow Avenue, 21286 Election District 9 Councilmanic District ___ Sq. Ft. of Lot 10044

Lot Location: N E S W side/corner of Meridian Lane (street), _____ feet from N E S W corner of Maryland Avenue (street)

Land Owner: Abraham Shwartz 10 Digit Tax Account Number 0902758500

Address 2435 Sylvale Road, Baltimore MD 21209 (410)236-1503 Shwartz1@verizon.net
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 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: DR 5.5

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: Brett M. Williams for the Director, Office of Planning

Date: 5/15/20

Page 4

RECEIVED
MAR 19 2020
DEPARTMENT OF PLANNING

BALTIMORE COUNTY, MARYLAND
DEPARTMENT OF PERMITS, APPROVALS, AND INSPECTIONS

APPROVED PERMIT PLAN SET
PERMIT #: RQO24-0035
PERMIT ISSUED DATE/TIME:
06/06/2024
THE REVIEW OF THESE PLANS DOES NOT RELIEVE THE OWNER, ARCHITECT, ENGINEER OR CONTRACTOR OF ANY RESPONSIBILITY WHATEVER FOR THE DESIGN, STRENGTH OR SAFETY OF THE CONSTRUCTION IT COVERS. ALL CONSTRUCTION MUST CONFORM TO THE BUILDING AND FIRE CODES INCLUDING DETAILS SHOWN OR NOT SHOWN. THE REVIEW OF THESE PLANS COVERS BASIC BUILDING CODE ITEMS. ADDITIONAL COMMENTS MAY BE ATTACHED. APPROVED PLANS MUST REMAIN AT BUILDING SITE UNTIL COMPLETION.

, Director

E. John Bryan

E. John Bryan, Building Engineer

BUILDING PERMIT

PERMIT #: B9870[illegible] CONTROL #: FD-21 DIST: 09 PREC: 01
DATE ISSUED: 09/15/2021 TAX ACCOUNT #: 0907583500 CLASS: 04

PLANS: CONST 3 PLOT 0 R PLAT 0 DATA 0 ELEC PLUM
LOCATION: 37 WILLOW AVE
SUBDIVISION: AIGBURTH PLAT

OWNERS INFORMATION
NAME: SHWARTZ ABRAHAM
ADDR: 22 HOUNDSWOOD CT,BALTIMORE MD 21209-0000

TENANT:
CONTR: FUENTES FIRE PROTECTION, LLC
ENGNR:
SELLR:
WORK: INSTALL NFPA 13D SYSTEM WITH 35 SPRINKLERS. LARGEST PIPE SIZE 1 1/4". REFER TO B974187 FOR R-3 DWELLING WITH ASSISTED LIVING FACILITY FOR 5 CLIENTS. THIS PERMIT CANCELS AND REPLACES ISSUED PERMIT B973163, CHANGE IN CONTRACTOR PER DMC. BUCKET TEST REQUIRED. 3/4" METER
BLDG. CODE:
RESIDENTIAL CATEGORY: GROUP OWNERSHIP: PRIVATELY OWNED

PROPOSED USE: ASSISTED LIVING AND SPRINKLERS
EXISTING USE: SFD

TYPE OF IMPRV: OTHER
USE: OTHER - RESIDENTIAL
FOUNDATION: BASEMENT:
SEWAGE: WATER:

LOT SIZE AND SETBACKS

SIZE: 0082.50 X 0000.00
FRONT STREET:
SIDE STREET:
FRONT SETB: N/C
SIDE SETB: NC/NC
SIDE STR SETB:
REAR SETB: N/C

THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUE

PLEASE REFER TO PERMIT NUMBER WHEN MAKING INQUIRIES

BALTIMORE COUNTY FIRE DEPARTMENT
INVESTIGATIVE SERVICES
FIRE INSPECTION REPORT

APPROVED PERMIT PLAN SET
PERMIT #: RQO24-0035
PERMIT ISSUED DATE/TIME:
06/06/2024
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1. STATION	2. SHIFT	3. PERMIT NUMBER	4. NUMBER OF PAGES:
HU	32	1475546	PAGE 1 OF 1

5. DATE OF INSPECTION	OCCUPANCY TYPE:	COMPLETE 7A AND 7B IF THE OCCUPANCY TYPE IS A 100	7-A CAPACITY SIGN: ☐ YES ☐ NO	7-B CAPACITY:	8. NUMBER OF STORIES:	9. UNITS:
	R-3			0	03	02

10. BUSINESS NAME:	11. BUSINESS TELEPHONE NUMBER:
RESIDENTIAL - FINAL	

12. BUSINESS ADDRESS:	13. SUITE	14. CITY	15. STATE	16. ZIP CODE
LOW AVE		TOWSON	MD	21286

17. BUSINESS REPRESENTATIVE NAME:	18. KNOX BOX ☐ YES ☐ NO	KEYS ADDED OR REMOVED FROM THE KNOX BOX – FILL OUT THE KNOX BOX FORM 25
TED		

19. BUILDING FIRE PROTECTION SYSTEMS:

	NAME OF COMPANY:	TELEPHONE NUMBER:	LAST SERVICE DATE:
19-1. SPRINKLER SYSTEM ☑ YES OR ☐ NO	FUENTES FIRE PROTECTION	443-506-7604	9.25.24
19-2. FIRE ALARM SYSTEM ☐ YES OR ☐ NO	NAME OF FIRE ALARM COMPANY:	TELEPHONE NUMBER:	LAST SERVICE DATE:

20. OWNERS INFORMATION: (BUILDING OR BUSINESS)

NAME:	TELEPHONE NUMBER:

ADDRESS:	SUITE	CITY	STATE	ZIP CODE

21. VIOLATIONS / LOCATIONS / CODE SECTIONS / COMPLETION DATES :

PERMIT # P967059

- FINAL SPRINKLER INSPECTION CONDUCTED WITH BUCKET TEST WITNESSED AND ~~MISSED~~. APPROVED -
- 15 GALS IN 1 MIN ON BUCKET TEST.

22 INSPECTED BY (PRINT NAME):	23. REPRESENTATIVE SIGNATURE:	24. DATE:
David Plennar		9.26.24
25. INSPECTORS SIGNATURE:	**26. INSPECTORS SIGNATURE AFTER COMPLETION OF VIOLATIONS:**	**27. DATE:**
David P Plennar		

28. RE-INSPECTIONS

1ST RE-INSPECTION DATE:	INSPECTED BY (PRINT NAME):	2ND RE-INSPECTION DATE:	INSPECTED BY (PRINT NAME):

29. REFERRAL TO DISTRICT FIRE MARSHAL	CAPTAIN SIGNATURE:	DATE:	BATTALION CHIEF SIGNATURE:	DATE:

30. FIRE STATION TELEPHONE NUMBER:	31. DISTRICT FIRE MARSHAL'S OFFICE:	32. DISTRICT OFFICE TELEPHONE NUMBER:
410-887-4882	☐ CENTRAL ☐ EASTERN ☐ WESTERN	410-887-4580

DISTRIBUTION- MASTER FILE (WHITE) – STATION FILE (YELLOW) – REPRESENTIVES COPY (PINK)
145FP (REV. 03/10)

USE PERMIT

BALTIMORE COUNTY MARYLAND

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BALTIMORE COUNTY MARYLAND

the Director of the Department of Permits, Approvals and

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(Individual or business name)

Willow Avenue 21286 should be and the
(Street address)

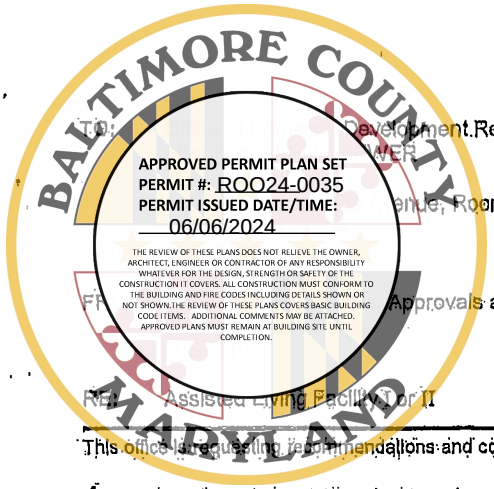
same is hereby granted permission to operate a: an Assisted Living Facility I ; for 6 Beds

197368
Permit (or Receipt) Number

Director, Permits, Approvals and Inspections

Planner's Initials gh

Revised 10/17/11



INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

CP- 2020 - 0004 - AL

TO: Development Review Office
Suite, Room 101

FROM: Approvals and Inspections

RE: Assisted Living Facility I or II

ALF Address 37 Willow Avenue, 21286

Permit No. (if required) B _____

Intake Planner's Name Gary Huck

Filing Date 3/16/2020

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for the Director, Office of Planning

Date: 5/15/20

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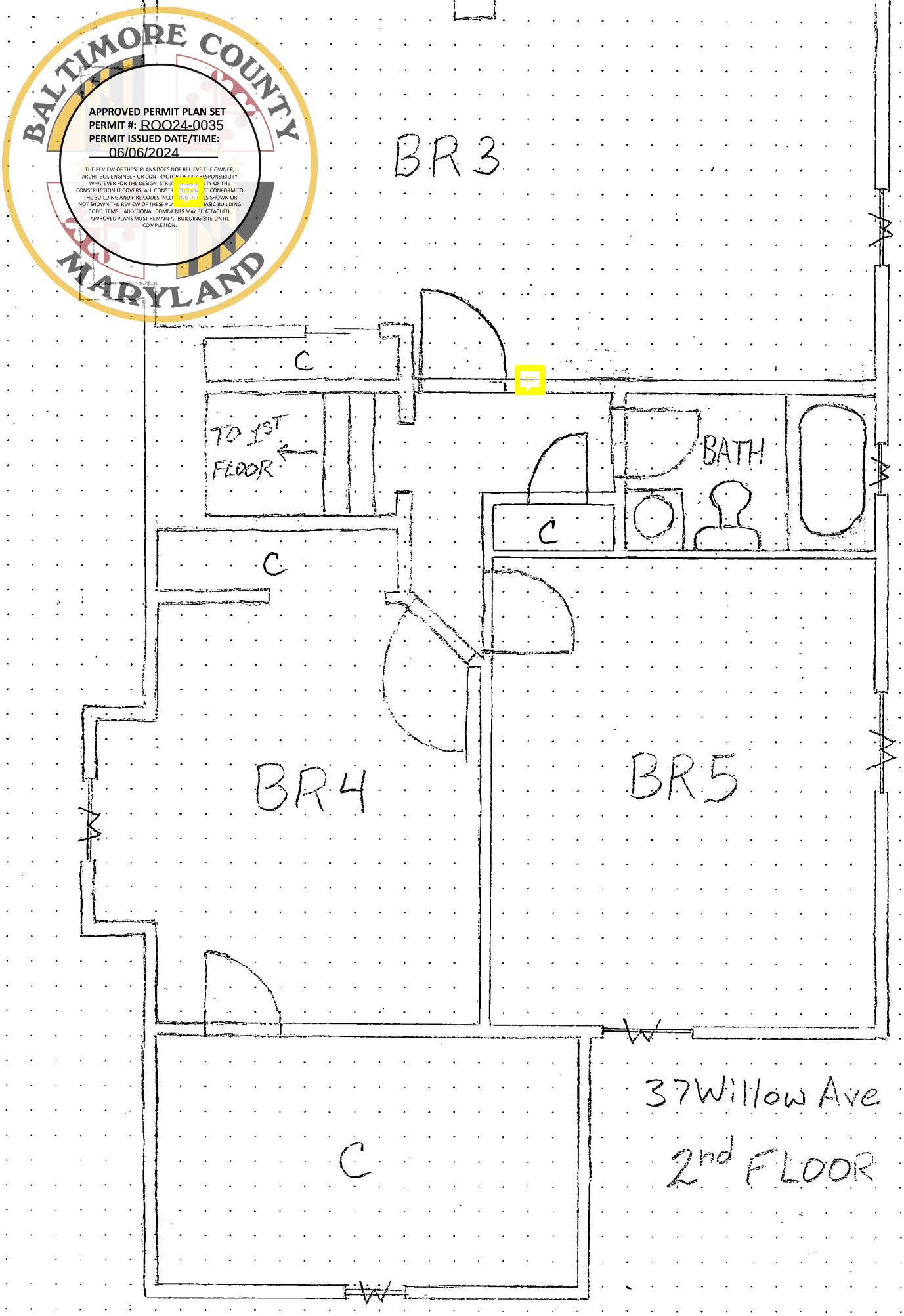
MAR 18 2020
DEPARTMENT OF PLANNING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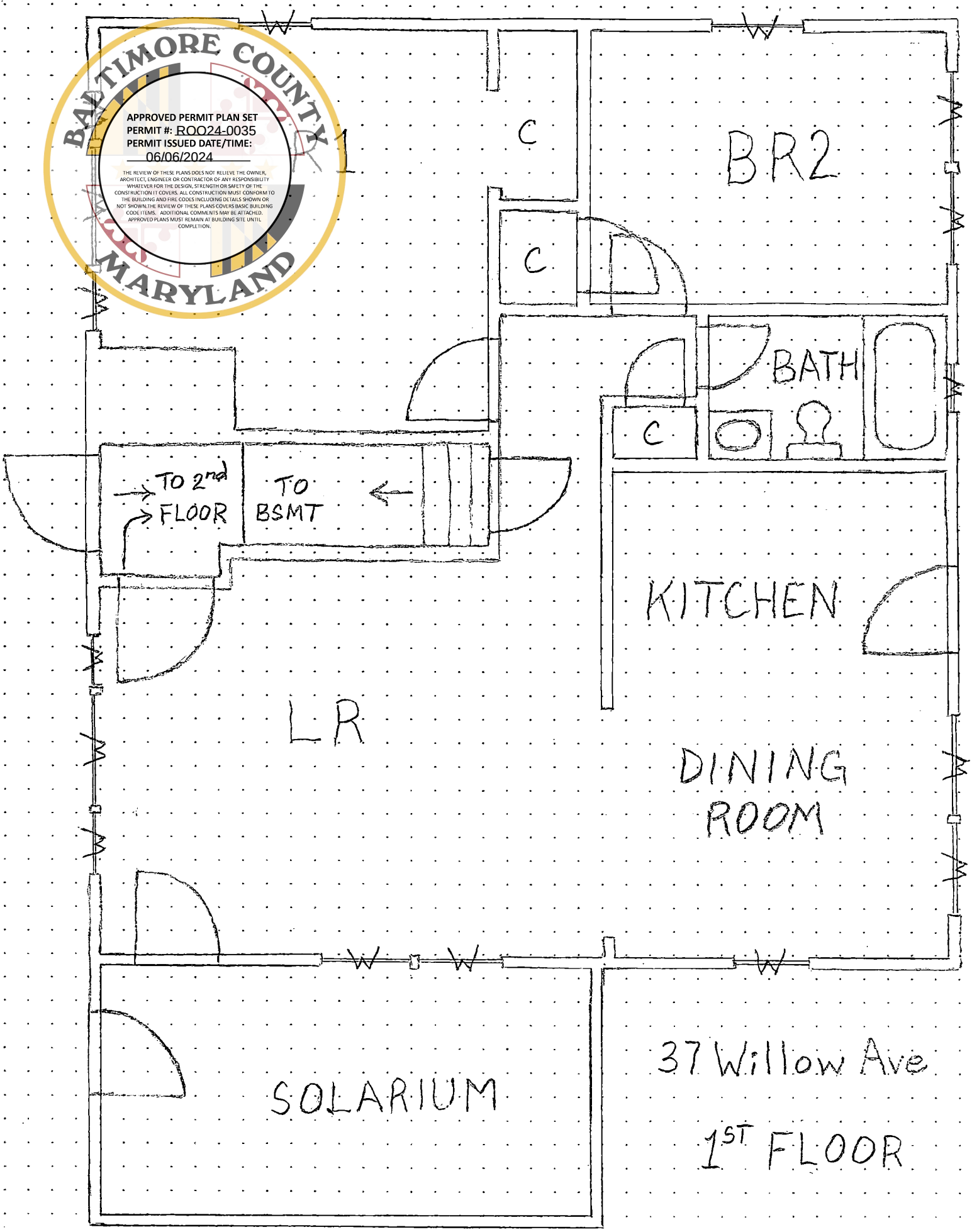
BR3
C
TO 1ST FLOOR
BATH
C
C
BR4
BR5
C
37 Willow Ave
2nd FLOOR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MARYLAND
C
C
BR2
BATH
C
TO 2nd FLOOR
TO BSMT
KITCHEN
LR
DINING ROOM
SOLARIUM
37 Willow Ave
1ST FLOOR

37 Willow Ave

re, MD 21206

BALTIMORE COUNTY MARYLAND

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VICINITY MAP