

USE PERMIT



IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County, this 24 day of September, 2020, that Abraham Shwartz located at
(Individual or business name)
2431 Forest Green Road 21209 should be and the
(Street address)

same is hereby granted permission to operate a: an Assisted
Living Facility for 4 Beds

19974L
Permit (or Receipt) Number

[Signature]
Director, Permits, Approvals and Inspections

Planner's Initials gh

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 2431 Forest Green Road
Baltimore MD 21209
Permit No. (if required) B _____
Intake Planner's Name _____
Filing Date 7, 30, 2020

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

RE: Assisted Living Facility I or II

8/18/2020

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 Schwartz 22 Houndswood Court (410) 236-1503
Print Name of Applicant Applicant Address Telephone Number Email Address
ALF Lot Address 2431 Forest Green Road, 21209 Election District 3 Councilmanic District _____ Sq. Ft. of Lot _____
Lot Location: N E S W side/corner of _____ feet from N E S W corner of _____
(street) (street)
Land Owner: Abraham Schwartz 10 Digit Tax Account Number _____
Address: 22 Houndswood Court Baltimore 410 236-1503
MD 21209 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)	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 <u>may be waived</u> 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: <u>DR 5.5</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: Brett M. Williams
for the Director, Office of Planning

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RECEIVED
AUG 03 2020

Date: 9/22/20

DEPARTMENT OF PLANNING