

**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 1 Belou James Pl Gwyn Oak, MD 21207

Permit No. (if required) B CIA 2021-0008-A2

Intake Planner's Name S. Crawford

Filing Date 08/02/2021

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

RE: Assisted Living Facility I or II 5 beds

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):

chloea hill	9234 Christo Ct Owings MD 21117	917-561-9908	CHELOEA122@AOL.COM
Print Name of Applicant	Applicant Address	Telephone Number	Email Address
ALF Lot Address	1 Belou James Pl Gwyn Oak, MD 21207	Election District	7 Councilman's District
		2	Sq. Ft. of Lot
			7971
Lot Location:	NE S W side/corner of Bel Lou James Pl	110	feet from NE S W corner of
	(street)		Estac: RD
			(street)
Land Owner:	Merwin Darden	10 Digit Tax Account Number	2000004342
Address:	5514 Maudes Way White Marsh, MD 21162	410 699-7449	mdarden@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)	X	___
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	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 410-897-3987)	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)	NA	___
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 410-897-3987	X	___
8. Current Zoning Classification: _____		

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: BM Wallace
for the Director, Office of Planning

Date: 8/13/21

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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):

cheloeba123	9234 Christo Ct Owings MD 21117	917-561-9808	CHELOEBA123@ACL.COM
<small>Print Name of Applicant</small>	<small>Applicant Address</small>	<small>Telephone Number</small>	<small>Email Address</small>
ALF Lot Address: <u>1 Bellou James Pl Gwyn Oak, MD 21207</u>	Election District: <u>7</u>	Councilman's District: <u>2</u>	Sq. Ft. of Lot: <u>7971</u>
Lot Location: <u>NE S W side/corner of</u> <u>Bellou James Pl</u> <u>110</u> feet from <u>NE S W</u> corner of <u>Essex RD</u>	<small>(street)</small>		<small>(street)</small>
Land Owner: <u>Marvin Darden</u>	10 Digit Tax Account Number: <u>2000004342</u>		
Address: <u>5514 Maudes Way White Marsh, MD 21162</u>	Telephone Number: <u>410-699-7449</u>	Email Address: <u>mdarden@gmail.com</u>	

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)	___	___
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 410-697-3987)	X	___
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5. Photographs (please label all photos clearly) Show the Adjoining Buildings, the Proposed Building, and the Surrounding Neighborhood	X	___
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8. Current Zoning Classification: _____		

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: BM Wallace
for the Director, Office of Planning

Date: 8/13/21

USE PERMIT



IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County, this 13th day of AUGUST, 2021, that Chelora Hill located at 1 Betlou James Place should be and the

(Individual or business name)
(Street address)

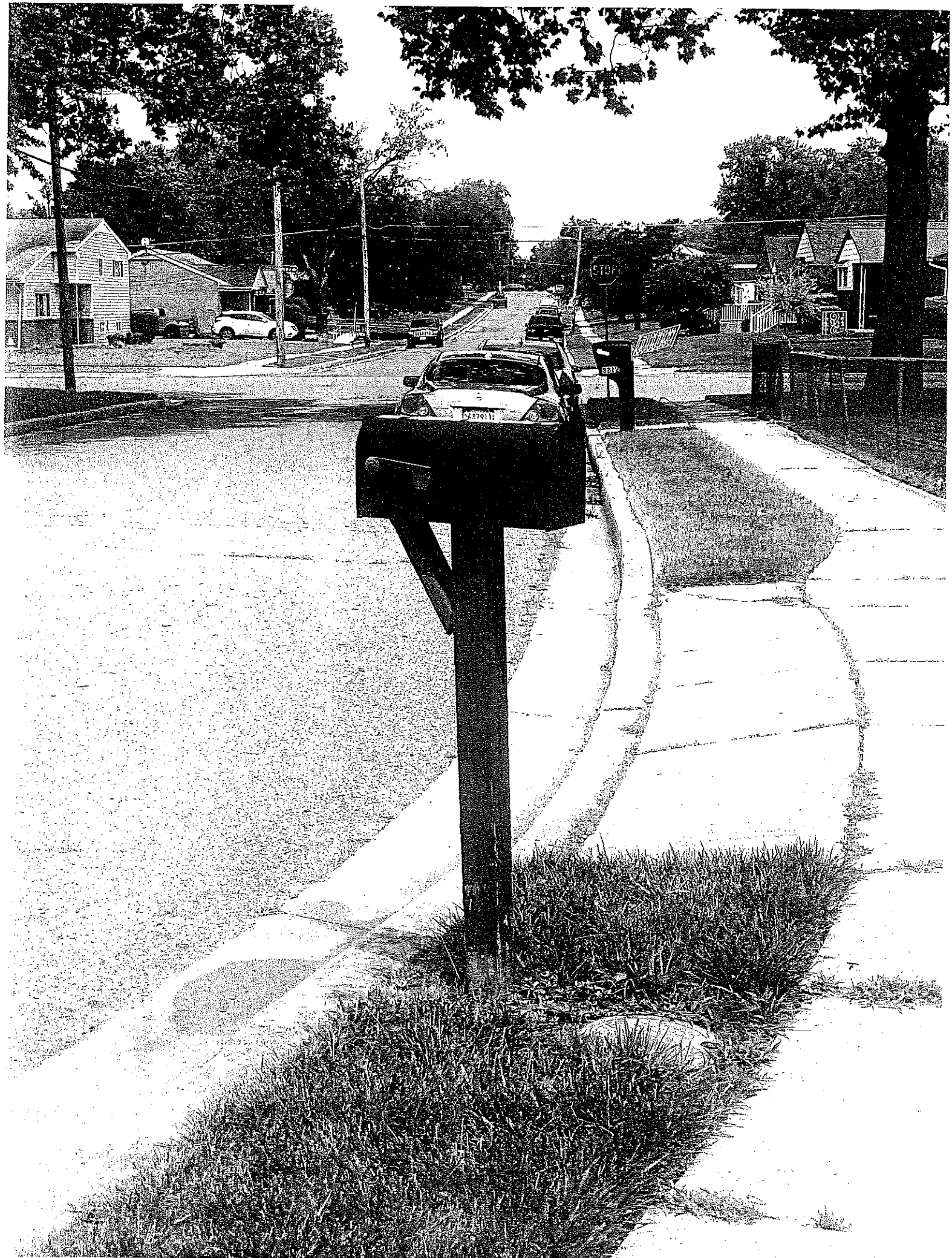
same is hereby granted permission to operate a: Assisted Living Facility

UP-2021-0008-A2
Permit (or Receipt) Number

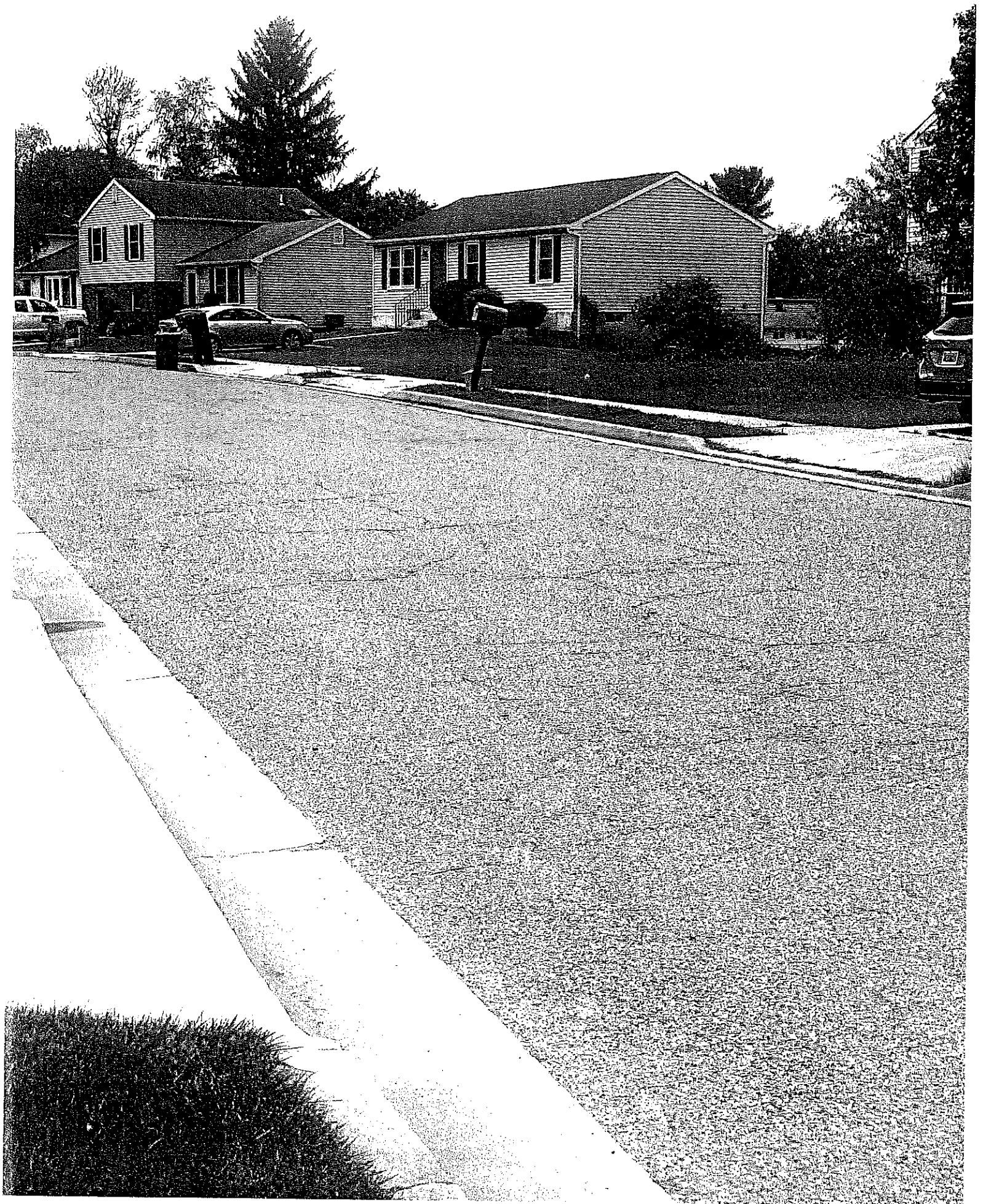
C. P. [Signature]
Director, Permits, Approvals and Inspections

Planner's Initials SL

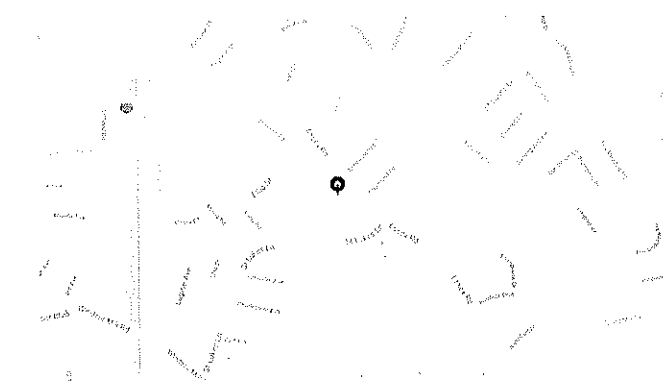






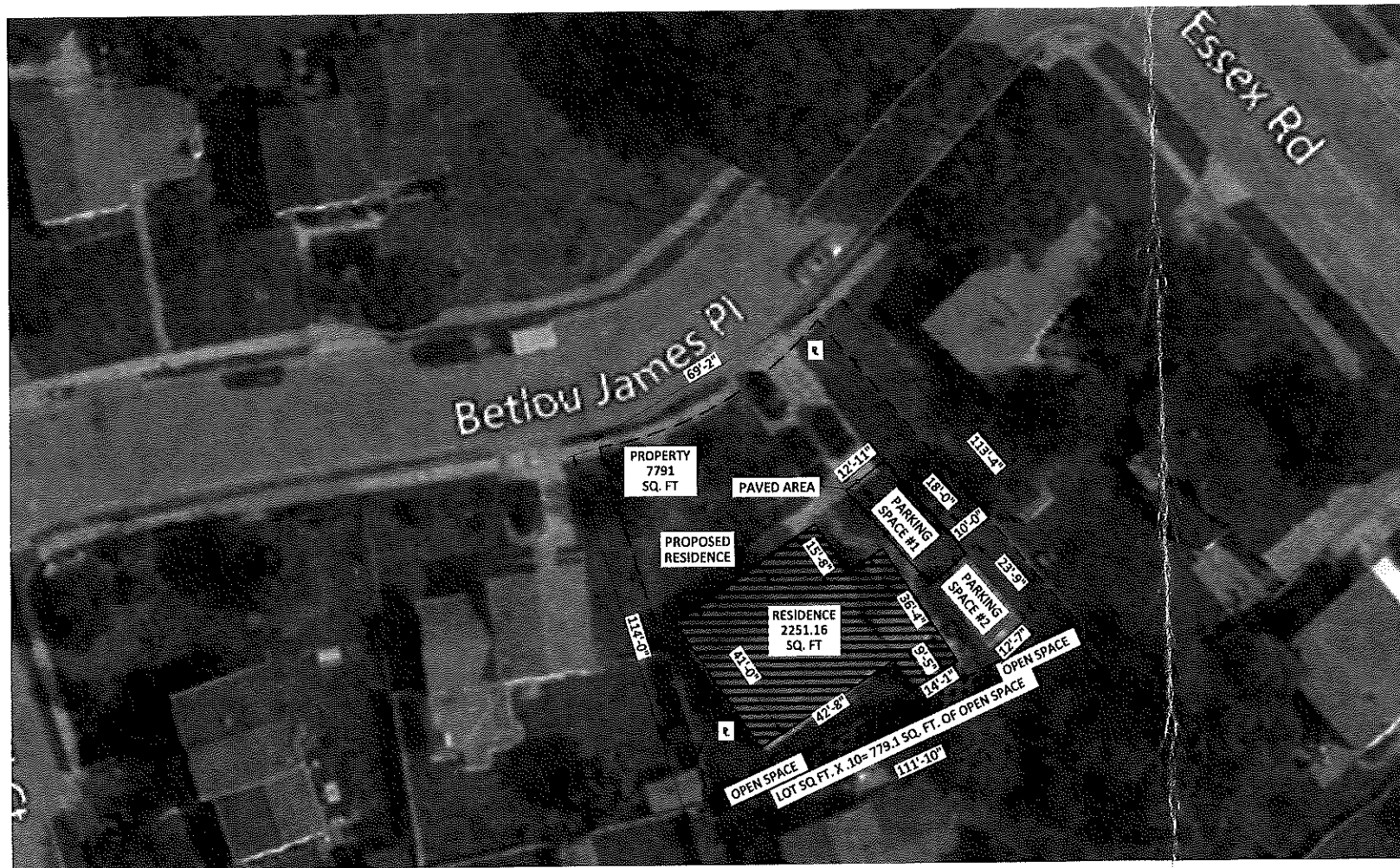


LEGEND:			
	PROPERTY LINE		OPEN SPACE
	PARKING AREA		PARKING HATCH
	RESIDENCE		RESIDENCE PATTERN
	PAVED AREA		PAVED PATTERN



AREA STREET MAP

SCALE: NTS

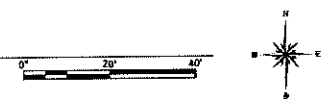


NOTES:

- 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 TO EXCEED THIS LIMIT FOR 5 YEARS FROM THE DATE OF THIS APPLICATION
- NOTE ON THE PLAN: 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 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 432A.
- THE 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.
- PARKING CALCULATIONS:
 (5) BEDS
 (1) PARKING SPACE FOR EACH 3 BEDS (ROUND-UP ALL NUMBERS).
 = 2PARKING SPACES
 NOTE: EACH PARKING SPACE MUST BE 8-1/2 FEET X 18 FEET. ALL PARKING AND MANEUVERING WILL BE PAVED WITH A DURABLE, DUSTLESS SURFACE (SUCH AS ASPHALT OR CONCRETE AND WILL BE PERMANENTLY STRIPED. LOCATION AND DIMENSION OF ALL PARKING AND MANEUVERING AREAS SHOWN ON PLAN.

SINATURE	DATE
PRINTED NAME	DATE
SINATURE	DATE
PRINTED NAME	DATE

SITE PLAN
SCALE: 1" = 20'

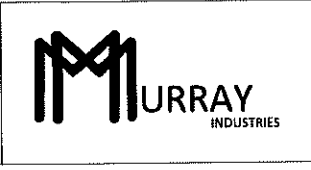


REV	DATE	BY	DESCRIPTION
A	7/22/21	J.M.	REQUESTED CHANGES AS PER CITY PLANNING AND ZONING

**PRELIMINARY
NOT FOR CONSTRUCTION**

WARNING
IF THIS BAR DOES NOT MEASURE 1" THEN DRAWING IS NOT TO SCALE.

MARVIN DARDEN
1 Bet Lou James Place
Baltimore, MD 21117



CHELOEA HILL 917-561-9908
NEW ASSISTED LIVING FACILITY ALF I
PERMIT PLAN FOR ASSISTED LIVING FACILITY ALF I FOR A MAXIMUM OF (5) BEDS

LISA STEPHENS
1 Bet Lou James Place
Baltimore, MD 21117
DRAWN BY: J. MURRAY
PROJECT DATE 7/22/21

DRAWING
A101