

USE PERMIT



IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County, this 25TH day of August, 2022, that 21C INTEGRATIVE SERVICES, LLC located at 392 BUTLER ROAD (individual or business name) should be and the (Street address) same is hereby granted permission to operate a: 5-BED ASSISTED LIVING FACILITY

023700528727

Permit (or Receipt) Number

Director, Permits, Approvals and Inspections

UP-2022-0007-AL

Planner's Initials JS/SC

Revised 10/17/11

Inter-office Correspondence Recommendation Form

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

ALF Address 392 Butler Rd.
Reisterstown, MD 21136
Permit No. (if required) B _____

Intake Planner's Name _____

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

Filing Date 6 / 29 / 2022

RE: Assisted Living Facility I or II

UP 2002-0007 AL

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 COPATABILITY / APPEARANCE INFORMATION (As Required under A and B below):

Yana Rachinskaya 2908 Caves Rd, Owings Mills, MD 21117
Print Name of Applicant Lot 10-11-12 Applicant Address 410-530-8823 Telephone Number yrachinskaya@gmail.com Email Address
ALF Lot Address 392 Butler Rd. Election District 04 Council District 004 Sq. Ft. of Lot 15,246 sq ft
Reisterstown, MD 21136
Lot Location: (N/E/S/W) side/corner of Butler Rd. feet N/E/S/W corner of n/a - inside lot
Street Street
Land Owner: 21C Integrative Services, LLC Digit Tax Account Number 0413040775
Address: 2908 Caves Rd, Owings Mills, MD 21117 Telephone Number 410-530-8823 Email Address yrachinskaya@gmail.com

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 ☒ below

- | | YES | NO |
|---|-------------------------------------|-------------------------------------|
| 1. This Completed Recommendation Form (3 Copies) _____ | ☒ | ☐ |
| 2. Building Permit Application or Copy (If available) <u>R22-06361, pending</u> | ☒ | ☐ |
| 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% of lot area _____ | ☒ | ☐ |
| Statement of Compliance with Checklist Note 5.A _____ | ☒ | ☐ |
| Statement of Compliance with Checklist Note 6 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) _____ | ☒ | ☐ |
| 4. Building Elevation Drawings (these may be waived if note 5.A from the Zoning Use Permit Checklist
can be stated on the plans) <u>n/a</u> | ☐ | ☒ |
| 5. Photographs (please label all photos clearly)
Show the adjoin buildings, the proposed building, and the surrounding neighborhood _____ | ☒ | ☐ |
| 6. Application Confirms compliance with 1,000 foot proximity requirement of Section 432.1.A.3 BCZR _____ | ☒ | ☐ |
| 7. Applicant Confirms that the Building Plans Review Office was contacted regarding automatic sprinkler system requirements _____ | ☒ | ☐ |
| 8. Current Zoning Classification: <u>DR 3.5</u> <u>R22-06559, under review</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. Walling
For the Director, Office of Planning

Date: 8/22/22

Revised 1/2022