

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

TO: Director, Office of Planning

Attention: Development Review Division
Jefferson Building
105 West Chesapeake Avenue, Room 101
Towson, MD 21204
Mail Stop 3402

FROM: Director
Department of Permits, Approvals and Inspections

RE: Undersized Lots

Building Permit No. B _____
Zoning Office Reviewer Jesse Kroat
Use Permit #: UA-20 25 - 0001 - UL

Residential Processing Fee Paid (\$100.00)

Accepted by _____

Date _____

Pursuant to Section 304.2 (Baltimore County Zoning Regulations) effective June 25, 1992, the Zoning Review Office of PAI is requesting recommendations and comments from the Office of Planning prior to Zoning Review Office approval of a residential building permit.

MINIMUM APPLICANT SUPPLIED INFORMATION:

Name of Applicant(s) TRAVIS COMPANY
Applicant's Mailing Address 500 Meadow Rd Baltimore MD 21206
Applicant's Telephone Number (410) 997-1785 Applicant's Email Address T.Omoparadi@gmail.com
Lot Address 6705 Fairmount Ave Election District 3 Council District 7 Lot Square Feet 5500
Lot Location: N E S W/side of _____, _____ feet/at corner of N E S W/of/side of _____
(Street Name) (# of feet) (Street Name)

Land Owner(s): Hampshire Home Development LLC Digit Tax Account Number 2900005962
Owner's Mailing Address: 500 Meadow Rd Baltimore MD 21206
Owner's Telephone Number (410) 997-1785 Owner's Email Address T.Omoparadi@gmail.com

CHECKLIST OF MATERIALS (to be submitted at the filing appointment for design review by the Office of Planning)

APPLICANT MUST PROVIDE 1 through 6

1. This Recommendation Form (3 copies)

2. Permit Application

3. Site Plan
Property (3 copies)

4. Building Elevation Drawings

5. Photographs (please label all photos clearly)
Adjoining Buildings
Surrounding Neighborhood

6. Current Zoning Classification: DESS

Planner Acceptance Check Off
YES NO

☒	☐
☒	☐
☒	☐
☒	☐
☒	☐
☒	☐

TO BE FILLED IN BY THE OFFICE OF PLANNING ONLY!

RECOMMENDATIONS / COMMENTS:



Approval



Disapproval



Approval conditioned on required modifications of the application to conform with the following recommendations:

Signed by: _____

For the Director, Office of Planning

Date: April 14 2025

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

TO: Director, Office of Planning
Attention: Development Review Division
Jefferson Building
105 West Chesapeake Avenue, Room 101
Towson, MD 21204
Mail Stop 3402

Building Permit No. B _____
Zoning Office Reviewer Jesse Kroat
Use Permit #: UA-20 25 - 0001 - UL

FROM: Director
Department of Permits, Approvals and Inspections

Residential Processing Fee Paid (\$100.00)

Accepted by _____

RE: Undersized Lots

Date _____

Pursuant to Section 304.2 (Baltimore County Zoning Regulations) effective June 25, 1992, the Zoning Review Office of PAI is requesting recommendations and comments from the Office of Planning prior to Zoning Review Office approval of a residential building permit.

MINIMUM APPLICANT SUPPLIED INFORMATION:

Name of Applicant(s) TRANS Improv
Applicant's Mailing Address 506 Meadow Rd Baltimore MD 21206
Applicant's Telephone Number (443) 997-1785 Applicant's Email Address T.Omopanda@gmail.com
Lot Address 6705 Fairmont Ave Election District 3 Council District 2 Lot Square Feet 5500
Lot Location: N E S W/side of _____, _____ feet/at corner of N E S W/of/side of _____
(Street Name) (# of feet) (Street Name)

Land Owner(s): Home Sweet Home Development LLC Digit Tax Account Number 2900005962
Owner's Mailing Address: 506 Meadow Rd Baltimore MD 21206
Owner's Telephone Number (443) 997-1785 Owner's Email Address T.Omopanda@gmail.com

CHECKLIST OF MATERIALS (to be submitted at the filing appointment for design review by the Office of Planning)

APPLICANT MUST PROVIDE 1 through 6

1. This Recommendation Form (3 copies)

2. Permit Application

3. Site Plan
Property (3 copies)

4. Building Elevation Drawings

5. Photographs (please label all photos clearly)
Adjoining Buildings
Surrounding Neighborhood

6. Current Zoning Classification: DRSS

Planner Acceptance Check Off
YES NO

YES	NO
☒	☐
☒	☐
☒	☐
☒	☐
☒	☐
☒	☐

TO BE FILLED IN BY THE OFFICE OF PLANNING ONLY!

RECOMMENDATIONS / COMMENTS:

☐

Approval

☐

Disapproval

☐

Approval conditioned on required modifications of the application to conform with the following recommendations:

Signed by: _____
For the Director, Office of Planning

Date: _____

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

TO: Director, Office of Planning
Attention: Development Review Division
Jefferson Building
105 West Chesapeake Avenue, Room 101
Towson, MD 21204
Mail Stop 3402

Building Permit No. B _____
Zoning Office Reviewer Jesse Kroat
Use Permit #: UA-2025 - 0001 - UL

FROM: Director
Department of Permits, Approvals and Inspections

Residential Processing Fee Paid (\$100.00)

Accepted by _____

RE: Undersized Lots

Date _____

Pursuant to Section 304.2 (Baltimore County Zoning Regulations) effective June 25, 1992, the Zoning Review Office of PAI is requesting recommendations and comments from the Office of Planning prior to Zoning Review Office approval of a residential building permit.

MINIMUM APPLICANT SUPPLIED INFORMATION:

Name of Applicant(s) TRANS Omparola
Applicant's Mailing Address 506 Meadow Rd Baltimore MD 21206
Applicant's Telephone Number (410) 997-1795 Applicant's Email Address T.Omparola@gmail.com
Lot Address 6705 Fairmont Ave Election District 3 Council District 7 Lot Square Feet 5500
Lot Location: N E S W/side of _____, _____ feet/at corner of N E S W/of/side of _____
(Street Name) (# of feet) (Street Name)

Land Owner(s): Homesweet Home Development LLC Digit Tax Account Number 2900005962
Owner's Mailing Address: 506 Meadow Rd Baltimore MD 21206
Owner's Telephone Number (410) 997-1795 Owner's Email Address T.Omparola@gmail.com

CHECKLIST OF MATERIALS (to be submitted at the filing appointment for design review by the Office of Planning)

APPLICANT MUST PROVIDE 1 through 6

1. This Recommendation Form (3 copies)
2. Permit Application
3. Site Plan
Property (3 copies)
4. Building Elevation Drawings
5. Photographs (please label all photos clearly)
Adjoining Buildings
Surrounding Neighborhood
6. Current Zoning Classification: DRS.S

Planner Acceptance Check Off	
YES	NO
☒	☐
☒	☐
☒	☐
☒	☐
☒	☐
☒	☐

TO BE FILLED IN BY THE OFFICE OF PLANNING ONLY!

RECOMMENDATIONS / COMMENTS:



Approval



Disapproval



Approval conditioned on required modifications of the application to conform with the following recommendations:

Signed by: _____
For the Director, Office of Planning

Date: _____

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

TO: Director, Office of Planning

Attention: Development Review Division
Jefferson Building
105 West Chesapeake Avenue, Room 101
Towson, MD 21204
Mail Stop 3402

Building Permit No. B _____
Zoning Office Reviewer Jesse K. Smith
Use Permit #: UA-2025-001 - UL

Residential Processing Fee Paid (\$100.00)

FROM: Director
Department of Permits, Approvals and Inspections

Accepted by _____

RE: Undersized Lots

Date _____

Pursuant to Section 304.2 (Baltimore County Zoning Regulations) effective June 25, 1992, the Zoning Review Office of PAI is requesting recommendations and comments from the Office of Planning prior to Zoning Review Office approval of a residential building permit.

MINIMUM APPLICANT SUPPLIED INFORMATION:

Name of Applicant(s) TRANS Omparidlo
Applicant's Mailing Address 506 Meadow Rd Baltimore MD 21206
Applicant's Telephone Number (410) 997-1795 Applicant's Email Address T.Omparidlo@gmail.com
Lot Address 6705 Fairmount Ave Election District 3 Council District 7 Lot Square Feet 5500
Lot Location: N E S W/side of _____, _____ feet/at corner of N E S W/of/side of _____
(Street Name) (# of feet) (Street Name)

Land Owner(s): Homesweet Home Development LLC Digit Tax Account Number 2900005962
Owner's Mailing Address: 506 Meadow Rd Baltimore MD 21206
Owner's Telephone Number (410) 997-1795 Owner's Email Address T.Omparidlo@gmail.com

CHECKLIST OF MATERIALS (to be submitted at the filing appointment for design review by the Office of Planning)

APPLICANT MUST PROVIDE 1 through 6

1. This Recommendation Form (3 copies)
2. Permit Application
3. Site Plan
Property (3 copies)
4. Building Elevation Drawings
5. Photographs (please label all photos clearly)
Adjoining Buildings
Surrounding Neighborhood
6. Current Zoning Classification: DRS.S.

Planner Acceptance Check Off	
YES	NO
☒	☐
☒	☐
☒	☐
☒	☐
☒	☐
☒	☐

TO BE FILLED IN BY THE OFFICE OF PLANNING ONLY!

RECOMMENDATIONS / COMMENTS:

☐

Approval

☐

Disapproval

☐

Approval conditioned on required modifications of the application to conform with the following recommendations:

Signed by: _____
For the Director, Office of Planning

Date: _____

Date to be posted: Anytime before but no later than 04/01/2025
Request for Building and/or Use Permit.

ZONING NOTICE

BUILDING AND/OR USE PERMIT APPLICATION

ADDRESS: 6705 Fairmount Ave, Baltimore, MD 21215

PROPOSAL:
To permit an undersized lot pursuant to section 304 of the BCZR to allow lot width of 50' in
lieu of the required 55' minimum lot width.

USE PERMIT #: UA-2025-0001-UL

PUBLIC HEARING?

PURSUANT TO THE BALTIMORE COUNTY ZONING REGULATIONS, AN ELIGIBLE INDIVIDUAL OR GROUP MAY REQUEST A PUBLIC HEARING CONCERNING THE PROPOSAL, PROVIDED THE REQUEST FOR HEARING IS RECEIVED IN THE ZONING REVIEW OFFICE

BEFORE 4:30 PM ON: _____
THE REQUEST FOR HEARING MUST ALSO REFERENCE THE ADDRESS ON THIS SIGN. ADDITIONAL INFORMATION IS AVAILABLE AT THE DEPARTMENT OF PERMITS, APPROVALS & INSPECTIONS, ZONING REVIEW OFFICE, COUNTY OFFICE BUILDING, 111 W. CHESAPEAKE AVE, TOWSON, MD 21204
PHONE: 410-887-3391

DO NOT REMOVE THIS SIGN AND POST UNTIL DAY OF HEARING UNDER PENALTY OF LAW

HANDICAPPED ACCESSIBLE

CERTIFICATE OF POSTING

Use Permit #: UA-20 25 - 0001 - UL

Election District: 3 Council District: 2

Location of Property: 6705 Fairmount Ave, Baltimore, MD 21215

Posted by: _____ Date of Posting: _____

Signature: _____

Number of Signs: _____

SCHEDULED DATES, CERTIFICATE OF FILING AND POSTING FOR A BUILDING PERMIT APPLICATION PURSUANT TO SECTION 304.2

Department of Permits, Approvals and Inspections
County Office Building
111 West Chesapeake Avenue
Towson, Maryland 21204
410-887-3391

The review application for your proposed Building Permit has been reviewed and is accepted for filing

by Jesse Kroat on 2/3/25
(Name of planner) Date (A)

A sign indicating the proposed building/development must be posted on the property for fifteen (15) days before a decision can be rendered. The cost of filing is \$100.00. The applicant is responsible for the posting and costs. An approved sign poster must be used. The fee is subject to change. Confirm all current fees prior to filing the application.

The Planning Office decision can be expected within approximately four weeks. However, if a valid hearing demand is received by the closing date, then the decision shall only be rendered after the required public special hearing.

*Suggested Posting Date 2/13/25 D (15 days before C)

Date Posted _____

Hearing Requested -- Yes _____ No _____ - Date _____

Closing Day (Last Day for Hearing Demand) 2/28/25 C (B - 3 Work Days)

Tentative Decision Date 3/5/25 B (A + 30 Days)

*Usually within 15 days of filing



FRONT ELEVATION

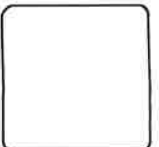
1ST & 2ND FLOOR WINDOW HEADER HEIGHTS
BOTTOM OF HEADER 94 INCHES
ABOVE SUB-FLOOR
UNLESS NOTED ON PLANS



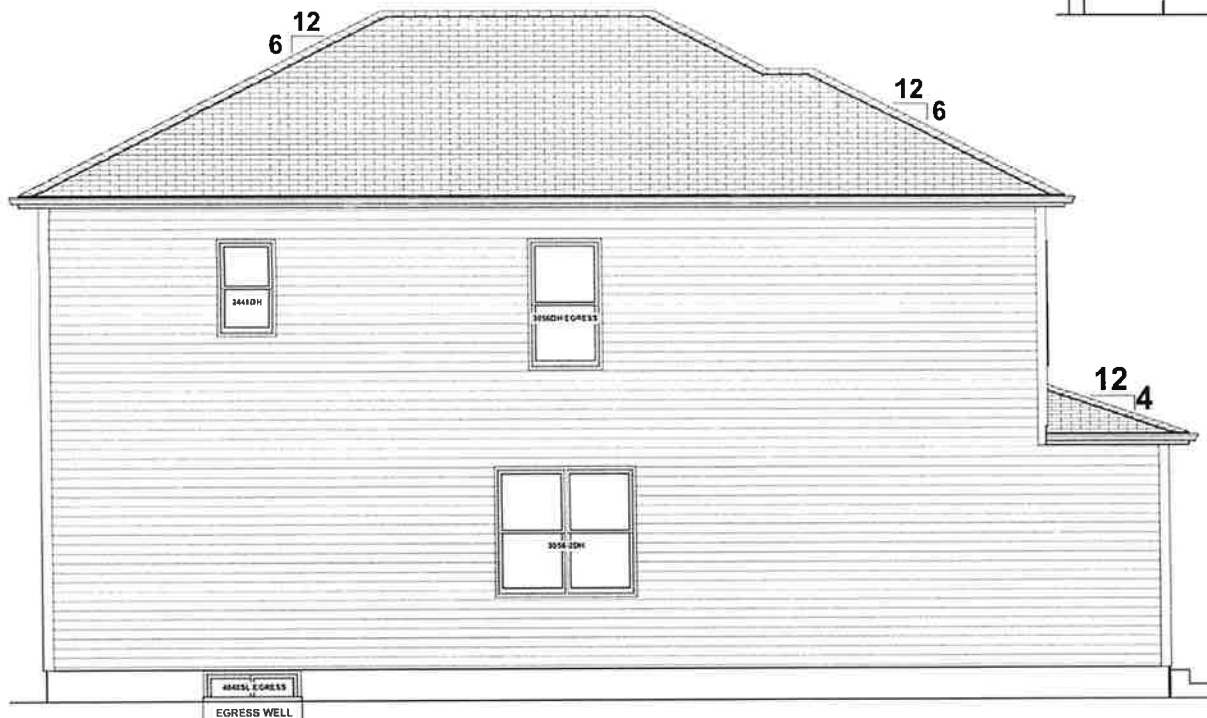
RIGHT SIDE ELEVATION

PROFESSIONAL CERTIFICATION

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 16597, EXPIRATION DATE AUGUST 15, 2025



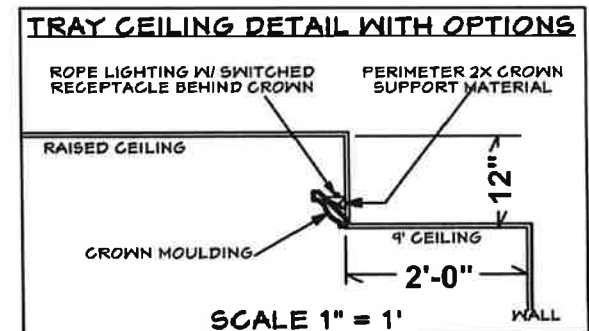
1ST & 2ND FLOOR WINDOW HEADER HEIGHTS
BOTTOM OF HEADER 94 INCHES
ABOVE SUB-FLOOR
UNLESS NOTED ON PLANS



LEFT SIDE ELEVATION



REAR ELEVATION



PROFESSIONAL CERTIFICATION:

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 16597, EXPIRATION DATE AUGUST 15, 2025

Search...

SEARCH

 t.omopariola@gmail.com

Application Info

Application Info

Item Number: R23-07046

Location : 6705 FAIRMOUNT AVE

Case Type: Residential New

Sub Type: New Dwelling

Status: Review

Date Issued:

Expiration Date: 9/20/2024

Parent Application:

Child Application:

Plan Review

Identifier	Name	Status
R23-07046	6705 Fairmount	Re-Submission Required

OPEN PLAN REVIEW

for review comments and to submit plans and documents

Across street

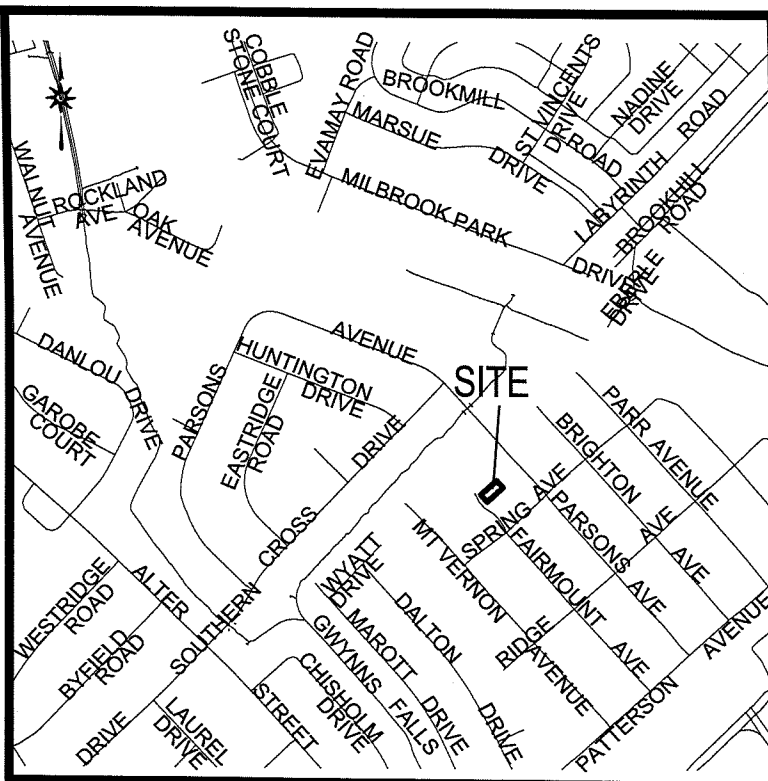
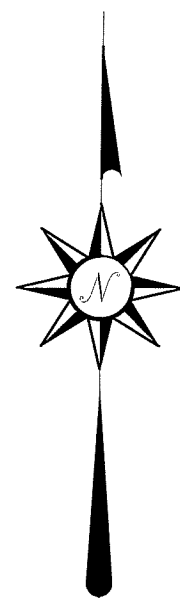


Down Street Right



up street left





VICINITY MAP

SCALE: 1" = 1000'

GENERAL NOTES:

- OWNER: HOME SWEET HOME DEVELOPMENT, LLC
10802 STANSFIELD ROAD
BALTIMORE, MD 21133-1039
- SITE AREA: 11,000 SF OR 0.26 Ac.±
NET
GROSS: 5500 SF OR 0.32 Ac.±
- USE: VACANT
EXISTING: 1 RESIDENTIAL DWELLING
PROPOSED: PUBLIC WATER AND SEWER
- UTILITIES: 47431/1
- DEED REF: 2400005962
- TAX ACCOUNT: DR 5.5
(PER 1"=200' ZONING MAP 078B3)
- TAX MAP: 78
GRID: 21
PARCELS: 493
LOT: 9 & 11
- NO KNOWN FLOODPLAINS PER FLOOD INSURANCE
RATE MAP (FIRM) PANEL 2400100380F DATED SEPTEMBER 26, 2008.
- PREVIOUS ZONING CASES: NONE ON FILE.
- PREVIOUS PERMITS: NONE ON FILE.
- SITE DOES NOT LIE WITHIN THE CHESAPEAKE BAY CRITICAL AREA.
- THERE ARE NO HISTORIC FEATURES ON SITE NOR IS THE SITE ITSELF HISTORIC.
- SETBACKS FOR DR 5.5
REQUIRED PROVIDED
FRONT 30'± 30'±
SIDE 10'± 10'±
REAR 30'± 31'±



7 Deneison Street
Timonium, Maryland 21093
Phone: 410-560-1502, info@richardsonengineering.net

PLAN TO ACCOMPANY BUILDING PERMIT
FOR
HOME SWEET HOME
DEVELOPMENT, LLC
6705 FAIRMOUNT AVENUE

BALTIMORE COUNTY MARYLAND
3RD ELECTION DISTRICT 4TH COUNCILMANIC DISTRICT

REVISIONS			DRAWN BY:	CHECKED BY:	SCALE:
			LNR	PCR	1" = 20'
DATE:			JOB NO.:	SHEET NO.:	
04-12-23			22013	1 OF 1	

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

TO: Director, Office of Planning

Attention: Development Review Division
Jefferson Building
105 West Chesapeake Avenue, Room 101
Towson, MD 21204
Mail Stop 3402

Building Permit No. B _____
Zoning Office Reviewer Jesse Kroat
Use Permit #: UA-20 25 - 0001 - UL

FROM: Director
Department of Permits, Approvals and Inspections

Residential Processing Fee Paid (\$100.00)

Accepted by _____

RE: Undersized Lots

Date _____

Pursuant to Section 304.2 (Baltimore County Zoning Regulations) effective June 25, 1992, the Zoning Review Office of PAI is requesting recommendations and comments from the Office of Planning prior to Zoning Review Office approval of a residential building permit.

MINIMUM APPLICANT SUPPLIED INFORMATION:

Name of Applicant(s) TRANS Improv
Applicant's Mailing Address 506 Meadow Rd Baltimore MD 21206
Applicant's Telephone Number (443) 997-1785 Applicant's Email Address T.Omopanda@gmail.com
Lot Address 6705 Fairmont Ave Election District 3 Council District 2 Lot Square Feet 5500
Lot Location: N E S W/side of _____, _____ feet/at corner of N E S W/of/side of _____
(Street Name) (# of feet) (Street Name)

Land Owner(s): Home Sweet Home Development LLC Digit Tax Account Number 2900005962
Owner's Mailing Address: 506 Meadow Rd Baltimore MD 21206
Owner's Telephone Number (443) 997-1785 Owner's Email Address T.Omopanda@gmail.com

CHECKLIST OF MATERIALS (to be submitted at the filing appointment for design review by the Office of Planning)

APPLICANT MUST PROVIDE 1 through 6

1. This Recommendation Form (3 copies)

2. Permit Application

3. Site Plan
Property (3 copies)

4. Building Elevation Drawings

5. Photographs (please label all photos clearly)
Adjoining Buildings
Surrounding Neighborhood

6. Current Zoning Classification: DRSS

Planner Acceptance Check Off
YES NO

YES	NO
☒	☐
☒	☐
☒	☐
☒	☐
☒	☐
☒	☐

TO BE FILLED IN BY THE OFFICE OF PLANNING ONLY!

RECOMMENDATIONS / COMMENTS:

☐

Approval

☐

Disapproval

☐

Approval conditioned on required modifications of the application to conform with the following recommendations:

Signed by: _____
For the Director, Office of Planning

Date: _____

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

TO: Director, Office of Planning
Attention: Development Review Division
Jefferson Building
105 West Chesapeake Avenue, Room 101
Towson, MD 21204
Mail Stop 3402

Building Permit No. B _____
Zoning Office Reviewer Jesse Kroat
Use Permit #: UA-2025 - 0001 - UL

FROM: Director
Department of Permits, Approvals and Inspections

Residential Processing Fee Paid (\$100.00)

Accepted by _____

RE: Undersized Lots

Date _____

Pursuant to Section 304.2 (Baltimore County Zoning Regulations) effective June 25, 1992, the Zoning Review Office of PAI is requesting recommendations and comments from the Office of Planning prior to Zoning Review Office approval of a residential building permit.

MINIMUM APPLICANT SUPPLIED INFORMATION:

Name of Applicant(s) TRANS Omparola
Applicant's Mailing Address 506 Meadow Rd Baltimore MD 21206
Applicant's Telephone Number (410) 997-1795 Applicant's Email Address T.Omparola@gmail.com
Lot Address 6705 Fairmont Ave Election District 3 Council District 7 Lot Square Feet 5500
Lot Location: N E S W/side of _____, _____ feet/at corner of N E S W/of/side of _____
(Street Name) (# of feet) (Street Name)

Land Owner(s): Homesweet Home Development LLC Digit Tax Account Number 2900005962
Owner's Mailing Address: 506 Meadow Rd Baltimore MD 21206
Owner's Telephone Number (410) 997-1795 Owner's Email Address T.Omparola@gmail.com

CHECKLIST OF MATERIALS (to be submitted at the filing appointment for design review by the Office of Planning)

APPLICANT MUST PROVIDE 1 through 6

1. This Recommendation Form (3 copies)
2. Permit Application
3. Site Plan
Property (3 copies)
4. Building Elevation Drawings
5. Photographs (please label all photos clearly)
Adjoining Buildings
Surrounding Neighborhood
6. Current Zoning Classification: DRS.S

Planner Acceptance Check Off	
YES	NO
☒	☐
☒	☐
☒	☐
☒	☐
☒	☐
☒	☐

TO BE FILLED IN BY THE OFFICE OF PLANNING ONLY!

RECOMMENDATIONS / COMMENTS:

☐

Approval

☐

Disapproval

☐

Approval conditioned on required modifications of the application to conform with the following recommendations:

Signed by: _____
For the Director, Office of Planning

Date: _____

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

TO: Director, Office of Planning

Attention: Development Review Division
Jefferson Building
105 West Chesapeake Avenue, Room 101
Towson, MD 21204
Mail Stop 3402

Building Permit No. B _____
Zoning Office Reviewer Jesse K. Smith
Use Permit #: UA-20 25-001 - UL

Residential Processing Fee Paid (\$100.00)

FROM: Director
Department of Permits, Approvals and Inspections

Accepted by _____

RE: Undersized Lots

Date _____

Pursuant to Section 304.2 (Baltimore County Zoning Regulations) effective June 25, 1992, the Zoning Review Office of PAI is requesting recommendations and comments from the Office of Planning prior to Zoning Review Office approval of a residential building permit.

MINIMUM APPLICANT SUPPLIED INFORMATION:

Name of Applicant(s) TRANS Omparida
Applicant's Mailing Address 506 Meadow Rd Baltimore MD 21206
Applicant's Telephone Number (410) 997-1795 Applicant's Email Address T.Omparida@gmail.com
Lot Address 6705 Fairmount Ave Election District 3 Council District 7 Lot Square Feet 5500
Lot Location: N E S W/side of _____, _____ feet/at corner of N E S W/of/side of _____
(Street Name) (# of feet) (Street Name)

Land Owner(s): Homesweet Home Development LLC Digit Tax Account Number 2900005962
Owner's Mailing Address: 506 Meadow Rd Baltimore MD 21206
Owner's Telephone Number (410) 997-1795 Owner's Email Address T.Omparida@gmail.com

CHECKLIST OF MATERIALS (to be submitted at the filing appointment for design review by the Office of Planning)

APPLICANT MUST PROVIDE 1 through 6

1. This Recommendation Form (3 copies)
2. Permit Application
3. Site Plan
Property (3 copies)
4. Building Elevation Drawings
5. Photographs (please label all photos clearly)
Adjoining Buildings
Surrounding Neighborhood
6. Current Zoning Classification: DRS.S.

Planner Acceptance Check Off	
YES	NO
☒	☐
☒	☐
☒	☐
☒	☐
☒	☐
☒	☐

TO BE FILLED IN BY THE OFFICE OF PLANNING ONLY!

RECOMMENDATIONS / COMMENTS:

☐

Approval

☐

Disapproval

☐

Approval conditioned on required modifications of the application to conform with the following recommendations:

Signed by: _____
For the Director, Office of Planning

Date: _____

Date to be posted: Anytime before but no later than 04/01/2025
Request for Building and/or Use Permit.

ZONING NOTICE

BUILDING AND/OR USE PERMIT APPLICATION

ADDRESS: 6705 Fairmount Ave, Baltimore, MD 21215

PROPOSAL:
To permit an undersized lot pursuant to section 304 of the BCZR to allow lot width of 50' in
lieu of the required 55' minimum lot width.

USE PERMIT #: UA-2025-0001-UL

PUBLIC HEARING?

PURSUANT TO THE BALTIMORE COUNTY ZONING REGULATIONS, AN ELIGIBLE INDIVIDUAL OR GROUP MAY REQUEST A PUBLIC HEARING CONCERNING THE PROPOSAL, PROVIDED THE REQUEST FOR HEARING IS RECEIVED IN THE ZONING REVIEW OFFICE

BEFORE 4:30 PM ON: _____
THE REQUEST FOR HEARING MUST ALSO REFERENCE THE ADDRESS ON THIS SIGN. ADDITIONAL INFORMATION IS AVAILABLE AT THE DEPARTMENT OF PERMITS, APPROVALS & INSPECTIONS, ZONING REVIEW OFFICE, COUNTY OFFICE BUILDING, 111 W. CHESAPEAKE AVE, TOWSON, MD 21204
PHONE: 410-887-3391

DO NOT REMOVE THIS SIGN AND POST UNTIL DAY OF HEARING UNDER PENALTY OF LAW

HANDICAPPED ACCESSIBLE

CERTIFICATE OF POSTING

Use Permit #: UA-20 25 - 0001 - UL

Election District: 3 Council District: 2

Location of Property: 6705 Fairmount Ave, Baltimore, MD 21215

Posted by: _____ Date of Posting: _____

Signature: _____

Number of Signs: _____

SCHEDULED DATES, CERTIFICATE OF FILING AND POSTING FOR A BUILDING PERMIT APPLICATION PURSUANT TO SECTION 304.2

Department of Permits, Approvals and Inspections
County Office Building
111 West Chesapeake Avenue
Towson, Maryland 21204
410-887-3391

The review application for your proposed Building Permit has been reviewed and is accepted for filing

by Jesse Kroat on 2/3/25
(Name of planner) Date (A)

A sign indicating the proposed building/development must be posted on the property for fifteen (15) days before a decision can be rendered. The cost of filing is \$100.00. The applicant is responsible for the posting and costs. An approved sign poster must be used. The fee is subject to change. Confirm all current fees prior to filing the application.

The Planning Office decision can be expected within approximately four weeks. However, if a valid hearing demand is received by the closing date, then the decision shall only be rendered after the required public special hearing.

*Suggested Posting Date 2/13/25 D (15 days before C)

Date Posted _____

Hearing Requested -- Yes _____ No _____ - Date _____

Closing Day (Last Day for Hearing Demand) 2/28/25 C (B - 3 Work Days)

Tentative Decision Date 3/5/25 B (A + 30 Days)

*Usually within 15 days of filing



FRONT ELEVATION

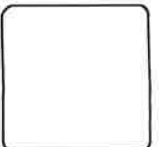
1ST & 2ND FLOOR WINDOW HEADER HEIGHTS
BOTTOM OF HEADER 94 INCHES
ABOVE SUB-FLOOR
UNLESS NOTED ON PLANS



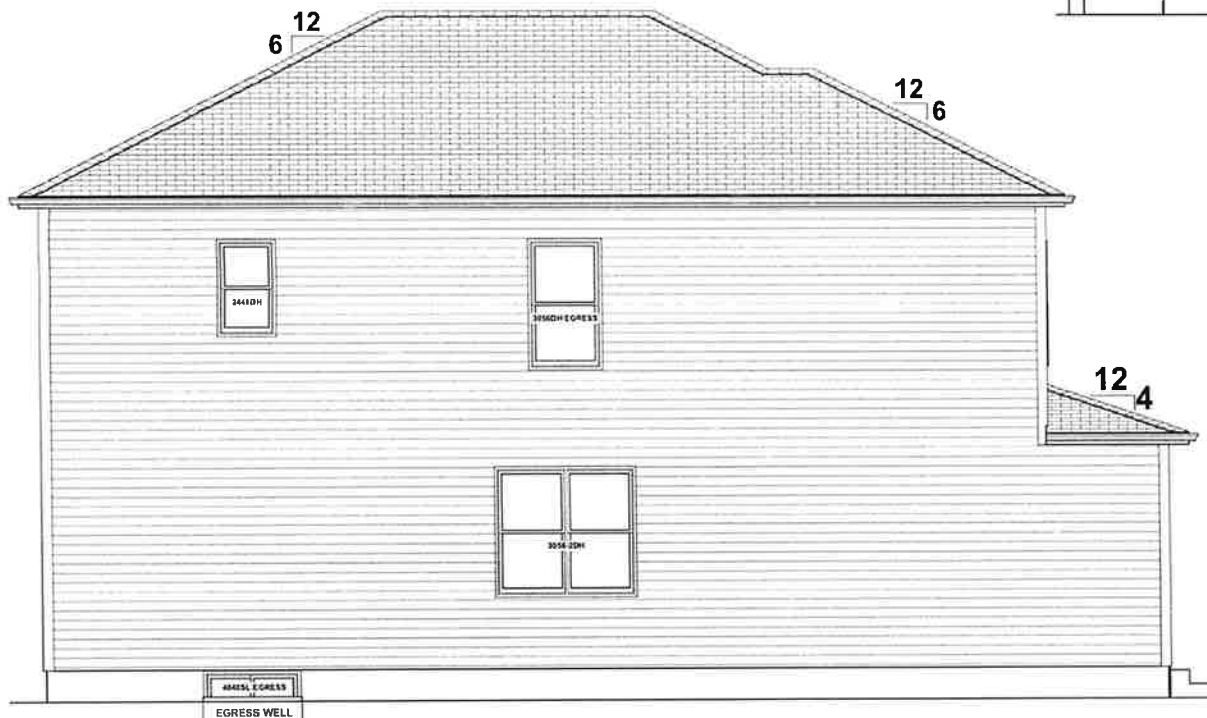
RIGHT SIDE ELEVATION

PROFESSIONAL CERTIFICATION

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 16597, EXPIRATION DATE AUGUST 15, 2025



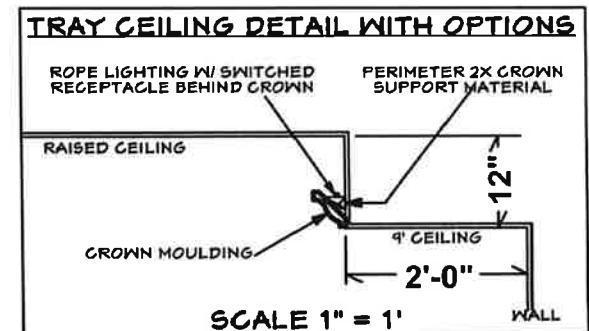
1ST & 2ND FLOOR WINDOW HEADER HEIGHTS
BOTTOM OF HEADER 94 INCHES
ABOVE SUB-FLOOR
UNLESS NOTED ON PLANS



LEFT SIDE ELEVATION



REAR ELEVATION



PROFESSIONAL CERTIFICATION:

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 16597, EXPIRATION DATE AUGUST 15, 2025

Search...

SEARCH

 t.omopariola@gmail.com

Application Info

Application Info

Item Number: R23-07046

Location : 6705 FAIRMOUNT AVE

Case Type: Residential New

Sub Type: New Dwelling

Status: Review

Date Issued:

Expiration Date: 9/20/2024

Parent Application:

Child Application:

Plan Review

Identifier	Name	Status
R23-07046	6705 Fairmount	Re-Submission Required

OPEN PLAN REVIEW

for review comments and to submit plans and documents

Across street



Down Street Right



up street left

