

# USE PERMIT



IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County, this 6<sup>th</sup> day of May, 2025, that Sherric Mitchell located at 9015 Meadow Heights Rd should be and the

(Individual or business name)  
(Street address)

same is hereby granted permission to operate a: Assisted Living  
facility with a max of 5 beds

UP-2025-0007AL  
Use Permit or Zoning Case No.

C. Peters  
Director, Permits, Approvals and Inspections

Planner's Initials TL

# **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** 9015 meadow Heights Rd.

**Permit No. (if required) B** \_\_\_\_\_

**Intake Planner's Name** \_\_\_\_\_

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

**Filing Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

Sherrie Mitchell 8112 Alloway Court Ellicott City MD 202-528-6549 smh authority  
Print Name of Applicant Applicant Address Telephone Number Email Address  
ALF Lot Address 9015 meadow Heights Rd Election District 10 Council District 02 Sq. Ft. of Lot 7,700 SF  
Lot Location: N/E/S/W/side/corner of meadow Heights Rd feet N/E/S/W corner of Mc Donough St  
Street Street  
Land Owner: Sherrie Mitchell 10 Digit Tax Account Number 0212202900  
Address: 9015 meadow Heights Rd 202-528-6549 smh authority@gmail.com  
Randallstown MD 21133 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) .....                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Building Permit Application or Copy (If available) .....                                                                                   | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. <b>Engineered Scaled Site Plan</b> (See Zoning Use Permit Checklist on Page 2 for Requirements):                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Property (3 copies): including lot size and square feet of buildings, parking and open space - 10% of lot area .....                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Statement of Compliance with Checklist Note 5 A .....                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Statement of Compliance with Checklist Note 6 regarding automatic sprinkler system requirement of County Building Code                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (For more information about automatic sprinkler system requirements, you must contact the Building Plans Review Office at 410-887-3987) ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Compatibility Study .....                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Building Elevation Drawings (these may be waived if note 5.A from the Zoning Use Permit Checklist<br>can be stated on the plans) .....     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. Photographs (please label all photos clearly)<br>Show the adjoin buildings, the proposed building, and the surrounding neighborhood .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Application Confirms compliance with 1,000 foot proximity requirement of Section 432.1.A 3 BCZR .....                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Applicant Confirms that the Building Plans Review Office was contacted regarding automatic sprinkler system requirements .....             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Current Zoning Classification: <u>DR-5.5</u>                                                                                               |                                     |                          |

**TO BE FILLED IN BY THE OFFICE OF PLANNING ONLY**

**RECOMMENDATIONS/COMMENTS:**

☒ **Approved** ☐ **Disapproved** Disapproval Comments: \_\_\_\_\_

Signed by: Dan M. Williams  
For the Director, Office of Planning

Date: 5/5/25

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(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) .....                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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| Statement of Compliance with Checklist Note 5.A .....                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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| 6. Photographs (please label all photos clearly)<br>Show the adjoin buildings, the proposed building, and the surrounding neighborhood .....                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Application Confirms compliance with 1,000 foot proximity requirement of Section 432.1.A.3 BCZR .....                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Applicant Confirms that the Building Plans Review Office was contacted regarding automatic sprinkler system requirements .....                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Current Zoning Classification: <u>DR-5.5</u>                                                                                                                                                                                                                         |                                     |                          |

TO BE FILLED IN BY THE OFFICE OF PLANNING ONLY

**RECOMMENDATIONS/COMMENTS:**

☐ Approved ☐ Disapproved Disapproval Comments: \_\_\_\_\_

Signed by: \_\_\_\_\_  
For the Director, Office of Planning

Date: \_\_\_\_\_

**From:** Sherrie Mitchell mitchellsherrie77@icloud.com   
**Subject:** 9015 meadow Heights Rd., Randallstown, MD picture  
**Date:** May 2, 2025 at 9:24 AM  
**To:** smhauthority@gmail.com

SM



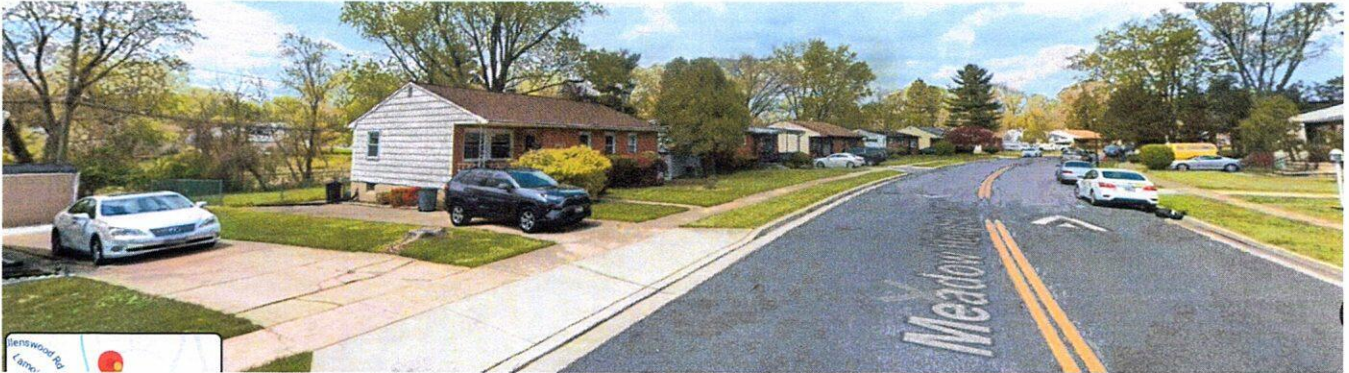
**From:** Sherrie Mitchell mitchellsherrie77@icloud.com   
**Subject:** 9015 pic2  
**Date:** May 2, 2025 at 9:26 AM  
**To:** smhauthority@gmail.com

SM



**From:** Sherrie Mitchell mitchellsherrie77@icloud.com   
**Subject:** 9015 pic3  
**Date:** May 2, 2025 at 9:27 AM  
**To:** smhauthority@gmail.com

SM



**From:** Sherrie Mitchell mitchellsherrie77@icloud.com   
**Subject:** 9015 pic4  
**Date:** May 2, 2025 at 9:30 AM  
**To:** smhauthority@gmail.com

SM



**ZONING USE PERMIT**

PLAN FOR AN ASSISTED LIVING FACILITY FOR A MAXIMUM OF 5 BEDS

9015 MEADOW HEIGHTS RD, RANDALLSTOWN, MD 21133

2ND ELECTION DISTRICT

OWNER: RIE MITCHELL

9015 MEADOW HEIGHTS RD, RANDALLSTOWN, MD 21133

DATE: 4/30/2025

PHONE: 202-528-6549

LOT SIZE: 7,700 SQ. FT

ZONING MAP: 0077

ZONING: DR 5.5

PARKING: 2 PARKING SPACES REQUIRED FOR PROPOSED 5 BEDS

EXISTING FLOOR AREAS SQ. FT.

1ST FLOOR, INCLUDING FRONT PORCH AND REAR SUN ROOM = 1,076 SQ. FT

BASEMENT, INCLUDING LIVING AREA, STORAGE, AND MECHANICAL EQUIPMENT = 904 SQ. FT

TOTAL = 1,980 SQ. FT

OPEN SPACE: 0.10 X LOT AREA (7,700 SQ. FT) = 770 SQ. FT

THE APPLICANT IS AWARE & CERTIFIES THAT IN A D.R. ZONE, AN ASSISTED LIVING FACILITY I OR II IS NOT PERMITTED WITHIN 1,000 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.1A.3, BCZR.

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.

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.

SIGNS WILL COMPLY WITH SECTION 450 BCZR

THE UNDERSIGNED ARE RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION ON THIS PLAN.

*Anthony A. Saka*

SIGNATURE

ANTHONY A. SAKA

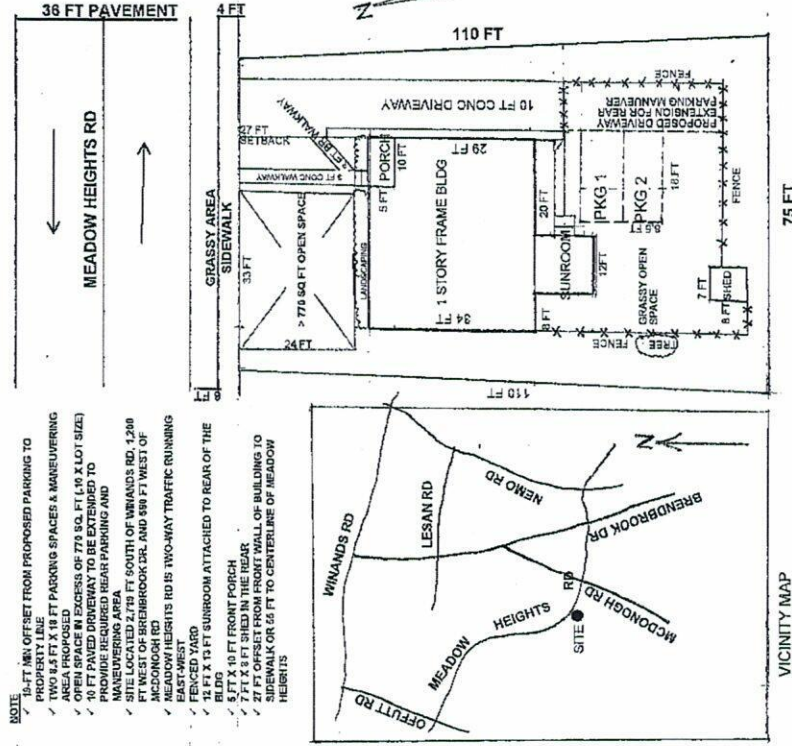
PRINTED NAME

04/30/2025

DATE



ENGINEER SCALE: 1" = 40 FT



## **Compatibility Finding for 9015 Meadow Heights Rd Property - ALF1 Use Permit Application**

The subject property, which is lot #8 in the Oakcrest subdivision, is an existing 1 story frame colonial single-family dwelling built in 1968 that is located approximately 590 ft southwest of Meadow Heights Rd and McDonogh Rd intersection, two low-volume local roads with a 30-mph posted limit in the vicinity of the site.

Meadow Heights Rd runs in an east-west direction with a 36 ft wide paved surface and approximately 56 ft right-of-way in the vicinity of the property, which includes 4 ft sidewalks on both sides and adequate shoulders for on-street parking.

Ingress/egress to/from the property is provided by a 10-ft paved driveway that connects directly to the location of the proposed two (8.5 ft x 18 ft each) car park at the rear of the property and there is a 3-ft concrete walkway from Meadow Heights Rd interconnected with another 3-ft brick walkway from the driveway serving as direct front access, as depicted in the site plan.

The property is approximately 2,719 feet south of Winands Rd, which is a collector road running in the east-west direction, and 1,200 feet west of Brenbrook Dr, which is a collector road running in the north-south direction, in the vicinity of the site.

The zoning classification for the property is DR 5.5 (single family residential) which is consistent for the immediate area within the McDonogh Manor subdivision. Thus, the proposed level 1 assisted living facility (ALF1) is an allowable use as per the DR 5.5 classification and hence compatible with the character of the neighborhood as there will be no external or internal alteration of the property other than possible aesthetic enhancement of the landscape (when necessary).

The property is characterized by a vast amount of open space that substantially exceeds the required 10 percent of the measured total area of 7,700 sq. ft. to support the recreational and ambulatory needs of the residents. In addition, the proposed 5-bed ALF1 use will generate approximately 32 percent less traffic (as per the Institute of Transportation Engineer's Trip Generation Manual), engender less negative social externalities such as criminal activities, and benefit from the relatively higher-level property maintenance protocols needed in compliance with the stringent state licensing requirements and county zoning and occupancy codes than a typical single-family dwelling use.

The typical daily activity schedules for the proposed ALF1 use are as follows:

- 7 am – 10 am → Activities of Daily Living (ADLS), breakfast, and medications
- 11 am – 7 pm → Visiting hours (only 2 visitors allowed at a time) which complies with the minimum parking requirement for 2 vehicles.
- 12 noon – 2 pm → Lunch
- 2 pm – 5 pm → Recreational and entertainment activities, social time
- 5 pm – 9 pm → Dinner, medications, and evening ADLs

The facility will be providing meals, laundry, transportation to medical appointments, and supervised recreational and other extracurricular activities. There will be a delegating registered nurse for the residents approximately every 45 days to perform an initial assessment and to prepare the required post-hospitalization paperwork to update the care plan for residents discharged from the hospital.

The facility expects to accommodate a maximum of 5 residents who can be transported by private passenger car so it will not be necessary to acquire a bus or van. Therefore, the character of the residential neighborhood will not be compromised. In other words, the intent is to maintain residential use and preserve or enhance the character of the area even as care is provided for the elderly whose external activities are significantly less than typical for residents of single-family dwellings.

#### Compatibility Objectives:

1. The arrangement and orientation of the proposed building and site improvements are patterned in a similar manner to those in the neighborhood – N/A.
2. The building and parking lot layouts reinforce existing building and streetscape patterns and ensure that the placement of buildings and parking lots have no adverse impact on the neighborhood. The proposed two parking spaces on the rear will be used for visitor parking. A maximum of two visitors will be allowed at a time and hence there will be no adverse effect on the neighborhood parking or traffic flow. The caregiver(s) will reside in the house and will not need additional car parking but, if necessary, can utilize the existing on-street parking on as needed basis.
3. The proposed streets are connected to the existing neighborhood road network wherever possible, and the proposed sidewalks are located to support the functional patterns in the neighborhood – N/A.
4. The open spaces of the proposed development reinforce the open space patterns of the neighborhood in form and siting and compliment existing open space systems – N/A.
5. Locally significant features of the site such as distinctive buildings or vistas are integrated into the site design – N/A.
6. The proposed landscape design compliments the neighborhood's landscape patterns and reinforces its functional qualities – N/A.

7. The exterior signs, site lighting and accessory structure support a uniform architectural theme and present a harmonious visual relationship with the surrounding neighborhood – N/A.
8. The scale, proportions, massing and detailing of the proposed buildings are in proportion to those existing in the neighborhood – N/A.

In conclusion, the proposed 5-bed assisted living facility at 9015 Meadow Heights Rd will positively enhance or at the minimum preserve the character of the neighborhood by way of generating relatively less traffic and on-street parking maneuvers, providing relatively more frequent property maintenance (including landscaping), and caring for the elderly and physically challenged population least likely to be involved in illicit activities. There are no other assisted living facilities within 1,000 ft from the subject property and the proposed use is allowed for a DR 5.5 zoning, so does not require a variance petition.