USE PERMIT

IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County, this 14 TH day of JULY, 2025, that Sabrina Kent (Individual or business name) located at 3806 Collier Rd (Street address) should be and the same is hereby granted permission to operate a: Assisted Living Facility for up to (three) beds.

UP-2025-0009-AL
Use Permit or Zoning Case No.

Director, Permits, Approvals and Inspections

Planner's Initials TL

Revised 03/2023

25-0774TC

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

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

ALF Address 3806 Collier Rd Randallstown Md 21133

Permit No. (if required) B _____

Intake Planner's Name Tyler (UP-2025-0009AL)

Filing Date 7 / 14 / 25

RE: Assisted Living Facility I or II New Beginning At Branchleigh Assistant Living, LLC

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):

New Beginning At Branchleigh Assistant Living, LLC | 3806 Collier Rd. Randallstown Md 21133 | Sabrina Kent 36@yahoo.com
Print Name of Applicant | Applicant Address | Telephone Number | Email Address

ALF Lot Address 3806 Collier Rd Election District _____ Council District _____ Sq. Ft. of Lot _____

Lot Location: N/E/S/W/side/corner of _____ (Street) feet N/E/S/W corner of _____ (Street)

Land Owner: _____ 10 Digit Tax Account Number _____

Address: _____
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)

All Info is same as Previous Use Permit See UP-2016-0098AL

Intake Planner to confirm information acceptance by marking X below

	YES	NO
1. This Completed Recommendation Form (3 Copies)	✓	
2. Building Permit Application or Copy (If available)	✓	
3. **Engineered Scaled** 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. Compatibility Study	✓	
5. Building Elevation Drawings (these may be waived if note 5.A from the Zoning Use Permit Checklist can be stated on the plans)	✓	
6. Photographs (please label all photos clearly) Show the adjoin buildings, the proposed building, and the surrounding neighborhood	✓	
7. Application Confirms compliance with 1,000 foot proximity requirement of Section 432.1.A.3 BCZR	✓	
8. Applicant Confirms that the Building Plans Review Office was contacted regarding automatic sprinkler system requirements .	✓	
9. Current Zoning Classification: _____		

TO BE FILLED IN BY THE OFFICE OF PLANNING ONLY

RECOMMENDATIONS/COMMENTS:

☐ Approved ☐ Disapproved Disapproval Comments: _____

Signed by: _____ Date: _____
For the Director, Office of Planning

USE Permit is A Renewal/Re-Issue for same Location Different Operator.