ZONING INFORMATION FOR SMALL ASSISTED LIVING FACILITIES
( ALF's )

The attached information will help in filing for the use permits for Class I and II ALF's

There are two checklist sheets. One is for the Zoning Use Permit; the other is for the Planning Office compatibility review. Both must be followed carefully. A sample site plan accompanies the checklist for your convenience. There is also a condensed copy of the zoning regulations attached to the above information.

The regulations for these facilities were based on their establishment in certain residential (DR or equivalent) zones and in existing detached single family dwellings or buildings. They may not be located in apartment buildings. They can only be placed in townhouse units with difficulty, usually involving Zoning Public Hearings for parking or other conflicts with the zoning regulations as set forth on the checklists. Please be aware that a public hearing requires actions that are not detailed in this information. You may contact the zoning review staff at 410-887-3391 about public hearing requirements if you have a site plan conflict with the regulations.

The buildings in which ALF's are proposed must have existed for the past five years and not have had substantial enlargement during that time. For details please see the checklist.

Please check your zoning as directed below. This is very important if you are proposing more than four ALF beds. Each zone requires an increasingly larger lot area to support more than four beds. You may call the above referenced Zoning Review Office phone # for questions on required lot sizes once you can state what the site is zoned and the number of ALF beds you are proposing.

ALF II's are for more than 7 beds. There are special requirements for location. They must be located on a "principal arterial street". You must come to the Zoning Review Office at 111 West Chesapeake Ave. in Towson Md., in person to locate your site on the State Highways system map to confirm compliance with this requirement.

ALF III's are for more than 15 residents and have requirements that go beyond those of the smaller ALF I and II Facilities (such as development regulation application). Please contact the zoning staff at the above phone # for details regarding this type of approval.

Please be aware that the provided information is for zoning use permit application only and it is not intended to represent the requirements of any other agency regarding approval of your use.

To find your zoning, you may come to the Zoning Review Office at the above address or go to the following website: https://bcgis.baltimorecountymd.gov/myneighborhood. Once there, click on the “I Agree” tab. An address bar will then come up. Put the street # and road name in the bar and click the “Search” tab. In a few seconds the zoning map should appear. The zoning designation is shown within the red or blue lines. If you cannot read it clearly, place the mouse cursor on the site and left click the mouse, the zoning should appear in a window on your screen. Occasionally, this site may be off-line. Should you have difficulty accessing it, you can try again later or come to the zoning counter at the above address for help. Please be aware that this on-line map is not official. To get a copy of the official map, you must come to the zoning counter for assistance.

NOTE: Please be advised 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. For more information regarding the sprinkler requirement, contact our Buildings Plans Review Office at 410-887-3987.
This checklist is intended to inform the public of Assisted Living Facility (ALF) standards. One of the new requirements for small scale ALF’s for 1-3 beds (which were formerly exempted), is that they now have to file for a zoning use permit (use permits previously required only for 4-15 bed facilities). However, if you can clearly document to this office that your facility was licensed and legally operating for care of a certain set number of beds prior to enactment of the above referenced bills, an ALF use permit may be issued at the discretion of the Zoning Review Office for continuance of your ALF for the previously licensed number of beds, without a full use permit review as stipulated in this checklist. This is done by an individual property use review for each site for which such documentation is presented. Prior to applying for this Use Permit, contact the Baltimore County Department of Aging for related information. Fees and Plan/Checklist requirements are subject to change without advance notice. Sealed plans may be required.

**THESE CHECKLIST REQUIREMENTS MUST BE FOLLOWED IN ACCURATE DETAIL FOR FILING ACCEPTANCE**

Three (3) use permit plans, per this checklist and the sample plan sheet shown; one Planning Office compatibility/appearance review package (see Recommendation Form), and $100.00 payable to Baltimore County, Maryland are required for filing the application. Due to the necessity of a detailed review of the materials, you must contact 410-887-3391 for a filing appointment for this use permit.

Provide the following information on an engineer scaled drawing at a 1”=50’ or larger scale.

1. **Owner’s name**, and if the applicant is not the owner, the applicant’s name, date, address, daytime phone number with Email address, and the address of the property under this use permit review.

2. **Title and Number of Beds Proposed**: “Use permit plan for Assisted Living Facility (ALF I or II) for a Maximum of (# of beds) Beds”. Street vicinity map with site indicated, north arrow, scale of drawing (must be an engineer’s scale and legible), election district, property outline, and dimensions in feet, the square footage of the lot and the current zoning of the property per the official zoning map.

3. Location on the property, use and the dimensioned footprint of the ground floor area and gross floor area (all floors) of each structure on the lot in square feet. Show and label a minimum of 10% of the lot as “open space”. Show the method of open space calculation (Lot sq ft. x .10= _____ sq. ft. of open space).

4. **Parking calculations** based on the number of beds proposed indicating 1 parking space for each 3 beds (round-up all numbers). Note that all parking and maneuvering will be paved with a durable, dustless surface (such as asphalt or concrete) and will be permanently striped. Indicate the location and dimension of all parking and maneuvering areas. Each parking space must be 8-1/2 feet x 18 feet, and must be shown and dimensioned on the site plan.

5. **Class II ALF’s must be shown to comply with the following**: 10 feet from all lot lines other than an alley that does not abut the front or rear yard of a residentially used property. All parking and delivery areas must be in the side or rear yard only (behind the front wall of the dwelling). Contact the zoning office for questions. THIS STANDARD MUST BE CLEARLY SHOWN. PUBLIC HEARINGS ARE REQUIRED FOR ANY CONFLICTS.

   A. **Note on the plan**: “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.

   B. **Location on the property, use and the dimensioned footprint of the ground floor area and gross floor area (all floors) of each structure on the lot in square feet. Show and label a minimum of 10% of the lot as “open space”. Show the method of open space calculation (Lot sq ft. x .10= _____ sq. ft. of open space).**

6. **Parking spaces must be shown to comply with the following**: 10 feet from all lot lines other than an alley that does not abut the front or rear yard of a residentially used property. All parking and delivery areas must be in the side or rear yard only (behind the front wall of the dwelling). Contact the zoning office for questions. THIS STANDARD MUST BE CLEARLY SHOWN. PUBLIC HEARINGS ARE REQUIRED FOR ANY CONFLICTS.

7. **Note on the plan**: “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.

8. **Note on the plan**: “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.

9. **Note on the plan**: “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.

10. **Note on the plan**: “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.

11. **Note on the plan**: “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.

### Density

<table>
<thead>
<tr>
<th>Density</th>
<th>Lot Area Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4 beds</td>
<td>Not required</td>
</tr>
<tr>
<td>5-8 beds</td>
<td>2 density lots required</td>
</tr>
<tr>
<td>9-12 beds</td>
<td>3 density lots required</td>
</tr>
<tr>
<td>13-15 beds</td>
<td>4 density lots required</td>
</tr>
</tbody>
</table>

For more than 4 beds, density calculations must be shown on the site plan based on the particular zone’s minimum lot area requirements for each density or dwelling unit used. See the chart above.
SAMPLE SITE PLAN FOR ALF I OR II

SAMPLE FORM, ADD YOUR INFORMATION ACCORDING TO THIS FORMAT.

ZONING USE PERMIT
PLAN FOR A ASSISTED LIVING FACILITY I OR II FOR A MAXIMUM OF 4 BEDS

#123 SMITH ROAD
BALTIMORE COUNTY MD 20204
3rd ELECTION DISTRICT
OWNER: JOHN & LINDA SMITH
ADD. #321 BROOK LA. TOWSON MD 21044
DATE 2/24/04 (PLAN DATE)
PHONE: 410-325-1799
APPLICANT: IF NOT OWNER ADD ABOVE INFO.

LOT SIZE: 6,000 SQ. FT.
ZONING MAP N.W. 6F
ZONE DR 3.5

PARKING: 1 SPACE FOR EACH 3 BEDS = 2 PARKING SPACES REQUIRED. (BASED ON 4 BEDS PROPOSED)

EXISTING FLOOR AREAS SQ. FT.
1st FLOOR AND SUN ROOM = 1967 SQ. FT.
2nd FLOOR = 1811 SQ. FT.
TOTAL, 3778 SQ. FT.
BASEMENT FOR STORAGE AND
MECHANICAL EQUIPMENT = 1811 SQ. FT.
EXISTING GARAGE = 374 SQ. FT.

OPEN SPACE: 10 x LOT AREA (6,000 SQ. FT.) = 600 SQ. FT.

FOR MORE THAN 4 BEDS SEE THE DENSITY CHART AT THE BOTTOM OF
PAGE 2 OF THIS CHECKLIST. SHOW CALCULATIONS IN THIS AREA ON YOUR PLAN.

THIS BUILDING HAS NOT BEEN ORIGINALLY CONSTRUCTED TO ACCOMMODATE
ELDERLY HOUSING OR AN ASSISTED LIVING FACILITY. NO CONSTRUCTION,
RELOCATION, EXTERIOR CHANGES OR ADDITIONS OF 25% OR MORE IN
GROUND FLOOR AREA AS IT HAS EXISTS FOR 5 YEARS BEFORE THE DATE OF THIS
APPLICATION HAS OCCURRED TO THE EXTERIOR OF THE BUILDING. NO ADDITIONS
ARE PROPOSED.

SIGNS WILL COMPLY WITH SECTION 450 B.C.Z.R.

THE UNDERSIGNED (STATE IF OWNERS OR APPLICANTS) ARE RESPONSIBLE FOR
THE ACCURACY OF THE INFORMATION ON THIS PLAN.

__________________________________________ ____________________________________________
SIGNATURE DATE

__________________________________________ ____________________________________________
PRINTED NAME

__________________________________________ ____________________________________________
SIGNATURE DATE

__________________________________________ ____________________________________________
PRINTED NAME

ENGINEERS SCALE
1" = ________ FT.

REVISED 7/19/04
TO: Office of Planning, Development Review Office  
Attention: ALF REVIEWER  
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  

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):

<table>
<thead>
<tr>
<th>Print Name of Applicant</th>
<th>Applicant Address</th>
<th>Telephone Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALF Lot Address</td>
<td>Election District</td>
<td>Councilmanic District</td>
<td>Sq. Ft. of Lot</td>
</tr>
</tbody>
</table>

Lot Location: N E S W/side/corner of ____________________________ , ____________ feet from N E S W corner of ____________________________ (street)  

Land Owner: __________________________________________________________________________   10 Digit Tax Account Number __  __  __  __  __  __  __  __  __  __  

Address: ____________________________ ________________________   (            ) ______________________   ________________________________ 

B. APPLICANT MUST PROVIDE THE FOLLOWING ITEMS (1 THROUGH 7) BELOW:  

1. This Completed Recommendation Form (3 copies) ………………………………………………………………    ____           ____

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 ……………………..     _____             _____

   Statement of Compliance with Checklist Note 5.A ………………………………………………………………………………….      _____             _____

   Statement of Compliance with Checklist Note 6 regarding the 1000 foot proximity requirement of Section 432.1.A.3, BCZR     _____       _____

   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 410-887-3987)

   4. Building Elevation Drawings (these may be waived if note 5.A. from the Zoning Use Permit Checklist can be stated on the plans) ………………………………………      _____            _____

   5. Photographs (please label all photos clearly)  
      Show the Adjoining Buildings, the Proposed Building, and the Surrounding Neighborhood ……………………………………….   ____       ____

   6. Applicant Confirms compliance with 1000 foot proximity requirement of section 432.1.A.3, BCZR  ____       ____

   7. Applicant Confirms that Building Plans Review Office was contacted regarding automatic sprinkler system requirements ____

410-887-3987

8. Current Zoning Classification: __________________________________

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: _________________________________________________________                                                    Date: _______________________

for the Director, Office of Planning
**ASSISTED LIVING FACILITIES I, II, & III.**
(Bill Nos. 19-04, 32-06 & 45-17)

*******SECTION 101. DEFINITIONS.*******

ASSISTED LIVING FACILITY: A BUILDING, OR SECTION OF A BUILDING THAT PROVIDES HOUSING AND SUPPORTIVE SERVICES, SUPERVISION, PERSONALIZED ASSISTANCE, HEALTH-RELATED SERVICES, OR A COMBINATION THEREOF, TO MEET THE NEEDS OF INDIVIDUALS WHO ARE UNABLE TO PERFORM OR WHO NEED ASSISTANCE IN PERFORMING THE ACTIVITIES OF DAILY LIVING AND WHICH IS LICENSED AS AN ASSISTED LIVING PROGRAM AS DEFINED UNDER TITLE 19, SUBTITLE 18 OF THE HEALTH-GENERAL ARTICLE, ANNOTATED CODE OF MARYLAND. FOR THE PURPOSES OF THIS DEFINITION, IF A RESIDENT LIVES IN A ROOM OR APARTMENT PROVIDING COMPLETE KITCHEN FACILITIES INTENDED FOR THE DAILY PREPARATION OF MEALS BY OR FOR THAT RESIDENT, THE UNIT SHALL NOT BE CONSIDERED AN ASSISTED LIVING FACILITY. DENSITY FOR SUCH FACILITIES SHALL BE CALCULATED AT 0.25 FOR EACH BED.

*******SECTION 432A. ASSISTED LIVING FACILITY; HOUSING FOR THE ELDERLY.******* AN ASSISTED LIVING FACILITY IS PERMITTED IN THE D.R., R.O., R.O.A., R.A.E., B.R., B.M. AND OR-2 ZONES AS FOLLOWS:

1) AN ASSISTED LIVING FACILITY I IS PERMITTED BY USE PERMIT.
2) AN ASSISTED LIVING FACILITY II IS PERMITTED BY USE PERMIT IF IT HAS FRONTAGE ON A PRINCIPAL ARTERIAL STREET.
3) 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.
4) AN ASSISTED LIVING FACILITY III IS PERMITTED IN A D.R. 16, R.A.E., R.O., R.O.A. or B.M., ZONE BY USE PERMIT. AN ASSISTED LIVING FACILITY III IS PERMITTED IN THE OR-2 ZONE BY SPECIAL EXCEPTION AND IS LIMITED BY THE USE, AREA, AND BULK REGULATIONS OF THE D.R. 10.5 ZONE. A FACILITY LOCATED IN A R.O. ZONE IS ALSO SUBJECT TO REVIEW BY THE DESIGN REVIEW PANEL FOR COMPATIBILITY WITH SURROUNDING USES.
5) HOUSING FOR THE ELDERLY IS PERMITTED BY RIGHT IN R.A.E. ZONES

*******ASSISTED LIVING FACILITY I: AN ASSISTED LIVING PROGRAM WHICH:*******

1) IS LOCATED IN A STRUCTURE WHICH WAS BUILT AT LEAST FIVE YEARS BEFORE THE DATE OF APPLICATION.
2) WAS NOT ENLARGED BY 25% OR MORE OF GROUND FLOOR AREA WITHIN THE FIVE YEARS BEFORE THE DATE OF APPLICATION.
3) WHICH ACCOMODATES FEWER THAN 8 RESIDENT CLIENTS.

*******ASSISTED LIVING FACILITY II: AN ASSISTED LIVING PROGRAM WHICH:*******

1) IS LOCATED IN A STRUCTURE WHICH WAS BUILT AT LEAST FIVE YEARS BEFORE THE DATE OF APPLICATION.
2) WAS NOT ENLARGED BY 25% OR MORE OF GROUND FLOOR AREA WITHIN THE FIVE YEARS BEFORE THE DATE OF APPLICATION.
3) WHICH ACCOMODATES BETWEEN 8 AND 15 RESIDENT CLIENTS.

*******ASSISTED LIVING FACILITY III: AN ASSISTED LIVING PROGRAM WHICH:*******

1) WILL ACCOMMODATE MORE THAN 15 RESIDENT CLIENTS.
2) WILL BE IN A STRUCTURE WHICH WAS BUILT OR ENLARGED BY MORE THAN 25% OF GROUND FLOOR AREA LESS THAN FIVE YEARS BEFORE THE DATE OF APPLICATION.
3) WILL BE IN A STRUCTURE WHICH WILL BE NEWLY CONSTRUCTED OR ENLARGED BY MORE THAN 25% OF GROUND FLOOR AREA FOR THE ASSISTED LIVING PROGRAM.

*******SITE DESIGN STANDARDS:*******

1) EXCEPT FOR THE SIGNS PERMITTED BY SECTION 450, NO OTHER SIGNS OR DISPLAYS OF ANY KIND VISIBLE FROM THE OUTSIDE ARE PERMITTED.
2) OFF-STREET PARKING SHALL BE PROVIDED IN ACCORDANCE WITH SECTION 409 AND SUBJECT TO THE FOLLOWING CONDITIONS, BUT NO PARKING STRUCTURE IS PERMITTED EXCEPT FOR A RESIDENTIAL GARAGE AS DEFINED IN SECTION 101.
   - PARKING SHALL BE SET BACK AT LEAST 10 FEET FROM THE PROPERTY LINE, EXCEPT THAT IF THE PROPERTY LINE ABUTS AN ALLY, NO SETBACK IS REQUIRED IF THE ALLY DOES NOT ABUT THE FRONT OR REAR YARD OF A RESIDENTIALLY USED PROPERTY.
   - PARKING AND DELIVERY AREAS SHALL BE LOCATED IN THE SIDE OR REAR ONLY.
   - AT LEAST 10% OF THE LOT SHALL BE USED TO PROVIDE USABLE CONTIGUOUS AND PRIVATE OPEN SPACE.
3) AN ASSISTED LIVING FACILITY IS SUBJECT TO A COMPATIBILITY FINDING PERSUANT TO SECTION 32-4-402 OF THE BALTIMORE COUNTY CODE.
4) AN ASSISTED LIVING FACILITY LOCATED IN A COUNTY HISTORIC DISTRICT IS ALSO SUBJECT TO REVIEW BY THE LANDMARKS PRESERVATION COMMISSION IN THE SAME MANNER AS OTHER BUILDINGS LOCATED IN A HISTORICAL DISTRICT.

Revised 11/9/2018