



**City of Annapolis**  
Department of Planning and Zoning  
145 Gorman Street, 3<sup>rd</sup> Fl  
Annapolis, MD 21401-2529



FOR CITY USE ONLY	
PERMIT #	BLD18-0027
ISSUED	9-24-2018
BY	Djm
EXPIRES	9-23-2020

[Permitting@annapolis.gov](mailto:Permitting@annapolis.gov) • 410-260-2200 • Fax 410-263-9158 • TDD use MD Relay or 711 • [www.annapolis.gov](http://www.annapolis.gov)

### Building Permit Application

Per City Code [Section 17.12.056](#), fees are not refundable.

Please note that, per City Code [Section 17.28.090](#), any expansion or change in use may be subject to capital facility assessment charges.

Building site address 979 Bay Village Drive, Annapolis, MD 21401 Suite/Unit # \_\_\_\_\_

Property Tax ID # 06-000-12623805 Lot # \_\_\_\_\_

Is above address within the Historic District area? \_\_\_ Yes  No Waterfront? \_\_\_ Yes  No

Within the floodplain? \_\_\_ Yes  No Sprinkler system in building? \_\_\_ Yes  No

Property Owner Information	Contractor's Information
Name <u>BRIG, LLC</u>	Name <u>A. Martini &amp; Co. Inc</u>
Address <u>200 Westgate Circle, Ste. 500</u>	Address <u>320 Grant Street</u>
City <u>Annapolis</u> State <u>MD</u> Zip <u>21401</u>	City <u>Verona</u> State <u>PA</u> Zip <u>15147</u>
Day phone <u>410-266-0626</u> Cell _____	Day phone <u>412-828-5500</u> Cell <u>412-559-4765</u>
E-mail <u>ahyatt@hwlaw.com</u>	E-mail <u>Amartinijr@amartini.co.com</u>

Applicant Information	Architect/Engineer Information
Name <u>Bay Village Assisted Living, LLC c/o John Degen</u>	Name <u>Grant Architects</u>
Address <u>7 Old Solomons Island Road 839 Bestgate Rd suite 400</u>	Address <u>7 Old Solomons Island Road, Ste. 200</u>
City <u>Annapolis</u> State <u>MD</u> Zip <u>21401</u>	City <u>Annapolis</u> State <u>MD</u> Zip <u>21401</u>
Day phone <u>410-746-7222</u> Cell _____	Day phone <u>410-230-0003</u> Cell _____
E-mail <u>therry@gxsolutions.com Ted@TJHproperties.com</u>	E-mail _____

Occupant Information	Permit Information
Name <u>Bay Village Assisted Living, LLC c/o John Degen</u>	Please check if any of the following work to be done is: <input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> HVAC ___ Gas <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial Value of work \$ <u>\$13,670,724</u>
Address <u>7 Old Solomons Island Road 839 Bestgate Rd suite 400</u>	
City <u>Annapolis</u> State <u>MD</u> Zip <u>21401</u>	
Day phone <u>410-746-7222</u> Cell _____	
E-mail <u>therry@gxsolutions.com</u>	

Please provide 24-hour emergency contact information:  
Name Ted Henry Phone 410-746-7222

Describe proposed work:

Construct an Assisted Living Facility



Permit # \_\_\_\_\_

Building site address 979 Bay Village Drive, Annapolis, MD 21401 Date 8/17/17

Contractor License	License #	Expiration Date
MHIC		
State of MD Construction		
MD Homebuilder Registration (New residential dwellings only)		

**Dimensions of Proposed Structure**

Lot size 6.3 acres Building size \_\_\_\_\_ Building height < 45 feet # of stories 2 stories plus ground floor  
 Basement area only 31,156 sq ft in garage Total floor area (including basement) 109,148 + garage  
 Proposed setbacks from property line (ft) Front \_\_\_\_\_ Left \_\_\_\_\_ Rear \_\_\_\_\_ Right \_\_\_\_\_  
 Is it a corner lot? \_\_\_ Yes  No

If a water or sewer connection is required, I prefer:

\_\_\_ City installation  To seek approval of the Public Works Department to have it installed by a licensed contractor (which may require a Street/Sidewalk Opening Permit and/or a bond)

Are trees being removed?  Yes \_\_\_ No If yes, complete a Tree Permit application.

Are there trees within 15' of the limit of disturbance?  Yes \_\_\_ No If yes, complete a Trees in Construction Areas form.

*A use permit is required for new tenants, change of occupancy or owner, or expansion of a commercial use. (A use permit application must accompany the building permit application.)*

Existing use Vacant Lot

Proposed use Assisted Living Facility

*A certificate of occupancy may be required as determined by the Code Official.*

**Signature of owner or authorized agent**

The applicant certifies and agrees as follows: (1) that they are authorized to make this application; (2) that the information is correct; (3) that they will comply with all regulations of the City of Annapolis which are applicable hereto; (4) that they will only perform work on the above property specifically described in this application; (5) that they grant City officials the right to enter onto the property for the purpose of inspecting the work permitted and posting notices; (6) if you choose to appeal the issuance, decision, determination or order of this permit, the petition for appeal shall be in writing stating the grounds for appeal and shall be filed with the Building Board of Appeals within 15 calendar days of issuance, decision, determination or order. Any right to appeal shall be waived if not timely filed.

Owner or Authorized Agent (print) Bay Village Assisted Living, LLC / CS Bay Village LLC

Signature Shirley J. Henry project mgr Date 1/18/18

**FOR CITY USE ONLY**

PZ final approval John Morrison Date 9-21-18  
 App fee paid \$34,176.81 Permit fee \$109,485.79 Fee due \$75,308.98

