

DEPARTMENT OF LEGISLATIVE REFERENCE

STATEMENT OF INTENT FORM (LR-01)

100 Holliday Street
City Hall, Suite 626
Baltimore, Maryland 21202

Phone: (410) 396-4730
Email: ben.guthorn@baltimorecity.gov

01. Property Information.

Property Address:	2441 WEST BALTIMORE ST	Block:	2152	Lot:	001
City:	BALTIMORE	State:	MD	Zip Code:	21223

02. Applicant's Contact Information.

First Name:	Dr Sunday	Last Name:	Alle		
Mailing Address:	520 Patuxent Ave				
City:	Rosedale	State:	MD	Zip Code:	21237
Telephone Number:	443-469-8795	Email Address:	care@megacarehealths.com		

03. Agency.

Is the applicant acting as an agent for another? NO

If the applicant is acting as an agent for another, please include the names of all individuals on whose behalf the applicant is acting. If a corporate entity is involved, please include the name of each entity and each respective majority owner.

(Use an additional sheet if necessary.)

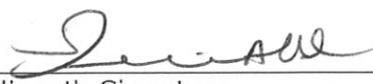
Corporate Entity:

01	First Name:	Last Name:
Mailing Address:		
City:	State:	Zip Code:
02	First Name:	Last Name:
Mailing Address:		
City:	State:	Zip Code:

04. Current Property Owner's Contact Information (if different than applicant).

First Name:	Sunday (Megacare LLC)	Last Name:	Alle		
Mailing Address:	2441 West Baltimore St				
City:	Baltimore	State:	MD	Zip Code:	21223
Telephone Number:	443-469-8795	Email Address:	care@megacarehealths.com		

05. Property Acquisition.		
Date the property was acquired by the current owner: 12/02/2025		
Deed Reference	Liber/Book: 28048	Folio/Page: 324
06. All Proposed Zoning Changes for the Property.		
Zoning District	Current Zoning District: I-1	Requested Zoning District: C-2
Conditional Use	Existing Use: Distributing/Thrift store	Proposed Conditional Use: Outpatient mental health clinic
Please describe all intended uses of the Property:		
Please refer to "Permitted and Conditional Use" tables found at the end of Article 32 – Zoning. e.g. Table 9-301, Table 10-301, etc.		
Multifamily	Conversion of a Single-Family Dwelling Unit to Multiple Dwelling Units	
	Proposed Number of Units:	
	Gross Square Footage of Building: (Not including basement area)	
	Unit 01	Gross Sq./Ft: No. of Bedrooms: _
	Unit 02	Gross Sq./Ft: No. of Bedrooms: _
	Unit	Gross Sq./Ft: No. of Bedrooms: _
	Unit	Gross Sq./Ft: No. of Bedrooms: _
	(Add additional units as needed.)	
<p>ARTICLE 32, § 9-703. CONVERSION STANDARDS.</p> <p>(a) In general. All conversions must meet the standards set forth in this section.</p> <p>(b) Existing dwelling.</p> <p style="padding-left: 20px;">(1) The existing dwelling must be:</p> <p style="padding-left: 40px;">(i) a structure originally constructed as a single-family dwelling; and</p> <p style="padding-left: 40px;">(ii) 1,500 square feet or more in gross floor area.</p> <p style="padding-left: 20px;">(2) For purposes of this subsection, gross floor area does not include any basement area.</p> <p>(c) GFA per dwelling unit. The converted dwelling must meet the following gross floor area per unit type:</p> <p style="padding-left: 20px;">(1) 1-bedroom unit: 750 square feet.</p> <p style="padding-left: 20px;">(2) 2-bedroom unit: 1,000 square feet.</p> <p style="padding-left: 20px;">(3) 3- or more bedroom unit: 1,250 square feet.</p> <p>*Please note that one off-street parking space is required per each dwelling unit added.</p>		

07. Contract Contingency.		
Is there a purchase contract contingent on the requested legislative authorization? - No		
If there is a purchase contract contingent on the requested legislative authorization, please include the names and addresses of all parties to the contract. <i>(Add additional parties as needed.)</i>		
1 ST PARTY	First Name:	Last Name:
Mailing Address:		
City:	State:	Zip Code:
2 ND PARTY	First Name:	Last Name:
Mailing Address:		
City:	State:	Zip Code:
The purposes, nature, and effect of the contract are:		
08. Affidavit.		
I, <u>Sunday Alle</u> , solemnly affirm under the penalties of perjury that the information given in this Statement of Intent is true and complete to the best of my knowledge, information and belief.		
		 _____ Applicant's Signature
		_____ 01/06/2025 Date