

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:		Block:	Lot:
City:	State:	Zip Code:	
02. Applicant's Contact Information.			
First Name:		Last Name:	
Mailing Address:			
City:	State:	Zip Code:	
Telephone Number:		Email Address:	
03. Agency.			
Is the applicant acting as an agent for another?			
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.			
<i>(Use an additional sheet if necessary.)</i>			
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:		Last Name:	
Mailing Address:			
City:	State:	Zip Code:	
Telephone Number:		Email Address:	

05. Property Acquisition.

Date the property was acquired by the current owner:

Deed Reference

Liber/Book:

Folio/Page:

06. All Proposed Zoning Changes for the Property.*Zoning District*

Current Zoning District:

Requested Zoning District:

Conditional Use

Existing Use:

Proposed Conditional Use:

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.)

ARTICLE 32, § 9-703. CONVERSION STANDARDS.

(a) In general.

All conversions must meet the standards set forth in this section.

(b) Existing dwelling.

(1) The existing dwelling must be:

(i) a structure originally constructed as a single-family dwelling; and

(ii) 1,500 square feet or more in gross floor area.

(2) For purposes of this subsection, gross floor area does not include any basement area.

(c) GFA per dwelling unit.

The converted dwelling must meet the following gross floor area per unit type:

(1) 1-bedroom unit: 750 square feet.

(2) 2-bedroom unit: 1,000 square feet.

(3) 3- or more bedroom unit: 1,250 square feet.

*Please note that one off-street parking space is required per each dwelling unit added.

07. Contract Contingency.

Is there a purchase contract contingent on the requested legislative authorization?

If there is a purchase contract contingent on the requested legislative authorization, please include the names and addresses of all parties to the contract.

(Add additional parties as needed.)

1ST PARTY

First Name:

Last Name:

Mailing Address:

City:

State:

Zip Code:

2ND PARTY

First Name:

Last Name:

Mailing Address:

City:

State:

Zip Code:

The purposes, nature, and effect of the contract are:

08. Affidavit.

I, _____, 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.

Robert F. Burch

Applicant's Signature

Date

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06. All Proposed Zoning Changes for the Property.

Zoning District	Current Zoning District:	Requested Zoning District:
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Conditional Use	Existing Use:	Proposed Conditional Use:
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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.

<i>Multifamily</i>	Conversion of a Single-Family Dwelling Unit to Multiple Dwelling Units		
	Proposed Number of Units:		
	Gross Square Footage of Building: <i>(Not including basement area)</i>		
	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:
	<i>(Add additional units as needed.)</i>		

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(Add additional parties as needed.)

1ST PARTY

First Name:

Last Name:

Mailing Address:

City:

State:

Zip Code:

2ND PARTY

First Name:

Last Name:

Mailing Address:

City:

State:

Zip Code:

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