DEPARTMENT OF LEGISLATIVE REFERENCE

STATEMENT OF INTENT FORM (LR-01)

100 Holliday Street City Hall, Suite 626

Phone: (410) 396-4730

Email: ben.guthorn@baltimorecity.gov

Baltimore, Maryland 21202

01. Property Information.								
Property Address		В	lock:	Lot:				
City: Balkmore	State: MD Zip Code: Z			7				
02. Applicant's Contact Information.								
First Name: Victoria			Last Name: Wu					
Mailing Address: 4 Monroe Street Apt. Zob								
City: Pockusile State: MD								
Telephone Number: 301-250-6635			Email Address: galaxyhomemd@gmail-com					
o3. 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. (Use an additional sheet if necessary.) Corporate Entity:								
01 F				Last Name:				
Mailing Address:								
City: State:			Zip Code:					
02 F	First Name:			Last Name:				
Mailing Address:								
City: State:		State:	en are		Zip Code:			
His scription of this transfer of the second								
04. Current Property Owner's Contact Information (if different than applicant).								
First Name: Jared				Last Name: Theng				
Mailing Address: 1809 Saint Georges Way								
City: Bowie State: MD			5	9	Zip Code: 70	リフレ		
Telephone Number: 240-437-8177 Email Address: jared.alas.zheng@gmail.com								

05. Property Acquisition.							
Date the property was acquired by the current owner: November 15, 2024							
Deed Reference Liber/Book:			Folio/Page:				
Tax ID No. 14-13-0341-020 File No. 24-6519							
o6. All Proposed Zoning Changes for the Property.							
Zoning District	Current Zoning D	pistrict: P-8	Requested Zoning District:				
Conditional Use	nditional Use Existing Use: Residential		Proposed Conditional Use: Residential				
	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: Z						
	Gross Square Footage of Building: (Not including basement area) 7,067						
	Unit 01	Gross Sq./Ft: 1,46	No. of Bedrooms: _ 4				
-	Unit 02	Gross Sq./Ft: 1,33	No. of Bedrooms: _ 3				
	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.						
- 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.)						
First Name:		Last Name:				
Mailing Address:						
City:		Zip Code:				
First N	lame:	Last Name:				
	-					
City:		Zip Code:				
d effec	t of the contract are:					
I, Victoria Wu , 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 December 30, 7074. Date						
	ract constract c	act contingent on the requested tract contingent on the requesters and addresses of all parties to the reeded.) First Name: State: State: State: Applicant's Signard and belief.				