

**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

<b>01. Property Information.</b>			
Property Address:200 North Central Avenue		Block:1320	Lot:001
City:Baltimore	State:MD	Zip Code: 21202	
<b>02. Applicant's Contact Information.</b>			
First Name:Mike		Last Name:Knoepfle	
Mailing Address:1018 Race Street			
City:Baltimore	State:MD	Zip Code:21230	
Telephone Number:443-324-3852		Email Address:bcbymk@yahoo.com	
<b>03. Agency.</b>			
Is the applicant acting as an agent for another? No <input checked="" type="radio"/>			
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:200 North Central Avenue, LLC			
01	First Name:Mike	Last Name:Knoepfle	
Mailing Address:2 Saint Ives Drive			
City:Severna Park	State:Maryland	Zip Code:21146	
02	First Name:	Last Name:	
Mailing Address:			
City:	State:	Zip Code:	
<b>04. Current Property Owner's Contact Information (if different than applicant).</b>			
First Name:		Last Name:	
Mailing Address:			
City:	State:	Zip Code:	
Telephone Number:		Email Address:	

<b>05. Property Acquisition.</b>		
Date the property was acquired by the current owner: 6/9/2023		
Deed Reference	Liber/Book: 25976	Folio/Page: 00292
<b>06. All Proposed Zoning Changes for the Property.</b>		
Zoning District	Current Zoning District: EC-2	Requested Zoning District: C-2
Conditional Use	Existing Use:	Proposed Conditional Use:
	Please describe all intended uses of the Property:	
<i>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	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>	
<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>		

<b>07. Contract Contingency.</b>		
Is there a purchase contract contingent on the requested legislative authorization? <b>No</b> <input checked="" type="radio"/>		
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 <sup>ST</sup> PARTY	First Name:	Last Name:
Mailing Address:		
City:	State:	Zip Code:
2 <sup>ND</sup> PARTY	First Name:	Last Name:
Mailing Address:		
City:	State:	Zip Code:
The purposes, nature, and effect of the contract are:		
<b>08. Affidavit.</b>		
I, <u>Mike Knoepfle</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		
8/19/2024 _____ Date		