## **DEPARTMENT OF LEGISLATIVE REFERENCE**

## STATEMENT OF INTENT FORM (LR-01)

100 Holliday Street

Phone: (410) 396-4730

City Hall, Suite 626

Email: ben.guthorn@baltimorecity.gov

Baltimore, Maryland 21202

01. Property Information.							
Property Address: 2106 MC	<del></del>	В	lock: 0315	Lot:	009		
City: Baltimore State: MD Zip Code: 21217							
02. Applicant's Contact Information.							
First Name: Derek	Last Nar	Last Name: Hayes					
Mailing Address: P.O. Box 24							
City: Dwinas mills	State: MD			Zip Code: 21117			
Telephone Number: 443-346	£-2223	Email Addr	ess:	derekok	Ubcc	shomes.org	
814		<u> </u>				3	
03. Agency.							
Is the applicant acting as an agent for another? _ \estimes es							
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: ABCD HOMES, LLC							
O1 First Name: De	DEICH			Last Name: Hoyes			
Mailing Address: P.O. Box 24							
City: Dwings Mills	State: M				1117		
02 First Name:		L	ast 1	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 Ac	auisition							
05. Property Acquisition.								
Date the property was acquired by the current owner: $11/21/23$								
Deed Reference	erence Liber/Book:			Folio/Page:				
06. All Proposed Zoning Changes for the Property.								
Zoning District	Current Zoning District:		Red	Requested Zoning District:				
0	- · · · -							
Conditional Use	Existing Use:			Proposed Conditional Use: (3) +hree dwelling Units				
	Single dwelling (3) Please describe all intended uses of the			Property:				
	Conve	rt existing prev	mises in	nto 3 Apt dwelling units,				
	044 Str	reet parking offere	id as w	ell				
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: 3							
	Gross Square Footage of Building: (Not including basement area)							
	Unit 01	Gross Sq./I	-t: 1200	No. of Bedrooms: _ 2				
	Unit 02	Gross Sq./I		No. of Bedrooms:	-			
	Unit 03	Gross Sq./I	t:1200	No. of Bedrooms: _ 2				
	Unit	Gross Sq./I	Ft:	No. of Bedrooms: _				
	(Add additional units as needed.)							
ARTICLE 32, § 9-703. CONVERSION STANDARDS.								
(a) In general.  All conversions	must mee	at the standards set forth in	thic coction					
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.								
<ul><li>(2) For purposes of this subsection, gross floor area does not include any basement area.</li><li>(c) GFA per dwelling unit.</li></ul>								
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? - NO					
If there is a purchase con please include the name	tract contingent s and addresses	on the requested legislative authorization, of all parties to the contract.			
(Add additional parties as	needed.)				
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	d effect of the co	ntract are:			
NIA					
08. Affidavit.					
I, Derek, Hayes information given in this knowledge, information	Statement of In	an under the penalties of perjury that the sent is true and complete to the best of my  Applicant's Signature  M 36 24  Date			