

**STATEMENT OF INTENT
UNDER ZONING CODE § 16-202
FOR**

2700 RAYNER AVENUE
{Address}

1. Applicant's name, address, and telephone number:
Coppin Heights Community Development Corporation
Contact Person: Gretchen Spell, Deputy Director
2500 W. North Avenue
Grace Hill Jacobs Building, Room 430
Baltimore, MD 21216
Phone: (410) 951-3624
Email: gretchen.chcdc@comcast.net
 2. All proposed zoning changes for the property:
The property is currently zoned R-6, and the applicant seeks to rezone the property as OR-2.
 3. All intended uses of the property:
The property is the vacant and blighted Hebrew Orphan Asylum building. The Coppin Heights Community Development Corporation plans to rehabilitate the property to be used as a neighborhood health clinic, which will be operated by a single master tenant, Total Health Care, Inc., a Federally Qualified Health Center that operates eight (8) other locations in the City of Baltimore. The applicant will also be seeking a parking variance – a 72% reduction from the parking space requirement – and a Conditional Use approval for a health clinic from the Board of Municipal Zoning and Appeals.
 4. Current Owner
Coppin State University
Contact: Dr. Maqbool Patel,
Associate Vice President for Administration and Finance
2500 W. North Avenue
Baltimore, MD 21216
 5. The property was acquired by the current owner on January 23, 2003 by deed recorded in the Land Records of Baltimore City as FMC 3328 folio 81.
 6. There IS a contract contingent on the requested legislative authorization.
 - (i) The names and addresses of all parties to the contract are:
The contract is a lease agreement between Coppin Heights Community Development Corporation (as the lessor) and Total Health Care, Inc. (as the lessee).
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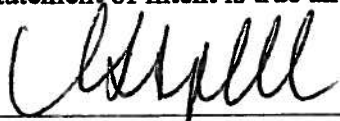
(ii) The purpose, nature, and effect of the contract are:

Total Health Care, Inc. will occupy 100% of the building, contingent upon the site being rezoned to allow the health clinic operation at the site.

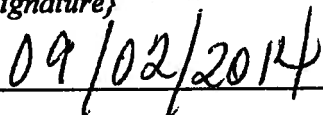
7. The applicant is NOT acting as an agent for another.

AFFIDAVIT

I, Gretchen M. Spell, 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}



Date