Department of Permits, Approvals and Inspections

Zoning Review Verification & Use Approval for Maryland State Licensing

IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County on the 14th (Day) day of February (Month), 2025 (Year).

John Silva (Applicants Name) is hereby authorized to use and operate a Office, Warehouse and Distribution (Proposed Use of Business) at the location of 7128 A Ambassador Road (Address). The applicant affirms to use and operate under the business name of Master Mid Atlantic, LLC (Business Name).

This use is permitted under Section 253.1 (Section Number of BCZR) of the Baltimore County Zoning Regulation. The property owner at this address is FIVF-III-MD1 LLC (Property Owner).

2025-0004-MD
Permit Number

Zoning Reviewer's Signature — Feb. 14, 2025 (Date)

Shaun Crawford
Zoning Reviewer's Name

Zoning Review Office | County Office Building
111 West Chesapeake Avenue, Room 124 | Towson, Maryland 21204 | Phone 410-887-3391 | Fax 410-887-3048
www.baltimorecountymd.gov

25. 0149

Department of Permits, Approvals, and Inspections

Zoning Verification & Use Permit Application For Maryland State Licensing

FIVF-III-MD1 LLC — Omer@faropoint.com

Name of Property Owner — Email

MASTERS MID ATLANTIC, LLC

Name of Proposed Business

7128 A Ambassador Road, Windsor Mill, MD, 21244

Address of Proposed Business

John Silva

Name of Business Owner/Applicant

713.262.5957 John.Silva@airtron.com

Phone Number & Email for Business Owner/Applicant

Describe Proposed Use: General office, warehouse & distribution

What was the Previous Use? (If unsure please confirm with property owner—must be provided):
General office, warehouse & distribution

Please Affirm, I hereby certify that the matters and facts set forth in the foregoing Application are true to the best of my information, knowledge and belief and that the signatories to this application shall jointly and severally be responsible for complying with all applicable State and County laws and regulations. Any violation of this Use Permit may result in a Civil Penalty. The submitted application may require specific reporting/information which may not be adequate as determined through the review process. Additional information may be required.

Applicant Name: John Silva

Applicant Signature: Signed by: John Silva C31EA82A93A1412...

Date: 02/13/2025

Please note, if this is a new use of the property or tenant space, a Change of Occupancy permit may be required. Other additional documentation may be required at the time of processing.

Rev. 2/6/2025

[redacted] $202.00

Number of Records: 2

Total Payments Received: $404.00

Zoning Review Fee

PMT-25-00352	AH0A5BD0C709	361147	361553	MDUP	John Burke	john.burke@airtron.com	2/13/25 4:37 pm	$100.00

Number of Records: 1

Total Payments Received: $100.00

Grand Total: $5,331.63