Department of Permits, Approvals and Inspections

Zoning Review Use and Occupancy Approval for Maryland State Licensing

IT IS ORDERED by the Director of the Department of Permits, Approvals and Inspections of Baltimore County on the 28 (Day) day of April (Month), 2025 (Year).

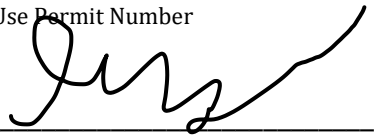
Pushpavathamma Nallabotula (Applicants Name) is hereby authorized to use and operate a ALF (Proposed Use of Business) at the location of 929 Backrinver Neck Road (Address).

The applicant affirms to use and operate under the business name of:

Pushpavathamma Nallabotula (Business Name).

This use is permitted under Section 1B (BCZR Section Number) of the Baltimore County Zoning Regulation. The property owner at this address is Pushpavathamma Nallabotula.

UP-2025 -0005 - ALc
Use Permit Number



4/28/25
Zoning Signature — Date

Tyler Cox
Zoning Name

Updated 04/09/2025

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

https://

25-0470 TC

Department of Permits, Approvals, and Inspections

...ing Use and Occupancy Permit Application

Can be used for Maryland State Licensing

Permits, Approvals and Inspections
111 W CHESAPEAKE AVE
TOWSON, MD 21204
4108873353
WWW.BALTIMORECOUNTYMD.GOV

Cashier: Tyler C.
Transaction **102882**

Total	**$100.00**
DEBIT CARD SALE VISA 9449	$100.00

Retain this copy for statement validation

Station: Permit Processing - Mini

...the Zoning Review Office. The form and payment receipt may be hand delivered, mailed ...om 124, Towson, MD 21204, or emailed to paizoning@baltimorecountymd.gov.

LLABOTULA Pushpanallabotula@gmail.com
Email

...iving Facility
...ss

...neck Road
...iness

Property Tax Account Number

...ma Nallabotula
.../Applicant

...+ O
or Business Owner/Applicant

Describe Proposed Use: Assisted Living Facility.

What is the existing use? **Information is Required** (If unsure, confirm with property owner). If vacant, please list previous use:

Continuing as Assisted Living Facility.

Affirmation: 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: Pushpavathamma Nallabotula

Applicant Signature: Pnallab Date: 4/25/2025

Note: Any new construction or alterations require a building permit. If this is a new use of the property or tenant space, a Change of Occupancy permit may be required. For all food services, you must contact the Environmental Health Services Department for a Food Service Permit, ehs@baltimorecountymd.gov. Additional documentation such as a copy of the State of Maryland Application or State License may be required at the time of processing.

Rev. 3/5/2025

UP-2025-0005 AL