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).

Abu Abdullah Sargeant (Applicants Name) is hereby authorized to use and operate a Behavioral Health Clinic (Proposed Use of Business) at the location of 7200 Belair Road, Unit 3&4 (Address). The applicant affirms to use and operate under the business name of S&B Behavioral Health (Business Name).

This use is permitted under Section 230.1 (Section Number of BCZR) of the Baltimore County Zoning Regulation. The property owner at this address is Fredy Hernandez (Property Owner).

2025-0005-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

Department of Permits, Approvals and Inspections

Zoning Review Verification & Use Approval for Maryland State Licensing

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This use is permitted under Section 230.1 (Section Number of BCZR) of the Baltimore County Zoning Regulation. The property owner at this address is Fredy Hernandez (Property Owner).

UP-20-2025-0005-MD
Use Permit Number

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

Shaun Crawford
Zoning Reviewer's Name

Revised to correct business name and proposed use.

Updated 02/11/2025

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

Department of Permits, Approvals, and Inspections

Zoning Verification & Use Permit Application For Maryland State Licensing

Fredy Hernandez
Name of Property Owner — Email

S&B Behavioral Health Care LLC
Name of Proposed Business

7200 Belair Rd [redacted] 4
Address of Proposed Business

Abu Abdullah Sargeant
Name of Business Owner/Applicant

302-510-9497 abdullah@snbllc.org
Phone Number & Email for Business Owner/Applicant

Describe Proposed Use: The building will be used to provide out patient substance use disorder treatment through individual and group counseling

What was the Previous Use? (If unsure please confirm with property owner—must be provided):
we are the first tenants for this building

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: Abu Abdullah Sargeant

Applicant Signature: Abu Shat

Date: 02/11/2025

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.

25-0142
SC

Department of Permits, Approvals, and Inspections

Zoning Verification & Use Permit Application
For Maryland State Licensing

Fredy Hernandez

Name of Property Owner Email

S&B Behavioral Health Care LLC

Name of Proposed Business

7200 Belair Rd 3 [redacted]

Address of Proposed Business

Abu Abdullah Sargeant

Name of Business Owner/Applicant

302-510-9497 abdullah@snbllc.org

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Applicant Name: Abu Abdullah Sargeant

Applicant Signature: Abu Sht

Date: 02/11/2025

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Rev. 2/6/2025

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

Cashier: Jesse K.

Transaction **102725**

Total	**$100.00**
DEBIT CARD SALE VISA 7040	$100.00

Retain this copy for statement validation

Station: Permit Processing - Mini

11-Feb-2025 10:58:02A
$100.00 | Method: CONTACTLESS
US DEBIT XXXXXXXXXXXX7040
Reference ID: 504200576361
Auth ID: 632957
MID: ********2995
AID: A0000000980840
AthNtwkNm: VISA
RtInd:CREDIT

Payment 43GZ9XKRFW7F8

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