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 20th (Day) day of February (Month), 2025 (Year).

Pamela Johnson (Applicants Name) is hereby authorized to use and operate a Behavioral Heath (Medical Clinic) (Proposed Use of Business) at the location of 6730 Holabird Ave, 1st Floor (Address). The applicant affirms to use and operate under the business name of Amazin Recovery Treatment Service (Business Name).

This use is permitted under Section 230.1 (Section) of the Baltimore County Zoning Regulation.

The property owner at this address is Castle Rock Reality (Property Owner).

UP-2025 -0010 -MD
Use Permit Number

Zoning Reviewer's Signature — Date: Feb. 20, 2025

Shaun Crawford
Zoning Reviewer's Name

Updated 02/19/2025

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

25-0162
SL

Department of Permits, Approvals, and Inspections

Zoning Verification & Use Permit Application
For Maryland State Licensing

Castle Rock Realty — amanda@castlerockrealtyllc.com
Name of Property Owner — Email

Amazin Recovery Treatment Service
Name of Proposed Business

6730 Holabird Avenue, 1st floor. Dundalk, MD. 21222
Address of Proposed Business

Pamela Johnson
Name of Business Owner/Applicant

4433765785 amazinrecovery1
Phone Number & Email for Business Owner/Applicant

Describe Proposed Use: Behavorial Health

What was the Previous Use? (If unsure please confirm with property owner—must be provided):
Medical

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: Pamela Johnson

Applicant Signature: Pamela Johnson

Date: 02/19/2026

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.

Number of Records: 3 **Total Payments Received: $559.00**

Wastewater-Discharge Permits

PMT-25-00432	AQ1AA099F149	361406	361808	119540	daniel bahk	9710midas@gmai.com	2/19/25	7:03 pm	$202.00

Number of Records: 1 **Total Payments Received: $202.00**

Zoning Review Fee

PMT-25-00422	AQ1AA098DBEF	361374	361775	zvup	Pamela Johnson	amazinrecovery1@yahoo.com	2/19/25	11:19 am	$100.00

Number of Records: 1 **Total Payments Received: $100.00**

Grand Total: $971.50