



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 27th day of February, 2025.
Day Month Year

Amilia Alcema is hereby authorized to use and operate a
Applicants Name
Behavioral Health and Service (Medical Clinic) at the location of 6630 Baltimore National Pike, Suite 207 B. The
Proposed Use of Business Address
applicant affirms to use and operate under the business name of Hope Behavioral Health and Services, LLC.
Business Name

This use is permitted under Section 236 of the Baltimore
Section Number of BCZR
County Zoning Regulation. The property owner at this address is
Professional Enterprise, LLC.
Property Owner

UP-2025 -0011 -MD
Use Permit Number

[Signature] Feb. 27, 2025
Zoning Reviewer's Signature Date

Shaun Crawford
Zoning Reviewer's Name

Updated 02/2025



Department of Permits, Approvals, and Inspections

Zoning Verification & Use Permit Application

Can be used for Maryland State Licensing

Please submit this application to the Zoning Review Office. The form and payment receipt may be hand delivered, mailed to 111 W. Chesapeake Ave., Room 124, Towson, MD 21204, or emailed to paizoning@baltimorecountymd.gov.

15-0166

BR
2014

Professional Enterprises, LLC

nick@robynproperties.com

Name of Property Owner

Email

Hope Behavioral Health and Services, LLC

Name of Proposed Business

6630 Baltimore National Pike, Suite 207 B

000467196

Address of Proposed Business

Property Tax Account Number

Amilia Alcema

Name of Business Owner/Applicant

301-642-4374 info@hopebehavioralhealthandservices.com

Phone Number & Email for Business Owner/Applicant

Describe Proposed Use: Behavioral Health Services office

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

Office

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: Nick Pirone

Applicant Signature:

Date: 2.25.25

Please note, 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 Health Department for a Food Service Permit. Other additional documentation may be required at the time of processing.