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 28th (Day) day of February (Month), 2025 (Year).

Brian Michaud (Applicants Name) is hereby authorized to use and operate a Medical Office/Mental Health Therapy (Proposed Use of Business) at the location of 10400 Ridgland Road, Suite 3, 21030 (Address). The applicant affirms to use and operate under the business name of Sule Salako (Business Name).

This use is permitted under Section 233 (Section Number of BCZR) of the Baltimore County Zoning Regulation. The property owner at this address is Cranbrook Plaza Enterprise LLC (Property Owner).

UP-2025 -0013 -MD
Use Permit Number

Zoning Reviewer's Signature — Feb. 28, 2025 (Date)

Shaun Crawford
Zoning Reviewer's Name

Updated 02/2025

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

25-0201

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.

CRANBROOK PLAZA ENTERPRISES LLC — tschoen@gebhartproperties.com

Name of Property Owner — Email

King Health Systems Inc

Name of Proposed Business

10400 Ridgland Rd, Suite 3 — unknown 2300003602

Address of Proposed Business — Property Tax Account Number

Sule Salako

Name of Business Owner/Applicant

443-804-7652 admin@kinghealthsystems.org

Phone Number & Email for Business Owner/Applicant

Describe Proposed Use: medical office for mental health therapy

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

medical office was the previous use as well

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: Brian Michaud - HR Director

Applicant Signature: Brian Michaud

Date: 2-26-2025

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.

KING
Health Systems, Inc.

Brian Michaud <bmichaud@kinghealthsystems.org>

Baltimore County Payment

noreply@baltimorecountymd.gov <noreply@baltimorecountymd.gov> Thu, Feb 27, 2025 at 1:52 PM
To: bmichaud@kinghealthsystems.org

Thank you for submitting your Permit/License payment online. Your Transaction Number is PMT-25-00506.

Type: Zoning Review Fee

Reference: ZVUP

Payment Amt: 100

Please save this email for your reference. This is a system generated email. DO NOT REPLY