



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 3rd day of March, 2025.
Day Month Year

Cherinna Hardeman is hereby authorized to use and operate a
Applicants Name
Mental Health Clinic/Medical Clinic at the location of 5602 Baltimore National Pike, Suite 204. The
Proposed Use of Business Address
applicant affirms to use and operate under the business name of Tri-Hearts.
Business Name
This use is permitted under Section 233 of the Baltimore
Section Number of BCZR
County Zoning Regulation. The property owner at this address is
Blue Visita.
Property Owner

UP-2025 -0014 -MD
Use Permit Number

[Signature] [Signature] March 3, 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.

Blue Vista

ebrophy@bluevistarealestate.net

Name of Property Owner

Email

Tri-Hearts

Name of Proposed Business

5602 Baltimore National Pike Ste 204

Address of Proposed Business

Property Tax Account Number

Name of Business Owner/Applicant

Cherinna Hardeman

Phone Number & Email for Business Owner/Applicant

Describe Proposed Use:

Mental Health Clinic

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

Mental Health Clinic. Applying for renewal

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:

Cherinna Hardeman

Applicant Signature:

[Signature]

Date:

3/3/25

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.

Shaun Crawford

From: Cherinna Hardeman <chardeman@triheartslc.com>
Sent: Friday, February 28, 2025 4:23 PM
To: PAI Zoning; Shaun Crawford
Subject: Permit Payment Receipt
Attachments: 20250228162240334.pdf

CAUTION: This message from chardeman@triheartslc.com originated from a non Baltimore County Government or non BCPL email system. Hover over any links before clicking and use caution opening attachments. Do not click on any link and fill any request asking for your username and password at any time. BCG OIT will never ask for your username and password over email. Use the "Phish Alert Report" button to report.

Thank you for submitting your Permit/License payment online. Your Transaction Number is PMT-25-00525.

Type: Zoning Review Fee

Reference: MDUP

Payment Amt: 100.00

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

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Cherinna Hardeman,
CEO/Founder
LCPC, MA, M.Ed
Licensed Clinical Professional Counselor Approved Supervisor
Licensed Clinical Alcohol and Drug Approved Supervisor
Tri-Hearts, LLC
Tri-Hearts Counseling
Striving to L.O.V.E inc.
5602 Baltimore National Pike Suite 204
Baltimore, MD 21225
Office:443-636-5004
Office Mobile: 443-699-8824
Email: chardeman@triheartslc.com
Tri-Heartsllc.com
<https://strivingtolove.org>

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