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 6th (Day) day of March (Month), 2025 (Year).

Lynnjulie Augustine (Applicants Name) is hereby authorized to use and operate a Office Space/ Office (Proposed Use of Business) at the location of 1740 E. Joppa Rd, Ste. LL1, 21234 (Address). The applicant affirms to use and operate under the business name of An Egg Health Center, Inc. (Business Name).

This use is permitted under Section 229 (Section Number of BCZR) of the Baltimore County Zoning Regulation. The property owner at this address is 1740 E. Joppa Road LLC (Property Owner).

UP-2025 -0020 -MD
Use Permit Number

S Crawford
Zoning Reviewer's Signature

March 6, 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

Department of Permits, Approvals and Inspections

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Lynnjulie Augustine (Applicants Name) is hereby authorized to use and operate a Office Space/Office (Proposed Use of Business) at the location of 1740 E. Joppa Rd., Suite LL1, 21234 (Address). The applicant affirms to use and operate under the business name of Lynnjulie Augustine Nkwaba (Business Name).

This use is permitted under Section 229 (Section Number of BCZR) of the Baltimore County Zoning Regulation. The property owner at this address is 1740 E JOPPA ROAD LLC (Property Owner).

UP-2025 -0020 -MD
Use Permit Number

Zoning Reviewer's Signature — March 6, 2025 (Date)

Shaun Crawford
Zoning Reviewer's Name

Updated 02/2025

Number of Records: 2 **Total Payments Received: $21.50**

Trash Disposal Fee

PMT-25-00540	AH0A5BECA7DA	361982	362356	IN06950 CUS-000856 CIV-00023604 and CIV-00024336	Katherine Champ	kclawns90@gmail.com	3/3/25 12:25 pm	$265.00
PMT-25-00543	AV0A0D75A16C	361989	362363	CIV- 00023030	Bobbie Evans	Bobbiendriver@gmail.com	3/3/25 1:30 pm	$2,000.00
PMT-25-00547	AV0A0D75EFF8	361998	362372	CUS-005186, INV# CIV-00024239	Tammy Weist	AP.Baltimore@wasteconnections.com	3/3/25 3:28 pm	$119.00

Number of Records: 3 **Total Payments Received: $2,384.00**

Wastewater-Discharge Permits

PMT-25-00536	AH0A5BEC758C	361970	362345	125223	afshin attar	afshinattar@yahoo.com	3/3/25 11:20 am	$202.00

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

Zoning Review Fee

PMT-25-00542	AN0A6A1CBCD1	361985	362359	237826	Lynnjulie Nkwaba	aneggheallthcenterincdc@yahoo.com	3/3/25 12:45 pm	$100.00
PMT-25-00545	AW0A0D970FFC	361996	362370	ZVUP	Donnie McGee	DMcGee@geomcp.com	3/3/25 3:05 pm	$100.00

Number of Records: 2 **Total Payments Received: $200.00**

Grand Total: $3,003.50

25.0218

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.

JOHN MICHEAL — johnimicheal1@verizon.net

Name of Property Owner — Email

AN EGG HEALTH CENTER, INC. 1600006190

Name of Proposed Business

1740 E. JOPPA RD, STE LL1, PARKVILLE MD 21234

Address of Proposed Business — Property Tax Account Number

LYNNJULIE AUGUSTINE NKWABA

Name of Business Owner/Applicant

202-498-8094/ aneggheathcenterincmd@yahoo.com

Phone Number & Email for Business Owner/Applicant

Describe Proposed Use: OFFICE SPACE

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

OFFICE SPACE

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: Lynnjulie Augustine — Digitally signed by Lynnjulie Augustine Date: 2025.03.05 12:18:24 -05'00'

Applicant Signature: L.A.NKWABA

Date: 03-05-2025

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.

BLR
ZONE