



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 _____ day of _____, _____.
Day Month Year

_____ is hereby authorized to use and operate a
Applicants Name
_____ at the location of _____. The
Proposed Use of Business Address
applicant affirms to use and operate under the business name of _____.
Business Name

This use is permitted under Section _____ of the Baltimore
Section Number of BCZR
County Zoning Regulation. The property owner at this address is
_____.
Property Owner

UP-20 - -MD
Use Permit Number

S Crawford

Zoning Reviewer's Signature

Date

Zoning Reviewer's Name

Updated 02/2025



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 6 day of March, 2025.
Day Month Year

Angel Harp-Witherspoon is hereby authorized to use and operate a
Applicants Name
Medical Office at the location of 201 Milford Mill Rd., Ste 202, 21208. The
Proposed Use of Business Address
applicant affirms to use and operate under the business name of Angel Harp-Witherspoon.
Business Name

This use is permitted under Section 203.3B.2 (86-297-X) of the Baltimore
Section Number of BCZR
County Zoning Regulation. The property owner at this address is
Guilford Management, LLC.
Property Owner

UP-2025 -0021 -MD
Use Permit Number

S Crawford March 6, 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 For Maryland State Licensing

25-0162



Guilford Management, LLC	oaktreemgt@hotmail.com
Name of Property Owner	Email
Beyond Therapy Behavioral Health, LLC	2500005934
Name of Proposed Business	5934
201 Milford Mill Road, Ste 202	2/208
Address of Proposed Business	
Angel Harp-Witherspoon	
Name of Business Owner/Applicant	
443-805-8442	angel@beyondtherapybh.org
Phone Number & Email for Business Owner/Applicant	

Describe Proposed Use: Medical office

What was the Previous Use? (If unsure please confirm with property owner—must be provided):
Medical office. No alterations have been done, and the use has not changed. We need a Zoning Verification and Use Permit for our state license.

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: Angel Harp-Witherspoon

Applicant Signature: [Signature]

Date: 02/19/2025

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.

PMT-25-00578	AE1A5F0D5729	362132	362507	128905	Nathaniel Brown	puppypalacedogwash@gmail.com	3/5/25 12:35 pm	\$101.00
Number of Records: 1								
Zoning Review Fee								
PMT-25-00576	AD0A0D9E780C	362124	362500	MDUP	MJ PARK	MPARK@SYNAMEP.COM	3/5/25 10:38 am	\$100.00
PMT-25-00580	AE0A5F0D7573	362143	362518	ZVUP	Angel Harp-Witherspoon	angel@beyondtherapybh.org	3/5/25 1:32 pm	\$100.00
Total Payments Received: \$101.00								
Number of Records: 2								
Total Payments Received: \$200.00								

Grand Total: \$1,509.50