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).

Alonzo Gaither (Applicants Name) is hereby authorized to use and operate a Medical Clinic (Proposed Use of Business) at the location of 8118 A Harford Road, 21234 (Address). The applicant affirms to use and operate under the business name of Global Healthcare System (Business Name).

This use is permitted under Section 230 (Section Number of BCZR) of the Baltimore County Zoning Regulation. The property owner at this address is ZBA Statutory Trust (Property Owner).

UP-2025-0022-MD
Use Permit Number

Shaun 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

Zoning Verification & Use Permit Application
For Maryland State Licensing

ZBA Statutory Trust

Name of Property Owner Email

Global Healthcare Systems

Name of Proposed Business

8118 A Harford rd, Parkville MD, 21234

Address of Proposed Business

Business Owner: Michael Fowowe / Applicant: Alonzo Gaither -- Stoker Associates

Name of Business Owner/Applicant

410-515-0997 alonzo.g21015@gmail.com

Phone Number & Email for Business Owner/Applicant

Describe Proposed Use: COMAR #10.63.3.05; Outpatient mental health clinic. Tenant Name: Global Health Systems

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

Computer repair store.

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: Alonzo Gaither -- Stoker Associates

Applicant Signature: Alonzo Gaither

Date: 02/13/2025

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.