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 7th (Day) day of March (Month), 2025 (Year).

Nick Pirone (Applicants Name) is hereby authorized to use and operate a Behavioral Health Services/Office and Medical Clinic (Proposed Use of Business) at the location of 6630 Baltimore National Pike, Ste. 206 B, 21228 (Address). The applicant affirms to use and operate under the business name of Hope Behavioral Health Services, LLC (Business Name).

This use is permitted under Section 236 (Section Number of BCZR) of the Baltimore County Zoning Regulation. The property owner at this address is Professional Enterprises, LLC (Property Owner).

UP-2025-0023-MD
Use Permit Number

Shaun Crawford
Zoning Reviewer's Signature

March 7, 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

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.

Professional Enterprises, LLC — nick@robynproperties.com

Name of Property Owner — Email

Hope Behavioral Health and Services, LLC

Name of Proposed Business

6630 Baltimore National Pike, Suite 206B — 0004671960

Address of Proposed Business — Property Tax Account Number

Amilia Alcema

Name of Business Owner/Applicant

301-642-4374 info@hopebehavioralhealthandservices.com

Phone Number & Email for Business Owner/Applicant

Describe Proposed Use: Behavioral Health Services office

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

Office

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: Nick Pinone

Applicant Signature:

Date: 3.7.25

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.

Nick Pirone

From: noreply@baltimorecountymd.gov
Sent: Friday, March 7, 2025 2:06 PM
To: Nick Pirone
Subject: Baltimore County Payment

Thank you for submitting your Permit/License payment online. Your Transaction Number is PMT-25-00608.

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