



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 7 day of March, 2025.
Day Month Year

Jessica Munquig is hereby authorized to use and operate a
Applicants Name
Classroom at the location of 1713 Taylor Ave.
Proposed Use of Business Address

The applicant affirms to use and operate under the business name of:

Munquig Tag/Title LLC
Business Name

This use is permitted under Section 230 of the Baltimore
Section Number of BCZR

County Zoning Regulation. The property owner at this address is

Habib Sartipy
Property Owner

UP-2025 - 0024-MD
Use Permit Number

Zoning Reviewer's Signature

3/17/25

Date

Tyler Cox
Zoning Reviewer's Name

Updated 03/04/2025

75-6247 TC



Permits, Approvals and Inspections

111 W CHESAPEAKE AVE
TOWSON, MD 21204
4108873353
WWW.BALTIMORECOUNTYMD.GOV

Casher: John Krach III
03 Mar 2025 3:54:32P

Transaction 102771
1 Misc Use Permit/
Administrative Approvals \$100.00

Total \$100.00
DEBIT CARD SALE \$100.00
VISA 4407

tain this copy for statement validation

Station: Permit Processing - Mini
03-Mar-2025 3:54:47P
\$100.00 | Method: CONTACTLESS
US DEBIT XXXXXXXXXXXX4407
VISA CARDHOLDER
Reference ID: 506200577517
Auth ID: 075415
MID: *****2995
AID: A00000100980840
AuthWkNm: VISA
RtInd: CREDIT

Clover ID: VDAFLYZRR7HY
Payment GYSRWV1MEQKRR
Clover Privacy Policy
https://clover.com/privacy

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.

Habib Sarhiy Name of Property Owner sunshinecontractor77@gmail.com Email

Munguia Tag & Title LLC Name of Proposed Business

1713 Taylor Ave suite B Address of Proposed Business 0915000260 Property Tax Account Number

Jessica Munguia Name of Business Owner/Applicant

443-791-4872 Phone Number & Email for Business Owner/Applicant munguia-tagandtitle@gmail.com

Describe Proposed Use: as a classroom

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

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: Jessica Munguia

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.