



Department of Permits, Approvals and Inspections

Zoning Review Use and Occupancy Approval for Maryland State Licensing

IT IS ORDERED by the Director of the Department of Permits, Approvals and
Inspections of Baltimore County on the 19th day of March, 2025.
Day Month Year

Tonya Allen -Grier is hereby authorized to use and operate a
Applicants Name
Fitness Facility at the location of 7908 Harford Rd.
Proposed Use of Business Address

The applicant affirms to use and operate under the business name of:
Top Tier & Bodied Fitness

Business Name
This use is permitted under Section 230 (BL CCC) of the Baltimore
Section Number of BCZR
County Zoning Regulation. The property owner at this address is
Sabastian Rosselli.
Property Owner

UP-2025 - 0027 -MD
Use Permit Number

John J. Krach III
Zoning Reviewer's Signature

03/19/2025
Date

John J. Krach III
Zoning Reviewer's Name

Updated 03/04/2025

See Application



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 11th day of March, 2025
Day Month Year

Tonya Allen-Grier is hereby authorized to use and operate a
Applicants Name
Recreational Activities at the location of 7908 Harford Road
Proposed Use of Business Address

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

Top Tier & Bodied Fitness
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

Sebastian Rosselli
Property Owner

UP-20 - -MD
Use Permit Number

Zoning Reviewer's Signature

Date

Zoning Reviewer's Name

Updated 03/04/2025



Department of Permits, Approvals, and Inspections

Zoning Use and Occupancy 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.

Sebastian Roselli
Name of Property Owner _____ Email _____

Top Tier & Bodied Fitness
Name of Proposed Business _____

7908 Harford Rd 0920550340
Address of Proposed Business _____ Property Tax Account Number _____

Tonya Allen-Grier
Name of Business Owner/Applicant _____

4008 Taylor Ave tag4008@yahoo.com
Phone Number & Email for Business Owner/Applicant _____

Describe Proposed Use: Fitness Center

What is the existing use? **Information is Required** (If unsure, confirm with property owner). If vacant, please list previous use:

Karate Center

Affirmation: 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: Tonya Allen Grier

Applicant Signature: _____ Date: 03/11/25

Note: Any new construction or alterations require a building permit. 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 Environmental Health Services Department for a Food Service Permit, ehs@baltimorecountymd.gov. Additional documentation such as a copy of the State of Maryland Application or State License may be required at the time of processing.



Permits, Approvals and Inspections

111 W CHESAPEAKE AVE
TOWSON, MD 21204
4108873353

WWW.BALTIMORECOUNTYMD.GO
V

Cashier: Jennifer

11-Mar-2025 10:17:12A

Transaction 102786

1 Sale	\$100.00
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Total	\$100.00
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DEBIT CARD SALE	\$100.00
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VISA 2778

Station: Permit Processing - Mini

11-Mar-2025 10:17:20A

\$100.00 | Method: CONTACTLESS

US DEBIT XXXXXXXXXXXXX2778

VISA CARDHOLDER

Reference ID: 507000577857

Auth ID: 111875

MID: *****2995

AID: A0000000980840

AthNtwkNm: VISA

RtInd:CREDIT

***** REPRINT *****

Clover ID: WYDP3PEGXAYKE

Payment SZRE5CQV1FQM0

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