

Department of Permits, Approvals and Inspections

## **Zoning Review Use and Occupancy Approval** for Maryland State Licensing

	tor of the Department of Permits, Approvals and
Inspections of Baltimore Count	y on the $\frac{\partial S^{TH}}{\partial A}$ day of $\frac{MARCH}{Month}$ , $\frac{\partial O \partial S}{Year}$ .
ABHISHEK KUMAR Applicants Name	is hereby authorized to use and operate a
Proposed Use of Business	at the location of 149 or ville RUAL.  Address
The applicant affirms to use an	d operate under the business name of:
GRVILLE BIZZA, LL	
This use is permitted under Sec	Business Name etion 233 (02) of the Baltimore Section Number of BCZR
County Zoning Regulation. Th	e property owner at this address is
Property Owner	·
UP-2025 - 0031 -MD Use Permit Number	
CAGA	3 25 25
Zoning Reviewer's Signature	Date
JASON SCIDELANN	
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.

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Christopher PD' Anna Punan. Hapa 44@ gma Name of Property Owner Email Chris. mars propert
Name of Proposed Business
149 Orville Rd Essex MD 21221 750002644  Address of Proposed Business Property Tax Account Number
Address of Proposed Business Property Tax Account Number
Abhishek Kumas (Orville Pizza, LZC) Name of Business Owner/Applicant
202-341-5465 Phone Number & Email for Business Owner/Applicant
Priorie Number & Email for Business Owners, apprount
Describe Proposed Use: for fast casual pizza restaurant
If vaca
What is the existing use? Information is Required (If unsure, confirm with property owner). If vacaplease list previous use:
Con A and in 22 a west all Mant
for same pizza restaurant
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 City 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: Applicant Signature: Mark Kumar Date: 03/25/2025
10 1 KUMOY Data: 0312-512025
Applicant Signature: Date.
Note: Any new construction or alterations require a building permit. If this is a new use of the property or tenant space
Change of Occupancy permit may be required. For all food services, you must contact the Environmental Health Service Department for a Food Service Permit, <a href="mailto:ehs@baltimorecountymd.gov">ehs@baltimorecountymd.gov</a> . Additional documentation such as a copy of the
Department for a 1 ood dervice 1 offin, office buttimes odds.

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

Cashier: Jason S. 25-Mar-2025 3:24:15P

Transaction 102824

1 Misc Use Permit/ \$100.00
Administrative
Approvals

Total

\$100.00

DEBIT CARD SALE VISA 7610 \$100.00

Retain this copy for statement validation

Station: Permit Processing - Mini

25-Mar-2025 3:24:30P \$100.00 | Method: CONTACTLESS US DEBIT XXXXXXXXXXXX7610 Reference ID: 508400578792 Auth ID: 162445 MID: \*\*\*\*\*\*\*\*2995

MID: \*\*\*\*\*\*\*2995 AID: A0000000980840 AthNtwkNm: VISA RtInd:CREDIT

Clover ID: 82R5C8JCV89Z8 Payment HM45DVPJQKNAW

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