

# **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	Day	_day of _	Month	, 	
Applicants Name Proposed Use of Business	-	•			nd operate a	_•
The applicant affirms to use and	operate	e unde	r the bus	iness na	me of:	
This use is permitted under Section County Zoning Regulation. The		Section 1				e
Property Owner  UP-20MD  Use Permit Number		·				
<b>John J. Krach 3rd</b> Zoning Reviewer's Signature					Date	
Zoning Reviewer's Name		_				



#### **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 <a href="mailedtopaicuning@baltimorecountymd.gov">paicuning@baltimorecountymd.gov</a>.

Painters Mill Executive Office Park Partnership	kbernstein@davidsbrown.com
Name of Property Owner	Email
Divine Counseling, LLC	
Name of Proposed Business	
90 Painters Mill RD, Suite 134, Owings Mills, MD 21117	2500014515
Address of Proposed Business	Property Tax Account Number
Cara Baltimore/Kim Williams	
Name of Business Owner/Applicant	
443-202-1377 cbaltimore@divinecounselingllc.net/443-2	13-9456 kwilliams@divinecounselingllc.net
Phone Number & Email for Business Owner/Applicant	
Describe Proposed Use: Behavioral health p	rovider
Describe i roposed ese.	
What was the Previous Use? (If unsure please confirm with	th property owner—must be provided):
Office	
Please Affirm, I hereby certify that the matters and facts set forth in the foreg knowledge and belief and that the signatories to this application shall jointly a applicable State and County laws and regulations. Any violation of this Use P application may require specific reporting/information which may not be adeq information may be required.	nd severally be responsible for complying with all termit may result in a Civil Penalty. The submitted
Applicant Name: Kim Williams	
Applicant Signature: William	
Date: 04/01/2025	
Please note, if this is a new use of the property or tenant s	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.

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Grand Total: \$2,927.50



Logged in as:Ki Williams Collections (0) Tart (0) Account Management Logout

Home Animal Services License Land Management Code Complaint CZMP

Online Payments Permits Residential Parking Permits

Dashboard

My Records

My Account

Advanced Search

1 Select item to pay

Payment information

Receipt/Record

### Step 3: Receipt/Record issuance

Your application(s) has been successfully submitted. You will receive an email with your confirmation.

### No Address

PMT-25-00731

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