



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 _____ day of _____, _____.
Day Month Year

_____ is hereby authorized to use and operate a
Applicants Name
_____ at the location of _____
Proposed Use of Business Address 5

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

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

Property Owner

UP-20 - 4-MD
Use Permit Number

John J. Krach 3rd
Zoning Reviewer's Signature

Date

Zoning Reviewer's Name

Updated 03/04/2025



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.

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 135, 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/443-213-9456 kwilliams@divinecounselingllc.net

Phone Number & Email for Business Owner/Applicant

Describe Proposed Use: Behavioral health provider

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: Kim Williams

Applicant Signature: K. Williams

Date: 04/01/2025

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.

Total Payments Received: \$2,183.00

PMT	ID	363105	363448	128897		3/24/25	10:28 am	\$202.00
PMT-25-00724	AQ0AA0E89E19							
PMT-25-00735	AY0A5F247C6B	363145	363486	129034		3/24/25	7:06 pm	\$202.00

Total Payments Received: \$404.00

PMT-25-00731	AM0A5D797106	363124	363466	ZVUP	Kim Williams	kwilliams@divinecounselingllc.net	3/24/25	1:55 pm	\$100.00
PMT-25-00733	AE0A5F2ACA1D	363129	363471	ZVUP	Kim Williams	kwilliams@divinecounselingllc.com	3/24/25	2:16 pm	\$100.00

Total Payments Received: \$200.00

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Baltimore County GOVERNMENT

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

[Home](#) [Animal Services](#) [License](#) [Land Management](#) [Code Complaint](#) [CZMP](#)

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1 Select item to pay

2 Payment
information

3 Receipt/Record
issuance

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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Total Payments Received: \$200.00

27.50



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00733**

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