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 8 (Day) day of 4 (Month), 2025 (Year).

Italo Isaac (Applicants Name) is hereby authorized to use and operate a Psych Rehabilitation (Proposed Use of Business) at the location of 104 Church Lane #120 (Address).

The applicant affirms to use and operate under the business name of: Sparks Healing Group Inc (Business Name).

This use is permitted under Section 0R1 205 (Section Number of BCZR) of the Baltimore County Zoning Regulation. The property owner at this address is STAR-K Inc (Property Owner).

UP-2025-0039-MD
Use Permit Number

Jeffrey Perlow
Zoning Reviewer's Signature

4-8-2025
Date

Christina Fink
Zoning Reviewer's Name

Updated 03/04/2025

25-0369 CYP

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.

STAR-K INC. — HELLO@ONYXDEVELOPMENT.NET

Name of Property Owner — Email

SPARKS HEALING GROUP, INC.

Name of Proposed Business

104 CHURCH LANE SUITE #120, PIKESVILLE, MD 21208 — 2200019738

Address of Proposed Business — Property Tax Account Number

BITALO ISAAC

Name of Business Owner/Applicant

(443) 712-6672 - SPARKSHEALINGGROUP@GMAIL.COM

Phone Number & Email for Business Owner/Applicant

Describe Proposed Use: PRP PROGRAM - PSYCHIATRIC REHABILITATION PROGRAM

What is the existing use? **Information is Required** (If unsure, confirm with property owner). If vacant, please list previous use: MENTAL AND BEHAVORIAL HEALTH PROGRAM FOR FAMILIES AND INDIVIDUALS

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: BITALO ISAAC

Applicant Signature: Bitalo Isaac Date: 2/13/25

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.

Rev. 3/5/2025

021

Permits, Approvals and Inspections

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

Cashier: Jesse K.
03-Apr-2025 12:56:28P

Transaction **102836**

1 Sale	$100.00
Total	**$100.00**
DEBIT CARD SALE	$100.00

VISA 9744
Station: Permit Processing - Mini

03-Apr-2025 12:56:28P
$100.00 | Method: CONTACTLESS
US DEBIT XXXXXXXXXXXX9744
VISA CARDHOLDER
Reference ID: 509300579285
Auth ID: 992359
MID: ********2995
AID: A0000000980840
AthNtwkNm: VISA
RtInd:CREDIT

***** REPRINT *****

Clover ID: YJQWCX3FQFMJY
Payment EY9F6AS7R13JA

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