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 April (Month), 2025 (Year).

LaQuinta Mays (Applicants Name) is hereby authorized to use and operate a Mental Health Therapy (Proposed Use of Business) at the location of 600 Reisterstown Rd. (Address)

The applicant affirms to use and operate under the business name of: One Step Further Mental Health Rehabilitation (Business Name).

This use is permitted under Section 233 (Section Number of BCZR) of the Baltimore County Zoning Regulation. The property owner at this address is Plaza Investors LLC (Property Owner).

UP-2025-0040-MD
Use Permit Number

Zoning Reviewer's Signature — 4/9/25 (Date)

Tyler Cook
Zoning Reviewer's Name

Updated 03/04/2025

25-0343 TC

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.

Name of Property Owner — Email

Name of Proposed Business
One Step Further Mental Health Rehabilitation Program LLC

1900011862
Property Tax Account Number

Address of Proposed Business
600 Reisterstown RD, STE 212 Baltimore MD ,21208

Name of Business Owner/Applicant
LaQuinta Mays

Phone Number & Email for Business Owner/Applicant : 443-806-0191 Oscpsychrehab@gmail.com

Describe Proposed Use: One Step Further Mental Health is a community-based rehabilitation program dedicated to providing comprehensive mental health services/Counseling

What was the Previous Use? (If unsure please confirm with property owner—must be provided):

The previous use of the space has been the same as its current function—a mental health rehabilitation program—for the past 2 ½ years. Iam Renewing(Reapplying for Expired permit # COO23-0463 which Expired 11/14/2024

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: LaQuinta Mays

Applicant Signature: *LaQuinta Mays*

Date: March 1 ,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.

Rev. 2/13/2025

BM

Record PMT-25-00780:
OnlinePayments

Add to cart
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Fees

Paid:

Date	Invoice Number	Amount
03/29/2025	363405	$100.00

Total paid fees: $100.00

Amy Ravera

From:	Laquinta Mays <oscpsychrehab@gmail.com>
Sent:	Saturday, March 29, 2025 10:51 PM
To:	PAI Zoning
Cc:	Shaun Crawford
Subject:	Re-applying for a expired permit
Attachments:	zoning verification and use permit application.pdf; Screenshot 2025-03-29 224758.png

Record PMT-25-00780: OnlinePayments

Paid:

Date	Invoice Number
03/29/2025	363405