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 10 (Day) day of April (Month), 2025 (Year).

Aaron Loeb (Applicants Name) is hereby authorized to use and operate a Retail Paint Store (Proposed Use of Business) at the location of 11130 Reisterstown rd Ov. (Address)

The applicant affirms to use and operate under the business name of: Benjamin Moore Suburban Paint (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 11130 Reisterstown LLC (Property Owner).

UP-2025 - 0042 -MD
Use Permit Number

Jesse Krout
Digitally signed by Jesse Krout
Date: 2025.04.10 09:30:02 -04'00'
Zoning Reviewer's Signature

4/10/25
Date

Jesse Krout
Zoning Reviewer's Name

Updated 03/04/2025

Zoning Review Office | County Office Building
111 West Chesapeake Avenue, Room 124 | Towson, Maryland 21204 | Phone 410-887-3391 | Fax 410-887-3048
www.baltimorecountymd.gov

25-0338 SE

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.

11130 Reisterstown LLC — monah@tiderecapital.com
Name of Property Owner — **Email**

Benjamin Moore Suburban Paint
Name of Proposed Business

11130 Reisterstown Rd Owings Mills, MD 21117 —
Address of Proposed Business — **Property Tax Account Number**

LT New Square LLC
Name of Business Owner/Applicant

Tel: 443-261-4870 Email: aloeb@tiderecapital.com
Phone Number & Email for Business Owner/Applicant

Describe Proposed Use: Retail Paint Store

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

Mattress Warehouse Retail Store

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: Aaron Loeb

Applicant Signature: A — Joe Cavacini

Date: 3/13/2025

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