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

Jimmy Johnson Sr (Applicants Name) is hereby authorized to use and operate a Mental Health Services (Proposed Use of Business) at the location of 1245 Eastern blvd (Address).

The applicant affirms to use and operate under the business name of: _____ (Business Name).

This use is permitted under Section 236 Business Roadside (Section Number of BCZR) of the Baltimore County Zoning Regulation. The property owner at this address is CVS LLC (Property Owner).

UP-2025 -0047 -MD
Use Permit Number

4/10/25
Zoning Reviewer's Signature — Date

Tyler Cox
Zoning Reviewer's Name

Updated 03/04/2025

25-0394 TC

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.

~~Stevie K LLC~~ CVK LLC — Colleen@truecommercial.com

Name of Property Owner — Email

Phat Future Minds Health Care Services

Name of Proposed Business

1245 Eastern Blvd — 20-00-008377

Address of Proposed Business — Property Tax Account Number

Jimmy Johnson Sr

Name of Business Owner/Applicant

443.717.8645 phatmoochjob@yahoo.com

Phone Number & Email for Business Owner/Applicant

Describe Proposed Use: Outpatient Mental Health Services

What is the existing use? **Information is Required** (If unsure, confirm with property owner). If vacant, please list previous use:

Mental Health Services

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: Jimmy J Johnson Sr

Applicant ~~Signature~~: [signature] Date: 7 Apr. 2025

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

Permits, Approvals and Inspections
111 W CHESAPEAKE AVE
TOWSON, MD 21204
4108873353
WWW.BALTIMORECOUNTYMD.GOV

Cashier: Jason S.
07-Apr-2025 1:43:36P

Transaction **102842**

1	Misc Use Permit/ Administrative Approvals	$100.00

Total	**$100.00**
CREDIT CARD SALE AMEX 2001	$100.00

Retain this copy for statement validation

Station: Permit Processing - Mini

07-Apr-2025 1:43:46P
$100.00 | Method: EMV
AMERICAN EXPRESS
XXXXXXXXXXX2001
JIMMY J JOHNSON SR
Reference ID: 509700579506
Auth ID: 847301
MID: ********2995
AID: A000000025010801
AthNtwkNm: AMEX
SIGNATURE

Clover ID: TTWHGA55BF9YP
Payment Y798A53N9JJ4E

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