



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 of April, 2025.
Day Month Year

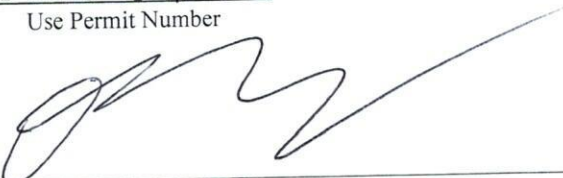
Jimmy Johnson Sr is hereby authorized to use and operate a
Applicants Name
Mental Health Services at the location of 1245 Eastern Blvd.
Proposed Use of Business Address

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

Business Name
This use is permitted under Section 236 Business Roadside of the Baltimore
Section Number of BCZR

County Zoning Regulation. The property owner at this address is
CVK LLC.
Property Owner

UP-2025 -0047 -MD
Use Permit Number


Zoning Reviewer's Signature

4/10/25
Date

TYLER COX
Zoning Reviewer's Name

Updated 03/04/2025



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 phatmoachjob@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.



**Permits, Approvals and
Inspections**

111 W CHESAPEAKE AVE
TOWSON, MD 21204
4108873353

WWW.BALTIMORECOUNTYMD.GO
V

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

Transaction **102842**
1 Misc Use Permit/ \$100.00
Administrative
Approvals

Total **\$100.00**

CREDIT CARD SALE \$100.00
AMEX 2001

Retain this copy for statement
validation

Station: Permit Processing - Mini

07-Apr-2025 1:43:46P
\$100.00 | Method: EMV
AMERICAN EXPRESS
XXXXXXXXXXXX2001
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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