



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


Terrill Johnson is hereby authorized to use and operate a
Applicants Name
Counseling at the location of 629 Reisterstown rd.
Proposed Use of Business Address

The applicant affirms to use and operate under the business name of:
Restorative Community Behavioral Health
Business Name

This use is permitted under Section 230 Business Local of the Baltimore
Section Number of BCZR

County Zoning Regulation. The property owner at this address is
Erlanger Florette
Property Owner

UP-2025-0048-MD
Use Permit Number


Zoning Reviewer's Signature

4/14/2025
Date

Tyler Cox
Zoning Reviewer's Name

Updated 03/04/2025



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.

Erlanger, Florette Restorative Community Bhs@gmail.com
Name of Property Owner Email

Restorative Community Behavioral Health
Name of Proposed Business

629 Reisterstown Rd 1800003254
Address of Proposed Business Property Tax Account Number

Terrell Johnson
Name of Business Owner/Applicant

443-271-2191 Restorative Community BHS@gmail.com
Phone Number & Email for Business Owner/Applicant

Describe Proposed Use: Counseling

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

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: Terrell Johnson

Applicant Signature: Terrell Johnson

Date: 4/2/25

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.



Permits, Approvals and Inspections

111 W CHESAPEAKE AVE

TOWSON, MD 21204

4108873353

WWW.BALTIMORECOUNTYMD.GO

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Cashier: John Krach III

Transaction 102833

Total	\$100.00
DEBIT CARD SALE	\$100.00
VISA 4059	

Retain this copy for statement validation

Station: Permit Processing - Mini

02-Apr-2025 1:41:58P

\$100.00 | Method: CONTACTLESS

US DEBIT XXXXXXXXXXXXX4059

VISA CARDHOLDER

Reference ID: 509200579234

Auth ID: 164710

MID: *****2995

AID: A0000000980840

AthNtwkNm: VISA

RtInd:CREDIT

***** REPRINT *****

Payment DD9DFGYCWH08

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