

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.

to 111 vv. Chesapeake Ave., Room 124, Towson, NiD 21204, or emailed to palzoning@baltimorecountymd.gov.
Pikewille Ploza
Name of Property Owner Email
One Step Further Mental Health Rehabilitation Program Name of Proposed Business
Address of Proposed Business  Address of Proposed Business  Property Tax Account Number
Name of Business Owner/Applicant
Phone Number & Email for Business Owner/Applicant
Describe Proposed Use: Mental Health Counseling Program
8
What is the existing use? Information is Required (If unsure, confirm with property owner). If vacan please list previous use:
<u> </u>
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: LAQUINTA MAYS
Applicant Signature: Date: Prul 24, 2005
Note: Any new construction or alterations require a building permit. If this is a new use of the property or tenant space, a

**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, <a href="mailto:ehs@baltimorecountymd.gov">ehs@baltimorecountymd.gov</a>. 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



Department of Permits, Approvals and Inspections

## Zoning Review Use and Occupancy Approval for Maryland State Licensing

IT IS ORDERED by the D	Director of the Department of Permits, Approvals and	
Inspections of Baltimore Co	bounty on the $\frac{25}{\text{Day}}$ day of $\frac{490\%}{\text{Month}}$ , $\frac{2025}{\text{Year}}$ .	
Labuinta Mays	is hereby authorized to use and operate a	
Montal Health Clinic Proposed Use of Business	at the location of 600 Reisterstown 12.  Address	
The applicant affirms to use and operate under the business name of:		
This use is permitted under	Business Name Section BM 233 of the Baltimore Section Number of BCZR  The property owner at this address is	
UP-2025 -005i -MD Use Permit Number		
911/	4/25/25	
Zoning Reviewer's Signature	Date	
TYW W Zoning Reviewer's Name		

Updated 03/04/2025