CITY OF BALTIMORE

FIRE DEPARTMENT – FIRE PREVENTION BUREAU
410 E. LEXINGTON STREET, BALTIMORE, MD. 21202

PAYMENT MUST BE ACCOMPANIED BY THE BOTTOM PORTION OF THIS NOTICE
PLEASE READ BACK OF FORM BEFORE MAKING PAYMENT

FINAL NOTICE

MEDMARK CLINIC
ATT PIERRE THOMAS
1801 CHERRY HILL ROAD
BALTIMORE, MARYLAND 21230

05/27/26

new permit number is: 254908

PERMIT NUMBER	EXPIRATION DATE	RENEWAL FEE	BUSINESS LOCATION
243616	06/25/2026	100.00	1801 CHERRY HILL ROAD

FIRE PERMIT DETAILS:

USE2018-53013 - USE CODE: B. USE PREMISE FOR AN OUTPATIENT CLINIC
CAPACITY: (49).

USE2018-53549 - ACCESSORY STORAGE (OUTDOOR GENERATOR ON SIDE)
ANNUAL INSPECTION REQUIRED BY OHCQ
CONTACT: PIERRE THOMAS
CHECK 088279

FIRE PERMIT FEE CODES:

F104.12L

This is notification that the Fire Prevention Permit listed above will be expiring in less than 30 days. If it is your intent to continue the activities for which the permit was originally issued, a renewal inspection shall be required as per Part VIII, Chapter1, Section 105.1.1 of the Building, Fire and related codes of Baltimore City.

PAYMENT MUST BE ACCOMPANIED WITH THE BOTTOM PORTION OF THIS NOTICE
AND MAILED TO: P.O. BOX 17119, BALTIMORE, MD 21297
IF PAYMENT HAS ALREADY BEEN SENT, PLEASE DISREGARD THIS NOTICE

FRDP11 05/17

KEEP THIS PORTION FOR YOUR RECORDS

PERMIT NUMBER	EXPIRATION DATE
243616	06/25/2026

BALTIMORE CITY FIRE DEPARTMENT
FIRE PREVENTION BUREAU
410 E. LEXINGTON STREET, BALTIMORE, MD. 21202
MAIL PAYMENTS TO: P.O. BOX 17119, BALTIMORE, MD 21297

RENEWAL FEE DUE: 100.00

MEDMARK CLINIC
ATT PIERRE THOMAS
1801 CHERRY HILL ROAD
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P.O. BOX 17119
BALTIMORE, MD 21297

MEDMARK CLINIC
1801 CHERRY HILL ROAD 21230

080000001000000000000000000000000000000243616000000000000000000000000000005

06/08/2026 10:57 AM EDT

CITY OF BALTIMORE - HOLLIDAY
200 HOLLIDAY ST
BALTIMORE, MD 21202

TERMINAL NAME: E5720904

ORDER# 222004606

PAYMENT

INOVAH $100.00
9063_00051_260608105705

AGENCY SUBTOTAL: $100.00
LEXISNEXIS SERVICE FEE: $3.75

TOTAL USD: $103.75

CARD #: 3800 VISA
PAYMENT: CREDITCHIP READ-CONTACT
MODE: ISSUER
AUTH CODE: 124583
APP LABEL: US DEBIT
CVM: NO SIG REQUIRED
AID: A0000000980840
ARQC: 718E7D6FE73F1966
AMOUNT: $103.75
*** CARD APPROVED ***

****

AMOUNT PAID:
$103.75

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CUSTOMER COPY

City of Baltimore
Date: 6/8/2026 Office: ABEL
MACH: 698-9BMW04 Cashier: MJ00006
Batch: 9063 Receipt#:01296396
Payment Total: $100.00
Transaction Amo $100.00
City of Baltimore
Date: 6/8/2026 Office: ABEL
MACH: 698-9BMW04 Cashier: MJ00006
Batch: 9063 Receipt#:01296396
Payment Total: $100.00
Transaction Amo $100.00
Credit Card Tendered : $100.00