

OFFICE OF ZONING AND ADMINISTRATIVE HEARINGS  
MONTGOMERY COUNTY, MARYLAND

100 Maryland Avenue, Room 200

Rockville, Maryland, 20850

(240) 777-6660

{Form Revised 10-7-14}

Office of Zoning and

NOV 21 2016

OZAH No. CU-170-08

Date Certified Complete 11/23/16

Date Filed

Hearing Date 3/10/16

Time 9:30AM

APPLICATION FOR CONDITIONAL USE (OTHER THAN AN ACCESSORY APARTMENT)

(Please note instructions on reverse side. Application cannot be processed unless all information is submitted)

Application is hereby made for a Conditional Use under the Zoning Ordinance for the Montgomery-Washington Regional District in Montgomery County, Maryland (Chap. 59, Mont. Co. Code 2014) as follows:

Applicant(s) Lilian J. Flores.

Property to be used: Lot 1 Block 90 Subdivision 0072

Street Address. 3800 Littleton St City Silver Spring State MD Zip 20906.

Zone Classification R-6C/7054 SF Tax Account No. 01244128

Proposed Use Day Care Facility.

If this Application is for a Day Care Facility, specify the number of children to be cared for 12

Zoning Ordinance subsection providing for proposed use: Section 59-3- 4.4 D  
(in accordance with Section 59-7.3.1)

Owner of property: Name Francisco E. Romero / Lilian J. Flores

Address 3800 Littleton St Silver Spring MD 20906.

Applicant's present legal interest in above property: (check one)

☒ Owner (including joint ownership) ☐ Lessee ☐ Tenant other than lessee ☐ Contract Purchaser  
☐ Other (Describe)

Has any previous application for a special exception or conditional use involving this property been made by this Applicant, or by anyone else to this Applicant's knowledge? No

If so, give Case Number(s):

I have read the instructions on the reverse side of this form, and am filing herewith all of the required accompanying information.

I hereby affirm that all of the statements and information contained in or filed with this Application are true and correct.

Signature of Attorney - (Please print next to signature)

Address of Attorney

Telephone Number

Email Address

Signature of Applicant(s) - (Please print next to signature)

Address of Applicant(s)

301-693-7807

Home Telephone Number

301-693-7807

Work Telephone Number

Conditional Use Annual Billing Information (Please Print)

Name: Lilian J. Flores

Street Address: 3800 Littleton St.

City: Silver Spring

Telephone Number: 301-693-7807

State: MD

Zip Code: 20906

Email Address: kids corner home@gmail.com

EXHIBIT NO. 1

APPLICATION NO. CU 17-08