

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}

DEC 06 2016  
Administrative Hearings

OZAH No. CU- 17-10  
Date Certified Complete 12-1-16  
Date Filed 12-13-16  
Hearing Date 3-20-17  
Time 9:30 AM

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) Damaris Tovar, Juan Carlos Garzon

Property to be used: Lot PO Block 24 Subdivision 0060

Street Address 6015 Johnson Ave City Bethesda State MD Zip 20817

Zone Classification R60 Tax Account No. 07-00580938

Proposed Use Daycare Facility

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

Zoning Ordinance subsection providing for proposed use: Section 59-3- Division 3-4 Section 34 4E  
(in accordance with Section 59-7.3.1)

Owner of property: Name Ekbartani Iradj

Address PO Box 1522, Great Falls, VA 22066

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? N/A

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)

Damaris Tovar  
6015 Johnson Avenue Bethesda,  
Address of Applicant(s) MD 20817

(301) 326-5554 (240) 403-0160

Home Telephone Number

Work Telephone Number

Conditional Use Annual Billing Information (Please Print)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

EXHIBIT NO. 1

APPLICATION NO. 17-10