

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
Administrative Hearings
APR 27 2017

OZAH No. CU-17-15
Date Certified Complete 4-27-17
Date Filed 5-2-17
Hearing Date 8-18-17
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) DBVR ROCKVILLE, LP d.b.a. DR. BOYD'S VETERINARY RESORT

Property to be used: Lot _____ Block _____ Subdivision PARCEL N820

Street Address. 11503 ROCKVILLE PIKE City ROCKVILLE State MD Zip 20852

Zone Classification CR-4.0, C-3.5, R-3.5, H-300 Tax Account No. 04-00048956

Proposed Use ANIMAL BOARDING AND CARE

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

Zoning Ordinance subsection providing for proposed use: Section 59-3- .5.1.B
(in accordance with Section 59-7.3.1)

Owner of property: Name 11503 ROCKVILLE PIKE, LLC; C/O SAUL CENTERS INC.

Address 7501 WISCONSIN AVE. STE. 1500E, BETHESDA, MD 20814

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.

SOO LEE-CHO, ESQ.

DR. JOHN BOYD, DVM, President

Signature of Attorney - (Please print next to signature)

MILLER, MILLER & CANBY

200-B MONROE ST., ROCKVILLE, MD 20850

Address of Attorney

301-762-5212

Telephone Number

SLCHO@MMCANBY.COM

Email Address

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

c/o Dr. John O. Wesson, DVM, 10808 FOX HUNT LANE, POTOMAC, MD 20854

Address of Applicant(s)

(301) 529-4814

Home Telephone Number

Work Telephone Number

Conditional Use Annual Billing Information (Please Print)

Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Telephone Number: _____

Email Address: _____

EXHIBIT NO.

APPLICATION NO. CU 17-15