

**BOARD OF APPEALS  
FOR  
MONTGOMERY COUNTY, MARYLAND  
(240) 777-6600**

Docket No.	S-862-C
Office	J and
Date Filed	08/29/18
Hearing Date	APR 26 2018
Time	
Administrative Hearings	

**PETITION TO MODIFY SPECIAL EXCEPTION UNDER ZONING ORDINANCE**

**(Please note instructions on reverse side)**

**(PLEASE PRINT)**

**Petition is hereby made for a special exception under the Zoning Ordinance for the Montgomery-Washington Regional District in Montgomery County, Maryland (Chap. 59, Mont. Co. Code 1994, as amended) as follows:**

Petitioner(s) ROCHAMBEAU, THE FRENCH INTERNATIONAL SCHOOL OF WASHINGTON D.C.

Property to be used: Lot 1 Block \_\_\_\_\_ Subdivision PARCEL N710

Street Address 9650 ROCKVILLE PIKE City BETHESDA State MD Zip 20814

Zone Classification R-60 Tax Account No. 07-03382328

Proposed Use EDUCATIONAL INSTITUTION, PRIVATE

Zoning Ordinance subsection providing for proposed use: Sec 59-G-2. 19  
(in accordance with sections 59-G-1 through 59-G-2)

Owner of property: Name FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY  
Address 9650 ROCKVILLE PIKE, BETHESDA, MD 29814

Petitioner'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 involving this property been made to the Board of Appeals, by this Petitioner, or by anyone else to this Petitioner's knowledge? YES

If so, give Case Number(s): CBA-136, CBA-210, CBA-1029, CBA-1547, CBA-1998, S-862, S-862-A, S-862-B

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 petition are true and correct.

JODY S. KLINE

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

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

Address of Petitioner(s)

Home Telephone Number

Work Telephone Number

**Special Exception Annual Billing Information (Please Print)**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

(OVER)

EXHIBIT NO. 1(a)