

**OFFICE OF ZONING AND ADMINISTRATIVE HEARINGS
MONTGOMERY COUNTY, MARYLAND**

1100 Maryland Avenue, Room 200

Rockville, Maryland, 20850

Admin

(240) 777-8660

(Form Revised 10-7-14)

Received
M-NCPPC

APR 05 2018

Montgomery County
Planning Department

OZAH No. CU- 18-09

Date Certified Complete 6/4/18

Date Filed 4/5/18

Hearing Date 9/28/18

Time 9:30

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) INSPIRE, LLP

Property to be used: Lot NA Block NA Subdivision 0001 (Map LS11; Parcel 277)

Street Address. 4343 SANDY SPRING ROAD City BURTONSVILLE State MD Zip 20866

Zone Classification R-200 Tax Account No. 00254623

Proposed Use Training center for Biblical Workshops, Personal Development Classes, and Community Outreach.

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

Zoning Ordinance subsection providing for proposed use: Section 59-3- 4.5 Educational Institution (Private)
(in accordance with Section 59-7.3.1)

Owner of property: Name SILVER SPRING LODGE NO. 658, LOYAL ORDER OF MOOSE, INC.

Address 4343 SANDY SPRING RD, BURTONSVILLE, MD 20866

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? YES

If so, give Case Number(s): 1974, Case No. S-338, Petition of Calverton B.P.O. Elks Lodge

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.

(Andrew Winick, Esq.)

Signature of Attorney - (Please print next to signature)

Hofmeister & Breza, 11019 McCormick Rd, Suite 400

Address of Attorney Hunt Valley, MD 21031

(410) 832-8822

Telephone Number

awinick@hbllaw.com

Email Address

(Sandra Ventura, Authorized Agent)

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

14700 Sweitzer Lane, Laurel, MD 20707

Address of Applicant(s)

(301) 974-1861

Home Telephone Number

(301) 497-9737

Work Telephone Number

Conditional Use Annual Billing Information (Please Print)

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

EXHIBIT NO. 1

APPLICATION NO. CU18-09