

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)

Administrative Hearings

OZAH No. CU- 18-11

Date Certified Complete 6/14/18

Date Filed 5/14/18

Hearing Date 10/12/18

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) ST. ANNE'S EPISCOPAL COMMUNITY DEVELOPMENT CORPORATION

Property to be used: Lot _____ Block _____ Subdivision PARCEL A - CHESNEY'S SUBDIVISION

Street Address. 25100 RIDGE ROAD City DAMASCUS State MD Zip 20872

Zone Classification R-200 Tax Account No. 12-00926447

Proposed Use INDEPENDENT LIVING FACILITY FOR SENIORS OR PERSONS WITH DISABILITIES

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

Zoning Ordinance subsection providing for proposed use: Section 59-3- 3.2.C
(in accordance with Section 59-7.3.1)

Owner of property: Name RECTOR WARDENS & VESTRYMEN

Address 25100 RIDGE ROAD, DAMASCUS, MD 20872

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.

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

JSKLINE@MMCANBY.COM

Email Address

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

Address of Applicant(s)

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. CU 18-11