## OFFICE OF ZONING AND ADMINISTRATIVE HEARINGS OZAH No. CU-MONTGOMERY COUNTY, MARKE AND ming and Date Certified Complete 08/31/18 100 Maryland Avenue, Room 200 Date Filed 8/30/2018 Rockville, Maryland, 20850 Add Received Hearing Date 12/21/2018 (240) 777-6660 (240) 777-6660 {Form Revised 10-7-14} Administrative !!narings Time Montgomery County 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: Wendy DuShane Applicant(s) Property to be used: Lot 10 Block J Subdivision 0136 Street Address. 1918 Merrifields Dr. City Silver Spring State MD Zip 20906 Zone Classification R-200 Tax Account No. 13 01402608 Proposed Use Equestrian Facility - 2 horses 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- 2.4 Equestrian Facility (in accordance with Section 59-7.3.1) Name Wendy Dushane Owner of property: Address 1918 Merrifields Dr., Silver Spring, md 20906 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): CBA-1871 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. Whaty Dushave Signature of Applicant s) - (Please print next to signature) Signature of Attorney - (Please print next to signature) 1918 Merrifields Dr., Silver Spring, MD Address of Applicant(s) Wendy dushane@yahoo. (347)272-6268 Email Address Light Tolorbase Alexandras Address of Attorney Telephone Number Home Telephone Number Work Telephone Number **Conditional Use Annual Billing Information** (Please Print) Name: Wendy DuShane Street Address: 1918 merrificids Dr. State: MD Zip Code: 2090 6 347-272-6268 Email Address: wendydushane dyahoo.com Telephone Number: