

**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}

Received  
M-NCPPC

AUG 27 2018

Montgomery County  
Planning Department

OZAH No. CU-19-06

Date Certified Complete 11/7/18

Date Filed 11/7/18

Hearing Date 02/19/2019

Time 9:30 a.m.

**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) Natasha N. Romano

Property to be used: Lot 33 Block A Subdivision 0018

Street Address 12632 Falconbridge Dr. City North Potomac State MD Zip 20878

Zone Classification R-200 Tax Account No. 02340215

Proposed Use Home Yoga Studio

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- 3.3.H.5  
(in accordance with Section 59-7.3.1)

Owner of property: Name Natasha Niklas Romano

Address 12632 Falconbridge Dr. North Potomac MD 20878

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): N/A

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.

Benjamin H. Kaplan  
Signature of Attorney - (Please print next to signature)

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

216 North Adams Street  
Address of Attorney Rockville, Md 20850

12632 Falconbridge Dr. North Potomac MD  
Address of Applicant(s) 20878

301-424-0677 bkaplan@aol.com

240-994-2409

Telephone Number

Email Address

Home Telephone Number

Work Telephone Number

bkaplan@bak-law.com

**Conditional Use Annual Billing Information (Please Print)**

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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

Email Address: \_\_\_\_\_