

**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}

OZAH No. CU- 19-07  
Date Certified Complete 12/18/18  
Date Filed 12/18/18  
Hearing Date 4/12/2019  
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) The Potomac Edison Company, A FirstEnergy Company

Property to be used: Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Street Address 22800 Whelan Lane City Boysd State MD Zip 20841

Zone Classification EOF (CWE overlay) Tax Account No. District 02 Account No. 03674732

Proposed Use Potomac Edison proposes to construct a Public Utility Structure.

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- 6.7.E  
(in accordance with Section 59-7.3.1)

Owner of property: Name Montgomery County, Maryland

Address 101 Monroe Street, Rockville, MD 20850-2503

Applicant's present legal interest in above property: (check one)

☐ Owner (including joint ownership) ☐ Lessee ☐ Tenant other than lessee ☐ Contract Purchaser  
☒ Other (Describe) Potomac Edison is the grantee of an exclusive easement for .70 acre parcel.

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? \_\_\_\_\_

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.

Gregory E. Rapisarda

Signature of Attorney - (Please print next to signature)

500 E. Pratt St. 8th Floor, Baltimore, MD 21202

Address of Attorney

410-332-8963

Telephone Number

greg.rapisarda@saul.com

Email Address

Justin Walter

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

10802 Bower Ave, Williamsport, MD 21795

Address of Applicant(s)

301-790-6317

Work Telephone Number

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

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

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

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

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_