

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-20-06
Date Certified Complete 5/13/2020
Date Filed 5/13/2020
Hearing Date 9/18/2020
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) Redly Capital Investments & Holding Corporation

Property to be used: Lot N487 Block _____ Subdivision Parcel A Aunt Hattie's Place

Street Address. 17734 Norwood Road City Sandy Spring State MD Zip 20860

Zone Classification R-200 Tax Account No. 08-00709208

Proposed Use Residential Care Facility (up to 16 persons)

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- 2.E.2.b
(in accordance with Section 59-7.3.1)

Owner of property: Name Redly Capital Investments and Holding Corporation

Address 12828 MacBeth Farm Lane, Clarksville, MD 21029

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): S-2671

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.

Miller, Miller & Canby

Jody S. Kline

Signature of Attorney - (Please print next to signature)

200-B Monroe Street, Rockville, MD 20850

Address of Attorney

(301) 762.5212

Telephone Number

JSKline@mmcanby.com

Email Address

[Signature]

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

8100 BOONE BLVD SUITE 230, VIENNA, VA 22182

Address of Applicant(s)

202.412.3094

Work Telephone Number

Conditional Use Annual Billing Information (Please Print)

Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Telephone Number: _____

Email Address: _____