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- <u>20-08</u>					
Date Certified Complete _5/29/2020					
Date Filed 5/29/2020					
Hearing Date 9/28/2020					
Time 9:30 am					

APPLICATION FOR CONDITIONAL USE

(Please note instructions on reverse side. Application cannot be processed unless all information is submitted)

	Montgomery County, Maryland (
Applicant(s) Martha B	. Gudelsky Child Development Center	r, Inc.				
Property to be used: L	ot_P959, P933 BlockSu	bdivision_0001, 0501				
Street Address. 8901 a	and 8907 Colesville Road Cir	ty_Silver Spring	State MD	Zip 20910		
Zone Classification R-60 Tax Account No. 13-00971462 and 13-00972821 Proposed Use Day Care Center (Over 30 Persons)						
If this Application is	for a Day Care Facility, specify	the number of child	lren to be cared	for 180 maximum		
Zoning Ordinance subsection providing for proposed use: Section 59-3- 4.4.F (in accordance with Section 59-7.3.1)						
Owner of property:	Name Montgomery County					
	Address EOB 101 Monroe Street, Rockville, MD 20850					
Applicant 's present legal interest in above property: (check one) [] Owner (including joint ownership) [] Lessee [] Tenant other than lessee [] Contract Purchaser [] Other (Describe) Future lessee. 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. Patricia A. Harris Rita G. Regino						
Signature of Attorney - (<i>Please print next to signature</i>) Lerch, Early & Brewer, Chtd. 7600 Wisconsin Avenue, Suite 700, Bethesda, MD 20814 11900 Tech Road, Silver Spring, MD 20904						
Address of Attorney		Address of Appl	licant(s)			
301-841-3832 Telephone Number		Home Telephor	ne Number	301-622-0100 Work Telephone Number		
	ual Billing Information (Please Pr	•				
City: Telephone Number:		State: mail Address:		Zip Code:		

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APPLICATION FOR CONDITIONAL USE

(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) Martha B. Gudelsky Child Development Center,	Inc.						
Property to be used: Lot P959, P933Block Subdivision _0001, 0501							
Street Address. 8901 and 8907 Colesville Road City	Silver Spring	State MD	Zip 20910				
Zone Classification R-60 Tax Account No. 13-00971462 and 13-00972821 Proposed Use Day Care Center (Over 30 Persons)							
If this Application is for a Day Care Facility, specify the number of children to be cared for 180 maximum							
Zoning Ordinance subsection providing for proposed use: Section 59-3- (in accordance with Section 59-7.3.1)							
Owner of property: Name Montgomery County							
Address EOB 101 Monroe Street, Rockville, MD 20850							
Applicant 's present legal interest in above property: (check one) [] Owner (including joint ownership) [] Lessee [] Tenant other than lessee [] Contract Purchaser [] Other (Describe) Future lessee.							
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.							
Patricia A. Harris Signature of Attorney - (<i>Please print next to signature</i>) Lerch, Early & Brewer, Chtd.	Signature of A	pplicant s) – <i>(Plea</i>	Rita G. Regino se print next to signature)				
<u>7600 Wisconsin Avenue, Suite 700, Bethesda, MD 20814</u> Address of Attorney	11900 Tech R Address of Ap	oad, Silver Spring plicant(s)	. MD 20904				
301-841-3832 paharris@lerchearly.com		,					
Telephone Number Email Address	Home Telepho	one Number	Work Telephone Number				
Conditional Use Annual Billing Information (Please Print Name:	•						
Street Address:							
City: Ema	State: ail Address:		Zip Code:				