BOA FORM 1 (Revised 11/13/2014)

## BOARD OF APPEALS FOR MONTGOMERY COUNTY, MARYLAND (240) 777-6600

Docket No. S-	CRE	7-760	43-A	i
Date Filed My	MY	mo	1019	2
Hearing Date 2	119	21		•
Time		9	30AM	4

## PETITION TO MODIFY SPECIAL EXCEPTION UNDER ZONING ORDINANCE

(Please note instructions on reverse side) (PLEASE PRINT)

Petition is hereby m Regional District in N	ade for a special exception Montgomery County, Maryla	under the Zoning Ordina and (Chap. 59, Mont. Co. C	nce for the Mor ode 1994, as amo	ntgomery-Washington ended) as follows:
	on Naturalist Society			,
Property to be used: L	otBlock	Subdivision Parcel P74	I4, Map HP 56	1
Street Address. 8940	Jones Mill Road	City Chevy Chase	State_MD	Zip_20815
Zone Classification Proposed Use Amen and philanthropi	12-90 Tax Account dment of existing specific institution.	nt No. 5-30233715 al exception (CBA-264	3) for charital	ole and
	section providing for proposed ections 59-G-1 through 59-G-2			
Owner of property:	Name Audubon Natura			
	Address 8940 Jones Mil	il Road, Chevy Chase,	MD 20815	
	gal interest in above property: (g joint ownership) [] Lesso	•	essee [] Cont	ract Purchaser
Has any previous appl Petitioner, or by anyon If so, give Case Number	ication for a special exception e else to this Petitioner's knower(s): <b>CBA-2643</b>	involving this property been vledge?Yes	n made to the Bo	ard of Appeals, by this
information. I hereby	ctions on the reverse side of t	this form, and am filing here and information contained	ewith all of the r in or filed with th	equired accompanying its petition are true and
correct. Miller, Mille	er & Canby	Audubon Nata	ralist/Society	Lisa Alexander,
By:	Jody S. Klin	ne By: Isa	dutades	Executive Directo
Signature of Attorney -	(Please print next to signatu			print next to signature)
200-B Monroe Str	eet, Rockville, MD 2085	50 9940 Ionas Mil	LDd Chowy	Those MD 20045
Address of Attorney	2000 TOOK VIIIC, IVID 2000	Address of Petitions		Chase, MD 20815
301.762.5212			3	01.652.9188 x4
Telephone Number	,	Home Telephone N		ork Telephone Number
Name:	nual Billing Information (Plea	ase Print)		
		State:	Zip (	Code:
Telephone Number:				
		(OVER)	/LIDIT NO	,

APPLICATION NO. CBn 2643 A