

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}

JUL 28 2020

OZAH No. CU-20-02

Date Certified Complete 7/28/20

Date Filed 7/28/2020

Hearing Date 7/20/2020

Time 9:30 a.m.

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) Isaac M. Lopez

Property to be used: Lot 13 Block 10 Subdivision 0081

Street Address 12917 Parkland drive City Rockville State MD Zip 20853

Zone Classification R-60 Tax Account No. 01269881

Proposed Use Group Daycare

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- ~~4.4.D~~ 4.4.D
(in accordance with Section 59-7.3.1)

Owner of property: Name Peris Rowell-Hann

Address 6104 Zato dr. Laytonsville MD 20882

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

☐ Owner (including joint ownership) ☐ Lessee ☐ Tenant other than lessee ☐ Contract Purchaser

☒ Other (Describe) Tenant

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.

Signature of Attorney - (Please print next to signature)

Address of Attorney

Telephone Number

Email Address

Isaac M. Lopez

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

12917 Parkland dr. Rockville MD 20853

Address of Applicant(s)

(240) 899-0240

Home Telephone Number

Cell

Work Telephone Number

Conditional Use Annual Billing Information (Please Print)

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____