

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- 20-05

Date Certified Complete _____

Date Filed 3/19/20

Hearing Date 7/17/2020

Time 9:30

Received
M-NCPPC

MAR 1 2020

Montgomery County
Planning Department

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) Spectrum Retirement Communities, LLC

Property to be used: Lot _____ Block _____ Subdivision _____

Street Address 9545 River Road City Potomac State MD Zip 20854

Zone Classification RE-2 Tax Account No. 10-00855533

Proposed Use Residential Care Facility (Over 16 Persons) - up to 100 dwelling units (or up to 120 beds)

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

Owner of property: Name Potomac Gardens LLC

Address 7904 Woodmont Avenue, Floor 2, Bethesda, MD 20814

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-1782

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.

STEVEN A. ROBINSON
Signature of Attorney - (Please print next to signature)

7600 Wisconsin Avenue, STE 700, Bethesda, MD 20814

Address of Attorney

301-657-0747

Telephone Number

sarobins@lercheearly.com

Email Address

MICHAEL E. LONGFELLOW
Signature of Applicant(s) - (Please print next to signature)

4600 Syracuse Street, Suite 1100, Denver, CO 80237

Address of Applicant(s)

EXHIBIT NO. _____

Home Telephone Number

303-360-8812

Work Telephone Number

APPLICATION NO. 1

Conditional Use Annual Billing Information (Please Print)

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

APPLICATION NO. Cu-20-05