

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-S-2345-B major ma
Date Certified Complete 9/29/21
Date Filed _____
Hearing Date 2/11/22
Time 9:30 AM

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) Guidepost A LLC c/o Higher Ground Education

Property to be used: Lot 3 Block 3 Subdivision Bradley Hills

Street Address. 7108 Bradley Boulevard City Bethesda State MD Zip 20814

Zone Classification R-200 Tax Account No. 0700672292

Proposed Use Private Educational Institution (Day Care/Nursery Instruction)

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- 59-G-2.19 Private Educational Institution
(in accordance with Section 59-7.3.1) (Day Care/Nursery Instruction)

Owner of property: Name La Fondation du Lycee Francais International de Washington

Address 9600 Forest Drive, 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-2345-A

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.

Stacy P. Silber
Signature of Attorney - (Please print next to signature)
7600 Wisconsin Ave., Suite 700
Bethesda, Maryland 20814
Address of Attorney

301-841-3833
Telephone Number

spsilber@lercheearly.com
Email Address

Matthew Knopf
Signature of Applicant(s) - (Please print next to signature)
10 Orchard Road, Suite 200
Lake Forest CA, 92630
Address of Applicant(s)

847-830-3276
Home Telephone Number

mknopf@tohigherground.com
Work Telephone Number

Conditional Use Annual Billing Information (Please Print)

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____ Email Address: _____