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}

OZAI	l No.	CU-CU 22-06	5
Date (Certif	ied Complete	11/12/21
Date 1	iled.	11/12/201	
Heari	ng Da	te 2/21/2022	
Time	9:30	a.m.	

APPLICATION FOR CONDITIONAL USE

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

Signature of Attorney 200-B Monroe Stre Address of Attorney 301.762.5212 Telephone Number Conditional Use Anne Name: Street Address City:	et, Rockville, MD 20850 jskline@mmcanby.com Email Address ual Billing Information (Please Print)	2816 Linely Lone Address of Applicant(s) 314 - 646 - 5936 Home Telephone Numbe					
Signature of Attorney - 200-B Monroe Stre Address of Attorney 301.762.5212 Telephone Number Conditional Use Anna Name:	et, Rockville, MD 20850 jskline@nuncanby.com Email Address ual Billing Information (Please Print)	2816 Linely Lone Address of Applicant(s) 314 - 646 - 5936 Home Telephone Numbe	301-587-005Z				
Signature of Attorney 200-B Monroe Stre Address of Attorney 301.762.5212 Telephone Number Conditional Use Annu	jskline@mmcanby.com Email Address	2816 Linden Lone Address of Applicant(s) 314-646-5936 Home Telephone Numbe	301-587-005Z				
Signature of Attorney - 200-B Monroe Stre Address of Attorney 301.762.5212	et, Rockville, MD 20850 jskline@nuncanby.com	Address of Applicant(s)	301-587-005Z				
Signature of Attorney - 200-B Monroe Stre Address of Attorney 301.762.5212	et, Rockville, MD 20850	Address of Applicant(s)	301-587-005Z				
Signature of Attorney - 200-B Monroe Stre	(Please print next to signature)	2816 Linden Lone	- (Please print next to signature)				
Signature of Attorney - 200-B Monroe Stre	(Please print next to signature)	Signature of Applicant s) 2816 Linden Lone	- (Please print next to signature)				
By:		Signature of Applicant s)	- (Please print next to signature)				
I have read the instruction	ons on the reverse side of this form, and a f the statements and information containe aby Jody S. Kline	d in or filed with this Applicat Cozy Cats Veterinary	ion are true and correct.				
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): N/A							
Applicant 's present legal interest in above property: (check one) [] Owner (including joint ownership) [X_] Lessee [] Tenant other than lessee [] Contract Purchaser [] Other (Describe)							
Address 2816 Linden Lane, Silver Spring 20910							
Owner of property:	Name 10 Post Office Road L	LC					
Zoning Ordinance sub (in accordance with).	osection providing for proposed use: : Section 59-7, 3, 1)	Section 59-3- 1.6 and 59.	3.5.1.B				
tf this Application is for a Day Care Facility, specify the number of children to be cared for N/A							
	nal Boarding and Care Facility						
Street Address, 10 P	ost Office Road City	Silver Spring S	tate_MDzip_20910				
	Lot 7 Block 37 Sub	division Capital View Pa	ark				
Property to be used:							
	Cats Veterinary, LLC						
Applicant(s) Cozy	by made for a Conditional Use m Montgomery County, Maryland (C Cats Veterinary, LLC	nder the Zoning Ordinan Thap. 59, Mont. Co. Code 2	ce for the Montgomery-Washington 2014) as follows:				