

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- 23-03  
Date Certified Complete 10/27/22  
Date Filed 10/27/22  
Hearing Date 2/24/2023  
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) Linda Gallegos  
Property to be used: Lot 18 Block 3 Subdivision Manor Woods  
Street Address: 4804 Levada Ter City Rockville State MD Zip 20853  
Zone Classification R9D Tax Account No. 01443825  
Proposed Use Family Child Care

If this Application is for a Day Care Facility, specify the number of children to be cared for 12

Zoning Ordinance subsection providing for proposed use: Section 59-3- 3.4.4.D  
(in accordance with Section 59-7.3.1)

Owner of property: Name Linda Gallegos + Damian Webb  
Address 4804 Levada Ter, Rockville MD 20853

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? NO  
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)	<u>[Signature]</u> Linda Gallegos	Signature of Applicant(s) - (Please print next to signature)
Address of Attorney		<u>4804 Levada Ter 20853</u>
Telephone Number	Email Address	<u>202 258 3204</u> <u>202 258 3204</u>
		Home Telephone Number Work Telephone Number

Conditional Use Annual Billing Information (Please Print)	
Name: _____	
Street Address: _____	
City: _____	State: _____ Zip Code: _____
Telephone Number: _____	Email Address: _____