

**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- 23-07
Date Certified Complete 11/16/22
Date Filed 11/17/22
Hearing Date 1/12/23
Time 9:30AM

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) Telecom Capital Group and Rhodes Brothers LLC

Property to be used: Lot _____ Block _____ Subdivision _____

Street Address. 28025 Ridge Road City Damascus State MD Zip 20872

Zone Classification Rural Cluster Tax Account No. _____ District 12 Account Number - 00939735

Proposed Use Applicant is proposing to install a 145' monopole and 2,500SF equipment compound at its base.

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- _____ Section 59-3.5.2(C)(2)(c)
(in accordance with Section 59-7.3.1)

Owner of property: Name Rhodes Brothers LLC

Address 28025 Ridge Road, Damascus, MD 20872

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.

 Edward L. Donohue

Signature of Attorney - (Please print next to signature)

117 Oronoco Street, Alexandria, VA 22003

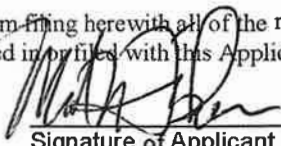
Address of Attorney

703 549-1123

Telephone Number

EDonohue@DTM.law

Email Address



Mark Fisher

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

towers@rcn.com

Address of Applicant(s)

301-802-3159

Home Telephone Number

Work Telephone Number

Conditional Use Annual Billing Information (Please Print)

Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Telephone Number: _____

Email Address: _____