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-24-07

Date Certified Complete 09/19/23

Date Filed 09/19/2023

Hearing Date 01/12/2023

Time 9-30 a-m

APPLICATION FOR CONDITIONAL USE (OTHER THAN AN ACCESSORY APARTMENT)

(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) CM Muncaster LLC			
Property to be used: Lot P13, P14 Block N/A Subdivision Cashell Estates			
Street Address. 7100 & 7106 Muncaster Mill Rd City		tate_MD_	Zip 20855
Zone Classification R-200 Tax Account No. 00117601, 00117485, 00117496 Proposed Use Design for Life Townhouse Units			
If this Application is for a Day Care Facility, specify the	e number of children to	be cared for	N/A
Zoning Ordinance subsection providing for proposed use: Section 59-3- 59-3.3.1.D.2 and 59-7.3.1 (in accordance with Section 59-7.3.1)			
Owner of property: Name Mary Benson, Patricia Wright and Sinai LLC			
Address 7100 and 7106 Muncaster Mill Road			
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? Concept Plan If so, give Case Number(s): 520220280 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.			
Seott C. Wallow Scott C. Walloce	and the second second		
Signature of Attorney - (Please print next to signature)	Signature of Applicant s	Christopher	
11 N. Washington St., Suite 700, Rockville, MD 20850 Address of Attorney	Address of Applicant(s)		
(301) 517-4813 swallace@milesstockbridge.com			7-6320
Telephone Number Email Address	Home Telephone Numb		k Telephone Number
Conditional Use Annual Billing Information (Please Print) Name: Street Address: City: Telephone Number: Ema		Zip Co	de:

CU Application Revised 10/7/14