

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}

Office of Zoning and  
Administrative Hearings  
MAR 30 2015

OZAH No. CU-15-07

Date Certified Complete 3-26-15

Date Filed 3-30-15

Hearing Date 7-24-15

Time 9:30 AM

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) HERITAGE CARE, INC.

Property to be used: Lot 29 Block K Subdivision 0084

Street Address. 4011 RANDOLPH Rd City Silver Spring State MD Zip 20902

Zone Classification A-60 Tax Account No. 13-0280 6625

Proposed Use Modify the prior SPECIAL EXCEPTION TO CHANGE ADULT DAY CARE TO CHILD DAY CARE. Current other use as skilled nursing facility to continue unabated.

If this Application is for a Day Care Facility, specify the number of children to be cared for 50

Zoning Ordinance subsection providing for proposed use: Section 59-3-4-4-F DAY CARE CENTER  
(in accordance with Section 59-7.3.1)

Owner of property: Name RANDOLPH ROAD, LLC

Address 439 N. Bedford Drive, Beverly Hills, CA 90210

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-367 / S-367A

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) MARK A. YOST, JR.

Address of Attorney 4922 LASALLE Rd, Hyattsville, MD 20782

Telephone Number 240-535-9163

Email Address myost@NMSHEALTHCARE.com

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

Address of Applicant(s) 4922 LASALLE Rd, Hyattsville, MD 20782

Home Telephone Number 301-779-8653

Work Telephone Number 202-256-5742

Conditional Use Annual Billing Information (Please Print)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_