

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}

FEB 06 2015

Administrative Hearings

APPLICATION FOR CONDITIONAL USE (OTHER THAN AN ACCESSORY APARTMENT)

OZAH No. CU-15-04  
Date Certified Complete 1-26-15  
Date Filed 2-6-15  
Hearing Date 6-8-15  
Time 9:30 AM

(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) David Mamana

Property to be used: Lot Pcl. 150 Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Street Address. 3309 Damascus Road City Brookeville State Maryland Zip 20833-1208

Zone Classification AR Tax Account No. 00003958

Proposed Use Landscape contractor business located on approximately 31.5772 acre parcel.

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

Zoning Ordinance subsection providing for proposed use: Section 59-3- Section 59-3.5.5 - Landscape Contractor  
(in accordance with Section 59-7.3.1)

Owner of property: Name David Mamana

Address 2208 Link Road, Silver Spring, Maryland 20905-5137

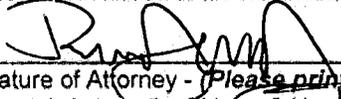
Applicant's present legal interest in above property: (check one)

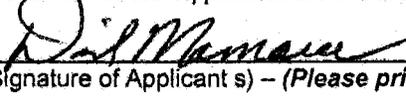
- Owner (including joint ownership)  Lessee  Tenant other than lessee  Contract Purchaser  
 Other (Describe) \_\_\_\_\_

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): NA

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)  
Robert J. Antonetti - Shipley & Horle, P.A.  
1101 Mercantile Lane, Suite 240, Largo, MD 20774  
Address of Attorney

  
Signature of Applicant(s) - (Please print next to signature)  
David Mamana  
2208 Link Road, Silver Spring, Maryland 20905-5137  
Address of Applicant(s)

301-925-1800  
Telephone Number rantonetti@shpa.com  
Email Address

240-876-5698 (cell)  
Home Telephone Number 301-622-3831  
Work Telephone Number

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

EXHIBIT NO. \_\_\_\_\_  
REPEAT LINE. 2  
CU 15-04