

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
APR 03 2015

OZAH No. CU- 15-08
Date Certified Complete 4-1-15
Date Filed 4-8-15
Hearing Date 8-6-15
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) SMART-ED EARLY LEARNING CENTER

Property to be used: Lot ^{Parcel} 120 Block _____ Subdivision _____

Street Address. 11628 LOCKWOOD DRIVE City SILVER SPRING State MD Zip 20904

Zone Classification R-20 Tax Account No. 00277577

Proposed Use MODIFICATION

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- 3.44
(in accordance with Section 59-7.3.1)

Owner of property: Name SCOTT M. FIXELL [CASE MANAGEMENT]

Address 11600 LOCKWOOD DRIVE, SILVER SPRING, MD
- 20904

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? _____

If so, give Case Number(s): SF 03-4

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.

NEA MALOO
Signature of Attorney - (Please print next to signature)
CONTACT PERSON

Address of Attorney _____
301-370-8744 Telephone Number
nmaloo@showcasearchitects.com Email Address

Samina SAMINA ALI ZAI
Signature of Applicant(s) - (Please print next to signature)

11624 LOCKWOOD DRIVE, MD Address of Applicant(s)
1-443-905-0444 Home Telephone Number
301-681-5373 Work Telephone Number
CELL

Conditional Use Annual Billing Information (Please Print)
Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____ Email Address: _____
PERMIT NO. 1
CASE NO. CU 15-08