

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 24 2015

OZAH No. CU- 15-06  
Date Certified Complete 3-23-15  
Date Filed 3-24-15  
Hearing Date 7-20-15  
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) MARYLAND CATERING CO. INC.  
Property to be used: Lot N/A Block N/A Subdivision P527  
Street Address 10801 MacARTHUR BLVD. City POTOMAC State MD Zip 20850  
Zone Classification R-200 Tax Account No. 10-00848003  
Proposed Use COUNTRY INN WITH 8 OVERNIGHT GUEST SUITES

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- 5.3.A COUNTRY INN  
(in accordance with Section 59-7.3.1)

Owner of property: Name MARYLAND CATERING CO. INC.  
Address 10801 MacARTHUR BLVD. POTOMAC, MD 20854

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.

MARK REGES  
Signature of Attorney - (Please print next to signature)  
8906 BELMONT RD POTOMAC MD  
Address of Attorney 20854  
301 370-2263  
Telephone Number  
MARK.Reges@gmail.com  
Email Address

MARK REGES  
Signature of Applicant(s) - (Please print next to signature)  
10801 MacArthur Blvd Potomac MD 20854  
Address of Applicant(s)  
(3) 299-8906  
Home Telephone Number  
(3) 370-2263  
Work Telephone Number

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