## OFFICE OF ZONING AND ADMINISTRATIVE HEARINGS

MONTGOMERY COUNTY, MARYLANDing and 100 Maryland Avenue, Room 200 Rockville, Maryland, 20850 EC 1 4 2016 (240) 777-6660 (Form Revised 10-7-14) arings

OZAH No. CU- /7-1/ Date Certified Complete 13-12-16 Date Filed 12-16-16 Hearing Date 4

## 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) Namalie Bentot	a
Property to be used: Lot 2 Block 4 Subd	ivision 0112
Street Address. 1009 Nicholes Dr City	Silver Spring State MD Zip 20902
Zone Classification R 90 Tax Account No.  Proposed Use Grand Day Care:	Silver Spring State MD Zip 20902
	number of children to be cared for 12
Zoning Ordinance subsection providing for proposed use: S (in accordance with Section 59-7.3.1)	ection 59-3- 4 ° 4 · D
Owner of property: Name Samen B	entota, Namalie Bentota
Address 11009 NIC	hole Dr. Silver spring, MD
Applicant 's present legal interest in above property: (check Owner (including joint ownership) Lessee Other (Describe)	one)
or by anyone else to this Applicant's knowledge?	litional use involving this property been made by this Applicant,
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)	Signature of Applicant s) – (Please print next to signature)
	Address of Applicant(s) MD 20902
Address of Attorney	Address of Applicant(s) MD 20902
Telephone Number Email Address	301-278-2080 301-349-5010 Home Telephone Number  Work Telephone Number
Conditional Use Annual Billing Information (Please Print)	
Name: Namalie Bentoto	
Street Address: 11009 Nicholes Drive	
City: Silved Spring State: 19D Zip Code: 20902 Telephone Number: 301-275-2000 Email Address: play penchildcare agmail	