

**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  
**JAN 24 2017**  
 Administrative Hearings

OZAH No.	CU-17-06
Date Certified Complete	9-19-16
Date Filed	1-24-17
Hearing Date	2-3-17
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) STARBUCKS CORPORATION  
 Property to be used: PARCEL B Block N/A Subdivision BURTONSVILLE SHOPPING CENTER  
 Street Address: 15600 OLD COLUMBIA PIKE City BURTONSVILLE State MD Zip 20866  
 Zone Classification (FORMERLY C-2) Tax Account No. 05-03646404  
 Proposed Use RESTAURANT (STARBUCKS); CONDITIONAL USE FOR DRIVE THRU

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- 5.14.E.2.b  
 (in accordance with Section 59-7.3.1)

Owner of property: Name BURTONSVILLE CENTER, LLC ATTN: JOHN COLLICH  
7501 WISCONSIN AVENUE, SUITE 1500E  
 Address BETHESDA, MD 20814

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-2839

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.

Stacy P. Silber  
 Signature of Attorney - (Please print next to signature)  
3 BETHESDA METRO CENTER, SUITE 460  
 Address of Attorney  
BETHESDA, MD 20814

John Bell  
 Signature of Applicant(s) - (Please print next to signature)  
7315 WISCONSIN AVENUE, SUITE 900W  
 Address of Applicant(s)  
BETHESDA, MD 20814

(301) 841-3833 Telephone Number      spsilber@lercheearly.com Email Address      (312) 919-2991 Home Telephone Number      \_\_\_\_\_ Work Telephone Number

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

EXHIBIT NO. 52(a)  
 APPLICATION NO. CU 17-06