

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}

Received
M-NCPPC
FEB 15 2018
Montgomery County
Planning Department

OZAH No. CU- 18-05
Date Certified Complete 2/03/18
Date Filed Office 2/15/18
Hearing Date 6/22/18
Time FEB 23 3:30 PM
Administrative Hearings

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) VESTA SENIOR LIVING, LLC

Property to be used: Lot _____ Block _____ Subdivision P220 ON TAX MAP EQ23

Street Address 14100 RIVER ROAD City ROCKVILLE State MD Zip 20854

Zone Classification RE-2 Tax Account No. 06-00404395

Proposed Use RESIDENTIAL CARE FACILITY (OVER 16 PERSONS)

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- 3.2.E.2.c
(in accordance with Section 59-7.3.1)

Owner of property: Name RIVER ROAD DEVELOPMENT, INC.

Address 5506 RIDGEFIELD RD., BETHESDA, MD 20816-3338

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-2273, S-2273A, S-1632C

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.

JSKLINE
Signature of Attorney - (Please print next to signature)
MILLER, MILLER & CANBY
200-B MONROE ST., ROCKVILLE, MD 20850
Address of Attorney
301-762-5212
Telephone Number
JSKLINE@MMCANBY.COM
Email Address

Amit Ghosh
Signature of Applicant(s) - (Please print next to signature)
Address of Applicant(s)
Home Telephone Number
Work Telephone Number

Conditional Use Annual Billing Information (Please Print)

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____ Email Address: _____