OFFICE OF ZONING AND ADMINISTRATIVE HEARINGS MONTGOMERY COUNTY, MARYLAND

100 Maryland Avenue, Room 2000 Rockville, Maryland, 20850 (240) 777-6660 {Form Revised 10-7014110Z 10 901110

CU Application Revised 10/7/14

OZAH No. CU- 19-10	ĺ
Date Certified Complete 62518	
Date Filed 6/8/18	
Hearing Date	
Time 9:30	

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) Tenesita C. Hernandez
Property to be used: Lot 18 Block 14 Subdivision 6 lenwont Village
Street Address. 2801 Randolft Road City Silver Springstate MD. Zip 20902 Zone Classification R-VO Tax Account No. 012534V4 Proposed Use Child Cave Center
If this Application is for a Day Care Facility, specify the number of children to be cared for More 12 Childrens
Zoning Ordinance subsection providing for proposed use: Section 59-3- (in accordance with Section 59-7.3.1)
Owner of property: Name Raggel D. Hernandez, Herson K.C. Hernandez, levesila C. Hernandez
Owner of property: Name Ragael D. Hernandez, Herson R.C. Hernandez, Tevesita C. Hernandez Address 2801 Randolph Road, Silver Spring, MD, 2090Z
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?
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. Hereby Alexandre Companying information.
Signature of Attorney - (Please print next to signature) Signature of Applicant s) - (Please print next to signature)
Address of Attorney Address of Applicant(s) Address of Applicant(s) Address of Applicant(s)
Telephone Number Email Address Home Telephone Number Work Telephone Number
Conditional Use Annual Billing Information (Please Print)
Name:Street Address:
City: State: Zip Code:
Telephone Number: Email Address: