

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}

OZAH No. CU-19-05

Date Certified Complete 10/19/18

Date Filed 10/23/18

Hearing Date 2/15/2019

Time 9:30 a.m.

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) Cindy Yamileth Aguilar Palacios

Property to be used: Lot 10 Block K Subdivision 0040

Street Address 2506 Hayden dr City Silver Spring State MD Zip 20902

Zone Classification R-60 Tax Account No. 01125652

Proposed Use Large Family Child care

If this Application is for a Day Care Facility, specify the number of children to be cared for 12

Zoning Ordinance subsection providing for proposed use: Section 59-3- 4.4.D
(in accordance with Section 59-7.3.1)

Owner of property: Name Cindy Yamileth Aguilar Palacios

Address 2506 Hayden dr Silver Spring MD 20902

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.

Signature of Attorney - (Please print next to signature)

Address of Attorney

Telephone Number

Email Address

Signature of Applicant(s) - (Please print next to signature)

2506 Hayden dr Silver Spring MD 20902

Address of Applicant(s)

301-326-1778

Home Telephone Number

Work Telephone Number

Conditional Use Annual Billing Information (Please Print)

Name:

Street Address:

City:

State:

Zip Code:

Telephone Number:

Email Address: