

OFFICE OF ZONING AND ADMINISTRATIVE HEARINGS  
MONTGOMERY COUNTY, MARYLAND

100 Maryland Avenue, Room 52018  
Rockville, Maryland, 20850  
(240) 777-6600  
{Form Revised 10-7-14}

Received  
MNCPPC

JUN 06 2018

Montgomery County  
Planning Department

OZAH No. CU-19-02

Date Certified Complete 09/6/18

Date Filed 9/7/2018

Hearing Date 01/07/209

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) Norma Caceres

Property to be used: Lot 22 Block E Subdivision 0077 Stephen Knolls

Street Address: 10712 Douglas Ave. City Silver Spring State MD Zip 20902

Zone Classification R-60 Tax Account No. 01264627

Proposed Use group day 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- R-60 59.3.4.4. E  
(in accordance with Section 59-7.3.1)

Owner of property: Name Norma Caceres

Address 10712 Douglas Avenue 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.

Jose Caceres  
Signature of Attorney - (Please print next to signature)

10712 Douglas Ave S.S. MD. 20902  
Address of Attorney Applicant

(240) 899-3806  
Telephone Number

caceres0808@  
Email Address

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

10712 Douglas Avenue S.S. MD 20902  
Address of Applicant(s)

240-558-4606  
Home Telephone Number

301-633-5518  
Work Telephone Number

Conditional Use Annual Billing Information (Please Print)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_