

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}

MAR 05 2020

OZAH No. CU- 20-04

Date Certified Complete 3/6/20

Date Filed 3/6/2020

Hearing Date 6/29/2020

Time 9:30 a.m.

FEB 21 2020

APPLICATION FOR CONDITIONAL USE

(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) Jawairia Iqbal

Property to be used: Lot 8 Block B Subdivision 0010

Street Address: 108 E. Melbourne Ave City Silver Spring State MD Zip 20901

Zone Classification R-60 Tax Account No. 01611522

Proposed Use Day Care Facility for 12 children

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- 3.4.4.D
(in accordance with Section 59-7.3.1)

Owner of property: Name Fauzia Iqbal

Address 108 E. Melbourne Ave Silver Spring MD 20901

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)

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

Address of Attorney

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: _____