

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-22-03
Date Certified Complete 8/27/2021
Date Filed 8/27/2021
Hearing Date 12/20/2021
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) Andrew Conner, Estefania Puricelli

Property to be used: Lot 16 Block A Subdivision _____

Street Address. 6001 Warm Springs Drive City Perwood State MD Zip 20855

Zone Classification RE-2 Tax Account No. 01760218

Proposed Use Equestrian Facility

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- 2.4
(in accordance with Section 59-7.3.1)

Owner of property: Name Andrew Conner, Estefania Puricelli

Address 6001 Warm Springs Drive, Perwood, MD 20855

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): A-1848

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)

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: _____