

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-21-08
Date Certified Complete 3/31/2021
Date Filed 3/31/2021
Hearing Date 7/23/2021
Time 9:30 a.m.

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) Donna Mack
Property to be used: Lot N/A Block N/A Subdivision Parcel J Plat 10231
Street Address 5225 Pooks Hill Rd C14s City Bethesda State MD Zip 20814
Zone Classification R-H Tax Account No. 52-1187203
Proposed Use Retail Service Establishment (Massage Practice)

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- Retail/Service 59.3.5.11.B
(in accordance with Section 59-7.3.1)

Owner of property: Name The Promenade Towers
Address 5225 Pooks Hill Rd Bethesda, MD 20814

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 _____

Donna R. Mack Donna L. Mack
Signature of Applicant(s) - (Please print next to signature)

1084 Carlton Pl/B Frederick, MD 20713
Address of Applicant(s)

301-219-2082
Home Telephone Number

Same
Work Telephone Number

Conditional Use Annual Billing Information (Please Print)

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____