

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- **CU 22-08**

Date Certified Complete **3/11/22**

Date Filed **3/11/2022**

Hearing Date **7/11/2022**

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) Aidin Hassanloo

Property to be used: Lot 2 Block 16 Subdivision 062

Street Address: 8801 Hempstead Ave City Bethesda State MD Zip 20817

Zone Classification R-60 Tax Account No. 00588654

Proposed Use Residential

If this Application is for a Day Care Facility, specify the number of children to be cared for group day care
(in accordance with Section 59-7.3.1) 4-4.0 (9-12 person)

Owner of property: Name Aidin Hassanloo - Mehdi Aminizadeh

Address 8801 Hempstead Ave Bethesda MD 20817

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 _____

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

8801 Hempstead Ave Bethesda MD 20817
Address of Applicant(s) _____

Aidin.135@gmail.com
Home Telephone Number _____

510 229 6549
Work Telephone Number _____

Conditional Use Annual Billing Information (Please Print)

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____