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- 23-01
Date Certified Complete 8/2/2022
Date Filed 8/2/2022
Hearing Date 11/28/2022
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) Jawairia Iqbal,

Property to be used: Lot 8 Block B Subdivision 0010

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

Zone Classification R-60 Tax Account No. 01011522

Proposed Use Day Care Facility up to 28

If this Application is for a Day Care Facility, specify the number of children to be cared for 28

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 East Melbourne Ave, Silver Spring, MD 20901

Applicant's present legal interest in above property: (check one)
[X] Owner (including joint ownership) [ ] Lessee [ ] Tenant other than lessee [ ] Contract Purchaser
[ ] Other (Describe) CU2022014

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 - current conditional use for 12 children
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)*

108 East Melbourne Ave, Silver Spring, MD 20901

_____
Address of Attorney

Address of Applicant(s)

301-328-6688

_____
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: ___