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-23-08
Date Certified Complete 11/22/2022
Date Filed 11/22/2022
Hearing Date 3/20/2023
Time 9:30 am

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) Diana H Osorio

Property to be used: Lot_____ Block_____ Subdivision_____

Street Address 6212 Rockhurst Rd City Bethesda State MD Zip 20817

Zone Classification R 60 Tax Account No. 00636911
Proposed Use_____
Group daycare 9 to 12 persons

If this Application is for a Day Care Facility, specify the number of children to be cared for __up to 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 Diana H. Osorio

Address 6212 Rockhurst Rd, 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.

_____   Diana Osorio
Signature of Attorney - *(Please print next to signature)*   Signature of Applicant s) -- *(Please print next to signature)*

6212 Rockhurst Rd, Bethesda md.
Address of Attorney   Address of Applicant(s)

240 338 8718   dianamortoshtmil6m   240338 8718
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:_____

CU Application Revised 1/15/19