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- 23-09

Date Certified Complete 12/28/2022

Date Filed 12/28/2022

Hearing Date 4/24/2023

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) Per Maria Francisco Zelaya	
Property to be used: Lot 1 Block 68 Subdi	ivision 0089
Street Address. 13101 Superfor St. City	Rockville State MD Zip 20853
Zone Classification Tax Account No. Proposed Use Large family daycare	13-01306962
If this Application is for a Day Care Facility, specify the	number of children to be cared for Max of 12.
Zoning Ordinance subsection providing for proposed use: Section 59-3- (in accordance with Section 59-7.3.1)	
Owner of property: Name Francisco Zel	aya
Address 13101 Superior	St. Rockville, MD 20853
Applicant 's present legal interest in above property: (check one) [
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.	
X	**************************************
Signature of Attorney - (Please print next to signature)	Signature of Applicant s) - (Please print next to signature)
Address of Attorney	13101 Superior St. Pochville, MD 20853 Address of Applicant(s)
Address of Attorney	Address of Applicant(s)
240.316.1757 growingstarsabce Telephone Number Email Address qmail.	Home Telephone Number Work Telephone Number
Conditional Use Annual Billing Information (Please Print)	
Name:	cu 23-01
Street Address:	
City:	State: Zip Code:
Telephone Number: Email Address:	