

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- 23-10  
Date Certified Complete 12/14/2022  
Date Filed 12/14/2022  
Hearing Date 8/7/2025  
Time 9:30 a.m.

APPLICATION FOR CONDITIONAL USE (OTHER THAN AN ACCESSORY APARTMENT)

(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) Community Housing Initiative, Inc.

Property to be used: Parcels P709 and P804, Harbins Lot and Parcel B (N765), Plat 9926

Street Address. 13741 & 13751 Travilah Road City Rockville State MD Zip 20850

Zone Classification RE-2 Tax Account No. 00399300, 00389265, 00405195

Proposed Use Independent Living for Seniors

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

Zoning Ordinance subsection providing for proposed use: Section 59-3- 3.2.C.  
(in accordance with Section 59-7.3.1)

Owner of property: Name Please see Owner Authorization letters submitted with this application.

Address \_\_\_\_\_

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? Yes

If so, give Case Number(s): S256, S791, S409, CBA2927

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.

Scott Wallace  
Signature of Attorney - (Please print next to signature)

11 N. Washington Street Suite 700  
Rockville, MD 20850

Address of Attorney

301-517-4813

Telephone Number

Scott Wallace

swallace@milesstockbridge.com

pbyrne@chidc.org

Email Address

Patrick Byrne  
Signature of Applicant(s) - (Please print next to signature)

1123 Ormond Court McLean, Virginia 22101

Address of Applicant(s)

Home Telephone Number

202-557-0162

Work Telephone Number

Conditional Use Annual Billing Information (Please Print)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_