



2425 Reedie Drive
 Wheaton, Maryland 20902

www.montgomeryplanning.org

Phone 301.495.4550
 Fax 301.495.1306

MAP AMENDMENT APPLICATION

| | | | |
|------------------------|--|---|-------------------|
| Date Application Filed | | MA Type (check One) <input checked="" type="checkbox"/> LMA (Local) <input type="checkbox"/> CMA (Corrective) <input type="checkbox"/> SMA (Sectional) | CLEAR FORM |
| | | | |

An application will not be accepted for review unless all required information and fees are provided. If an item requires more space, attach a separate sheet.

Project Name: 495 Movers at 12330 Parklawn Acres 0.89 (sf / 43,560)

200 scale Base Map # 216NW05 Tax Map # HQ13 Special Protection Area Not within an SPA

Property Tax Account Number(s) associated with the plan (8 digits)

A. 55063 B. C. D. E.
 F. G. H. I. J.

Location: (Complete either A or B)

A. On Parklawn Dr, 3 feet N of Randolph Rd
Street Name (N,S,E,W etc.) Nearest Intersecting Street

B. N quadrant, intersection of _____ and _____
(N,S,E,W etc.) Street Name Street Name

Subdivision Information: (Complete either C, if located within a recorded subdivision, or D)

C. Lot 5 Block F Subdivision Washington Rockville Industrial Park

D. Parcel N549 Liber _____ Folio _____; Parcel _____ Liber _____ Folio _____; Parcel _____ Liber _____ Folio _____

Description of Project (Include the current and proposed zoning districts):

Request to rezone the subject property from IL-1.0, H-50 to ILF-2.25, H-50 to facilitate a redevelopment of the property with a modern (replacement) self storage use.

Primary Contact (Person who will be the primary contact and point person for future electronic review process.)

| | |
|---------------------------------|-------------------------------|
| MHG | Kyle Donaldson |
| <small>Company Name</small> | <small>Contact Person</small> |
| 9220 Wightman Rd, Suite 120 | |
| <small>Street Address</small> | |
| Montgomery Village | MD |
| <small>City</small> | <small>State</small> |
| (301) 670-0840 | 20886 |
| <small>Telephone Number</small> | <small>Zip Code</small> |
| | kdonaldson@mhgpa.com |
| <small>Fax Number</small> | <small>E-mail</small> |

NOTE: This email will be used to create the ePlans project account.

Owner

Would you like to receive ePlans notifications? * Yes No

495 Self Storage
Company Name
 640 Loftstrand Ln
Street Address
 Rockville MD 20850
City State Zip Code
 (301) 661-6788
Telephone Number Fax Number nate@495movers.com
E-mail *required if checked yes

Owner's Representative or Contract Purchaser

Would you like to receive ePlans notifications? * Yes No

Company Name Contact Person

Street Address

 Select one of the following:
City State Zip Code

Telephone Number Fax Number E-mail *required if checked yes

Engineer/Plan Preparer

Would you like to receive ePlans notifications? * Yes No

MHG Patrick La Vay
Company Name Contact Person
 9220 Wightman Rd, Suite 120
Street Address
 Montgomery Village MD 20886
City State Zip Code
 (301) 670-0840
Telephone Number Fax Number plavay@mhgpa.com
E-mail *required if checked yes

Other Contact Person (if applicable)

Would you like to receive ePlans notifications? * Yes No

Company Name Contact Person

Street Address

 Select one of the following:
City State Zip Code

Telephone Number Fax Number E-mail *required if checked yes

Supplementary Information:

Previous Plan Submittals: (enter information, if applicable)

| | |
|-----------------------------------|--------------------------------------|
| Zoning case | Case No. _____ |
| Development Plan/Schematic DP | Case No. _____ |
| Conditional Use/Special Exception | Case No. _____ |
| Variance | Case No. _____ |
| NRI/FSD/FCPEX (if applicable) | File Number 4- <u>2026077E</u> _____ |
| Pre-Application Submission | File Number 7- _____ |
| Concept Plan | File Number 5- _____ |
| Project Plan | File Number 9- _____ |
| Sketch Plan | File Number 3- _____ |
| Preliminary Plan | File Number 1- _____ |
| Site Plan | File Number 8- _____ |
| Forest Conservation Plan | File Number F- _____ |

Applicant hereby certifies that he/she is the sole owner of the subject property, is otherwise legally authorized to represent the owner(s) (written verification provided), or is a contract purchaser authorized to submit this application by the property owner (written verification provided).

Signature of Applicant (Owner, Owner's Representative or Contract Purchaser)

Nadav _____

Signature

Nadav Segal _____

Name (Type or Print)

12/18/2025
Date