

OFFICE OF ZONING AND ADMINISTRATIVE HEARINGS
MONTGOMERY COUNTY, MARYLAND

100 Maryland Avenue, Room 200 Zoning and
Rockville, Maryland, 20850
(240) 777-6660
{Form Revised 10-7-14}

SEP 20 2016

Administrative Hearings

OZAH No. CU-2017-04

Date Certified Complete 9-19-16

Date Filed 9-26-16

Hearing Date Feb. 3, 2017

Time 9:30 AM

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) BURTONSVILLE TOWNE SQUARE, LLC C/O BMC PROPERTY GROUP

Property to be used: PARCEL B Block N/A Subdivision BURTONSVILLE SHOPPING CENTER

Street Address. 15600 OLD COLUMBIA PIKE City BURTONSVILLE State MD Zip 20866

Zone Classification CRT 1.5 C-1.0 R-1.25 H-70 Tax Account No. 05-03646404

Proposed Use RESTAURANT (STARBUCKS); CONDITIONAL USE FOR DRIVE THRU

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

Zoning Ordinance subsection providing for proposed use: Section 59-3- 5.14.E.2.b
(in accordance with Section 59-7.3.1)

Owner of property: Name BURTONSVILLE TOWN SQUARE, LLC. ATTN: CHRISTOPHER T. JONES
C/O BETHESDA MGT CO. (BMC PROPERTY GROUP)
Address 10411 MOTOR CITY DR. STE. 402 BETHESDA, MD 20817-1090

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): S-2839

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.

Stacy P. Silber
Signature of Attorney - (Please print next to signature)
3 BETHESDA METRO CENTER, SUITE 460
BETHESDA, MD 20814

Address of Attorney

301-841-3833

Telephone Number

spsilber@lercheearly.com

Email Address

Christopher T. Jones
Signature of Applicant(s) - (Please print next to signature)
10411 MOTOR CITY DRIVE, SUITE 402
BETHESDA, MD 20817

Address of Applicant(s)

(301) 908-0862

Home Telephone Number

(301) 767-2800

Work Telephone Number

Conditional Use Annual Billing Information (Please Print)

Name: _____

Street Address: _____

City: _____

Telephone Number: _____

Email Address: _____

State: _____

Zip Code: _____

EXHIBIT NO. 1

APPLICATION NO. CU 17-01