

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}

Office of Zoning and
FEB 05 2016
Administrative Hearings

OZAH No. CU- 15-08
Date Certified Complete 2-4-16
Date Filed 2-9-16
Hearing Date 5-23-16
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) SAMINA ALI- ZAI - SMART ED LEARNING CENTER
Property to be used: Lot Parcel N/A Block N/A Subdivision 0001
Street Address. 11624, 11628 Lockwood DR. City Silver Spring State MD Zip 20904
Zone Classification R-20 Tax Account No. 05-00277577
Proposed Use Day Care Center over 30 persons

If this Application is for a Day Care Facility, specify the number of children to be cared for 93 (total) including the other special exceptions
Zoning Ordinance subsection providing for proposed use: Section 59-3- 4.4
(in accordance with Section 59-7.3.1)

Owner of property: Name 72 BARROW Street Realty c/o Case Management
Address 11600 Lockwood Drive Silver Spring MD 20904

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 for adjoining units
If so, give Case Number(s): 5-82 / 503-04

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.

Jude W. Wikramanayake X Samina Ali Zai
Signature of Attorney - (Please print next to signature) Signature of Applicant(s) - (Please print next to signature)
1738 ELTON RD, Suite 105 Silver Spring MD 20903 11624 Lockwood Drive A7-1 Silver Spring MD 20904
Address of Attorney Address of Applicant(s)
301-588-8100 jwikram@montrealawgroup.com 301-681-5377
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: _____

EXHIBIT NO. 70
REFERRAL NO. CU 15-08