

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}

AUG 12 2016

Administrative Hearings

OZAH No. CU-17-05

Date Certified Complete 8-10-16

Date Filed 8-17-16

Hearing Date 12-12-16

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) Tatiana B. Meteleva

Property to be used: Lot 20 Block 4 Subdivision 082

Street Address: 9828 Belhaven Rd City Bethesda State MD Zip 20817

Zone Classification _____ Tax Account No. 00636215

Proposed Use Day Care Facility

If this Application is for a Day Care Facility, specify the number of children to be cared for 12

Zoning Ordinance subsection providing for proposed use: Section 59-3- 4.4.D.
(in accordance with Section 59-7.3.1)

Owner of property: Name Garegin Papoian and Tatiana B. Meteleva

Address 9828 Belhaven Rd, Bethesda, MD 20817

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? 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.

Signature of Attorney - (Please print next to signature) _____

Address of Attorney _____

Telephone Number _____

Email Address _____

Signature of Applicant(s) - (Please print next to signature) TATIANA METELEVA

9828 Belhaven Rd, Bethesda, MD 20817
Address of Applicant(s)

301-956-9576

Home Telephone Number

Work Telephone Number

Conditional Use Annual Billing Information (Please Print)

Name: Tatiana Meteleva

Street Address: 9828 Belhaven Rd

City: Bethesda

State: MD

Zip Code: 20817

Telephone Number: 301-956-9576

Email Address: tmeteleva@gmail.com

EXHIBIT NO. 1
REFERRAL NO. CU 17-05