

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}

JZAH No. CU- 18-02  
Date Certified Complete 10/13/17  
Date Filed 10/13/17  
Hearing Date 02/02/18  
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) JENNIFER NELSON

Property to be used: Lot N/A Block N/A Parcel Subdivision N563

Street Address. 12719 RIVER RD City POTOMAC State MD Zip 20854

Zone Classification RE2 Tax Account No. 00391315

Proposed Use NEW HORSE BARN - 2 HORSES - PRIVATE USE

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- 2.4  
(in accordance with Section 59-7.3.1)

Owner of property: Name KIRK & JENNIFER NELSON

Address 12719 RIVER RD. POTOMAC, MD 20854

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)

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

Address of Attorney

12719 RIVER RD, POTOMAC, MD 20854  
Address of Applicant(s)

Telephone Number

Email Address

301-216-2240  
Home Telephone Number

571-265-4192  
Work Telephone Number

Conditional Use Annual Billing Information (Please Print)

Name: JENNIFER NELSON

Street Address: 12719 RIVER RD

City: POTOMAC

State: MD

Zip Code: 20854

Telephone Number: 301-216-2240

Email Address: rundirtgirl@gmail.com