

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

MAY 03 2017

Administrative Hearings

OZAH No. CU- 17-16Date Certified Complete 5-2-17Date Filed 5-11-17Hearing Date 9-8-17Time 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) LAYHILL PROPERTY LLCProperty to be used: Lot _____ Block B Subdivision PARCEL A, LAYHILL VILLAGE EASTStreet Address. 14041 LAYHILL ROAD City SILVER SPRING State MD Zip 20906Zone Classification R-200 Tax Account No. 13-02740216Proposed Use DAY CARE FACILITY (OVER 30 PERSONS)If this Application is for a Day Care Facility, specify the number of children to be cared for 200Zoning Ordinance subsection providing for proposed use: Section 59-3- 4.4.*(in accordance with Section 59-7.3.1)*Owner of property: Name LAYHILL PROPERTY LLCAddress 14041 LAYHILL ROAD, SILVER SPRING, MD 20906

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): BAS-781, BAS-1307

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.

JODY S. KLINE

Signature of Attorney - *(Please print next to signature)*
MILLER, MILLER & CANBY200-B MONROE ST., ROCKVILLE, MD 20850

Address of Attorney

301-762-5212

Telephone Number

JSKLINE@MMCANBY.COM

Email Address

Signature of Applicant(s) - *(Please print next to signature)*11815 PINEY GLEN LN, POTOMAC, MD 20854

Address of Applicant(s)

240-355-1166

Home Telephone Number

240-246-6566

Work Telephone Number

Conditional Use Annual Billing Information (Please Print)

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

EXHIBIT NO.

APPLICATION NO. C4 17-16