

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}

Administrative Hearings

OZAH No. CU-18-08

Date Certified Complete 8/29/18

Date Filed 5/14/18

Hearing Date MAY 9/14/18

Time 9:30

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) PRIMROSE SCHOOL

Property to be used: Lot 8 Block A Subdivision DERWOOD HEIGHTS

Street Address. 7430 NEEDWOOD ROAD City ROCKVILLE State MD Zip 20855

Zone Classification RE-1 Tax Account No. 04-00050664

Proposed 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 195

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

Owner of property: Name SRIKANTH AND HIMABINDU MANDAVA

Address 12609 WINTER WREN COURT, HERNDON, VA 20171

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-2718

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 & CANBY

200-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)

3660 CEDARCREST RD., ALPHARETTA, GA

Address of Applicant(s)

Home Telephone Number

617-901-9015

Work Telephone Number

Conditional Use Annual Billing Information (Please Print)

Name: EXHIBIT NO. 1

Street Address: APPLICATION NO. CU18-08

City: State:

Telephone Number: Email Address: