

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)

OZAH No. CU-19-08
Date Certified Complete 5/31/2019
Date Filed 6/5/2019
Hearing Date 10/4/2019
Time 9:30 AM

JUN 05 2019

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) ANA David
Property to be used: Lot 5 Block E Subdivision 135
Street Address: 9408 Weaver St City Silver Spring State MD Zip 20901
Zone Classification: R-60 Tax Account No. 01402392
Proposed Use: Group Family Daycare 9-12

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 59-3-344D
(in accordance with Section 59-7.3.1)

Owner of property: Name Ana David
Address 9408 Weaver St Silver Spring, Md

Applicant's present legal interest in above property: (check one)
☒ Owner (including joint ownership) ☐ Lessee ☐ Tenant other than lessee ☐ Contract Purchaser
☐ Other (Describe) NO

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~~

ANA David
Signature of Applicant(s) - (Please print next to signature)
9408 Weaver St
Address of Applicant(s)
240-618-9753 240-618-9753
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. 1
REFERRAL NO. CU 19-08