

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
Administrative Hearings

OZAH No. CU- 20-03

Date Certified Complete 2/25/2020

Date Filed 3/10/2020

Hearing Date 7/6/2020

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) Raminder Kaur

Property to be used: Lot 17 Block D Subdivision 0003

Street Address. 501 Silver Spring Ave. City Silver Spring State MD Zip 20910

Zone Classification Residential R-60 Tax Account No. 02977061

Proposed Use Daycare - Large Family Child Care home

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-
(in accordance with Section 59-7.3.1)

Owner of property: Name Gurdarshan Singh + Raminder Kaur

Address 501 Silver Spring Ave. Silver Spring MD 20910

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)

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

Address of Attorney

501 Silver Spring Ave. Silver Spring MD 20910
Address of Applicant(s)

Telephone Number

Email Address

301-588-7378
Home Telephone Number

716-796-9397
Work Telephone Number

Conditional Use Annual Billing Information (Please Print)

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____