

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

MAR 23 2021

OZAH No. CU- 21-07

Date Certified Complete 3/23/2021

Date Filed 3/23/2021

Hearing Date 7/19/2021

Time 9:30 a.m.

APPLICATION FOR CONDITIONAL USE

(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) Anna Gonzalez

Property to be used: Lot 22 Block F Subdivision 0064

Street Address. 9803 Montauk Avenue City Bethesda State MD Zip 20817

Zone Classification R-60 Tax Account No. 00591435

Proposed Use Daycare/childcare facility

If this Application is for a Day Care Facility, specify the number of children to be cared for 12 Children

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

Owner of property: Name Anna Gonzalez

Address 9803 Montauk Avenue, Bethesda, MD 20817

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)

Address of Attorney

Telephone Number

Email Address

Anna M. Gonzalez Anna M. Gonzalez
Signature of Applicant(s) - (Please print next to signature)

9803 Montauk Ave, Bethesda, MD 20817
Address of Applicant(s)

(240) 426-1617
Home Telephone Number

(240) 644-8453
Work Telephone Number

Conditional Use Annual Billing Information (Please Print)

EXHIBIT NO. 1

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

APPLICATION NO. CU 21-07