

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-23-14
Date Certified Complete 4/7/2023
Date Filed 4/7/2023
Hearing Date 8/4/2023
Time 9:30 A.M.

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) Community Housing Initiative, Inc.

Property to be used: Lot _____ Block _____ Subdivision _____

Street Address. 16998 Overhill Road City Derwood State MD Zip 20855

Zone Classification RE-1 Tax Account No. 00117554

Proposed Use Age-restricted independent living apartment building

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

Zoning Ordinance subsection providing for proposed use: Section 59-3- 3.2.C. Independent Living Facility for Seniors
(in accordance with Section 59-7.3.1)

Owner of property: Name Community Housing Initiative, Inc.

Address 1123 Ormond Court, McLean VA 22101

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): CBA2778 & CBA2778A, Horticultural Nursery

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)


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

11 N. Washington St., #700, Rockville, MD
Address of Attorney 20850

1123 Ormond Court McLean, Virginia 22101
Address of Applicant(s)

301-517-4813
Telephone Number

swallace@
Email Address milesstockbridge.com

202-557-0162
Home Telephone Number

202-557-0162
Work Telephone Number

Conditional Use Annual Billing Information (Please Print)

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____