

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-24-17
Date Certified Complete 6/21/24
Date Filed 6/21/2024
Hearing Date 8/19/2024
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) Telecom Capital Group

Property to be used: Lot _____ Block _____ Subdivision _____

Street Address. 22900 Old Hundred Road City Barnesville State MD Zip 20838

Zone Classification Agricultural Tax Account No. District - 11 Account Number - 00916938

Proposed Use Applicant is proposing to install a 160' monopole and 3,600 SF equipment compound at its base.

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- Section 59-3.5.2(C)(2)(c)
(in accordance with Section 59-7.3.1)

Owner of property: Name Juanita Wheatley Breland

Address 22900 Old Hundred Road, Barnesville, MD 20838

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

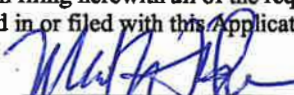
If so, give Case Number(s): _____

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.

 Edward L. Donohue
Signature of Attorney - *(Please print next to signature)*

117 Oronoco Street, Alexandria, VA 22003
Address of Attorney

703 549-1123 EDonohue@DTM.law
Telephone Number Email Address

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

towers@rcn.com
Address of Applicant(s)

301-802-3159
Home Telephone Number Work Telephone Number

Conditional Use Annual Billing Information (Please Print)

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____