

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- 23-12
Date Certified Complete 3/3/2023
Date Filed 3/3/2023
Hearing Date 6/30/2023
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) ELDERHOME LAND LLC aka BROOKSTONE SENIOR

Property to be used: Lot _____ Block B Subdivision Outlot A Valley Stream Estates

Street Address. Dino Drive City Burtonsville State MD Zip 20866

Zone Classification R-200 / TDR 3.0 Tax Account No. 05-03552453

Proposed Use Residential Care Facility (Over 16 Persons) Conditional Use

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.E.2.c
(in accordance with Section 59-7.3.1)

Owner of property: Name ELDERHOME LAND LLC

Address P.O. BOX 310, Ashton, MD 20861

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): Special Exception Case No. S-2235

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.

Soo Lee Cho Soo Lee-Cho, Esq.
Signature of Attorney - (Please print next to signature)
7315 Wisconsin Ave., Suite 800 W
Bethesda, MD 20814

Address of Attorney
(301) 656-2707 x5902 sleecho@bregmanlaw.com

Telephone Number _____ Email Address _____

Thomas Norris President Thomas Norris
Signature of Applicant(s) - (Please print next to signature)
P.O. Box 310
Ashton, MD tnorris@tlgroup1.com

Address of Applicant(s)
240-786-5692 (301) 675-1525

~~Home~~ Telephone Number _____ Work Telephone Number _____
Office

Conditional Use Annual Billing Information (Please Print)

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____