

PETITION TO MODIFY SPECIAL EXCEPTION UNDER ZONING ORDINANCE

(Please note instructions on reverse side)

(PLEASE PRINT)

Petition is hereby made for a major modification of a special exception under the Zoning Ordinance for the Montgomery-Washington Regional District in Montgomery County, Maryland (Chap. 59, Mont. Co. Code 2004, as amended) as follows:

Petitioner(s) Friends House

Property to be used Parcels N225 (Pt. UN C-1), N214 (PT UN C-1), and N111 (UN C-2) Subdivision Friends House

Street Address 1010 Quaker Knoll Rd. and 17301 Norwood Rd. City Sandy Spring State MD Zip 20860

Zone Classification RE-2 Tax Account No. 08-02657105, 08-02357215 and 08-003828742

Proposed Use Senior Living Facility

Zoning Ordinance subsection providing for proposed use: Sec 59-G-2. 35
(in accordance with sections 59-G-1 through 59-G-2)

Owner of property: Name FRIENDS HOUSE RETIREMENT COMMUNITY INC
Address 17340 QUAKER LN, SANDY SPRING, MD 20860

Petitioner'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 involving this property been made to the Board of Appeals, by this Petitioner, or by anyone else to this Petitioner's knowledge? Yes

If so, give Case Number(s): S-452-D, S-513, and S-856-B

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 petition are true and correct.

Elizabeth C. Rogers Elizabeth C. Rogers
Signature of Attorney - (Please print next to signature)

7600 Wisconsin Ave., Suite 700, Bethesda, MD 20814
Address of Attorney

301-841-3845 ecrogers@lerchearly.com
Telephone Number Email Address

Philip Buchkolder
Signature of Petitioner(s) - (Please print next to signature)

17340 Quaker Lane, Sandy Spring, MD 20860
Address of Petitioner(s)

Home Telephone Work Telephone Email Address

Special Exception Annual Billing Information (Please Print)

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

(OVER)