

**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-_____
Date Certified Complete _____
Date Filed _____
Hearing Date _____
Time _____

**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) \_\_\_\_\_

Property to be used: Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Street Address. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Zone Classification \_\_\_\_\_ Tax Account No. \_\_\_\_\_

Proposed 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- \_\_\_\_\_  
(in accordance with Section 59-7.3.1)

Owner of property: Name \_\_\_\_\_

Address \_\_\_\_\_

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? \_\_\_\_\_

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)**

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

\_\_\_\_\_  
Address of Attorney

\_\_\_\_\_  
Address of Applicant(s)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Work Telephone Number

**Conditional Use Annual Billing Information (Please Print)**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_