



Department of Permitting Services
 Division of Building Construction
 255 Rockville Pike, 2nd Floor
 Rockville, MD 20850-4166
 Phone: 311 in Montgomery County or (240)777-0311
 Fax: (240)777-6262
 http://www.montgomerycountymd.gov/permittingervices



Sign Variance Application

A. FOR OFFICE USE ONLY

Date of Hearing _____	Case No. _____
Date of Notification to Interested Parties _____	Zone _____
Date of Notification to Applicant _____	Code Section _____
	Section/Subsection _____

B. Location of Project

House/Building Number: 8600 Street: Old Georgetown Road
 Town/City: Bethesda Zip Code: 20814
 Lot: 16 Block: 15 Parcel: _____

C. Applicant Information

Property Owner Agent Sign Installer
 Name of Applicant: Suburban Hospital, Inc. Phone Number: 301-896-3806
 Address: 8600 Old Georgetown Road c/o Margaret Fitzwilliam
 City: Bethesda State: MD Zip Code: 20814

D. Variance Request Description - (Attach Sheets if Space Provided is Not Sufficient)

Variances from Sections 59-6.7.8.A.1 and 59-6.7.8.A.2 of the Montgomery County Zoning Ordinance to allow for appropriate directional and wayfinding signage on the Hospital campus, as explained more fully in the application materials.

E. Basis for Variance - (Attach Sheets if Space Provided is Not Sufficient)

- The Hospital operates on a constrained site bordered on three sides by a residential community. To ensure proper _____
- identification of the site, ensure safe and efficient circulation in and around the site, and prevent Hospital-related _____
- traffic from entering adjacent neighborhoods, a comprehensive signage system is necessary, requiring more signage _____
- than typically allowed in the R-60 zone. Therefore, variances for additional signage are necessary as outlined in the _____
- application materials. _____

F. Present Sign Description

Permit Number	Type of Sign:	Dimensions:	Allowable Sq.Ft:	Principal Wording:

Original Signature of Legal Property Owner: Margaret Fitzwilliam
 Address: 8600 Old Georgetown Road, Bethesda, MD 20814

D. Sign Review Board Actions

Approved

Denied

DATE: _____

Conditions for Approval or Denial:

Sign Review Board Members

DATE: _____

DATE: _____

DATE: _____

DATE: _____

DATE: _____

Applicants or Interested Parties Present:

Print Name: _____ Signature: _____ DATE: _____
Print Name: _____ Signature: _____ DATE: _____
Print Name: _____ Signature: _____ DATE: _____
Print Name: _____ Signature: _____ DATE: _____

SIGNATURES ABOVE INDICATE THAT THEY UNDERSTAND THE STATEMENTS FOR APPROVAL OR DENIAL

NOTE: The Sign Review Board reserves the right to revoke any sign variance after finding that conditions of approval have not been met.

NOTE: Any decision by the Sign Review Board may, within 30 days, after the decision is rendered be appealed by any interested party or parties to the Board of Appeals.