## OFFICE OF ZONING AND ADMINISTRATIVE HEARINGS MONTGOMERY COUNTY GOVERNMENT 100 MARYLAND AVENUE, ROOM 200 ROCKVILLE, MARYLAND 20850 (240) 777-6660

OZAH No. AAO
Date Filed
Hearing Date
Time

## **OBJECTION TO DHCA DECISION REGARDING ACCESSORY APARTMENT**

Accessory Apartment License Application No.		No,	filed on
License Ap			
Address	First Name	Middle Initial	Last Name
/ Iddie55	Street	City & Zip Code	Telephone No.
	E-mail Address		
Objector: _			
	First Name	Middle Initial	Last Name
/ Iddie55	Street	City & Zip Code	Telephone No.
	E-mail Address		
Proposed U	Jse (Check one): ()Attached Accessory Apart	ment ( ) Detach	ed Accessory Apartment
	n of Property for Proposed Use: dress:		
Size of Pro	perty: (In acreage or square feet)	Current Zoning:	
Number of	Off-Street Parking Spaces:		
Addresses	of any other accessory apartmen	ts within 500 feet of the subject si	te, listing their distances from the subject site:
License A		in Subject Property (Check one):	
Owner of I	Property (If not License Applicar	it):	
Name		Address	Zip Code
			ce, or to the Board of Appeals, by this applicant se Number(s):
Basis for C	bjection (attach additional sheet	s as needed):	
I hereby af	firm that all of the statements and	d information contained in or filed	d with this Objection are true and correct.
Signature of	of Attorney - (Please print next t	<i>o signature</i> ) Signature of Ob	jector(s)– ( <b>Print next to signature</b> )
Address of	Attorney E-mail Address		Telephone Number