

OFFICE OF ZONING AND ADMINISTRATIVE HEARINGS
MONTGOMERY COUNTY, MARYLAND

100 Maryland Avenue, Room 200
Rockville, Maryland, 20850
(240) 777-6660
Office of Zoning and
Administrative Hearings
{Form Revised 10-7-14} MAY 11 2015

OZAH No. CU-15-09
Date Certified Complete 5-7-15
Date Filed 5-12-15
Hearing Date 9-11-15
Time 9:30 AM

APPLICATION FOR ATTACHED OR DETACHED ACCESSORY APARTMENT
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 to allow an attached or detached accessory apartment in accordance with the 2014 Zoning Ordinance §59-3.3.3.

Applicant(s): RADER A BRABLEZ
First Name Middle Initial Last Name
Address: 4522 ROSEDALE AV. BETHESDA MD 20814
Street City & Zip Code Telephone No.
brablez@gmail.com
E-mail Address

Proposed Use (Check one):
 Attached Accessory Apartment () Detached Accessory Apartment

Description of Property for Proposed Use:

Address: 4522 ROSEDALE AV. BETHESDA MD 20814
Lot: 4 and Block: 9, Parcel No.: 000 or other description _____

Size of Property: (In acreage or square feet) 4800 Current Zoning: R-60

Number of Off-Street Parking Spaces: 2 Public water/sewer? Yes No

Municipality (If applicable): _____ Subdivision: 0041

Applicant's Present Legal Interest in Subject Property (Check one):

Owner Other (describe) _____

Owner of Property (If not Applicant):

Name _____ Address _____ Zip Code _____

Has any previous Application involving this property been made to this office, or to the Board of Appeals, by this Applicant, or by anyone else to this Applicant's knowledge? Yes If so, give Case Number(s): 15356

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) RADER A BRABLEZ

Address of Attorney _____ Telephone Number _____

E-mail Address _____

(OVER)

EXHIBIT NO. 1
REFERRAL NO. CU 15-09