

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}

Office of Zoning and  
Administrative Hearings  
MAR 23 2016

OZAH No. CU-16-12  
Date Certified Complete 3-21-16  
Date Filed 3-29-16  
Hearing Date 7-15-16  
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): LUKE A BOSCHMA  
First Name Middle Initial Last Name  
Address: 2610 Arcola Avenue Silver Spring, MD 20902  
Street City & Zip Code Telephone No.  
lboschma@gmail.com (757) 645-8607  
krystal.boschma@gmail.com (301) 201-9683  
E-mail Address

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

Description of Property for Proposed Use:

Address: 2610 Arcola Ave. Silver Spring, MD 20902  
Lot: 13 and Block: 9, Parcel No.: \_\_\_\_\_ or other description \_\_\_\_\_

Size of Property: (In acreage or square feet) 7314 sq. ft. Current Zoning: R60

Number of Off-Street Parking Spaces: 0 Public water/sewer? Yes  No

Municipality (If applicable): \_\_\_\_\_ Subdivision: \_\_\_\_\_

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

E-mail Address \_\_\_\_\_

(OVER)

EXHIBIT NO. 2  
REFERRAL NO. CU 16-12