

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}

OZ No. CU-18-01
Date Certified Complete 09/29/17
Date Filed 09/29/17
Hearing Date 01/08/18
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): Patricia A Kennelly
First Name Middle Initial Last Name
Address: 7122 Sycamore Avenue Takoma Park, MD 20912 301-270-9229
Street City & Zip Code Telephone No.
patkennelly1@gmail.com
E-mail Address

Proposed Use (Check one):

(X) Attached Accessory Apartment

() Detached Accessory Apartment

Description of Property for Proposed Use:

Address: 7122 Sycamore Avenue, Takoma Park, MD 20912

Lot: 6 and Block: 21, Parcel No.: 0000 or other description _____

Size of Property: (In acreage or square feet) 8,124 sq.ft. Current Zoning: R-60

Number of Off-Street Parking Spaces: 1 Public water/sewer? Yes ☒ No ☐

Municipality (If applicable): Takoma Park Subdivision: Gilberts Add

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

X Owner ☐ Other (describe) _____

Owner of Property (If not Applicant):

Co-owner Name Robert G. Dreher Address 7122 Sycamore Avenue, Takoma Park, MD Zip Code 20912

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? No ☐ 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) Patricia A. Kennelly 4-20-17

Address of Attorney _____

E-mail Address _____

EXHIBIT NO. 10
APPLICATION NO. 18-01

(OVER)