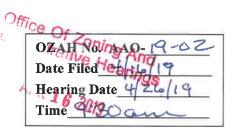
OFFICE OF ZONING AND ADMINISTRATIVE HEARINGS MONTGOMERY COUNTY GOVERNMENT 100 MARYLAND AVENUE, ROOM 200 ROCKVILLE, MARYLAND 20850 (240) 777-6660

Accessory Apartment Waiver Application Form 1/15/19



REQUEST FOR WAIVER OF ACCESSORY APARTMENT PARKING OR DISTANCE REQUIREMENTS

Pursuant to Montgomery County Code Sections 29-16, 29-19 and 29-26, a REQUEST is hereby made to waive the requirements of Zoning Ordinance §59.3.3.3 for parking and/or distance from other accessory apartments in order to permit the granting of an accessory apartment license by the Department of Housing and Community Affairs (DHCA), regarding:

Accessory Apartment License Application No	12 , filed on 04/17/19 04/16/19
License Applicant: PAUL	(GEG-REH
First Name Mide Address. 2549 BLUE SKY DR CLAR	Ille Initial Last Name SRURCE MD 70871 Zip Code Telephone No Of Zoning Ar Administrative Heari
Proposed Use (Check one): () Attached Accessory Apartment	() Detached Accessory Apartment APR 16 2019
Requested Waiver (Check one or both): () Minimum On-Site Parking	() Distance from Other Accessory Apartments
Description of Property for Proposed Use: Address: 12549 Blue SKI DRIVE, CLARKSBURG MD 20871 Lot: 51 Block: M Parcel No.: N/A Subdivision CLARKSBURG VILLAGE Tax ID No. 02-03 52/645 Size of Property: (In acreage or square feet) 4320 SF Current Zoning: R-200 Number of Off-Street Parking Spaces on the Site: 2 Addresses of any other accessory apartments within 500 feet of the subject site, listing their distances from the subject site:	
<u>Ö</u>	
License Applicant's Present Legal Interest in Subject Prope Owner Other (describe)	rty (Check one):
Owner of Property (If not License Applicant):	
Name Address	Zip Code
Property Owner's Email Address Wel Planete	Byahoo.com
Has any previous application involving this property been mby anyone else to this applicant's knowledge?	ade to this office, or to the Board of Appeals, by this applicant, or If so, give Case Number(s):
Basis for Waiver Request (attach additional sheets as needed there is adequate onsite S	Freet Parking
I hereby affirm that all of the statements and information con Signature of Attorney - (Please print next to signature)	ntained in or filed with this Waiver Request are true and correct. Signature of Applicant(s)— (Print next to signature)
Address of Attorney Attorney's E-mail Address	Telephone Number