

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

Office Of Zoning And Administrative Hearings
OZAH No. AO-19-02
Date Filed 4/16/19
Hearing Date 4/26/19
Time 9:00am

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. 112912, filed on 04/17/19 04/16/19

License Applicant: PAUL K GEGREH
First Name Middle Initial Last Name

Address: 12549 BLUE SKY DR CLARKSBURG MD 20871
Street City & Zip Code

We1Planet@yahoo.com
E-mail Address

Telephone No. 242-535-8195
Office Of Zoning And Administrative Hearings

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 SKY DRIVE, CLARKSBURG MD 20871

Lot: 51 Block: M Parcel No.: N/A Subdivision CLARKSBURG VILLAGE

Tax ID No. 02-03521645

Size of Property: (In acreage or square feet) 4320SF 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:

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

☒ Owner

☐ Other (describe)

Owner of Property (If not License Applicant):

Name Address Zip Code

Property Owner's Email Address We1Planet@yahoo.com

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):

Basis for Waiver Request (attach additional sheets as needed):

There is adequate onsite street parking

I hereby affirm that all of the statements and information contained in or filed with this Waiver Request are true and correct.

N/A
Signature of Attorney - (Please print next to signature)

[Signature]
Signature of Applicant(s) - (Print next to signature)

Address of Attorney

Attorney's E-mail Address

Telephone Number