

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

OZAH No. AAO- ADW 22-01

Date Filed 9/27/2021

Hearing Date 10/14/2021

Time 9:30 a.m.

REQUEST FOR WAIVER OF ACCESSORY DWELLING UNIT (ADU) ON-SITE PARKING 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.A.2.c.ii. for on-site parking in order to permit the granting of an accessory dwelling unit (ADU) license by the Department of Housing and Community Affairs (DHCA), regarding:

Accessory Dwelling Unit License Application No. 80658, filed on 2019
License Applicant: Lindsay J Richards
Address: 12902 Penrose St Rockville, MD 20853
Street City & Zip Code
E-mail Address LINZ0625@gmail.com Telephone No.

Proposed Use (Check one):

☒ Attached Accessory Dwelling Unit

☐ Detached Accessory Dwelling Unit

Description of Property for the Proposed Use:

Address: 12902 Penrose St Rockville, MD 20853
Lot: 2 Block: Q Parcel No.: 0000 Subdivision Aspen Hill Park -0087
Tax ID No. 01301047 (tax account #)
Size of Property: (In acreage or square feet) 3500 SF Current Zoning: ?

Number of Off-Street Parking Spaces on the Site: 31

Description of vehicular parking available on the street abutting the subject site and generally in the neighborhood:

Directly in front of the house there are approx 6 on street parking spaces. They are never used and always available.

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 LINZ0625@gmail.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? NO If so, give Case Number(s): _____

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

In the neighborhood most people do not have driveways, there is no HOA restricting street parking, and it is very common within the neighborhood.

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

Signature of Attorney - (Please print next to signature)

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

Address of Attorney

Attorney's E-mail Address

Telephone Number