

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

OZAH No. AAO- ADW 22-02  
Date Filed 3/14/2022  
Hearing Date 4/08/2022  
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. 128688, filed on \_\_\_\_\_.

License Applicant: Laurie Torchinsky

First Name	Middle Initial	Last Name
Address. <u>11506 Lamberton Ct, Silver Spring MD 20902</u>		
Street	City & Zip Code	Telephone No.
<u>Hotchklet1@yahoo.com</u>		
E-mail Address		

Proposed Use (Check one):



) Attached Accessory Dwelling Unit

( ) Detached Accessory Dwelling Unit

Description of Property for the Proposed Use:

Address: 11506 Lamberton ct

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Parcel No.: \_\_\_\_\_ Subdivision \_\_\_\_\_

Tax ID No. \_\_\_\_\_

Size of Property: (In acreage or square feet) \_\_\_\_\_ Current Zoning: \_\_\_\_\_

Number of Off-Street Parking Spaces on the Site: \_\_\_\_\_

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

Street parking adjacent to property address runs the full length of the hill leading to the driveway.

Ample parking is available for all residents on the court, on or around the court.

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 \_\_\_\_\_

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):

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)	<u>Laurie Torchinsky</u> Laurie Torchinsky
	Signature of Applicant(s) - (Print next to signature)

Address of Attorney \_\_\_\_\_  
Attorney's E-mail Address \_\_\_\_\_

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