

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

OZAH No. AAO- ADIV 24-01
Date Filed 12/8/23
Hearing Date 1/4/24
Time 9:30am

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. 152881, filed on October

License Applicant: Eileen P. Carbonelli
First Name Middle Initial Last Name
Address: 23 EASTWOOD DR SILVER SPRING MD 20901
Street City & Zip Code Telephone No.
epc61656@aol.com
E-mail Address

Proposed Use (Check one):
 Attached Accessory Dwelling Unit () Detached Accessory Dwelling Unit

Description of Property for the Proposed Use:
Address: 23 EASTWOOD DR SILVER SPRING MD 20901
Lot: 8 Block: 28 Parcel No.: 000 Subdivision 0026
Tax ID No. 13-01082517

Size of Property: (In acreage or square feet) 6019 Current Zoning: Residential R-60
Number of Off-Street Parking Spaces on the Site: 0

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

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 epc61656@aol.com epc61656@aol.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):
There is plenty of parking in front of house. The house across the street has off street parking as well as both neighbors.

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) Eileen Carbonelli

Address of Attorney _____ Telephone Number 301-646-6180
Attorney's E-mail Address _____