

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

Case No. AAO-AD-023-04
Date Filed 6/27/2023
Hearing Date 7/27/2023
Time 9:30 a.m.

JUN 27 2023

OBJECTION TO DHCA DECISION REGARDING ACCESSORY DWELLING UNIT (ADU)

Pursuant to Montgomery County Code Sections 29-16, 29-19 and 29-26, OBJECTION is hereby made to the decision and/or findings of the Department of Housing and Community Affairs (DHCA), issued on _____, regarding Accessory Dwelling Unit (ADU) License Application No. 151423, filed on 06/08/2023.

License Applicant: FLAVIA ~~FAVIA~~ FAVIA
First Name Middle Initial Last Name
Address: 7709 OLDCHESTER RD BETHESDA MD 20817 (301) 320-3358
Street City & Zip Code Telephone No.
FLAVIA 4222@COMCAST.NET
E-mail Address

Objector: ALEXANDRE FINKEL
First Name Middle Initial Last Name
Address: 7711 OLDCHESTER RD BETHESDA MD 20817 (917) 767-7749
Street City & Zip Code Telephone No.
ALEXANDREFINKEL@GMAIL.COM
E-mail Address

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

Description of Property for Proposed Use:
Address: _____
Lot: _____ Block: _____ Parcel No.: _____; Subdivision _____
Size of Property: (In acreage or square feet) 10,500 Current Zoning: R-90
Number of Off-Street Parking Spaces: 3
Description of vehicular parking available on the street abutting the subject site and generally in the neighborhood:
NOT AN ISSUE

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 _____

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 Objection (attach additional sheets as needed):
APPLICANT FALSIFIED HER APPLICATION STATING THAT SHE LIVES IN THE PROPERTY AS HER FULL TIME RESIDENCE. SHE DOES NOT LIVE THERE AND USES IT AS A RENTAL UNIT. THE ADU MUST BE DEMO'D
I hereby affirm that all of the statements and information contained in or filed with this Objection are true and correct.

Signature of Attorney - (Please print next to signature)

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

Address of Attorney
Attorney's E-mail Address

Telephone Number