BOA Form 2 (Revised 10/29/14) BOARD OF APPEALS FOR MONTGOMERY COUNTY, MARYLAND (240) 777-6600

(OVER)

 Docket No. A 6834

 Date Filed
 9-11-23

 Hearing Date
 2/26/2023

 Time
 9:30 a.m.

PETITION FOR VARIANCE UNDER ZONING ORDINANCE (Please Note Instructions on Reverse Side)

(PLEASE PRINT)	
Name of Petitioner(s): José Manuel "Manny" Polanco and Nelsy I	
Address of Petitioner(s): 16201 Batson Road	CityZipZip
Description of property involved: Lot P319 Block Parcel	Subdivision New Birmingham Manor
Street and No.2230 Spencerville Road City Spencerville	Zip 20868 Zone Classification RE-1
Appellant's present legal interest in above property (check on <u>x</u> Owner (including joint ownership)Other (describe)	e): Tax Account No
If not owner, name and address of owner:	
What variance is requested, and what is the pertinent section Ordinance? 1. 40-foot variance from standard 50-foot setback along part of north along part of western lot line. 3. 45.8-foot variance from standard 50-foot setback for	hern lot line. 2. 40-foot variance form standard 50-foot setback
Check existing reason(s) why the Ordinance requirement(s) would result in practical difficulties for property owner: $\frac{x}{1}$ narrownessshallownessshapetopography <u>x</u> other extraordinary situations or conditions peculiar to this property.	
Describe this property's extraordinary situation or peculiar cor properties: The property is long and thin and approximately one third of the site is	nditions compared to neighboring s located in the Upper Paint Branch Special Protection Area.
How will the peculiar condition described above result in practing granted? Without the requested setback variances Applicants will be unable to op	
Date of recording of plat of present subdivision: deed recorded, or state that such deed was first recorded price	; or, if property is un-subdivided, date on which or to March 6, 1928: <u>12-23-20</u>
Has any previous variance application involving this property If so, give Case Number(s): <u>No</u>	been made to the Board of Appeals?
I have read the instructions on the reverse side of this form and am filing all required accompanying information. I hereby affirm that all of the statements and information contained in or filed with this petition are true and correct. <u>Françoise M. Carrier</u>	
Name of Attorney/Agent (Print Name next to Signature) Signature	of Petitioner(s) (Print Name next to Signature)
Address of Attorney Ste. 800 West, Bethesda, MD 20814 Address of	of Petitioner
240-428-4671 fcarrier@bregmanlaw.com Phone Number Email Address Home Ph	one 240-353-0444 treemaninc@gmail.com Work Phone Email Address

Exhibit 1 BOA- A-6834