

COVER SHEET
EXEMPTION FROM PARKING LOT DISTRICT TAX

Property Name: _____ Account Number: _____

Main Point of Contact: _____

Point of Contact's Phone Number: _____

Point of Contact's Email: _____

Preferred Communication Method for Point of Contact: Email Phone

Prior to submitting your application, please verify that the following documents are included in the package:

- Cover sheet
- Completed application form
- List of all tenants located on this property (include sq. ft. of each)
- Site plan of complete property
- Detailed plans of all parking spaces

Please submit completed applications to:

Department of Transportation
Division of Parking Management
Management Services & Property Development
100 Edison Park Drive, 4th Floor
Gaithersburg, Maryland 20878
240.777.8740 (Office)
240.777.8730 (Fax)

Attn: Jeremy Souders, Senior Planner
Jeremy.souders@montgomerycountymd.gov

Notice: All required supplemental documents must be submitted with a fully executed application to qualify for review. We retain the right to reject an incomplete application in its entirety. Application materials will not be returned to the petitioner. Upon rejection, an application may not be resubmitted until the following fiscal year application deadline.

Montgomery County, Maryland
Department of Transportation
Division of Parking Management

**APPLICATION FOR EXEMPTION FROM
PARKING LOT DISTRICT TAX**

Date: _____

Check Appropriate Parking Lot District

- Silver Spring
 Bethesda
 Wheaton
 Montgomery Hills

Property Account Number: _____

Property Address: _____

Total Acreage or Square Footage: _____ Subdivision: _____

Lot: _____ Block: _____ Section: _____

Zoning Classification: _____

Name of Owner: _____

Owner's Address: _____

Trade Name of Business on Property: _____

Name of Proprietor of Business: _____

Phone Number of Business on Premises: _____

Main Point of Contact: _____

Phone Number: _____ Email: _____

Number of parking spaces upon which this application for exemption is based: _____

Is there a parking structure attached to or located within the improvements? Yes No

Are any of the above mentioned parking spaces owned by anyone other than the owner of this property? Yes No

If yes, list name and address: _____

Are there several tenants located on the premises? Yes No * If yes, please complete Exhibit A.

Present Use of Property: Commercial Residential Multiple

Please check off all uses of property in the following Property Usage Section.

Property Usage Section:

- Ambulance Service or Rescue Squad
 - Number of in-service vehicles: _____
- Automobile Station/Gas Station
 - Automobile Filling Station: Yes No Number of Bays: _____
 - Repair and Service Station: Yes No Floor Area Sq. Ft.: _____
 - Convenient Store: Yes No Floor Area Sq. Ft.: _____
 - Number of employees on major Shift: _____
- Charitable, Eleemosynary or Philanthropic
 - Floor Area Sq. Ft.: _____
 - Avg. Number Employee/Full Time
 - Volunteers: _____
- Church, Synagogue or place of Worship
 - Was the building in use for religious purposes prior to May 1, 1962? Yes No
 - Is the building located within 500 feet of a public parking lot or any commercial industrial parking lot to allow for sufficient parking spaces during the time of services? Yes No
 - Is the worship used by a congregation whose religious beliefs prohibit the use of motor vehicles in traveling to or from the religious serviced conducted on Sabbath or principal holidays? Yes No
 - Number of Available Seats: _____
- Commercial - Regional Shopping Center*
 - Gross Leasable Area in Sq. Ft.: _____
- Commercial Retail - Auxiliary Retail Establishment within Office Building*
 - Floor Area in Sq. Ft.: _____
- Commercial Retail - Retail Establishments, Financial, Sales, Trade, Merchandising*
 - Floor Area in Sq. Ft.: _____
- Commercial Retail- Farm Machinery and Supply Total Interior and Exterior Sales Area in Sq. Ft.: _____
- Commercial Retail - Furniture Store
 - Floor Area in Sq. Ft.: _____
 - Number of Employees: _____
- Community Center, Library, Museum, Civic Club, Private Club, Lodge or Other Use
 - Floor Area Sq. Ft.: _____
- Country /Roadside Farmers Markets
 - Total area used for interior and exterior retail display/sales Sq. Ft.: _____
- Day Care Centers - children
- Child Care Center

Family Day Care within a Residence

- Floor Area Sq. Ft.: _____
- Number of Employees: _____

Day Care Center - Senior Adults and/or Persons with Disabilities

- Number of non-residential clients: _____
- Number of Employees: _____

Educational Institute - Private

- Number of Students: _____
- Number of Employees (Staff, Teachers, Administrators): _____

Health Club

- Is this Health Club located within an office building Yes No
- Floor Area Sq. Ft.: _____

Hospital

- Total Floor Area Sq. Ft.: _____
- Number of Residential Doctors: _____
- Number of Employees on major shift: _____

Bed and Breakfast Lodging, Cabin, Tourist Home, Guest Room in Country Inn

(Note: if your property includes pool, meeting rooms, restaurant please check these separately)

- Number of Guest Rooms/Suits: _____

Hotel, Motel, Resort or Inn

(Note: if your property includes pool, meeting rooms, restaurant please check these separately)

- Number of Guest Rooms/Suits: _____
- Floor Area for places of assembly in Sq. Ft.: _____
- Average Number of Employees: _____

Industrial or Manufacturing Establishment or Warehouse

- Total Floor Area in Sq. Ft.: _____
- Average Number of Employees: _____

Medical or Dental Clinic

- Total Gross Floor Area in Sq. Ft.: _____

Meeting Centers and/or Ball Rooms

- Sq. Ft. _____ used for Ballrooms and Meeting Rooms
- Net Sq. Ft.: _____ used for foyers and other space

Mortuary or Funeral Parlor

- Total Floor Area (chapel, viewing parlors, visiting rooms, offices) in Sq. Ft.: _____
- Number of Employees: _____
- Number of Vehicles: _____

Nursing Home/Convalescent Home/Domiciliary Care Home

- Number of Beds: _____
- Number of Employees on largest shift: _____

Office or Professional Building

- Total Sq. Ft. of Office Building: _____
- Gross Floor area used medical practitioners in Sq. Ft.: _____
- Gross Floor Area used non-medical professionals in Sq. Ft.: _____
- Gross Floor Area used as non-office in Sq. Ft.: _____ (please check all other uses)

Tenants participate in Share-A-Ride Program

Private Incentives Programs offered, such as in-house carpool promotions, private shuttle bus, van lease or purchases, reserved carpool spaces and/or transit pass discounts.

Please check associated categories detailing tenants in this building.

Office - Medical Practitioner or Dental Practitioner*

- Number of Offices: _____
- Number of practitioners: _____

Office - Professional, non-medical*

- Number of Offices: _____
- Number of Professional persons: _____

Recreation - Auditorium/Stadium/Theater

- Number of Seats: _____

Recreation - Commercial, other than Auditorium, Theater or Stadium

- Floor Area in Sq. Ft.: _____
- Number of Courts: _____

Recreation - RV Trailer Park or Tourist Camp

- Number of Cabin Camps: _____
- Number of Trailer Spaces: _____
- Average Number of Employees: _____

Recreation - Swimming Pool Commercial - Swimming Pool

Community

- Number of persons lawfully permitted in pool at one time: _____

Railroad Station, Bus Depot or other passenger terminal facilities

Residential - Single family, Semi-family or Two-family (Duplex/ Fourplex)

- Number of Units: _____

Residential - Personal Living Quarters/Individual Living Unit

- Number of Units: _____

- Residential - Boarding House or Rooming House
 - Number of guest accommodations: _____
 - This is a New Construction Converted Construction

- Residential - Multiple-Family Apartment Dwelling/ Apartment Hotel
 - Number of units with no separate bedroom: _____
 - Number of One Bedroom Units: _____
 - Number of Two Bedroom Units: _____
 - Number of Three or More Bedroom Units: _____
 - Floor area of places of assembly: _____
 - Number of employees on major shift: _____

- Residential - Group Home, Housing for Senior Adults or Persons with Disabilities
 - Number of 0-1 bedroom units: _____ OR Number of Beds: _____
 - Number of 2+ bedroom units: _____
 - Number of Employees: _____

- Residential - Hospice
 - Number of Beds: _____
 - Number of Employees on largest shift: _____

- Residential - Fraternity, Sorority or Dormitory
 - Type: Dormitory Fraternity/Sorority
 - Number of Students: _____
 - Number of Employees (including house mother/manager): _____

- Residential - Townhouse Development
 - Number of Townhouses: _____

- Residential - Mobile Home Development
 - Number of Mobile Homes: _____

- Residential - Accessory
 - Number of Lots: _____

- Restaurant or similar places dispensing food, drink or refreshments*
 - Inside Floor Area for Patrons in Sq. Ft.: _____
 - Outside Ground Area for Patrons in Sq. Ft.: _____

- Self-Storage Facility
 - Does this facility have a Resident Manager that lives onsite? Yes No
 - Gross Floor Area in Sq. Ft.: _____
 - Number of Employees: _____

Exhibit A

TENANTS INFORMATION SHEET

**As of March 29, 1999, it is required that a listing of all office, commercial/retail, restaurant and other group usage tenants be included with the application.*

If this is applicable to your application, please provide detailed supplement(s) that list tenants by the following usage categories including square feet by unit and gross square feet.

Office (Non-Medical) and Leased

Office (Medical/Dental) and Leased

Commercial/Retail and Leased

Restaurant Name, Inside Patrons Use Area and Outside Patrons Use Area

Group Other Usage and Leased Inside and Outside