Montgomery County, Maryland
Department of Transportation
Division of Parking Management

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
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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
  o Number of Beds: __________
  o Number of Employees on largest shift: _________

☐ Office or Professional Building
  o Total Sq. Ft. of Office Building: __________
  o Gross Floor area used medical practitioners in Sq. Ft.: __________
  o Gross Floor Area used non-medical professionals in Sq. Ft.: __________
  o 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*
  o Number of Offices: __________
  o Number of practitioners: __________

☐ Office - Professional, non-medical*
  o Number of Offices: __________
  o Number of Professional persons: __________

☐ Recreation - Auditorium/Stadium/Theater
  o Number of Seats: __________

☐ Recreation - Commercial, other than Auditorium, Theater or Stadium
  o Floor Area in Sq. Ft.: __________
  o Number of Courts: __________

☐ Recreation - RV Trailer Park or Tourist Camp
  o Number of Cabin Camps: __________
  o Number of Trailer Spaces: __________
  o Average Number of Employees: __________

☐ Recreation - Swimming Pool ☐ Commercial - Swimming Pool

☐ Community
  o 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)
  o Number of Units: __________

☐ Residential - Personal Living Quarters/Individual Living Unit
  o 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 Patrols 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: _________
List any additional information you believe is pertinent to your application for exemption from Parking Lot Tax:

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Please include a map or plat of the property. If you are unable to provide us with a map or plat of the property, please draw a sketch and attach to the application.

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It is hereby certified, as part of this application, that the above listed information to the best of the petitioner’s knowledge is true and accurate.

Name of Individual Completing Application: ________________________________________________

Phone Number(s): ______________________________________________________________________

Mailing Address: _______________________________________________________________________

E-Mail Address: ________________________________________________________________________

Date: _______________________________________________________________________________
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