

OFFICE OF ZONING AND ADMINISTRATIVE HEARINGS
MONTGOMERY COUNTY, MARYLAND
 100 Maryland Avenue, Room 200
 Rockville, Maryland, 20850
 (240) 777-6660
 (Form Revised 10-7-14)

OZAH No. CU- 15-01
 Date Certified Complete 1-15-14
 Date Filed 1-29-15
 Hearing Date 5-15-15
 Time 9:30 AM

**APPLICATION FOR ATTACHED OR DETACHED ACCESSORY APARTMENT
 CONDITIONAL USE**

(Please note instructions on reverse side. Application cannot be processed unless all information is submitted)

Application is hereby made for a conditional use to allow an attached or detached accessory apartment in accordance with the 2014 Zoning Ordinance §59-3.3.3.

Applicant(s): OTTO O TROXLER
 Address: 9605 ROCKVILLE PIKE BETHESDA 20814 (240) 350-1849
First Name Middle Initial Last Name
Street City & Zip Code Telephone No.
FOREVER MJ 23 @HOTMAIL.COM
E-mail Address

RECEIVED
 M-NCPPC
 DEC 15 2014
 MONTGOMERY COUNTY
 PLANNING DEPARTMENT

Proposed Use (Check one):
 Attached Accessory Apartment () Detached Accessory Apartment

Description of Property for Proposed Use:
 Address: 9605 ROCKVILLE PIKE, BETHESDA, MD 20814
 Lot: 11 and Block: 8, Parcel No.: _____ or other description _____

Size of Property: (In acreage or square feet) 10,492 SF Current Zoning: B-60
 Number of Off-Street Parking Spaces: 8 Public water/sewer? Yes No
 Municipality (If applicable): _____ Subdivision: _____

Applicant's Present Legal Interest in Subject Property (Check one):
 Owner Other (describe) _____

Owner of Property (If not 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? N/A If so, give Case Number(s): _____

I have read the instructions on the reverse side of this form, and am filing herewith all of the required accompanying information. I hereby affirm that all of the statements and information contained in or filed with this Application are true and correct.

Signature of Attorney - (Please print next to signature) _____
 Signature of Applicant(s) - (Please print next to signature) OTTO O. TROXLER
 Address of Attorney _____ Telephone Number (240) 350-1849
 E-mail Address _____

(OVER)

CU 15-01