**OFFICE OF ZONING AND ADMINISTRATIVE HEARINGS**
**MONTGOMERY COUNTY GOVERNMENT**
**100 MARYLAND AVENUE, ROOM 200**
**ROCKVILLE, MARYLAND 20850**
**(240) 777-6660**

OZAH No.  AAO-_____
Date Filed_____
Hearing Date_____
Time_____

## 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. _____, filed on _____.

License Applicant: _____
                            First Name                    Middle Initial                    Last Name
Address. _____
                    Street                         City & Zip Code                 Telephone No.

                    _____
                            E-mail Address

Objector: _____
                            First Name                    Middle Initial                    Last Name
Address. _____
                    Street                         City & Zip Code                 Telephone No.

                    _____
                            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) _____Current Zoning: _____

Number of Off-Street Parking Spaces: _____

Description of vehicular parking available on the street abutting the subject site and generally in the neighborhood:

_____

_____

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):

_____

_____

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                                                              Telephone Number
Attorney's E-mail Address_____

Accessory Dwelling Unit Objection Form 1/2/20