

**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 _____

REQUEST FOR WAIVER OF ACCESSORY DWELLING UNIT (ADU) ON-SITE PARKING REQUIREMENTS

Pursuant to Montgomery County Code Sections 29-16, 29-19 and 29-26, a REQUEST is hereby made to waive the requirements of Zoning Ordinance §59.3.3.3.A.2.c.ii. for on-site parking in order to permit the granting of an accessory dwelling unit (ADU) license by the Department of Housing and Community Affairs (DHCA), regarding:

Accessory Dwelling Unit License Application No. _____, filed on _____.

License Applicant: _____

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 the Proposed Use:

Address: _____

Lot: _____ Block: _____ Parcel No.: _____ Subdivision _____

Tax ID No. _____

Size of Property: (In acreage or square feet) _____ Current Zoning: _____

Number of Off-Street Parking Spaces on the Site: _____

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 _____

Property Owner's Email Address _____

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 Waiver Request (attach additional sheets as needed):

I hereby affirm that all of the statements and information contained in or filed with this Waiver Request are true and correct.

Signature of Attorney - *(Please print next to signature)* Signature of Applicant(s) - *(Print next to signature)*

Address of Attorney _____ Telephone Number _____
Attorney's E-mail Address _____