

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

OZAH No. AAO- ADW 22-03
Date Filed 5/16/2022
Hearing Date 6/15/2022
Time 9:30 a.m.

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. 138400, filed on 05/11/22

License Applicant: Judy R Salinas

Address: 4419 Tols Street Rockville MD 20853 240-418-9167

Street SalinasJR520@gmail.com
E-mail Address

Telephone No.

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 SalinasJR520@gmail.com

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? NO 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)

Judy Salinas Judy Salinas
Signature of Applicant(s) - (Print next to signature)

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

Telephone Number _____

DHQA/Licensing and Registration Unit
Class 3 Accessory Dwelling Unit (ADU)
Submitted drawing for ADU

Modified drawings for ADUs must be approved by DHCA/Licensing Office before DPS can issue a permit.

