

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

OZAH No. AAO- ADW 23-02

Date Filed 4/20/2023

Hearing Date 5/24/2023

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. 143555, filed on 11/2/2022.

License Applicant: Louise & Jean-Marie Takougne

Address. 4507 W. Frankfort Dr Rockville 20853 301.580.6381
Street City & Zip Code Telephone No.
moise@chasencompanies.com
E-mail Address

Proposed Use (Check one):

☒ Attached Accessory Dwelling Unit

☐ Detached Accessory Dwelling Unit

Description of Property for the Proposed Use:

Address: 4507 W. Frankfort Dr

Lot: 6 Block: 14 Parcel No.: 0000 Subdivision 0088

Tax ID No. 01306552

Size of Property: (In acreage or square feet) 9,638 sf Current Zoning: R-90

Number of Off-Street Parking Spaces on the Site: 2

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

There is currently on street parking available all along W. Frankfort Drive. There is at least 2 parking spots directly in front of 4507 and the property also has 1 on-site parking pad.

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? no If so, give Case Number(s): _____

Basis for Waiver Request (attach additional sheets as needed):

Existing street parking would enable 2 additional vehicles to be parked in front of property.

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)

Louise Takougne
Signature of Applicant(s) - (Print next to signature)

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

Telephone Number _____