

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

OZAH No. AAO- ADO 23-03

Date Filed 3/7/2023

Hearing Date 4/3/2023

Time 9:30 a.m.

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 ~~1/22~~ 3/25/23 regarding Accessory Dwelling Unit (ADU) License Application No. 144922, filed on _____.

License Applicant: Awele Izah
First Name Middle Initial Last Name
Address: 9713 Eldwick Way, Potomac, MD
Street City & Zip Code Telephone No.

E-mail Address

Objector: Michael Hillard
First Name Middle Initial Last Name
Address: 9 Eldwick Ct, Potomac, MD 20854
Street City & Zip Code Telephone No.
president@eldwickhoa.org
E-mail Address

Proposed Use (Check one):

() Attached Accessory Dwelling Unit

() Detached Accessory Dwelling Unit

Description of Property for Proposed Use:

Address: 9713 Eldwick Way, Potomac, MD 20854

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):

The property is on a street with posted "No Parking" signs.
How does the finding support a determination of adequate parking?

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