

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. 156287, filed on 03/17/2025.

License Applicant: Tigist G. Gebresilassie
First Name Middle Initial Last Name
Address: 13915 Bauer Dr. Rockville, 20853 202 977 5632
Street City & Zip Code Telephone No.
tigist.girma.g@gmail.com
E-mail Address

Proposed Use (Check one):

() Attached Accessory Dwelling Unit

(X) Detached Accessory Dwelling Unit

Description of Property for the Proposed Use:

Address: 13915 Bauer Dr. Rockville, MD 20853

Lot: 8 Block: 13 Parcel No.: 0000 Subdivision 0089

Tax ID No. 13-01311308

Size of Property: (In acreage or square feet) 9000sf Current Zoning: R90

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 a 75' stretch of street parking right outside the property readily available for parking. In the neighborhood, several households park 2-3 vehicles on the streets outside of their properties without any issue.

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 am applying for a waiver pursuant to and as a prerequisite to building an ADU on the property. The current driveway accommodates two vehicles. However, it is short by 80sf to meet the required three vehicle parking.

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) _____
Tigist G. Gebresilassie Tigist G. Gebresilassie

Address of Attorney _____ Telephone Number 202 977 5632
Attorney's E-mail Address _____