

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

OZAH No. AAO-ADW 25-03  
Date Filed 6/30/2025  
Hearing Date 7/22/2025  
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. 1556 86, filed on 07-25-25  
License Applicant: Jose R. Menjivar  
Address: 9638 Cottrell Terr Silver Spring 20903  
Street City & Zip Code Telephone No.  
E-mail Address joemenjivar2876@gmail.com

Exhibit 1  
OZAH Case No: ADW 25-03

Proposed Use (Check one):  
☒ Attached Accessory Dwelling Unit ( ) Detached Accessory Dwelling Unit

Description of Property for the Proposed Use:

Address: 9638 Cottrell Terrace Silver Spring MD 20903  
Lot: 3 Block: 9 Parcel No.: 0500300110 Subdivision 2  
Tax ID No. 00 30 0910

Size of Property: (In acreage or square feet) 1066 Current Zoning: \_\_\_\_\_

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:

License Applicant's Present Legal Interest in Subject Property (Check one):

☒ Owner ☐ Other (describe) \_\_\_\_\_

Owner of Property (If not License Applicant):

Name J Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Property Owner's Email Address joemenjivar2876@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? \_\_\_\_\_ 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