

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. 156742 filed on 4/24/2025  
7/3/2025 X

License Applicant: OSCAR V. FLORES  
First Name Middle Initial Last Name  
Address: 10701 Edgewood Av. S.S. 20901 240 423-6620  
Street City & Zip Code Telephone No.  
E-mail Address OSCAR.A.FLORES86@gmail.com

Proposed Use (Check one):

☒ Attached Accessory Dwelling Unit

☐ Detached Accessory Dwelling Unit

Description of Property for the Proposed Use:

Address: \_\_\_\_\_

Lot: 1 Block: 4 Parcel No.: 0000 Subdivision 0063

Tax ID No. \_\_\_\_\_

Size of Property: (In acreage or square feet) 159 Current Zoning: R60

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:

House sits on corner lot, parking is available in front and on one side of house. the length of the property

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 OSCAR.A.FLORES86@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):

Requester waives as there is plenty of street parking in front of and around the house

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)

OSCAR V. FLORES OSCAR V. FLORES  
Signature of Applicant(s) - (Print next to signature)

Address of Attorney

Telephone Number

Attorney's E-mail Address \_\_\_\_\_

Accessory Dwelling Unit Waiver Application Form 1 2 20

Exhibit 1

OZAH Case No: ADW 26-01