

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

OZAH No. AAO- ADW 26-02

Date Filed 9/22/2025

Hearing Date 10/16/2025

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. 157433, filed on 6/17/2025

License Applicant: ABOLGHASSEM KAVANDI  
First Name Middle Initial Last Name

Address: 10609 Glenwild Rd. Silver Spring MD 20901 (301) 648-3348  
Street City & Zip Code Telephone No.

BijanKavandi@gmail.com  
E-mail Address

Proposed Use (Check one):

☒ Attached Accessory Dwelling Unit

☐ Detached Accessory Dwelling Unit

Description of Property for the Proposed Use:

Address: 10609 Glenwild Rd. Silver Spring MD 20901

Lot: 41 Block: EYE Parcel No.: \_\_\_\_\_ Subdivision Northwood Park View

Tax ID No. 161301365152

Size of Property: (In acreage or square feet) 24AC Current Zoning: R60

Number of Off-Street Parking Spaces on the Site: 49

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

20

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 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) \_\_\_\_\_

Kavandi ABOLGHASSEM KAVANDI  
Signature of Applicant(s) - (Print next to signature) 9/19/25

(301) 648-3348

Telephone Number

Address of Attorney \_\_\_\_\_

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