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_____

OBJECTION TO DHCA DECISION REGARDING ACCESSORY APARTMENT

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), decided on _____, regarding Accessory Apartment License Application No. _____, filed on _____.

License Applicant: _____
First Name Middle Initial Last Name
Address. _____
Street City & Zip Code Telephone No.
_____
E-mail Address

Objector: _____
First Name Middle Initial Last Name
Address. _____
Street City & Zip Code Telephone No.
_____
E-mail Address

Proposed Use (Check one):
( )Attached Accessory Apartment ( ) Detached Accessory Apartment

Description of Property for Proposed Use:
Address: _____

Lot: _____ Block: _____ Parcel No.:_____; Subdivision _____

Size of Property: (In acreage or square feet) _____Current Zoning: _____

Number of Off-Street Parking Spaces: _____

Addresses of any other accessory apartments within 500 feet of the subject site, listing their distances from the subject site:

_____

_____

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):

_____

_____

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_____