

OFFICE OF ZONING AND ADMINISTRATIVE HEARINGS  
MONTGOMERY COUNTY, MARYLAND

100 Maryland Avenue, Room 200

Rockville, Maryland, 20850

(240) 777-6660

{Form Revised 10-7-14}

NOV 13 2015

Administrative Hearings

OZ No. CU-16-08

Date Certified Complete 11-18-15

Date Filed 11-18-15

Hearing Date 3-7-16

Time 9:30 AM

APPLICATION FOR ATTACHED OR DETACHED ACCESSORY APARTMENT  
CONDITIONAL USE

(Please note instructions on reverse side. Application cannot be processed unless all information is submitted)

Application is hereby made for a conditional use to allow an attached or detached accessory apartment in accordance with the 2014 Zoning Ordinance §59-3.3.3.

Applicant(s): VICKI L. FERGUSON  
First Name Middle Initial Last Name  
Address: 7117 GARLAND AVE., TAKOMA PARK MD 20912  
Street City & Zip Code Telephone No.  
VICKI LYNN FERGUSON@YAHOO.COM  
E-mail Address

Proposed Use (Check one):

☒ Attached Accessory Apartment

( ) Detached Accessory Apartment

Description of Property for Proposed Use:

Address: 7117 GARLAND AVE., TAKOMA PARK, MD 20912

Lot: 11 and Block: 38F, Parcel No.: \_\_\_\_\_ or other description FLETCHER'S ADDITION TO T.P.

Size of Property: (In acreage or square feet) 6899 S.F. Current Zoning: R-60

Number of Off-Street Parking Spaces: 0 Public water/sewer? Yes ☒ No ☐

Municipality (If applicable): \_\_\_\_\_ Subdivision: FLETCHER'S ADDN

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

☒ Owner

☐ Other (describe) \_\_\_\_\_

Owner of Property (If not Applicant):

Name VICKI FERGUSON Address 7117 GARLAND AVE. Zip Code 20912

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): \_\_\_\_\_

I have read the instructions on the reverse side of this form, and am filing herewith all of the required accompanying information. I hereby affirm that all of the statements and information contained in or filed with this Application are true and correct.

N/A  
Signature of Attorney - (Please print next to signature)

Vicki Lynn Ferguson Vicki Lynn Ferguson  
Signature of Applicant(s) - (Please print next to signature)

N/A  
Address of Attorney

Telephone Number

E-mail Address

(OVER)

EXHIBIT NO. 3  
REFERRAL NO. CU 16-08