

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

ADU 20-01

OZAH No.	116
Date Filed	3/12/2020
Hearing Date	4/10/2020
Time	10:00 AM

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. 116560, filed on OCTOBER 1, 2019
License Applicant: DANTE FIGUEROA
Address: 2714 EAST WEST HIGHWAY CHEVY CHASE, MD 20815
Street City & Zip Code Telephone No. (202) 744-9254
E-mail Address DRFIGUEROA@GMAIL.COM

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

Description of Property for the Proposed Use:

Address: 2714 EAST - WEST HIGHWAY, CHEVY CHASE, MD 20815
Lot: _____ Block: _____ Parcel No.: _____ Subdivision _____
Tax ID No. _____

Size of Property: (In acreage or square feet) 1,702 sq ft Current Zoning: _____
Number of Off-Street Parking Spaces on the Site: 6

Description of vehicular parking available on the street abutting the subject site and generally in the neighborhood:
AMPLE PARKING IN FRONT OF HOUSE (ABOUT 6 PLACES), WHICH IS LOCATED ON SERVICE ROAD, NOT PUBLIC.

License Applicant's Present Legal Interest in Subject Property (Check one):
☒ Owner ☐ Other (describe) _____

Owner of Property (If not License Applicant):

Name DANTE FIGUEROA Address 2714 EAST WEST HIGHWAY Zip Code 20815
Property Owner's Email Address DRFIGUEROA@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? YES If so, give Case Number(s): 116560 or 10/04/19

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
Attorney's E-mail Address

Telephone Number

Accessory Dwelling Unit Waiver Application Form 1/2/20

RECEIVED
MAR 12 2020
BOARD OF APPEALS
MONTGOMERY COUNTY MD