

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

<b>OZAH No.</b> AAO- ADW 25-01
<b>Date Filed</b> 9/18/2024
<b>Hearing Date</b> 10/10/2024
<b>Time</b> 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. 151445, filed on 9/17/2024  
 License Applicant: PATRICIA & M. SINEAD WALSH  
 Address: 9627 Singleton Drive Bethesda MD 20817 301-370-2999  
Street City & Zip Code Telephone No.  
walsh8018@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: 9627 Singleton Drive, Bethesda MD 20817  
 Lot: 12 Block: 15 Parcel No.: 07 Subdivision 082  
 Tax ID No. 00637595

Size of Property: (~~in acreage~~ or square feet) 8700 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:  
unlimited parking on both sides of Singleton Drive and  
Kingsford Road

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? No If so, give Case Number(s): \_\_\_\_\_

Basis for Waiver Request (attach additional sheets as needed):  
See attached photo of street parking availability

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) PATRICIA WALSH

Address of Attorney \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Attorney's E-mail Address \_\_\_\_\_