



MONTGOMERY COUNTY, MARYLAND  
DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS  
LICENSING AND REGISTRATION UNIT

**CLASS 3**  
**Accessory Dwelling Unit Rental License Application**

Office Use Only:  
License No. 151423  
Received Date 8/25/24  
Evidence of OPR Pay Tax  
Apt/Driveway  Sketch  
Residential Zone R-90  
Meets requirements: Y/N

(Please Read All Instructions on Back Prior to Submitting Application)  
Fees Required at Application Submission:  
Application Fee: \$250.00  
Annual License Fee (7/1 - 6/30): ~~\$224.00~~  
Sign Fee: ~~\$280.00~~  
Total: ~~\$554~~ 612

Mail Application with Payments to:  
DHCA/Licensing and Registration Unit  
1401 Rockville Pike, 4th Floor  
Rockville, Maryland 20852  
Checks Payable to: Montgomery County, MD

**PART A ACCESSORY DWELLING UNIT (ADU):**

Address: 7709 Oldchesham RD Bethesda 20817  
Street Address City Zip

Is ADU under construction or will be? Y/N \*See #1 (a) II on back  
Obtained Building Permit? Y/N \*See #1 (a) III on back  
Start Date of Rental: 1/1/ Number of Occupants: 1 Number of Kitchens: 2  
(18 years of age or older) (me) (This includes main house kitchen)  
ADU Detached? Y/N  
Location of ADU: Backyard Lot Acreage: 10,500 sq ft  
Location of Entrance Door to ADU: Front of ADU Back of Main House  
On-site Driveway dimensions: 112 ft C x 115 W Change to Original Floor Plan? Y/N (NA)  
(If Yes, explain on separate paper)  
Sq. ft. of principal dwelling: 2712 sq ft Sq. ft. of ADU: < 1200 sq ft  
Date of Purchase: - NA (If within 6 months, include HUD-1/Closing form) Year ADU Built: \_\_\_\_\_  
Is ADU approved by Homeowners Association? Yes / No / NA \*See #7 on back  
Is there an active special exception (SE) for your ADU? Y/NO If so, SE #: \_\_\_\_\_ I want SE revoked: Yes / No

**PART B OWNER INFORMATION:**

\*See 1 (b) on back  
First Owner's Name Flavia Favali Second Owner's Name \_\_\_\_\_  
Full Street Address/State/Zip 7709 Oldchesham RD Bethesda MD Full Street Address/State/Zip \_\_\_\_\_  
Primary Phone 301 920 3358 Cellular Phone 802 994 2940 Primary Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_  
Email Address 301 277 4273 Email Address flavia4222@comcast.net

Exhibit 9  
OZAH Case No: ADO 25-02

I affirm under penalty of perjury that the above information is true to the best of my knowledge and belief. I also understand that if there are any changes in property ownership, owner address, or agent/contact information that I must notify Montgomery County Department of Housing and Community Affairs (DHCA), Licensing & Registration within 30 days of the change.

[Signature] 8/18/24 \_\_\_\_\_  
Owner's Signature Date Second Owner's Signature Date