

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

OZAH No. AAO- ADW 25-01
Date Filed 9/18/2024
Hearing Date 10/10/2024
Time 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

Exhibit 1
OZAH Case No: ADW 25-01

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 _____