FAX 2027275372

REQUEST FOR REASONABLE ACCOMODATIONS

TO: SARA BARDIN

FROM: CHRIS OTTEN

DATE: 7/14/11

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- PRIOR FAX APPARENTLY FAILED
- ANC ID ~~[illegible]~~ TOOK A POSITION REGARDING CASE # 18240 LAST NIGHT
- ROBERT NICHOLS WORK IS PART OF THE ANC SUBMISSION ~ HE WILL BE AT LEAST AN OBSERVER; PERHAPS A WITNESS.
- HE WOULD LIKE A SIGN LANGUAGE INTERPRETER.

BOARD OF ZONING ADJUSTMENT
District of Columbia
CASE NO. 18240
EXHIBIT NO. 37

Board of Zoning Adjustment
District of Columbia
CASE NO.18240
EXHIBIT NO.37

REQUEST FOR REASONABLE ACCOMMODATION FORM

If you have a disability and you believe you may need an accommodation to fully and equally participate in a particular Board of Zoning Adjustment (BZA) or Zoning Commission (ZC) meeting/hearing, or activity or meeting with the Office of Zoning (OZ), you may request a reasonable accommodation. Any request that is not completed in accordance with the following instructions shall not be accepted.

1. All applications shall be made on this form and must be completely filled out and be typewritten or printed. If additional space is necessary, use separate sheets of 8½" x 11" paper to complete the form. If you need assistance completing this form, contact Sara Bardin at OZ at (202) 727-5372 or sara.bardin@dc.gov.

2. Present this form and any supporting documents to the Office of Zoning by mail to 441 4th Street, N.W., Suite 200-S, Washington, D.C. 20001, by facsimile at (202) 727-6072, or by e-mail to sara.bardin@dc.gov.

Accommodation requests are granted to any person with a disability for whom such accommodation is reasonable and necessary under the Americans with Disabilities Act of 1990 (ADA), other similar local, state, and federal laws and in such other circumstance as may be required by law.

You may be required to provide additional information to properly evaluate your reasonable accommodation request. ***Medical and other health information submitted with the form shall not be made public or shared with anyone outside the department, unless authorized by law.***

Generally, five business days advance notice is required to process reasonable accommodation requests. However, a response to an immediate need for accommodation will be considered to the fullest extent possible. Requests made with less time will be accepted with the understanding that last minute requests may be very difficult to accommodate.

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Review and Action by the Office of Zoning
(For OZ Use Only)

Date:		Intake Staff Person:	
Request for Accommodation:	O Approved O Denied	Date:	

APPROVAL:

Date accommodation will be provided:	
Service to be provided:	

DENIAL:

Reason for denial:	

AUTHORIZED BY:

Employee Name:		Title:		Signature:	

If you have any questions or concerns about this process or the request received, you should contact the OZ ADA Coordinator, Esther Bushman at 202-727-5471 or by email at esther.bushman@dc.gov

District of Columbia Office of Zoning
441 4th Street, N.W. Ste. 200 S, Washington, D.C. 20001
(202) 727 6311 * (202) 727 6072 fax * www.dcoz.dc.gov * dcoz@dc.gov

(1/1/11) **Request No.**_____

DISTRICT OF COLUMBIA OFFICE OF ZONING

FORM 155 - REQUEST FOR REASONABLE ACCOMMODATION FORM

Name(s) and contact information of Person(s) with Disabilities Requesting Modifications, Auxiliary Services, etc.:

Robert Nichols

Address: 2934 Fesseden St NW

Telephone/TTY: 202 363 6843 E Mail: robertnichols2@verizon.net

Name and contact information for person making request: CHRIS OTTEN *(if different from above)*

Relationship to Person(s) with Disabilities: PARTY TO CASE #18240 // ASSISTING ANC 1D

Address: [redacted] 1830 BELMONT RD NW

Telephone/TTY: 202 536 4065 E Mail: chrisotten2@yahoo.com

Preferred method of contact: email Do you (or someone you represent) have, have a record of having, or are regarded as having, a physical or mental impairment that substantially limits a major life activity? *(optional)* ☐ Yes ☒ No

What is the modification or auxiliary service being requested? *(Please specify any modification, auxiliary aid or service being requested to participate in OZ's processes for example, large print forms, assistance completing forms, sign language interpretation for meetings/hearings).*

SIGN LANGUAGE INTERPREYATION

1 I/We are requesting a modification or auxiliary service (*please check all that apply*):

- ☐ That will allow me to participate in a program or activity offered by OZ (*please specify the program or activity - i.e., ZC Case, BZA Case, Public Outreach*):_____
- ☐ I/We are gathering basic information about OZ's programs, activities and services
- ☐ I/We are filing an application: (ZC or BZA Case #) _____
- ☐ I/We are researching zoning case files, the Zoning Regulations, and/or the Zoning Map
- ☒ I/We are participating at a hearing for ZC/BZA Case # 18240 as a: ○ Applicant or Party ☒ Witness
- ☒ Other – Observer, etc. ○ Other (*please specify*): _____

2 Date(s) modification or auxiliary service is required: 7/19/11

Approximate duration of event for which modification or auxiliary service is required: 1PM – ?

3 If sign language interpretation is required, what is your preference?

- ☒ American Sign Language (ASL)
- ☐ Signed Exact English (SEE)
- ☐ Oral
- ☐ Other (*please specify*)_____
- ☐ Do you require a Certified Deaf Interpreter (CDI)? ☐ Yes ☐ No

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Please be advised that when OZ secures sign language interpreters for a hearing or meeting, the interpretation can be broadcast by the video camera so that it becomes part of the record.