Gerald H. Bemis
4519 MacArthur Blvd, NW
Washington, DC 20007

May 20, 2014

Lloyd Jordan, Chairman
Board of Zoning Adjustment
441 4th Street NW
Suite 200S
Washington, DC 20001

Re: BZA Application 18738: 4527 MacArthur Blvd NW

Dear Chairman and Members of the Board:

I hereby authorize Arden and Frank Staroba of 4503 MacArthur Blvd NW, Washington, DC to represent me in my capacity as a party to the above case in all proceedings before the D.C. Board of Zoning Adjustment concerning the above referenced case.

Respectfully,

Gerald H. Bemis

Form 150
(Revised 04/29/02)

Case No. 18738

BEFORE THE BOARD OF ZONING ADJUSTMENT OF THE DISTRICT OF COLUMBIA

MOTION

Notice: See other side of motion form for instructions.

Applicant, Appellant, Appellee, Party, Intervener	vs.	Applicant, Appellant, Appellee, Party, Intervener
Gerald H. Bemis		Siamak Kashani

Motion of:
(state what you want the Board to do)

WAIVE the deadline of submission of letter Authorizing Representatives To Speak on my behalf

Points and Authorities:
(state the each and every reason why the Board should grant your motion, including relevant references to the Zoning Regulations or Map)

I Have just become Aware That I need To Authorize Representation

CERTIFICATE OF SERVICE

I hereby certify that on this (date) 20th day of (month) MAY (year) 2014, I served a copy of the forgoing Motion on each entity that has requested party status; or entities that have be granted party status – on the above referenced BZA case via

☐ First-class mail	☐ Hand delivery	☒ Other (specify) e-mail	(ATTACH A LIST OF PARTIES SERVED)

Signature:	Gerald H Bemis Applicant*		
Print Name:	Gerald H. Bemis	Firm/Organization	
Address:	4519 MacArthur Blvd, NW; Washington, DC 20007		

* *In the event an authorized agent files a motion on the behalf of the maker of the motion, a letter signed by the maker of the motion authorizing the agent to act on his/her behalf shall accompany the notice of application.*

To be notified of hearing and decision:
(Maker of Motion or Authorized Agent)*

Name:					
Address:					
Phone No.:		Fax No.:		E-Mail:	

ANY APPLICATION THAT IS NOT COMPLETED IN ACCORDANCE WITH THE INSTRUCTIONS ON THE BACK OF THIS FORM WILL NOT BE ACCEPTED.