BEFORE THE BOARD OF ZONING ADJUSTMENT OF THE DISTRICT OF COLUMBIA

FORM 120 - APPLICATION FOR VARIANCE/SPECIAL EXCEPTION

Before completing this form, please review the instructions on the reverse side.
Print or type all information unless otherwise indicated. All information must be completely filled out.

Pursuant to §3103.2 – Area/Use Variance and/or §3104.1 - Special Exception of Title 11 DCMR- Zoning Regulations, an application is hereby made, the details of which are as follows:

Address(es)	Square	Lot No(s).	Zone District(s)	Type of Relief Being Sought: Area Variance / Use Variance / Special Exception	Type of Relief Being Sought: Section(s) of Title 11 DCMR - Zoning Regulations from which relief is being sought
859 VENABLE PL NW	3233	0093	R-1-B	SPEC. EXCEPTION	

RECEIVED
D.C. OFFICE OF ZONING
2014 JAN 15 AM 2:59

Present use(s) of Property:	FULLY DETACHED SINGLE FAMILY DWELLING
Proposed use(s) of Property:	FULLY DETACHED SINGLE FAMILY DWELLING
Owner of Property:	WSD CAPITAL LLC
Telephone No:	703. 352. 2001
Address of Owner:	4021 UNIVERSITY DR. FAIRFAX VA 22030
Single-Member Advisory Neighborhood Commission District(s):	ANC 4-B

Written paragraph specifically stating the "who, what, and where of the proposed action(s)". This will serve as the Public Hearing Notice:

WSD CAPITAL LLC, THE OWNERS OF 859 VENABLE PL NW, WISH TO FULLY RENOVATE SAID PROPERTY BY ADDING SECOND STORY / CONVERTING THE ATTIC TO A FULLY FINISHED SECOND STORY/LEVEL. FOOT PRINT OF EXISTING STRUCTURE DOES NOT CHANGE

EXPEDITED REVIEW REQUEST (If interested, please select the appropriate category)

I waive my right to a hearing, agree to the terms in Form 128 - Waiver of Hearing for Expedited Review, and hereby request that this case be placed on the Expedited Review Calendar, pursuant to §3118.2 (CHOOSE ONE):

- ❍ A park, playground, swimming pool, or athletic field pursuant to §209.1, or
- ❍ An addition to a one-family dwelling or flat or new or enlarged accessory structures pursuant to §223

I/We certify that the above information is true and correct to the best of my/our knowledge, information and belief. Any person(s) using a fictitious name or address and/or knowingly making any false statement on this application/petition is in violation of D.C. Law and subject to a fine of not more than $1,000 or 180 days imprisonment or both. (D.C. Official Code § 22 2405)

Date:	1. 15. 14	Signature*:	

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

Name:	CLIFF DIXON	E-Mail:	DIXONCLIFFORD@GMAIL.COM
Address:	2120 SOUTH POLLARD ST ARLINGTON VA 22204		
Phone No(s).:	202. 705. 1453	Fax No.:	443. 283. 4198

* *To be signed by the Owner of the Property for which this application is filed or his/her authorized agent. In the event an authorized agent files this application on behalf of the Owner, a letter signed by the Owner authorizing the agent to act on his/her behalf shall accompany this application.*

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

FOR OFFICIAL USE ONLY

Exhibit No. 1 **Case No. 18732**

Board of Zoning Adjustment
District of Columbia
CASE NO.18732
EXHIBIT NO.1