



BEFORE THE BOARD OF ZONING ADJUSTMENT
DISTRICT OF COLUMBIA



FORM 135 - ZONING SELF-CERTIFICATION

Project Address(es)	Square	Lot(s)	Zone (District(s))
240 9th ST NE	0917	0068	R4

Single-Member Advisory Neighborhood Commission District(s): 6A

CERTIFICATION

The undersigned agent hereby certifies that the following zoning relief is requested from the Board of Zoning Adjustment in this matter pursuant to:

Relief Sought	☐ §3103.2 - Use Variance	☒ §3103.2 - Area Variance	☒ §3104.1-Special Exception
Pursuant to Subsections		2500.4, 2300.4	223 403.2

Pursuant to 11 DCMR §3113.2, the undersigned agent certifies that:

- (1) the agent is duly licensed to practice law or architecture in the District of Columbia;
- (2) the agent is currently in good standing and otherwise entitled to practice law or architecture in the District of Columbia; and
- (3) the applicant is entitled to apply for the variance or special exception sought for the reasons stated in the application.

I, the undersigned agent, hereby certify that the information provided in this application is true and correct to the best of my knowledge, information and belief. I am not aware of any information that would cause me to believe that the information provided in this application is false or misleading. I am not aware of any information that would cause me to believe that the information provided in this application is false or misleading.

I, the undersigned agent, hereby certify that the information provided in this application is true and correct to the best of my knowledge, information and belief. I am not aware of any information that would cause me to believe that the information provided in this application is false or misleading. I am not aware of any information that would cause me to believe that the information provided in this application is false or misleading.

I, the undersigned agent, hereby certify that the information provided in this application is true and correct to the best of my knowledge, information and belief. I am not aware of any information that would cause me to believe that the information provided in this application is false or misleading. I am not aware of any information that would cause me to believe that the information provided in this application is false or misleading.

I, the undersigned agent, hereby certify that the information provided in this application is true and correct to the best of my knowledge, information and belief. I am not aware of any information that would cause me to believe that the information provided in this application is false or misleading. I am not aware of any information that would cause me to believe that the information provided in this application is false or misleading.

I certify that the above information is true and correct to the best of my knowledge, information and belief. Any person using a fictitious name or address and/or knowingly making any false statement on this form 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)

Owner's Signature 		Owner's Name (Please Print) JOHN PETERS	
Agent's Signature Cory Hardwick		Agent's Name (Please Print) Cory Hardwick	
Date 10/30	D.C. Bar No.	or Architect Registration No.	ARC 101315

FOR OFFICIAL USE ONLY

Based upon review of the application and self-certification, the Office of Zoning determines, pursuant to 11 DCMR §3113.2, this application is

☐	Accepted for filing.
☐	Referred to the Office of the Zoning Administrator within DCRA, for determination of proper zoning relief required.
☐	Rejected for failure to comply with the provisions of ☐ 11 DCMR §3113.2; or ☐ 11 DCMR - Zoning Regulations. Explanation _____

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

Case No. _____ Board of Zoning Adjustment

District of Columbia

CASE NO: 16514

EXHIBIT NO. 25

INSTRUCTIONS

Any request for self-certification that is not completed in accordance with the following instructions shall not be accepted.

1. All self-certification applications shall be made on this form. All certification forms must be completely filled out (front and back) and be typewritten or printed legibly. All information shall be furnished by the applicant. If additional space is necessary, use separate sheets of 8 1/2" x 11" paper to complete the form.
2. Complete one self-certification form for each application filed. Present this form with the Form 120 - Application for Variance/Special - Exception to the Office of Zoning, 441 4th Street, N.W., Suite 200-S, Washington, D.C. 20001. (All applications must be submitted before 3:00 p.m.)

ITEM	EXISTING CONDITIONS	MINIMUM REQUIRED	MAXIMUM ALLOWED	PROVIDED BY PROPOSED CONSTRUCTION	VARIANCE Deviation/Percent
Lot Area (sq. ft.)	1813.5	NA	NA	1813.5	0
Lot Width (ft. to the tenth)	15.5	18'	NA	15.5	0
Lot Occupancy (building area/lot area)	60%	NA	60%	64.38 %	4.38 %
Floor Area Ratio (FAR) (floor area/lot area)	NA	NA	NA	NA	0
Parking Spaces (number)	1	0	NA	1	0
Loading Berths (number and size in ft.)	0	0	NA	NA	0
Front Yard (ft. to the tenth)	0	NA	NA	NA	0
Rear Yard (ft. to the tenth)	60.58'	NA 20'	NA	60.58	0
Side Yard (ft. to the tenth)	0	NA	NA	NA	0
Court, Open (width by depth in ft.)	0	6'	NA	NA	0
Court, Closed (width by depth in ft.)	0	NA	NA	NA	0
Height (ft. to the tenth)	9.75	NA	15'	18'	3' or 2%

If you need a reasonable accommodation for a disability under the Americans with Disabilities Act (ADA) or Fair Housing Act, please complete Form 185 - Request for Reasonable Accommodation.

