



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	Section(s) of Title 11 DCMR - Zoning Regulations from which relief is being sought
702 15th Street NE	1050	0033	C-3-A		

Present use(s) of Property: BUILDING VACANT

Proposed use(s) of Property: BEHAVIOR HEALTH CLINIC

Owner of Property: WILLIAM BASILIKO TRUST Telephone No: 2022323436

Address of Owner: 1715 11TH STREET NW

Advisory Neighborhood Commission Single-Member District (for instance 2A09 = Ward 2, Subdivision A, and SMD 09) 6 A 0 7

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

AMAZING LOVE HEALTH SERVICES IS REQUESTING TO USE PUBLIC SPACE FOR ADDITIONAL PARKING TO
BE COMPLIANT WITH THE REQUIRED STANDARD NUMBER OF ALLOTTED SLOTS.

~~WE ARE REQUESTING THE "G" STREET SIDE OF THE BUILDING FOR EIGHT (8) ADDITIONAL SLOTS.~~

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: 4/7/2015 Signature*: GEORGES WILLIAM NTEMI

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

Name: GEORGES WILLIAM NTEMI E-Mail: gwntemi@alhs-health.com

Address: 12304 WOODMORE RD Phone No.: 2023888500

City, State, Zip: BOWIE, MD, 20721 Fax No.: 2023888509

* 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

Board of Zoning Adjustment
District of Columbia
CASE NO.19021
EXHIBIT NO.1

Exhibit No. 1

Case No.