



**BEFORE THE BOARD OF ZONING ADJUSTMENT
OF THE DISTRICT OF COLUMBIA**



FORM 145 – AFFIDAVIT OF POSTING

Before completing this form, please review the instructions on the reverse side.
Print or type all information unless otherwise indicated.

(Name of person posting the property)

THOMAS E. MOORE

, being first duly sworn, do hereby depose and say that:

On	(date) JUNE 8, 2015	at	(time) 9:15 AM	I caused	(number of notices) 1
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Zoning Sign(s) furnished by the Office of Zoning to be posted on private property known as: AMAZING LOVE HEALTH SERVICE, LLC

(address of premises)

702 15TH STREET N.E. WASHINGTON DC 20002

In plain view of the public on the following street frontages:

I caused to be taken, (no. of photos) 2 photograph(s), attached hereto, of the Zoning Sign(s) in place which fairly depict each

Zoning Sign as seen by the public. The photographs are numbered and correspond to the following street frontages:

Photograph No.	Street Frontage
1	FRONT OF BUILDING ON 15 TH STREET N.E.
2	SAME BUT CLOSER VIEW

RECEIVED
D.C. OFFICE OF ZONING
2015 JUN -8 PM 3:31

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 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)

Date: 6/8/15 Signature: Thomas E. Moore

Subscribed and sworn to before me this

(date)

day of

(month)

(year)

(Signature)

Notary Public, D.C.

My commission expires on:

May 31 2016 (date)



INSTRUCTIONS

Note: The applicant shall post notice at each street frontage on the property involved and on the front of each building located on the subject property. Each notice shall be in plan view of the public.

Any form that is not completed in accordance with the following instructions shall not be accepted.

1. Attach photograph showing the Zoning Sign as seen from the public street in the space provided on the face of the affidavit. If more than one photograph is required, they should be mounted on a separate sheet of paper the same size as this form. The paper holding the photographs is to be firmly attached to this form.
2. All photographs must be at least three inches by three inches (3" x 3") and numbered to correspond to the street frontages listed on the face of the affidavit.
3. Please refer to §§ 3113.14 through 3113.20 of Title 11 DCMR – Zoning (Rules of Practice and Procedure before the Board of Zoning Adjustment of the District of Columbia) for the requirements regarding posting of the property.
4. Please ensure that this form is notarized and presented to the Office of Zoning at 441 4th Street, N.W., Suite 200-S, Washington, D.C. 20001. **Note:** The **Form 145 - Affidavit of Posting** and photos can be uploaded into the Interactive Zoning Information System (IZIS) as an exhibit.
5. At the conclusion of the hearing, all Zoning Signs should promptly be removed from the property.



If you need a reasonable accommodation for a disability under the Americans with Disabilities Act (ADA) or Fair Housing Act, please complete Form 155 - Request for Reasonable Accommodation.

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

MAZING LOVE HEALTH SE

702

PUBLIC NOTICE
OF
HEARING
APPLICATION NO.
19021
Mazing Love Health Services
has applied for approval of the
proposed changes to the
proposed plan of service, and a public
hearing will be held on the 12th day
of the month of March, 2019, at 10:00 a.m.