CAPITOL HILL GROUP

700 Constitution Avenue, NE • Washington, DC 20002 • (202)675-0400/01 • Fax (202)675-0411

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OFFICE OF ZONING
DISTRICT OF COLUMBIA

January 15, 1999

Ms. Shelia Cross Reid
Chairperson
Board of Zoning Adjustment
441 4th Street, NW, Room 210
Washington, DC 20001

Re: Application of Capitol Hill Group for a Special Exception
Case No. 16407

Dear Ms Reid:

Enclosed find a copy of the Certificate of Occupancy issued for the underground parking garage at MedLINK Hospital and Nursing Center at Capitol Hill. This submission is made pursuant to the Board's request made at our hearing for a special exception in the above referenced case, held on January 6, 1999.

We will shortly be providing you with an affidavit indicating that the garage is open and in use to complete the requests made at the hearing.

We look forward to being able to bring this matter to a conclusion at the next hearing, scheduled for February 3, 1999.

Respectfully submitted,

John K Lunsford

John K. Lunsford
General Counsel
Capitol Hill Group

BZA
CASE No. 16407
EXHIBIT No. 32

Board of Zoning Adjustment
District of Columbia
CASE NO.16407
EXHIBIT NO.32

BLRA-17
(Rev. 12/95)

District of Columbia Government
Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration Zoning Division
P.O. BOX 37200 — Washington, D.C. 20013-7200

B 00182461

CERTIFICATE OF OCCUPANCY

JANUARY 12, 1999
(date)

Permission is hereby granted to CAPITOL HILL GROUP
to use suite(s) _____ on the SURFACE LOT AND B1, B2, B3 floor(s)
of the building located on lot(s) 76 square 895
known as premises 700 CONSTITUTION AVENUE N.E. for the following
purpose(s) PARKING ACCESSORY
NOT SEXUALLY ORIENTED . [ ] SU

BZA #: _____ EXPIRATION DATE: _____

THIS CERTIFICATE SHALL BE POSTED CONSPICUOUSLY ON THE ABOVE PREMISES AT ALL TIMES. IT IS VALID INDEFINITELY, unless an expiration date is stated, ONLY for the premises, or part thereof, and for the purpose(s), indicated above, and IS NOT TRANSFERABLE to another person or premises under ANY conditions. ANY CHANGE in the type of business, ownership of business, or part of premises used therefor, will render this Certificate VOID and a NEW Certificate must be obtained.

ZONE R5D FEE $ 262.34

Hampton Cross, Director
By _____ Designee