BZA Certification Form 1 (Revised 03/30/00)

ZONING SELF-CERTIFICATION FORM

Project Address(es)	1501 South Capitol Street, S.W.		
Square 657	Lot(s) 817	Zone District(s) CM2	

CERTIFICATION

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

☐	Use Variance DCMR 11 3103	☐	Area Variance DCMR 11 3103	X	Special Exception DCMR 11 3104

Which is provided for by DCMR Title 11 Section No(s).: 802.4

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;
(3) the applicant is entitled to apply for the variance or special exception sought for the reasons stated in the application.

The undersigned agent and owner acknowledge that they are assuming the risk that the owner may require additional or different zoning relief from that which is self-certified in order to obtain, for the above-referenced project, any building permit, certificate of occupancy, or other administrative determination based upon the Zoning Regulations and Map. Any approval of the application by the Board of Zoning Adjustment does not constitute a Board finding that the relief sought is the relief required to obtain such permit, certification, or determination.

The undersigned agent and owner further acknowledge that any person aggrieved by the issuance of any permit, certificate, or determination for which the requested zoning relief is a prerequisite may appeal that permit, certificate, or determination on the grounds that additional or different zoning relief is required.

The undersigned agent and owner hereby hold the District of Columbia Office of Zoning and Department of Consumer and Regulatory Affairs harmless from any liability for failure of the undersigned to seek complete and proper zoning relief from the Board of Zoning Adjustment.

The undersigned owner hereby authorizes the undersigned agent to act on the owner's behalf in this matter.

Owner's Signature	*Owner's Name (Please Print)*
Thomas L. Regnell/by proxy	Washington Real Estate Investment Trust
Agent's Signature	*Agent's Name (Please Print)*
Phil T. Feola	Phil T. Feola, Esq.

DC Bar No. 290387 or Architect Registration No.

OFFICE OF ZONING DETERMINATION
(DCMR Title 11 3113.2)

Based upon review of the application and self-certification, this application is:

☐	Accepted for filing.
☐	Referred to the Office of the Zoning Administrator, Department of Consumer and Regulatory Affairs, for determination of proper zoning relief required.
☐	Rejected for failure to comply with the provision of ☐ DCMR Title 11 – 3113.2; or ☐ DCMR Title 11 Zoning Regulations. Explanation _____

Date _____ Signature _____

Jerrily R. Kress, FAIA – Director of the Office of Zoning

Document #: 1032357 v.1

988351 v1

BZA
Case No. 16661
Exhibit No. 4

Board of Zoning Adjustment
District of Columbia
CASE NO.16661
EXHIBIT NO.4