March 6, 2001

To: **Board of Zoning Appeals**
441 4th Street, N.W.
Washington, DC 20001

From: **Sherri Fickel**
321 4th Street, S.E.
Washington, DC 20003

Re: BZA Application Number 16685

To Whom It May Concern:

I would like to submit the enclosed items in support of the above referenced application.

Item number 1 is a tax plat (square 792, lot 813) showing the lot, current building dimensions, with a drawing of the proposed extension. The proposed extension would have minimal impact on adjacent properties and no impact whatsoever on public ways.

Item number 2 is a copy of a photograph of the rear of the current building, which was built in 1917. The extension would maintain the current width of the rear of the building, and would extend into the back yard approximately 14 feet.

Item number 3 is a letter with the signatures of several of our neighbors, indicating that they do not oppose the proposed extension.

Thank you for taking the time to consider this application. I appreciate the opportunity to submit these items for your consideration.

Regards,

Sherri Fickel

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D.C. OFFICE OF ZONING
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BZA
Case No. 16685
Exhibit No. 20

Board of Zoning Adjustment
District of Columbia
CASE NO.16685
EXHIBIT NO.20



We, the undersigned, do not in any way oppose the application of Sherri Fickel (BZA Application No. 16685) for a special exception to allow an extension to 321 4th Street, S.E.

Signature	Printed Name	Address	Telephone No.
Marge B. Warren	Marge B. Warren	319 4th St. SE. WDC	( )
James Warren	JAMES C. WARREN	319 4TH St. SE, WDC-20003	~~(202) 546-8668~~
Connie Caldwell	Connie Caldwell	317 4th St SE WDC 20003	(202) 546-8668
Howard Clare	HOWARD CLARE	327 4th Street, SE WDC 20003	(202) 548-3948
Elise Clare	ELISE CLARE	327 4th St, SE, WDC	(202) 548-3948 Crossed out
Barbara Wells	Barbara Wells	311 4th St SE #3 20003	(202) 546-7327
Jeff Goins	~~JEFF~~ GOINS	311 4TH St SE #6 20003	(202) 544-1970
Sally Ruddy	Sally Ruddy	311 4th St SE #7 20003	(202) 651-6586
Cathy Connor	CATHY CONNOR	312 4th St SE 20003	(202) 547-1169
Michael Timmeny	MICHAEL TIMMENY	312 4th St SE 20003	(202) 547-1169
Earl O. Robinson	EARL O. ROBINSON	315 4th St SE 20003	(202) 5474239
Karen Nelson	Karen Nelson	323½ D Street, SE 20003	(202) 544-3906
Thomas Mahr	THOMAS MAHR	323½ D Street, SE 20003	(202) 544-3906
Stephen Howard	Stephen Howard	323 D St SE 20003	(202) 546-6078
William Sears	WILLIAM SEARS	321 D St. SE 20003	(202) 548-4701
Kathryn B. Anderson	Kathryn B. Anderson	328 4th Street, SE 20003	(202) 546-4583

We, the undersigned, do not in any way oppose the application of Sherri Fickel (BZA Application No. 16685) for a special exception to allow an extension to 321 4th Street, S.E.

Signature	Printed Name	Address	Telephone No.
Maeae Fujita	Maeae Fujita	324 4th St	(—)—
Shinji Fujishiro	SHINJI FUJISHIRO	324 4th st SE	(—)—
			( )
			( )
			( )
			( )
			( )
			( )
			( )
			( )
			( )
			( )
			( )
			( )
			( )

DEPARTMENT OF HEALTH

ENVIRONMENTAL HEALTH ADMINISTRATION
BUREAU OF HAZARDOUS MATERIAL AND TOXIC SUBSTANCES
RISK ASSESSMENT, REMEDIATION, AND CERTIFICATION DIVISION (RARCD)
LEAD HAZARD CONTROL QUESTIONNAIRE

Project Address: 321 4th St S.E. Wash DC 20003

Fickel + Kraditor — 321 4th St S.E. Wash DC 20003
Name of owner — Address of owner

Phone # 202-546-1135 Square #: 792 Lot # 813 Ward # _____

Note: Please answer all questions by checking "**YES**" or "**NO**". If you answer "**YES**" to any question, contact the Risk Assessment, Remediation, and Certification Division at 51 N Street, N.E., 3rd Floor or call (202) 535-2637 for a lead abatement permit application.

SCOPE OF PROJECT	YES	NO	COMMENTS	*(For official use only)* RARCD REMARKS
Does the proposed project generate lead dust/ debris?		✓		
Does the proposed project involve encapsulating lead-based paint?		✓		
Does the proposed project involve dry sanding /scraping of painted surfaces?		✓		
Does the proposed project involve the use of power washing?		✓		
Does the proposed project involve welding on painted surfaces?		✓		
Does the proposed project involve door and window repairs/ replacement?	✓			
Does the proposed project involve baseboard, siding, casing and trim replacement?	✓*	✓		
Has a child, who resides or regularly visits this address, been identified as lead poisoned?		✓		

AFFIDAVIT

I hereby certify that I have the authority to represent the owner of the property and to answer this questionnaire. I declare that the answers to the above questions are accurate, true and complete to the best of my knowledge.

Signature _____ Date 10-17-00

Name (Print) Ron Melia

For Official Government Use Only

PERMIT REQUIRED YES ☐ NO ☐

*Reviewed By*_____ *Date*_____

DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH ADMINISTRATION
CONSTRUCTION PERMIT APPLICATION – SUPPLEMENTAL FORM – ENVIRONMENTAL QUESTIONNAIRE

PROJECT ADDRESS: _____ LOT: 813 SQUARE: 792

PROJECT DESCRIPTION: _____

Note: please answer all 11 questions in this questionnaire, by checking either column "Yes" or "No" for each question. If you answer "Yes" to any of the questions 1 - 10, you should contact the corresponding office(s) indicated in column 'contact person/office' as soon as possible. If you answer "Yes" to question 11, please follow the instructions in the column 'contact person/office'. Until this application is reviewed and approved by the concerned office(s), the permit will not be issued.

SCOPE OF PROJECT	YES	NO	CONTACT PERSON/OFFICE	OFFICE USE (Initial/Date)
1. Does the total cost of the project exceed $1 million (based on 1989 dollars)? **In 2000, this cost is $1,380,000**. This does not apply if the project is an internal renovation only and there will be no change in the use of the building.		✓	(202) 535-2289, EIS Coordinator, EHA	
2. Will the proposed use involve the construction of a facility for the handling, transfer, storage, disposal or treatment of solid waste, medical waste, or recyclable materials?		✓	(202) 535-2289, EIS Coordinator, EHA	
3. Will the work to be performed involve the assessment or clean-up of soils associated with the release of materials from an underground storage tank (UST)?		✓	(202) 535-2525, Underground Storage Tank Division, EHA (202) 535-2250, Air Quality Division, EHA	
4. Will the work to be performed involve the assessment or clean-up of groundwater associated with the release of materials from an underground storage tank (UST)?		✓	(202) 535-2525, Underground Storage Tank Division, EHA (202) 535-2190, Water Quality Division, EHA (202) 535-2250, Air Quality Division, EHA	
5. Will the proposed project involve the installation or drilling of wells other than for the purposes stated in questions 3 and 4?		✓	(202) 535-2190, Water Quality Division, EHA	
6. Will the proposed project involve the generation, treatment, storage, disposal or transportation of chemicals or other substances which may be considered hazardous?		✓	(202) 535-2290, Hazardous Waste Division, EHA	
7. Will the proposed project involve construction which will disturb the sediment in rivers, streams or wetlands?		✓	(202) 535-2190, Water Quality Division, EHA	
8. Will the work to be performed involve the installation, removal, abandonment, or repair of an underground storage tank (UST) system?		✓	(202) 535-2525, Underground Storage Tank Division, EHA	
9. Will the proposed project result in the discharge into the air of gases, dust, or the creation of any objectionable odors?		✓	(202) 535-2250, Air Quality Division, EHA	
10. Will the proposed project involve the removal, handling, transportation, disposal, or encapsulation of asbestos? **Please bring with you a copy of your asbestos survey, ten-day notification form, and asbestos abatement permit fee		✓	(202) 535-2250, Air Quality Division, EHA	
11. Was the building built before 1978? (Lead-based paint may be present.)		✓	If you answer "Yes" to this question, please answer the questions and follow the instructions on the "Lead Hazard Control Questionnaire" to determine if you need a permit to conduct a Lead Abatement Project.	

AFFIDAVIT

I hereby certify that I have the authority of the owner of the property to make this application. I declare that the answers to the above questions in this Questionnaire are complete and correct to the best of my knowledge.

Signature _____ Name (print) 10/17

Address _____ Date _____ Phone _____

OFFICE USE ONLY

COMMENTS AND PERMIT RESTRICTIONS: _____

(USE REVERSE IF NECESSARY)