GOVERNMENT OF THE DISTRICT OF COLUMBIA — DEPT. OF CONSUMER AND REGULATORY AFFAIRS
OFFICE OF ADJUDICATION

NOTICE OF INFRACTION 028104

Issuing Administration
A ☐ HRA E ☐ BLRA I ☐ FIRE
B ☐ IA F ☐ OPLA J ☐
C ☐ SFRA G ☐ OCOM K ☐
D ☐ BRA H ☐ ERA L ☐

06/28/00 Date of Service
6/27/00 Date of Infraction
9:30 ☒ a.m. ☐ p.m. Time of Infraction
5210 Kinglé St. N.W. Place of Infraction (Street Address)
WARD NO:
Business/Company Name Telephone No.
PANDE VINAY
Respondent's Full Name (Last, First, Middle) Telephone No.
5210 Kinglé STREET, N.W.
Respondent's Street Address
WASHINGTON, D.C. 20016-2457
Respondent's City State Zip Code
Formal I.D. ☐ Yes ☐ No Recidivist ☐ Yes ☐ No
Bus. Lic. Type Bus. Lic. No.
Bus. Permit Type Bus. Permit No.
Respondent's Social Security No.

You are charged with violating the District of Columbia laws set out below. You must indicate below each infraction listed, whether you admit the infraction, admit the infraction with an explanation, or deny the infraction. You have the right to request a hearing.

Code		Regulation	Fine Amount
52414	1	DCMR 11 405.1	$ 50.00

Nature of Infraction: Violation of the sub yard Requirement for one family attached dwelling
☐ Admit ☐ Admit with Explanation ☐ Deny

Code		Regulation	Fine Amount
			$

Nature of Infraction
☐ Admit ☐ Admit with Explanation ☐ Deny

Code		Regulation	Fine Amount
			$

Nature of Infraction
☐ Admit ☐ Admit with Explanation ☐ Deny

Code		Regulation	Fine Amount
			$ 50.00

Nature of Infraction
☐ Admit ☐ Admit with Explanation ☐ Deny

Total fine(s) amount applicable to the above infraction(s) $
WARNING: If you do not pay the required fine(s) or request a hearing or an adjudication by mail (see reverse side) within 15 days of the date of service of this notice, you will be subject to the maximum penalties permitted by law, suspension of your license/permit, a lien being placed on your property and/or sealing of your business. The fine amount will double if payment has not been received within 15 days. If this is not your first infraction, you will be subject to an increased fine.

I personally observed or investigated the commission of the infraction(s) noted above.
Inspector's/Investigator's Signature Badge No. 796
I hereby acknowledge receipt of this Notice of Infraction.
RESPONDENT'S SIGNATURE DATE
RESPONDENT'S COPY

RECEIVED
2000 FEB 24 PM 4:30
D.C. OFFICE OF ZONING

GOVERNMENT OF THE DISTRICT OF COLUMBIA — DEPT. OF CONSUMER AND REGULATORY AFFAIRS
OFFICE OF ADJUDICATION

NOTICE OF INFRACTION 034121

Issuing Administration
A ☐ HRA E ☐ BLRA I ☐ FIRE
B ☐ IA F ☐ OPLA J ☐
C ☐ SFRA G ☐ OCOM K ☐
D ☐ BRA H ☐ ERA L ☐

06/28/00 Date of Service
6/27/00 Date of Infraction
☐ a.m. ☐ p.m. Time of Infraction
5210 Kinglé St NW Place of Infraction (Street Address)
WARD NO:
Business/Company Name Telephone No.
Respondent's Full Name (Last, First, Middle) Telephone No.
VINAY PANDE
Respondent's Street Address
5210 Kinglé St DC 20016
Respondent's City State Zip Code
Formal I.D. ☐ Yes ☐ No Recidivist ☐ Yes ☐ No
Bus. Lic. Type Bus. Lic. No.
Bus. Permit Type Bus. Permit No.
Respondent's Social Security No.

You are charged with violating the District of Columbia laws set out below. You must indicate below each infraction listed, whether you admit the infraction, admit the infraction with an explanation, or deny the infraction. You have the right to request a hearing.

Code		Regulation	Fine Amount
58201		5-4126	$ 500-00

Nature of Infraction
☐ Admit ☐ Admit with Explanation ☐ Deny

Code		Regulation	Fine Amount
			$

Nature of Infraction
☐ Admit ☐ Admit with Explanation ☐ Deny

Code		Regulation	Fine Amount
			$

Nature of Infraction
☐ Admit ☐ Admit with Explanation ☐ Deny

Code		Regulation	Fine Amount
			$

Nature of Infraction
☐ Admit ☐ Admit with Explanation ☐ Deny

Total fine(s) amount applicable to the above infraction(s) $ 500-00
WARNING: If you do not pay the required fine(s) or request a hearing or an adjudication by mail (see reverse side) within 15 days of the date of service of this notice, you will be subject to the maximum penalties permitted by law, suspension of your license/permit, a lien being placed on your property and/or sealing of your business. The fine amount will double if payment has not been received within 15 days. If this is not your first infraction, you will be subject to an increased fine.

I personally observed or investigated the commission of the infraction(s) noted above.
Inspector's/Investigator's Signature Badge No. 516
I hereby acknowledge receipt of this Notice of Infraction.
RESPONDENT'S SIGNATURE DATE
RESPONDENT'S COPY

BZA
Case No. 16710
Exhibit No. 7
Board of Zoning Adjustment
District of Columbia
CASE NO.16710
EXHIBIT NO.7

YOU ARE REQUIRED TO RESPOND TO THIS NOTICE OF INFRACTION WITHIN 15 DAYS OF THE DATE OF SERVICE TO AVOID BEING ASSESSED A PENALTY EQUAL TO THE AMOUNT OF THE ORIGINAL FINE. YOU MUST RESPOND IN ONE OF THE FOLLOWING WAYS:

TO PAY FINE AND WAIVE YOUR RIGHT TO A HEARING:

- Check the "Admit" box under the infraction listed on the reverse side;
- Certify that the infraction has been corrected by signing below;
- Make personal check, cashier's check, certified check or money order payable to D.C. Treasurer; (no cash by mail)
- Print notice number on the check or money order;
- Enclose payment with this notice and mail payment to:

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
OFFICE OF THE CONTROLLER
P.O. BOX #37140
WASHINGTON, D.C. 20013-7200
TELEPHONE: (202) 727-7185

- Or make payment in person at 614 H Street, N.W., Room 1105, between the hours of 9:00 a.m. - 3:00 p.m. Monday - Friday.

NOTE: $50 Service Charge For All Returned Checks.

TO ADMIT THE INFRACTION WITH EXPLANATION:

- Check the "Admit with Explanation" box under the infraction listed on the reverse side;
- Certify that the infraction has been corrected by signing below;
- Check the appropriate box below to request a hearing;

☐ **HEARING:** To request a hearing, choose one of the following methods:

(a) Mail this completed notice to the Office of Adjudication at the mailing address above; or

(b) Appear in person or by authorized representative, at the hearing office located at 614 H Street, N.W., Room 619 between the hours of 9:00 a.m. - 3:00 p.m.

☐ **ADJUDICATION BY MAIL:** Mail this completed notice to the Office of Adjudication at the mailing address above, along with all evidence relevant to your explanation. Failure to submit sufficient evidence of mitigating circumstances may result in failure to qualify for a reduced or suspended fine.

TO DENY THE INFRACTION:

- Check the "Deny" box under the infraction listed on the reverse side and;

☐ **HEARING:**

(a) Mail this completed notice to the Office of Adjudication at the mailing address above; or

(b) Appear in person or by authorized representative, at the hearing office located at 614 H Street, N.W., Room 619 between the hours of 9:00 a.m. - 3:00 p.m.

- You will be scheduled for a hearing and notified of the time, date and location of the hearing.

You must complete and sign this certification:

Name (print)_____

Street address_____

City_____ State_____ Zip _____

I hereby certify under penalty of law, that I have received this notice, answered as indicated on the reverse side, and corrected or made substantial efforts to correct the infraction(s) that I have admitted or admitted with an explanation.

Signature_____ Date_____

YOU ARE REQUIRED TO RESPOND TO THIS NOTICE OF INFRACTION WITHIN 15 DAYS OF THE DATE OF SERVICE TO AVOID BEING ASSESSED A PENALTY EQUAL TO THE AMOUNT OF THE ORIGINAL FINE. YOU MUST RESPOND IN ONE OF THE FOLLOWING WAYS:

TO PAY FINE AND WAIVE YOUR RIGHT TO A HEARING:

- Check the "Admit" box under the infraction listed on the reverse side;
- Certify that the infraction has been corrected by signing below;
- Make personal check, cashier's check, certified check or money order payable to D.C. Treasurer; (no cash by mail)
- Print notice number on the check or money order;
- Enclose payment with this notice and mail payment to:

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
OFFICE OF ADJUDICATION
P.O. BOX #37140
WASHINGTON, D.C. 20013-7200
TELEPHONE: (202) 347-8530

- Or make payment in person at 613 G Street, N.W., 7th Floor, between the hours of 9:00 a.m. - 3:00 p.m. Monday - Friday.

NOTE: $50 Service Charge For All Returned Checks.

TO ADMIT THE INFRACTION WITH EXPLANATION:

- Check the "Admit with Explanation" box under the infraction listed on the reverse side;
- Certify that the infraction has been corrected by signing below;
- Check the appropriate box below to request a hearing;

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City_____ State_____ Zip _____

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Signature_____ Date_____