BUILDING & LAND REGULATION ADMINISTRATION
Office of the Surveyor
Request for Subdivision

I hereby furnish the following information and request that a plat of subdivision by prepared as hereinafter described:

LOCATION:

Square 3614 Lot(s) 41 & 42

OWNER OF RECORD (Please Type or Print) – Historic X **Yes** ___ **No** ___ **initials**

(a) **If Corporation**

(Corporation Name)

(Name & Title of President or Vice-President)

(Name & Title of Corporate Secretary)

(b) **If Partnership or Joint Venture (Give Names & Titles)**

(Association Name)

(c) ✓ **If Individual**

Morgan R. Deans, D.D.S.

(d)

If additional space is required, please attach a supplemental sheet.

It should be noted that the above information must be accurate because these names will appear on the plat, and they must be the owners of record as of the date of signing and recording the subdivision. ***ANY INACCURACIES MAY RESULT IN DELAY AND/OR ADDITIONAL EXPENSES.***

I certify that the above information is true, complete and correct to the best of my knowledge and belief.

✓ Wm R. Deans, D.D.S. 6186 LaKota Dr. Cin. O. 45243
Signature of Owner or Authorized Agent Address

513-271-3400
Phone Number

3/26/01

BZA
Case No. 16732
Exhibit No. 9

Board of Zoning Adjustment
District of Columbia
CASE NO.16732
EXHIBIT NO.9