GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF ZONING ADJUSTMENT

★ ★ ★

SEP 1 9 2002

APPLICATION NUMBER 16942
TO WHOM IT MAY CONCERN:

Notice is hereby given that the Board of Zoning Adjustment will hold a public hearing in Suite 220, 441 4th Street, N.W., Washington, D.C., 20001 on Tuesday, November 12, 2002. Your attention is invited to the following application:

> **Application of the Government of the District of Columbia Office of Aging**, pursuant to 11 DCMR § 3104.1, for a special exception to establish a Senior Wellness Center in the Old Hayes School under section 205, in the R-4 District at premises 1035 5th Street, N.E. (Square 830, Lot 816).

At the public hearing, all interested persons will be given an opportunity to express their views. However, you may submit written views about this case. All written views should be sent to the address below, and must be received by the Board before the hearing on the case is concluded. Individuals and organizations wishing party status in any case before the Board must request that status in writing not less than fourteen (14) days prior to the date set for the public hearing on the particular application. The request for party status must contain all the information required by 11 DCMR 3106.2. Section 3106 is enclosed for your information.

This case is in Advisory Neighborhood Commission 6A. This case will be heard between 9:30 a.m. and 12:00 p.m.

If you have any questions about this application, you may call the Office of Zoning on (202) 727-6311, or come to 441 4th Street, N.W., Suite 210, Washington, D.C. 20001.

PLEASE USE THE APPLICATION NUMBER WHEN YOU WRITE OR CALL ABOUT THIS CASE.

Sincerely,

JERRILY R. KRESS, FAIA
Director

(SEE REVERSED SIDE)

BZA
Case No. 16942
Exhibit No. 16

Board of Zoning Adjustment
District of Columbia
CASE NO.16942
EXHIBIT NO.16

Form 140
(Revised 03/15/02)

Case No. 16942

PARTY STATUS APPLICATION

Notice: See other side of party status form for instructions.

NAME: *Last*	*First*	*Middle I.*

ADDRESS: *Street*	*Apt. # (if any)*	*City*	*State*	*Zip Code*

Phone No.	*Fax No.*	*E-Mail*

I hereby request to appear and participate as a party.	*Signature*	*Date*

Will you appear as a(n) ☐ Proponent ☐ Opponent Will you appear through legal counsel ☐ Yes ☐ No

If yes, please enter the name and address of such legal counsel.

NAME: *Last*	*First*	*Middle I.*

ADDRESS: *Street*	*Ste. # (if any)*	*City*	*State*	*Zip Code*

Phone No.	*Fax No.*	*E-Mail*

Please answer all of the following questions referencing why the above person should be granted party status.
(If you require additional space, please attach an additional sheet.)

1). How will the property owned or occupied by such person, or in which the person has an interest be affected by the action requested of the Board?

2). What legal interest does the person have in the property? (i.e. owner, tenant, trustee, or mortgagee)

3). What is the distance between the person's property and the property that is the subject of the appeal or application before the Board? (Preferably no farther than 200ft.)

4). What are the environmental, economic or social impacts that are likely to affect the person and/or the person's property if the action requested of the Board is approved or denied?

5). Describe any other relevant matters that demonstrate how the person will likely be affected or aggrieved if the action requested of the Board is approved or denied.

6). Explain how the person's interest will be more significantly, distinctively, or uniquely affected in character or kind by the proposed zoning action than that of other person's in the general public.