Form 135 - Side 1
(Revised 09/15/02)

Case No. 17035

# ZONING SELF-CERTIFICATION FORM

| Project Address | Square | Lot(s) | Zone Classification | Advisory Neighborhood Commission (ANC) |
|---|---|---|---|---|
| 915 Rhode Island Ave. NW | 364 | 839 | R-4 | ANC 2C |
| Wash. DC. 20010 | | | | |

## SELF-CERTIFICATION

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

| Relief Requested | ☐ §3103.2 - Use Variance | ☑ §3103.2 - Area Variance | ☐ §3104.1 - Special Exception |
|---|---|---|---|
| Zoning Regulation Section(s) | | 401.3 | |

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; and
(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) |
|---|---|
| B. K. Bouka | Howard University Hospital |
| Agent's Signature | Agent's Name (Please Print) |
| | Edward M. Johnson |
| Date: 5/15/03 | D.C. Bar No. / or Architect Registration No.: 2351 |

## OFFICE OF ZONING DETERMINATION

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 provisions of<br>☐ DCMR Title 11 §3113.2; or<br>☐ DCMR Title 11 Zoning Regulations.<br>Explanation _____ |

Signature _____ Date _____

441 4th Street, N.W. Ste. 210-S, Washington, D.C. 20001
(202) 727-6311 • (202) 727-6072 fax • www.dcoz.dc.gov

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BZA
Case No. 17035
Exhibit No. 25

Board of Zoning Adjustment
District of Columbia
CASE NO. 17035
EXHIBIT NO. 25

May. 15. 2003 10:08AM EDWARD JOHNSON No. 9324 P. 1/2
MAY 14 2003 2:39PM EDWARD JOHNSON No. 9319 P. 1/2

# EDWARD M. JOHNSON & ASSOCIATES, P.C.
**3612 TWELFTH STREET, NE**
**WASHINGTON, D.C. 20017**
**(202) 526-3610**
**FAX:(202) 832-8228**


| | | | |
|---|---|---|---|
| **To:** | Ms. Linda Peltzer | **Date:** | May 15, 2003 |
| **Fax #:** | (202) 727-6072 | **Pages:** | 2, including this cover sheet. |
| **From:** | Tia Ashton-Scott | | |
| **Subject:** | Application No. 17035<br>(915 Rhode Island Avenue NW) | | |

COMMENTS:

Attached is the signed Self Certification form for your use. Please call me if you have any questions. Thank you.


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May. 15. 2003 10:08AM EDWARD JOHNSON No. 9323 P. 1/1