GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF ZONING ADJUSTMENT

DEC 16 2004

APPLICATION NUMBER 17280
TO WHOM IT MAY CONCERN:

Notice is hereby given that the Board of Zoning Adjustment will hold a public hearing in Suite 220 South, 441 4th Street, N.W., Washington, D.C., 20001 on Tuesday, February 8, 2005. Your attention is invited to the following application:

> **Application of Newcomb Day Care Center**, pursuant to 11 DCMR § 3104.1, for a special exception to expand an existing child development center to allow 70 children, and 14 staff, under section 205, in the R-5-A District at premises 541 Newcomb Street, S.E. (Square 5985, Lot 818).

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 application is located within the boundaries of Advisory Neighborhood Commission 8C. This application 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 visit the office at 441 4th Street, N.W., Suite 210 South, Washington, D.C. 20001.

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

SINCERELY,

JERRILY R. KRESS, FAIA
Director

(SEE REVERSED SIDE)

BOARD OF ZONING ADJUSTMENT
District of Columbia
CASE NO. 17280
EXHIBIT NO. 20

Board of Zoning Adjustment
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Form 140
(Revised 03/15/02)

Case No. 1728

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 Co

Phone No.	Fax No.	E-Mail

I request to appear as a party status as a(n):

Signature

Will you appear as a(n) ☐ Proponent ☐ Opponent Will you appear through legal counsel ☐ Y

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 statu
(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 Boa

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 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 t 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 appr or denied.

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