



BEFORE THE BOARD OF ZONING ADJUSTMENT
OF THE DISTRICT OF COLUMBIA



FORM 120 - APPLICATION FOR VARIANCE/SPECIAL EXCEPTION

Before completing this form, please review the instructions on the reverse side.
Print or type all information unless otherwise indicated. All information must be completely filled out.

Pursuant to §3103.2 – Area/Use Variance and/or §3104.1 - Special Exception of Title 11 DCMR- Zoning Regulations,
an application is hereby made, the details of which are as follows:

Address(es)	Square	Lot No(s).	Zone District(s)	Type of Relief Being Sought	
				Area Variance Use Variance Special Exception	Section(s) of Title 11 DCMR - Zoning Regulations from which relief is being sought
1800 R St. NW #C-6 Washington, DC 20001	0134	0161		Variance	11DCMR 501

Present use(s) of Property:	Psychiatry Clinic
Proposed use(s) of Property:	Yoga Healing Studio

Owner of Property:	Dr. Barry Fisher	Telephone No:	2022512239
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Address of Owner:	1800 R Street NW, Washington, DC 20001
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Advisory Neighborhood Commission Single-Member District (for instance 2A09 = Ward 2, Subdivision A, and SMD 09)	2	b	0	5
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Written paragraph specifically stating the “who, what, and where of the proposed action(s)”. This will serve as the Public Hearing Notice:

Use Variance- Currently a Psychiatry clinic/office- Requesting to convert to a YOGA HEALING STUDIO which is by appointment only. There are NO STRUCTURAL CHANGES being made.

EXPEDITED REVIEW REQUEST (If interested, please select the appropriate category)

I waive my right to a hearing, agree to the terms in Form 128 - Waiver of Hearing for Expedited Review, and hereby request that this case be placed on the Expedited Review Calendar, pursuant to §3118.2 (CHOOSE ONE):

- ☐ A park, playground, swimming pool, or athletic field pursuant to §209.1, or
☐ An addition to a one-family dwelling or flat or new or enlarged accessory structures pursuant to §223

I/We certify that the above information is true and correct to the best of my/our knowledge, information and belief. Any person(s) using a fictitious name or address and/or knowingly making any false statement on this application/petition is in violation of D.C. Law and subject to a fine of not more than \$1,000 or 180 days imprisonment or both. (D.C. Official Code § 22-2405)

Date:	3/11/2016	Signature*:	Dr. Barry Fisher
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To be notified of hearing and decision (Owner or Authorized Agent*):

Name:	John Aquino	E-Mail:	jaquino@mcwilliamsballard.com
Address:	1391 Florida Ave NE #2	Phone No.:	2022512239
City, State, Zip:	Washington, DC 20002	Fax No.:	

* To be signed by the Owner of the Property for which this application is filed or his/her authorized agent. In the event an authorized agent files this application on behalf of the Owner, a letter signed by the Owner authorizing the agent to act on his/her behalf shall accompany this application.

ANY APPLICATION THAT IS NOT COMPLETED IN ACCORDANCE WITH THE INSTRUCTIONS ON THE BACK OF THIS FORM WILL NOT BE ACCEPTED.

FOR OFFICIAL USE ONLY

Board of Zoning Adjustment
District of Columbia
CASE NO.19262
EXHIBIT NO.1

Exhibit No. 1

Case No. _____