



**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 X 1002.1 – Area/Use Variance and/or Y 901.1 - 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
809 49th St NE	5178	0806	R2	AREA	D 302.1

Present use(s) of Property:	Single Family Home		
Proposed use(s) of Property:	Subdivide existing tax lot into three (3) separate lots of which one proposed lot will not meet the minimum lot width or area requirements.		
Owner of Property:	Reno 809 LLC	Telephone No:	2023274565
Address of Owner:	9247 Oakglen Ct Manassas VA 20110		

Advisory Neighborhood Commission Single-Member District (for instance 2A09 = Ward 2, Subdivision A, and SMD 09)	7	c	0	1
--	---	---	---	---

Written paragraph specifically stating the "who, what, and where of the proposed action(s)". This will serve as the Public Hearing Notice:

Applicant needs an area and width lot variance to build a single family detached home.

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 Y 401 (CHOOSE ONE):

A park, playground, swimming pool, or athletic field pursuant to Y401.2(c), or

An addition to a one-family dwelling or flat or new or enlarged accessory structures pursuant to Y 401.2(b)

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:	12/19/2017	Signature*:	
To be notified of hearing and decision (Owner or Authorized Agent*):			
Name:	EARL HOOKS	E-Mail:	EARLHOOKS@GMAIL.COM
Address:	9247 OAKGLEN CT	Phone No.:	202 327 4565
City, State, Zip:	MANASSAS VA 20110	Fax No.:	888-391 3172

* 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

Exhibit No. 1

Case No. _____

Board of Zoning Adjustment
District of Columbia
CASE NO.19692
EXHIBIT NO.12