		BE			ZONING	ADJUSTMENT BIA					
		FC	DRM 135 – ZO						A SECTION OF SECTION AND A		
Project Address(es)					Square Lot(s)				7 8: // //		
911-913 U Street NW					360 38-39				Zone District(s) ARTS-2		
						30 33		-	AN13-2		
Si1- 04 - 1	TENNY N			1000							
Single-Member Advisory	Neighbo	rhood Con	nmission District(s):	1B02							
			STATE OF THE PARTY	ERTIFIC							
The undersigned agent	hereby	certifies th	at the following zo	ning relie	ef is reques	ted from the Board o	f Zonir	ng Adju	stment in this matter		
				pursuar	nt to:						
Relief Sought		X § 1000	0.1 - Use Variance		X § 1002	.1 - Area Variance	\square	X§9	901.1-Special Exception		
Pursuant to Subsections									1500.3(c)		
Pursuant to 11 DCMR Y § 3	00.6, th	e undersig	ned agent certifies t	hat:					,		
the agent is duly lic	ensed to	practice la	aw or architecture in	the Dist	trict of Colu	mbia:					
(2) the agent is current	ly in goo	od standing	and otherwise enti	tled to n	ractice law	or architecture in the	Distric	t of Col	lumbia: and		
(3) the applicant is ent	itled to a	pply for th	e variance or specia	l excepti	on sought f	or the reasons stated	in the	applica	ution		
above-referenced produced determination based of Zoning Adjustment to obtain such perm. The undersigned age permit, certificate, opermit, certificate, op	i upon it (BZA it, cert ent and r dete	the Zor) does r ification d owner rminatic rminatic	oing Regulation not constitute a n, or determina further acknow on for which the on on the grour	is and last Board tion. wledge e requi	Map. And I finding that any ested zoo at addition	y approval of the that the relief so y person aggriev ning relief is a pr nal or different	e app ought ed by rereq zonin	lication is the the indicates uisited	on by the Board e relief required issuance of any may appeal that ef is required.		
The undersigned age Consumer and Regul complete and proper The undersigned own	zonin	g relief	armless from a from the BZA.	iny liab	oility for	failure of the un	dersi	gned	to seek		
matter.											
I/We certify that the above fictitious name or address	informa s and/or		more than \$1,000 o	r 180 da	nt on this t	orm is in violation of iment or both.	and b D.C. L	elief. A .aw and	ny person(s) using a d subject to a fine of		
hilds	wner's Sig	gnature		MI	M Jahanb	Owner's Nam	ne (Pleas	e Print)			
Agent's Signature					Agent's Name (Please Print)						
/S/ Martin P. Sullivan					artin P. Su	llivan		.,,			
4/23/18	DC	N-	460458			Architect					

Date

D.C. Bar No.

Registration No.

or

INSTRUCTIONS

Any request for self-certification that is not completed in accordance with the following instructions shall not be accepted.

- 1. All self-certification applications shall be made on this form. All certification forms must be <u>completely</u> filled out (front and back) and be typewritten or printed legibly. All information shall be furnished by the applicant. If additional space is necessary, use separate sheets of 8½" x 11" paper to complete the form.
- 2. Complete one self-certification form for each application filed. Present this form with the Form 120 Application for Variance/Special Exception to the Office of Zoning, 441 4th Street, N.W., Suite 200-S, Washington, D.C. 20001. (All applications must be submitted before 3:00 p.m.)

ITEM	EXISTING CONDITIONS	MINIMUM REQUIRED	MAXIMUM ALLOWED	PROVIDED BY PROPOSED CONSTRUCTION	VARIANCE Deviation/Percent
Lot Area (sq. ft.)	1,600 sf.	NA	NA	1,600 sf.	NA
Lot Width (ft. to the tenth)	16 ft.	NA	NA	16 ft.	NA
Lot Occupancy (building area/lot area)	NC	NA	100%	NC	NA
Floor Area Ratio (FAR) (floor area/lot area)	NC	NA	1.5 NR (3.5 total)	NC	NA
Parking Spaces (number)	NC	NC	NA	NC	NA
Loading Berths (number and size in ft.)	NA	NA	NA	NA	NA
Front Yard (ft. to the tenth)	NC	NA	NA	NC	NA
Rear Yard (ft. to the tenth)	NC	15 ft.	NA	NC	NA
Side Yard (ft. to the tenth)	NC	NC	NA	NC	NA
Court, Open (width by depth in ft.)	NA	NA	NA	NA	NA
Court, Closed (width by depth in ft.)	NA	NA	NA	NA	NA
Height (ft. to the tenth)	NC	NA	65 ft.	NC	NA



If you need a reasonable accommodation for a disability under the Americans with Disabilities Act (ADA) or Fair Housing Act, please complete Form 155 - Request for Reasonable Accommodation.