

BEFORE THE BOARD OF ZONING ADJUSTMENT AND ZONING COMMISSION OF THE DISTRICT OF COLUMBIA

FORM 145 – AFFIDAVIT OF POSTING

Before completing this form, please review the instructions on the reverse side. Print or type all information unless otherwise indicated.

(Name of person posting the property) BAUNO ASU, being first duly sworn, do hereby depose and say that:

On 2/21/19 (date) at 5:15 pm (time) I caused (number of notices) 1

Zoning Sign(s) furnished by the Office of Zoning to be posted on private property known as:

5835 COLORADO AVE NW (address of premises)

In plain view of the public on the following street frontages:

I caused to be taken, (no. of photos) 2 photograph(s), attached hereto, of the Zoning Sign(s) in place which fairly depict each

Zoning Sign as seen by the public. The photographs are numbered and correspond to the following street frontages:

Table with 2 columns: Photograph No. and Street Frontage. Row 1: 1, COLORADO AVE NW. Row 2: 2, COLORADO AVE NW.

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 form 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: 2/27/19 Signature: [Signature] managing member

Subscribed and sworn to before me this (date) 27 day of (month) February, (year) 2019

(Signature) [Signature]

Notary Public, D.C.

My commission expires on: 09/19/2022 (date)

Norma Isabel Diaz Vasquez Notary Public Montgomery County Maryland Board of Zoning Adjustment District of Columbia My Commission Expires 09/19/2022

**BOARD OF ZONING ADJUSTMENT OF
THE DISTRICT OF COLUMBIA**

Application No. 19910

Date: 02/29/19

AFFIDAVIT OF MAINTENANCE

I, the undersigned, certify that the posting on the Subject Property has been maintained as required by 11-Y DCMR § 402.10. I have checked the signs at least once every five (5) days and reposted as necessary. I

NAME: _____

BRUNO CASU /

SIGNATURE: _____



PLEASE FILE THE COMPLETED FORM TO THE RECORD BETWEEN TWO (2) AND SIX (6) DAYS
PRIOR TO PUBLIC HEARING.