

## BEFORE THE BOARD OF ZONING ADJUSTMENT DISTRICT OF COLUMBIA **FORM 135 – ZONING SELF-CERTIFICATION** Project Address(es) Square Lot(s) Zone District(s) Single-Member Advisory Neighborhood Commission District(s): **CERTIFICATION** The undersigned agent hereby certifies that the following zoning relief is requested from the Board of Zoning Adjustment in this matter pursuant to: **Relief Sought** X § 1000.1 - Use Variance X § 1000.1 - Area Variance X § 901.2-Special Exception **Pursuant to Subsections** Pursuant to 11 DCMR Y § 300.6(b), the undersigned agent certifies that: (1) the agent is duly licensed to practice law or architecture in the District of Columbia; (2) the agent is currently in good standing and otherwise entitled to practice law or architecture in the District of Columbia; and (3) the applicant is entitled to apply for the variance or special exception sought for the reasons stated in the application.

The undersigned agent and owner acknowledge that they are assuming the risk that the owner may require additional or different zoning relief from that which is self-certified in order to obtain, for the above-referenced project, any building permit, certificate of occupancy, or other administrative determination based upon the Zoning Regulations and Map. Any approval of the application by the Board of Zoning Adjustment (BZA) does not constitute a Board finding that the relief sought is the relief required to obtain such permit, certification, or determination.

The undersigned agent and owner further acknowledge that any person aggrieved by the issuance of any permit, certificate, or determination for which the requested zoning relief is a prerequisite may appeal that permit, certificate, or determination on the grounds that additional or different zoning relief is required.

The undersigned agent and owner hereby hold the District of Columbia Office of Zoning and Department of Consumer and Regulatory Affairs harmless from any liability for failure of the undersigned to seek complete and proper zoning relief from the BZA.

The undersigned owner hereby authorizes the undersigned agent to act on the owner's behalf in this matter.

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)								
Owner's Signature				Owner's Name (Please Print)					
Agent's Signature Peter Henry			Agent's Name (Please Print)						
Date		D.C. Bar No.		or	Architect Registration No.	Board of Zoning Adjustment District of Columbia			

## **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.

ITEM	EXISTING CONDITIONS	MINIMUM REQUIRED	MAXIMUM ALLOWED	PROVIDED BY PROPOSED CONSTRUCTION	DEVIATION  Deviation/Percent
Lot Area (sq. ft.)					
Lot Width (ft. to the tenth)					
Lot Occupancy (building area/lot area)		N/A			
Floor Area Ratio (FAR) (floor area/lot area)		N/A			
Parking Spaces (number)					
Loading Berths (number and size in ft.)					
Front Yard (ft. to the tenth)					
Rear Yard (ft. to the tenth)		N/A			
Side Yard (ft. to the tenth)		N/A			
Court, Open (width by depth in ft.)		N/A			
Court, Closed (width by depth in ft.)		N/A			
Height (ft. to the tenth)		N/A			
Solar Shading of Abutting Properties		N/A	5%		



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.