

CERTIFICATE OF SERVICE
BZA Application No. **BZATmp4475**

Pursuant to the requirements of Subtitle Y § 407.3, I certify that a copy of the application and all accompanying documents have been served upon:

- (a) **The Main ANC Office**
- (b) **The ANC Single Member District Office**
- (c) **The Office of Planning**

Service was made on October 9, 2024 by email to the following:

Advisory Neighborhood Commission 6C:
Mark Eckenwiler, Chairperson
6C04@anc.dc.gov

Patricia Eguino SMD
6C06@anc.dc.gov

DC Office of Planning
Joel Lawson
Joel.lawson@dc.gov

Signature: _____

