

CERTIFICATE OF SERVICE
BZA Application No. **BZATmp6813**

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 31, 2025 by email to the following:

Advisory Neighborhood Commission 2G:
2G@anc.dc.gov

Nicole Shea, SMD 2G03
2G03@anc.dc.gov

DC Office of Planning
planning@dc.gov

Signature: _____

