

CERTIFICATE OF SERVICE
BZA Application No. **BZATmp7342**

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**

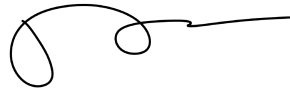
Service was made on May 29, 2026 by email to the following:

Advisory Neighborhood Commission 6B:
6C@anc.dc.gov

Karen Wirt, SMD 6C02
6C02@anc.dc.gov

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

Signature: _____

A handwritten signature in black ink, consisting of a large loop followed by a horizontal line.