

Form 105  
(Revised 10/01/2016)

**BEFORE THE ZONING COMMISSION  
OF THE DISTRICT OF COLUMBIA**

**Form 105 – Application for Minor Modification, Modification of Consequence, or Technical Correction**

In accordance with the provisions of Subtitle Z, Chapter 7 - Zoning Regulations, request is hereby made for Minor Modification, Modification of Consequence, or Technical Correction as follows:

Minor Modification  Modification of Consequence  Technical Correction to Plans  Technical Correction to Orders



**PROPERTY INFORMATION SECTION**

*Square Number:	<input type="text" value="Get Lots"/>	*Lot Number:	<input type="text" value="Can't find lots"/>	Square Feet:	<input type="text"/>	Existing Zoning:	<input type="text"/>	Requested Zoning:	<input type="text"/>	<input type="button" value="Add"/>
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Square Number	Lot Number	Square Feet	Existing Zoning	Requested Zoning	Action
5868S	0805	1,626,729	MU-1	MU-1	<input type="button" value="Update"/> <input type="button" value="Remove"/>

Case No.:

\* Address or Boundary Description of the Premise:

Saint Elizabeths Hospital Campus

**\* Points and Authorities:**

Below and/or on a separate sheet of 8 1/2" x 11" paper, state each and every reason why the Zoning Commission (ZC) should grant your motion, including relevant references to the Zoning Regulations or Map.

See Statement in Support

Advisory Neighborhood Commission(s) - Please use new line to enter mutiple ANC's

If Applicable, Historic District(s), in Which Site is Located:

Saint Elizabeths Hospital Historic District

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 application or petition 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)

**CERTIFICATE OF SERVICE**

I hereby certify that on this  day of , 2018

I served a copy of the foregoing Application to each ANC and/or Party, and the Office of Planning **ZONING COMMISSION**

District of Columbia  
CASE NO.04-08D/02-45  
EXHIBIT NO.3

in the above-referenced ZC or BZA case via:  U.S. Mail  E-mail  Hand delivery Other:



SIGNATURE SECTION :

*John T. Epting*

The Above Information and any Attached Documents Are True to the Best of My Knowledge:

Name:	Goulston + Spotts, PC, John T. Epting		
Firm/Organization:			
*Date:	05/03/2018		
<b>To be notified of hearing and decision: (Applicant or Authorized Agent)</b>			
In the event an authorized agent files an application on behalf of the Applicant, a letter signed by the Applicant authorizing the agent to act on his/her behalf shall accompany the application.			
*Name:	John T. Epting		
*Address:	1999 K Street NW, Suite 500		
*City:	Washington	*State:	District of Columbia ▼
*Zip:	20006	*Phone Number:	(202) 721 - 1108
*E-Mail:	jepting@goulstonstorr.com		