



**BEFORE THE BOARD OF ZONING ADJUSTMENT  
OF THE DISTRICT OF COLUMBIA**



**FORM 120 - APPLICATION FOR VARIANCE/SPECIAL EXCEPTION**

Before completing this form, please review the instructions on the reverse side.  
Print or type all information unless otherwise indicated. All information must be completely filled out.

Pursuant to X 1002.1 – Area/Use Variance and/or Y 901.1 - Special Exception of Title 11 DCMR- Zoning Regulations, an application is hereby made, the details of which are as follows:

Address(es)	Square	Lot No(s).	Zone District(s)	Type of Relief Being Sought	
				Area Variance Use Variance Special Exception	Section(s) of Title 11 DCMR - Zoning Regulations from which relief is being sought
404 NEWCOMB ST SE	5996	0048	R-3		

**Present use(s) of Property:** CRF

**Proposed use(s) of Property:** 4 UNIT APARTMENT BUILDING

**Owner of Property:** 404 NEWCOMB LLC      **Telephone No.:** 3012157277

**Address of Owner:** 12138 CENTRAL AVE # 571 MITCHELLVILLE MD 20721-1910

**Advisory Neighborhood Commission Single-Member District (for instance 2A09 = Ward 2, Subdivision A, and SMD 09)**      8    C    0    2

**Written paragraph specifically stating the “who, what, and where of the proposed action(s)”. This will serve as the Public Hearing Notice:**

The Owner of 404 Newcomb Street, SE is requesting a variance to allow the permitting

and construction of their project as outlined in these BZA submission documents.

~~The building is currently used) as a group house w/ a CRF Occupancy Permit. From~~

~~the type of building and our assessment of the neighboring properties, it is our~~

~~professional opinion that the building was originally constructed and used as a 4-Unit~~

~~apartment building prior to its conversion to a CRF occupancy.~~

**EXPEDITED REVIEW REQUEST (If interested, please select the appropriate category)**

~~The Owner would like convert the use back to a 4-unit building and expand the footprint~~

~~I waive my right to a hearing, agree to the terms in Form 128 - Waiver of Hearing for Expedited Review, and hereby request that this case be~~

**placed on the Expedited Review Calendar, pursuant to Y 401 (CHOOSE ONE):**

- A park, playground, swimming pool, or athletic field pursuant to Y401.2(c), or
- An addition to a one-family dwelling or flat or new or enlarged accessory structures pursuant to Y 401.2(b)

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/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)

**Date:** 1/15/2018      **Signature\*:** MATT MCDONALD AND CLIFFORD DIXON

**To be notified of hearing and decision (Owner or Authorized Agent\*):**

**Name:** CLIFFORD DIXON AND MATT MCDONALD      **E-Mail:** DIXONCLIFFORD@GMAIL.COM MATT@MCDSTUDIO.COM

**Address:** 4948 ST ELMO AVE STE 304      **Phone No.:** 2027051453

**City, State, Zip:** BETHESDA MD 20814      **Fax No.:**

*\* To be signed by the Owner of the Property for which this application is filed or his/her authorized agent. In the event an authorized agent files this application on behalf of the Owner, a letter signed by the Owner authorizing the agent to act on his/her behalf shall accompany this application.*

**ANY APPLICATION THAT IS NOT COMPLETED IN ACCORDANCE WITH THE INSTRUCTIONS ON THE BACK OF THIS FORM WILL NOT BE ACCEPTED.**

**FOR OFFICIAL USE ONLY**      Board of Zoning Adjustment  
District of Columbia

**Exhibit No. 1**      **Case No.** \_\_\_\_\_  
CASE NO.19710  
EXHIBIT NO.1