



**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
219 E St. NE	0755	32	RF-3		

Present use(s) of Property:	Office for nonprofit organization		
Proposed use(s) of Property:	Office for nonprofit organization		
Owner of Property:	Sons of Italy Foundation	Telephone No:	2027470770
Address of Owner:	219 E St. NE		

Advisory Neighborhood Commission Single-Member District (for instance 2A09 = Ward 2, Subdivision A, and SMD 09)	6	C	0	2
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Written paragraph specifically stating the “who, what, and where of the proposed action(s)”. This will serve as the Public Hearing Notice:

Application of Sons of Italy Foundation, pursuant to 11 DCMR Subtitle X, Chapters 9 and 10, for a variance from the 10,000 square foot requirement for nonprofit organizations under U § 203.1(n)(2), and a special exception under the use provisions of Subtitle U § 203.1(n), to continue the Foundation's use of the Property as office its nonprofit organization in the RF-3 at premises 219 E Street NE (Square 755, Lot 32).

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

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:	2/9/2018	Signature*:	Samantha Mazo
To be notified of hearing and decision (Owner or Authorized Agent*):			
Name:	Samantha Mazo	E-Mail:	smazo@cozen.com
Address:	1200 19th St. NW, Suite 300	Phone No.:	2027470770
City, State, Zip:	Washington, DC	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.