

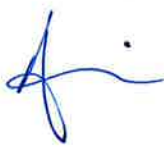
GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF TRANSPORTATION



d. Planning and Sustainability Division

MEMORANDUM

TO: District of Columbia Board of Zoning Adjustment

FROM: Anna Chamberlin
Project Review Manager 

DATE: April 6, 2018

SUBJECT: **BZA Case No. 19737 – 500 13th Street SE**

APPLICATION

Fulcrum Properties Group, LLC (the “Applicant”), pursuant to Title 11 (2016 Zoning Regulations) of the District of Columbia Municipal Regulations (DCMR), Subtitle X, Chapter 10, requests a use variance from the provisions of Subtitle U § 301.1 to use an existing, vacant two-story building as an office building serving approximately 13 employees. The site does not currently provide off-street vehicle parking due to the site’s close proximity to transit options, including the Potomac Avenue Metrorail Station. The site is located in the RF-1 Zone at 500 13th Street SE (Square 1043, Lot 817).

RECOMMENDATION

The District Department of Transportation (DDOT) has reviewed the Applicant’s request and determined that based on the information provided, this proposed action will have no adverse impacts on the travel conditions of the District’s transportation network. DDOT has no objection to the approval of the requested variance.

Public Space

DDOT’s lack of objection to the requested variance should not be viewed as an approval of public space elements. Any elements of the project proposed in public space require the Applicant to pursue a public space permit through DDOT’s permitting process.

DDOT notes that the public parking area on both E Street and 13th Street SE is currently paved. The Applicant should restore this area to green space.

The Applicant may refer to Titles 11, 12A, and 24 of the DCMR and DDOT’s recently released 2017 Design and Engineering Manual (DEM) for specific controls of public space. A summary can also be found in DDOT’s Public Realm Design Manual.

Board of Zoning Adjustment
District of Columbia
CASE NO. 19737

AC:pr

AGENCY USE ONLY - DO NOT WRITE IN THESE SPACES
PARTICIPANT INFORMATION

DATE:

TIME:

NAME (Last, First, Middle Initial):

ADDRESS (Street):

CITY (City, State, Zip):



PHONE (Area Code, Number):

TELETYPE (Area Code, Number):

DATE OF BIRTH (Month/Day/Year):

IDENTIFICATION NUMBER (Agency, Number):

OFFICE:

POSITION (Title):

ORGANIZATION (Name):

ADDRESS (Street):

CITY (City, State, Zip):

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