



**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
2619-2623 Wisconsin Avenue NW	1935	0044,0812	R-1-B		

Present use(s) of Property:	Residential		
Proposed use(s) of Property:	Residential		
Owner of Property:	Marital Trust U/Sheaffer Family Trust	Telephone No:	2027470767

Address of Owner: 6091 Franklin Gibson Rd Tracy's Landing, MD 20779

Advisory Neighborhood Commission Single-Member District (for instance 2A09 = Ward 2, Subdivision A, and SMD 09)	3	C	0	8
--	---	---	---	---

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

MED Developers LLC, contract purchasers for the property at 2619-2623 Wisconsin Avenue NW, pursuant to Subtitle X Section 901.2, requests special exception relief from Subtitle U Section 203.1(f) for Continuing Care Retirement Community Use and from Subtitle C Section 703.2 for minimum vehicle parking in the R-1-B Zone.

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:	3/26/2018	Signature*:	Bruce Finland
--------------	-----------	--------------------	---------------

To be notified of hearing and decision (Owner or Authorized Agent*):			
Name:	Meridith Moldenhauer	E-Mail:	mmoldenhauer@cozen.com
Address:	1200 19th Street NW	Phone No.:	2027470767
City, State, Zip:	Washington, DC 20036	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.