

**Re: 639 Atlantic Street SE. BZA No. 20121**

Dear Neighbor:

My name is Angelina Dickerson, managing member of Bridges 2 Psychological Services, LLC, record owner of the property of reference 639 Atlantic Street SE.

The property of reference is the subject of an application before the Board of Zoning Adjustment (BZA), specifically for relief to allow the use and occupancy of the premises for purposes of a counseling/medical office use.

The purpose of this letter is to inform you about the proposed use change and ask your support of my application before the BZA.

As you may be aware, the last known use of the premises was as a Community Residence Facility (ICF/MR) for six (6) residents and two rotating staff.

No alteration to the exterior of the existing building is contemplated and it is my view that the newly proposed use is a less intensive use than the previous use

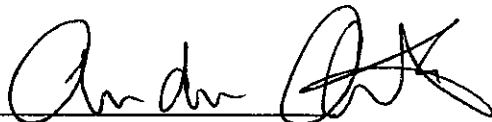
I am available to meet and to provide any further clarification upon request.

To memorialize your support of the application or indicate a position of no objection, please append your name, address and signature in the space provided below

Respectfully

[Name and signature of managing member]

Name: Andrew Genth Address: 635 Atlantic Street, SE

Signature: 



We support the project

\_\_\_\_\_

We have no objection

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Respectfully

[Name and signature of managing member]

Name: Yolande Williams Address: 700 Atlantic Street SE  
Washington DC 20020

Signature: Yolande Williams

\_\_\_\_\_  
We support the project

\_\_\_\_\_  
We have no objection

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[Name and signature of managing member]

Name: Clifton Coleman Address: 649 Yuma St S.E

Signature: Clifton Coleman

yes

We support the project

\_\_\_\_\_

We have no objection



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[Name and signature of managing member]

Name: Verna T. Robinson Address: 1731 Atlantic @ S.T.S.E

Signature: Verna T. Robinson

A

We support the project

\_\_\_\_\_

We have no objection

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[Name and signature of managing member]

Name: Angelina Hamilton address: 617 Atlantic St SE

Signature: Angelina Hamilton

✓

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We have no objection

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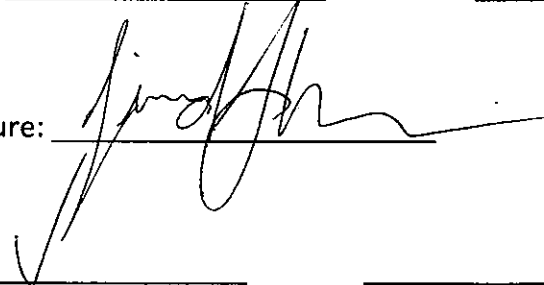
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[Name and signature of managing member]

Name: Linwood Sherman Address: 619 Atlantic st se

Signature: 

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[Name and signature of managing member]

Name: Karen Appaylo Address: 668 9th St SE

Signature: [Handwritten Signature]

✓

\_\_\_\_\_

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[Name and signature of managing member]

Name: Dana Postell Address: 4004 8<sup>th</sup> St. S.E.

Signature: 

Yes  
We support the project

\_\_\_\_\_  
We have no objection

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[Name and signature of managing member]

Name: Lynda S. Johnson Address: 742 Atlantic St SE

Signature: Lynda S. Johnson

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[Name and signature of managing member]

*Derrill Hawkins*

Name: *Derrill Hawkins* Address: *617 ATLANTIC ST SE*

Signature: *Derrill B. Hawkins*

*Yes*

We support the project

*Yes*

We have no objection

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[Name and signature of managing member]

*Bridges 2 Psychological Svcs.*

Name: Angelina Dickerson Address: 4806 S. BARNHARTS RD STP 218  
Temple Hills, MD 20748

Signature: 



We support the project



We have no objection