



**BEFORE THE ZONING COMMISSION
FOR THE DISTRICT OF COLUMBIA**



Form 108 - Application for Campus Plans and Medical Plans

Pursuant to Subtitle X, Chapter 1

<input type="checkbox"/> New Campus Plan	Amendment of: <input type="checkbox"/> Approved Campus Plan <input type="checkbox"/> Campus Plan Order	<input checked="" type="checkbox"/> Further Processing of Campus Plan	<input type="checkbox"/> Medical Plan
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The details of which are as follows:

Present use(s) of Property:	MedStar Georgetown University Hospital		
Proposed use(s) of Property:	MedStar Georgetown University Hospital Surgical Pavilion		
Organization Name:	MedStar Health, Inc., through its wholly owned not-for-profit subsidiary MedStar Georgetown Medical Center, Inc. d/b/a MedStar Georgetown University Hospital		
Owner of Property	Georgetown University		
Address of Owner:	3700 O Street, N.W.		
Phone No.(s):	202-687-0100	E-Mail:	
Single-Member Advisory Neighborhood Commission District(s):	2E01, 2E02		

Address(es)	Square	Lot No(s).	Zone District(s)
3800 Reservoir Road, NW	1321	824, 825, 826,	R-3
		833	

Brief description of proposal:	Pursuant to Subtitle X § 900 and in accordance with Subtitle X § 101 of the Zoning Regulations MedStar Georgetown University Hospital on behalf of Georgetown University requests special exception approval for further processing of the 2017-2036 Georgetown University Campus Plan to permit the construction of a new medical/surgical pavilion at MedStar Georgetown University Hospital. The Applicant also requests special exception relief from the penthouse requirements of Subtitle C, Chapter 15 and the retaining wall requirements of Subtitle C, Chapter 14.		
Advisory Neighborhood(s):	2E	Date Presented at ANC(s):	8/29/2016
Date NOI Sent:	7/26/2016	* How NOI Sent:	<input checked="" type="checkbox"/> U.S. Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Other

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:	April 18, 2017	Signature*:	
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To be notified of hearing and decision (Owner or Authorized Agent*):

Name:	Norman M. Glasgow, Jr.		
Address:	800 17th Street, N.W. Suite 1100	Zip:	20006
Phone No.(s):	202-419-2460	E-Mail:	norman.glasgowjr@hklaw.com

* 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.

ZONING COMMISSION
District of Columbia
CASE NO.16-18A
EXHIBIT NO.1