## ZONING COMMISSION OF THE DISTRICT OF COLUMBIA

## APPLICATION TO AMEND THE ZONING MAP

Before filling out this form, please see the instructions on the reverse side. Print or type all information unless otherwise indicated.

In accordance with the provisions of Section 102 of the Zoning Regulations, request is hereby made for an amendment to the Zoning Map as follows:

Square No. 1663 1663	Lot Nos. 805 Portion of 7 (appx 15,000	$\frac{\text{Existing}}{\text{R-5-}}$ $\frac{\text{R-2}}{\text{sf of wes}}$	В	R	ed Zor 5-D 5-D	ning
Address or descript N.W., and Military Friendship Heights	Road, N.W., at	5401 West	ern Avenue,			
Area of the Site: _ Baist Atlas No 3		·	_ square fee	t <del>or acr</del>	<del>:es</del>	
The above informati knowledge.			s are true t	o the be	est of	my
Owner's Signature	iner, President	Ļ	3 14 02 Date		2mz MAR	<u> </u>
Abraham and Louise Owner of Portion Owner's Printed Nam	of Lot 7				2002 NAR 22 PM 4: 10	DEIVE ZONING
Person to be notifi	ed of all action	ons:			10	NG
Whayne S. Quin Name Holland & Knight Suite 100 2099 P Address		e, NW Was	(202)663- Telephone N hington DC Zip Code			
DO NOT WRITE BELOW	THIS LINE					
Date Received:						
Date Accepted: 3	132,102		Z.C. Case N	lo.		

#### INSTRUCTIONS

Any request for an amendment to the Zoning Map that is not completed in accordance with the following instructions cannot be accepted. Applications shall be filed in the Office of Zoning, Suite 210, 441 Fourth Street, N.W., Washington, D.C. 20001. Applications will be received between the hours of 8:30 a.m. and 3:30 p.m., Monday through Friday. Applications will not be accepted until they have been reviewed by the Secretary to the Zoning Commission, to insure that they are complete. Applicants will be notified by mail when their applications are accepted.

A completed application shall consist of the following:

- 1. The original of Zoning Commission Form No. 1, properly completed and signed by the owners of all property involved in the application. (Where more than one ownership is involved, use a separate copy of Form #1 for each ownership). In addition to the original form, submit twenty (20) copies.
- 2. Twenty (20) copies of a statement clearly setting forth the reasons for the requested map amendment. Additional information, exhibits, or photographs may be attached, if desired, provided they are no larger than this form.
- 3. Copies of a key map (photocopy of the Zoning Map on 8 1/2" x 11" paper), showing the subject property outlined in red and the zoning of the surrounding area. Appropriate maps are available in the Office of Zoning.
- 4. A certified plat of survey of the subject property prepared by the D.C. Office of the Surveyor.
- 5. Twenty copies of a plat plan drawn at a scale of 80 feet to the inch. It shall be drawn to show all current lot lines for the square within which the subject property lies and drawn to show all boundary lines of each square for a one-square radius around the subject square. All street names and square and lot numbers shall be indicated. The source of reference shall be indicated and a bar scale must be drawn.
- 6. Non-refundable filing fee of \$250.00 (make check or money order payable to the D.C. Treasurer; no cash).

All applications that are accepted for filing will be processed in accordance with Chapter 30 of the District of Columbia Municipal Regulations (DCMR), Title 11, Zoning (Rules of Practice and Procedure before the Zoning Commission for the District of Columbia).

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Square No.  1663  1663	Lot Nos.  805  Portion of 7  (appx 15,000	$\frac{\text{Existing Zoning}}{\text{R-5-B}}$ $\frac{\text{R-2}}{\text{sf of western portion}}$	Requested Zoning R-5-D R-5-D
Address or descript N.W., and Military Friendship Heights	Road, N.W., at	ises: <u>Intersection of</u> 5401 Western Avenue, etrobus stations.	of Western Avenue, N.W., adjacent to
Area of the Site:			et <del>or acres</del>
The above informati knowledge.	on and attached	documents are true t	to the best of my
Lawrum W. Owner's Signature	Willet	<u>3/1;</u> Date	7/02
5401 Western Avenue Owner of Lot 805 Owner's Printed Nam		P 	
Person to be notifi	ed of all actio	ns:	
Whayne S. Quin Name Holland & Knight Suite 100 2099 P Address DO NOT WRITE BELOW	ennsylvania Ave	(202)663- Telephone N , NW Washington DC Zip Code	Number
Date Received:			
Date Accepted:		Z.C. Case N	No

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