* * * BEFORE THE ZONING COMMISSION FOR THE DISTRICT OF COLUMBIA									* * *
FORM 107 - APPLICATION FOR DESIGN REVIEW									
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.									
New Application : 🛛 Required 📮 Voluntary 📮 Modification to a Previously Approved Design Review									
Pursuant to:									
Subtitle K, Chapter 5 - Capitol Gateway (CG) Overlay District						Subtitle K, Chapter 4 - Southeast Federal Center (SEFC) Overlay			
Subtitle K, Chapter 2 - Hill East (HE) District Subtitle K, Chapter 3 - Union Station North (USN) District									
an application is hereby made, the details of which are as follows:									
					Zone		Additional Type of Relief Being Sought		
Address(es)				Square	Square Lot No(s).			Area Variance Use Variance Special Exception	Section(s) of Title 11 DCMR - Zoning Regulations from which relief is being sought
1530 First St. SW				656	53	CG-4	Ar	ea variance	C-901.1
							Spe	ecial exceptions	K-504.6, K-504.10
Present use(s) of Property: Vacant									
Proposed use(s) of Property: Residential building containing 101 affordable units and ground floor retail									
Owner of Property: TM Jacobs LLC									
Address of Owner: 1530 First St. SW									
Phone No.(s): 202-747-07						E-Mail:		mmoldenhauer@cozen.com	
		6D0			Date Presented at ANC(s):				
Date NOI Sent:			e 19, 201				U.S. Mail X E-mail Other		
Brief description of proposal: Residential building containing 101 affordable units and ground floor retail									
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: August 10, 2018				Signature	Signature*: MAM				
To be notified of hearing and decision (Owner or Authorized Agent*): Name: Meridith Moldenhauer									
Address:	1200 19th St. NW, Suite 300, Washington, DC 20036								
Phone No.(s):	202-747-0770 E-mail: mmoldenhauer@cozen.com								
* To be signed							ed age	ent. In the event an aut	horized 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. ZONING COMMISSION ANY APPLICATION THAT IS NOT COMPLETED IN ACCORDANCE WITH THE INSTRUCTIONS ON THE BACK OF THIS FORM WILL NOT BE ACCEPTED. CASE NO 18-13									