



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



Form 108 - Application for Campus Plans and Medical Plans

Pursuant to Subtitle X, Chapter 1

New Campus Plan Amendment of: Approved Campus Plan Campus Plan Order Further Processing of Campus Plan Medical Plan

The details of which are as follows:

Present use(s) of Property:

Proposed use(s) of Property:

Organization Name:

Owner of Property:

Address of Owner:

Phone No.(s):

E-Mail:

Single-Member Advisory Neighborhood Commission District(s):

Address(es)	Square	Lot No(s).	Zone District(s)

Brief description of proposal:

Advisory Neighborhood(s):

Date Presented at ANC(s):

Date NOI Sent:

* How NOI Sent:

U.S. Mail E-mail 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:

Signature*:

To be notified of hearing and decision (Owner or Authorized Agent*):

Name:

Address:

Zip:

Phone No.(s):

E-Mail:

* 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.