

INSTRUCTIONS

Any application that is not completed in accordance with the following instructions shall not be accepted.

1. All applications shall be made pursuant to this form. If additional space is necessary, use separate sheets of 8½" x 11" paper to complete the form (drawings and plans may be no larger than 11" x 17").
2. Present this form and supporting documents to the Office of Zoning at 441 4th Street, N.W., Suite 200-S, Washington, D.C. 20001.
3. At the time of filing this application before the Zoning Commission, the Applicant shall pay a filing fee in accordance with the Zoning Commission Schedule of Fees - 11 DCMR §3040. (Check or money is payable to the "D.C. Treasurer"; cash and credit/debit card payments will not be accepted.)
4. Applications to the Zoning Commission will not be accepted until they have been reviewed by the Secretary to the Zoning Commission to ensure they are complete. Applicants will be notified when their applications are accepted.
5. If more than one owner is the subject of this application, complete a separate copy of this form for each owner.
6. ***At the time of filing this application, all Applicants are REQUIRED to submit the following information (including one (1) original and twenty (20) collated copies):***
 - A. A statement, using 8½" x 11" paper, clearly setting forth the reasons for the time extension. Additional information, exhibits, or photographs may be attached, if desired, provided they are also no larger than 11" x 17".
 - B. A Certificate of Service indicating that the party or parties in the original case has been notified of the time extension request.
 - C. A copy of all prior orders related to the time extension request. This includes the initial order of approval, modification, and time extension orders.

Please note: All applications are referred to the D.C. Office of Planning (OP). OP, pursuant to 11 DCMR §3011, reviews applications and submits written recommendations to the Zoning Commission advising whether the matter should be processed further. For this reason, you are encouraged to contact OP to discuss your application. OP can be reached at (202) 442-7600.

All applications that are accepted for filing will be processed in accordance with Chapters 24 and 30 of Title 11 DCMR – Zoning (Rules of Practice and Procedure before the Zoning Commission for the District of Columbia).



If you need a reasonable accommodation for a disability under the Americans with Disabilities Act (ADA) or Fair Housing Act, please complete Form 155 - Request for Reasonable Accommodation.

District of Columbia Office of Zoning
441 4th Street, N.W. Ste. 200 S, Washington, D.C. 20001
(202) 727 6311 * (202) 727 6072 fax * www.dcoz.dc.gov * dcoz@dc.gov



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



FORM 107 - APPLICATION FOR PLANNED UNIT DEVELOPMENT (PUD) TIME EXTENSION

Before completing this form, please review the instructions on the reverse side.
Print or type all information unless otherwise indicated.

In accordance with the provisions of §2408.10 of Title 11 DCMR – Zoning Regulations, request is hereby made for a time extension to a previously approved PUD, details of which are as follows:

1.	Zoning Commission Order No(s):				
2.	PUD Location – Square(s):				
	PUD Location – Lot(s):				
3.	PUD Location – Address:				
4.	Conditions of Approval	Zoning:		FAR:	
	Height:		Parking:		Lot Occupancy:
5.	Description of the PUD:				
6.	Length of extension requested:				
7.	Effective date of the original order:		Expiration date:		
8.	No. of times extended:		Expiration date of last extension:		
9.	Has <i>Building Permit</i> been applied for:				
10.	Explanation of “good cause” for extension pursuant to §2408.11 (<i>see instruction 6A on the back of this form</i>)				

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)

Owner’s Signature:		Date:	
Owner’s Name:	<i>Please Print</i>		

Person(s) to be notified of all actions:

Name:					
Address:					
Zip Code:		Phone No(s):		E-Mail:	

ANY APPLICATION THAT IS NOT COMPLETED IN ACCORDANCE WITH THE INSTRUCTIONS ON THE BACK OF THIS FORM WILL NOT BE ACCEPTED.