

INSTRUCTIONS

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

1. All complaints of non-compliance of a condition(s) of a ZC/BZA Order shall be made on this form. All forms must be completely filled out and be typewritten or printed. All information shall be furnished by the complainant. 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, in person, 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 complaint, all complainants are REQUIRED to submit one (1) copy of the following information:***
 - A. Each and every alleged violation of non-compliance with condition(s) of a ZC/BZA order they have found. Details should state the allegations of violation for non-compliance with the condition per §3205 Title 11 DCMR Zoning Regulations – “how was the condition not complied with” and reference the relevant condition(s) of the Order. It shall be typewritten or printed and attached to this form.
 - B. In the case of an alleged area variance infraction, a plat is required drawn to scale and certified by a DC licensed survey engineer or D.C. Surveyor’s Office showing boundaries and dimensions of the primary building(s) and accessory building(s). Also required are, if any, architectural plans, and elevations in sufficient detail to clearly illustrate any building, landscaping/screens and building materials as they relate to the specifics of the violation of non-compliance of the condition. Submittal of plat and plans shall not exceed 11” x 17” in size.
 - C. All complainants are required to submit, along with this form, a copy of each condition allegedly violated.

Note: All Complainants are required at the time of filing to serve the Zoning Administrator and all parties; including, as appropriate, the Lessee.



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.



FORM 300 - COMPLAINT OF NON-COMPLIANCE WITH CONDITION(S) OF A ZC/BZA ORDER

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.

IMPORTANT NOTE: This process is not intended as a substitute for the enforcement responsibility of the Department of Consumer and Regulatory Affairs (DCRA). Any person that believes immediate enforcement action is required should contact DCRA.

A complaint is hereby filed with the Office of Zoning for review and assessment of compliance; and if in non-compliance, assistance in working with the non-complying party to achieve compliance and/or referral for mediation; and/or if not resolved, referral to DCRA for appropriate action pursuant to Chapter 32 of DCMR Titles 11 and 16, the details of which are as follows:

Table with 7 columns: Address(s) of Affected Premises, Square (s), Lot (s), BZA Order No. and Date, ZC Order No. and Date, BZA/ZC Order Expiration Date, Condition No.

Present use of Property:

Name of Owner of Property:

Address:

Phone No(s):, Fax No., E-Mail:

Name of Lessee (if applicable):

Address:

Phone No(s):, Fax No., E-Mail:

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 complaint 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 of Complainant:

Contact Information of Complainant

Name:

Address:

Phone No(s):, Fax No., E-Mail:

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