

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
BOARD OF ZONING ADJUSTMENT



Appeal No. 13935, of Samuel S.D. Marsh and Edward B. McAllister, Trustees, pursuant to Sections 8102 and 8206 of the Zoning Regulations, from the decision of James J. Fahey, Zoning Administrator, dated December 13, 1982, to the effect that a "clinic" is not a residential use for purposes of calculating floor area ratio in a C-2-C District, as specifically applied to the premises at 2400 Pennsylvania Avenue, N.W., (Square 27, Lot 819).

HEARING DATES: March 16 and 30, 1983  
DECISION DATE: May 4, 1983

FINDINGS OF FACT:

1. The subject site is located at the southwest corner of the intersection of Pennsylvania Avenue and 24th Street and is known as premises 2400 Pennsylvania Avenue, N.W. It is in a C-2-C District.

2. The subject site is improved with a multi-story building which is used primarily for apartment purposes and also contains several medical clinics.

3. On November 23, 1981, counsel for the owners of the subject structure at 2400 Pennsylvania Avenue, N.W., by memorandum, requested a confirmation of their interpretation that a clinic for humans is classified as a residential use for purposes of calculating floor area ratio (FAR) in the C-2-C District pursuant to Sub-section 5301.1 of the Zoning Regulations. A meeting of the Zoning Administrator, a representative of Advisory Neighborhood Commission 2A, counsel for the 2400 Pennsylvania Avenue Tenants Association, and counsel for the building owners, appellants herein, was held on June 3, 1982.

4. On June 11, 1982, the Chairman of Advisory Neighborhood Commission 2A submitted a memorandum to the Zoning Administrator opposing the views set forth in the November 23, 1981, memorandum. On June 14, 1982, counsel on behalf of the 2400 Pennsylvania Avenue Tenants Association, Inc., hereinafter the Tenants Association, submitted a memorandum to the Zoning Administrator in opposition to the views set forth in the November 23, 1981, memorandum.

5. On December 13, 1982, the Zoning Administrator issued a written decision stating that a clinic is not an

"other residential use" for purposes of calculating FAR pursuant to Section 5301, but is instead limited to the FAR for "other permitted uses." The Zoning Administrator was of the opinion that "the plain meaning of "residential" is having to do with or used as one's home or dwelling." The basis for the Zoning Administrator's position was his reading of part of the definition of "residential" as set forth in Webster's Dictionary, there being no definition of "residential" in the Zoning Regulations. The letter further indicated that, after considering the definition of "residential," applying the term as it is commonly understood and considering the manner in which the Zoning Commission had dealt with similar situations in other districts and other parts of the Zoning Regulations, the Zoning Administrator believed that it was not the intent of the Zoning Commission to consider a clinic as a residential use for purposes of floor area ratio. The letter cited the following examples:

- a. When both the Waterfront (W) and Mixed Use District (CR) were adopted, Sub-sections 4404.4 and 4504.2 were included simply to clarify the Regulations and to express the intent of the Zoning Commission.
- b. The Zoning Commission again demonstrated its knowledge of its own Regulations and regulatory framework when it adopted Regulations requiring recreation space in commercial districts for residential uses. This demonstrated that it was not the intent of the Commission to require recreation space for clinics, museums, chanceries and similar uses permitted in residential districts.
- c. Another demonstration indicating that the Zoning Commission was well aware of the definition of "residential" was when Sub-section 5301.3 was adopted. It excluded from residential floor area ratio function rooms, exhibit space and commercial adjuncts.
- d. Sub-section 5302.21 allows a hotel or structure devoted to a nonresidential use which is erected to a height in excess of 110 feet in the C-4 District to have a floor area ratio of 10.0.

6. Section 5301 prescribes the Zoning Regulations for floor area ratio limitation in commercial districts. Paragraph 5301.11 prescribes the limitations for the C-2-C District in the following manner:

FLOOR AREA RATIO (FAR)

<u>District</u>	<u>Apartment house or Other Residential Use</u>	<u>Other Permitted Use</u>	<u>Maximum Permitted</u>
C-2-C	6.0	2.0	6.0

There is no specific indication anywhere in Section 5301 whether a clinic should be included in the "Apartment House or Other Residential Use" category or in the "Other Permitted Use" category.

7. In both Sub-sections 4404.4, for the Waterfront District, and 4504.2, for the CR District, the Zoning Commission explicitly specified which uses were to be considered for "residential purposes" for the purpose of calculating FAR in those districts. Those sections apply only to those districts, respectively, and do not specify a clinic as residential for purposes of determining the allowable FAR. In all the W and CR Districts, non-residential uses have a higher permitted FAR than residential uses.

8. On January 13, 1983, the owner of the subject structure filed the subject appeal with the BZA from the December 13, 1982, decision of the Zoning Administrator.

9. At the hearing, several preliminary motions were raised by counsel for the Tenants Association. The motion to intervene was granted without opposition from the appellants. The motion to dismiss the appeal on the basis of the Zoning Commission's ruling in Case No. 73-22 was denied. The Board finds that it may consider Case No. 73-22, but as the final interpreter of the Zoning Regulations, as provided by statute, the Board is not bound by a decision made by the Zoning Commission, regardless of whether the facts are the same or not. The motion to bar the testimony of the appellants' expert witnesses was based on the fact that no prehearing statement of testimony was presented, that the testimony was not presented to the Zoning Administrator prior to his decision, and that expert testimony on the interpretation of Zoning Regulations is improper. That motion was denied. The Board finds that the appellants are not obligated to submit a written statement if their witnesses are present at the hearing. Moreover, the issue here is a question of interpretation of the Regulations, and the Board is empowered to hear all arguments and evidence presented and expert opinion may be pertinent to the interpretation of Regulations.

10. The appellants argued that the structure of the D.C. Zoning Regulations is cumulative in nature, in terms of

use, density and bulk, in that uses and bulk generally go from lower density to higher density, as one goes from the more restrictive to the less restrictive districts. In each of the "residential" zones, many uses are permitted other than uses which contain dwellings. For example, a church, a parsonage, and a Sunday school building are permitted uses even in the most restrictive R-1 zones. These uses are in turn cumulatively incorporated in less restrictive districts.

11. The appellants presented two qualified expert witnesses who discussed the structure and interpretation of Zoning Regulations throughout the country and abroad. The experts who testified, Fred Bosselman and Professor Daniel Mandelker, are both experts in zoning law structure and interpretation, and both testified to their extensive experience in drafting and interpreting zoning ordinances throughout the country and abroad. Both experts testified that the D.C. Zoning Regulations are similar to most other regulations throughout the country in that they are cumulative in terms of use and bulk.

12. A clinic for humans is first permitted as a matter-of-right in the R-4 District. A clinic is permitted as a matter-of-right in the R-5 Districts, up to a 5.0 FAR in the R-5-D District. Uses permitted in the R-5 Districts as a matter-of-right are carried over into the C-1 District, and matter-of-right C-1 uses are carried over into the C-2 Districts. The appellants argued that bulk also increases within Districts as one moves from the more restrictive to the less restrictive uses. Under the Zoning Administrator's interpretation in this case, clinics located in the commercial C-2-C Districts would be more limited in bulk (2.0 FAR) than those located in the R-5-D Districts (5.0 FAR), while the C-2-C District is less restrictive in terms of use than in the R-5-D District.

13. One of the appellants' experts testified that in the District of Columbia, zoning consistency and compatibility is regulated through the zoning text and the zoning map. Permitted uses within districts are consistent and compatible, and permitted uses are mapped so as not to be inconsistent with adjacent uses. The subject site is adjacent to a high-density residential district which is consistent and compatible with the C-2-C District. The appellants contended that it is illogical to limit a clinic to a 2.0 FAR on a major arterial but to permit it to have a 6.0 FAR in a residential district which is not on a major arterial.

14. The appellants argued that there is no basis to discriminate between a permitted use in a residential zone that does not contain a dwelling and a permitted use that contains a dwelling. Both are permitted and no standard is provided to differentiate on the basis of bulk. In the

residential zones, there is no distinction among uses regarding bulk.

15. The appellants argued that an interpretation of the Regulations which would allow a clinic in a C-2-C District to utilize a 6.0 FAR is totally consistent with other permitted adjacent and surrounding uses. To the contrary, they argued that an interpretation that would restrict a clinic or other non-dwelling use permitted in a residential district to a 2.0 FAR is inconsistent with the context of the regulations.

16. The appellants argued that the D.C. Court of Appeals looks to the general structure of the Zoning Regulations to determine the meaning of the Regulations, and that the BZA is guided by the Court. There is no distinction or classification made in the Regulations in terms of preferred uses between residential uses which contain dwellings and residential uses which do not contain dwellings.

17. The appellants argued that clinics, and their predecessors, sanitariums and sanitariums for humans, and other nondwelling uses have been classified as residential uses permitted to locate in residential districts in the District of Columbia since 1920 and that such uses are a part of the fabric of the residential districts of the city.

18. The appellants' experts testified that an interpretation of the Regulations which would allow a clinic to have a 5.0 FAR in the R-5-D District but to be limited to a 2.0 FAR in the C-2-C District is contrary to the commonly accepted method of zoning throughout the country. Further, this interpretation is internally inconsistent. "Other residential uses" as interpreted by the Zoning Administrator, such as single family dwellings, flats, parsonages, embassies, etc. would not be likely to utilize a 6.0 FAR in the C-2-C District. Further, the only uses permitted in residential districts which are likely to utilize a 6.0 FAR in the C-2-C District are those which, in the majority of instances, are not used as a home or dwelling, such as churches, hospitals, schools, private clubs, boarding houses, etc.

19. The C-2-B District, predecessor to the C-2-C District, was established in 1967. Specific uses were not limited by FAR in that District, but rather uses were limited by floor. The first floor was limited to any use first permitted in the C-1 or C-2 District. The second floor was limited to office or residential use, and all stories above the second floor were to be "restricted to residential uses as permitted and regulated in an R-5-D District." A clinic for humans was "permitted and regulated" for the R-5 District to an 5.0 FAR. Moreover, in the

original text, when describing C-2-B areas adjacent to the R-5-D zones, the FAR could be increased to a 6.0 FAR to the same extent as in the nearby R-5-D District.

20. The appellants argued that in discussing the history of the FAR changes in the Zoning Regulations, in the amendment to the hotel provisions of the Zoning Regulations, the Zoning Commission stated at page 3 of the Statement of Reasons in Case No. 79-1 that:

[w]hen the Regulations were amended in 1967 to split the C-2 District into the C-2-A and C-2-B Districts, hotels continued to be able to achieve the maximum FAR in the new C-2-B District, because the upper floors of buildings in the C-2-B District could be used for any use permitted in the R-5 District.

In 1967, clinics could have utilized up to a 6.0 FAR in the C-2-B District, if located near SP or R-5-D Districts, Uptown Centers or Rapid Transit Stops. The heading for the FAR table in Section 5301 for "apartment house or other residential use" is the same today as it was in 1967, and the appellants argued that there has been no intent expressed by the Zoning Commission since that time to change that interpretation.

21. The Board is required to look to Webster's Unabridged Dictionary for the definition of any term not specifically defined in the Regulations. The definition of "residential" as set forth in Webster's Dictionary includes the following: "of relating to, or connected with residence or residences (--trade) (a--zone) (--construction)." The appellants argued that this definition is not limited to dwelling uses.

22. The appellants argued that the term "dwelling" is specifically defined in the Regulations. If the terms "dwelling" and "residential use" were meant to be interchangeable, there would have been an indication as such.

23. One of the appellants' expert witnesses testified that the definition at issue was not "residential," but rather "residential use," which is a term of art in the Zoning Regulations. He testified that the usual definition of "residential use" in zoning regulations throughout the country means uses permitted in residential districts, including dwelling and nondwelling uses.

24. The appellants further argued that there are at least eleven sections in the Zoning Regulations where the term "residential" is given a specific limited definition. Those eleven special definitions include five different combinations of the definition of "residential." Some of these include dwelling and nondwelling uses which others do

not include. None of the definitions includes only dwelling uses and excludes all nondwelling uses. No special definition of "residential" is given for FAR in commercial districts. The appellants argued that the term "residential" for purposes of FAR in the the C-2-C District, because it is not limited in scope, is more broad and more inclusive than the special limiting definitions.

25. In 1973, in Case No. 73-27, the Zoning Commission was requested to amend the Zoning Regulations to provide for greater height and floor area ratio for residential uses in the C-3-B District. Part of the reason for the request was the assumption that a hospital was a residential use for purposes of floor area ratio in a commercial district.

26. James J. Fahey, the Zoning Administrator, by memorandum dated April 25, 1974, concluded that "a hospital is not a residential use and thus would be permitted in accordance with restrictions applicable to "other permitted uses" in a commercial district ..." As part of his analysis leading to that conclusion, Mr. Fahey examined the Zoning Regulations, the uses permitted in Residential Districts and the dictionary definitions of "residential" and "residence." Mr. Fahey stated in part "... the regulations as a whole do not evince a clear intent to apply the term "residential" to all uses or structures permitted in "Residence Districts."

27. At its 653rd Meeting Session held on May 3, 1974, the Zoning Commission considered the April 25, 1974, memorandum of Mr. Fahey, the conclusions of which had been endorsed by the Corporation Counsel. As indicated in the letter dated May 6, 1974, to the applicant from the Commission's Executive Secretary, "After due deliberation, the Zoning Commission adopted the analyses and conclusions contained in Mr. Fahey's memorandum."

28. The appellants argued that the conclusion of the Zoning Commission in Case No. 73-22 is not dispositive of the issues raised in this case. Prior to 1974, for approximately fifty-four years, "residential uses" were interpreted to include all uses permitted in residential zones. In Z.C. Case No. 73-22, the Zoning Commission stated that a hospital in the C-3-B District was a nonresidential use under circumstances where an expedited decision was deemed necessary. The appellants cited several actions by the Zoning Commission since that time which would indicate a contrary result.

29. The appellants' experts testified that the Zoning Administrator's interpretation would result in a case-by-case interpretation by the Zoning Administrator's office of what constitutes a "residential use" when calculating FAR, which would unnecessarily encumber the real estate development process, and which is inconsistent with traditional zoning practices. For instance, the Zoning Administrator

testified that under his interpretation, a boarding house in the C-2-C District would be permitted a 6.0 FAR if someone lived there, but would be limited to a 2.0 FAR if that person moved out. By definition in the Regulations, a boarding house does not necessarily contain dwelling units.

30. The Zoning Commission was presented in Case No. 81-13 with an Emergency Petition and request for permanent action by ANC 2A regarding the location of clinics in the Foggy Bottom Area. A part of that proposal was to limit the FAR for clinics to the 2.0 FAR allowed for "other permitted uses" in the C-2-C District. The appellants argued that the rejection of that petition by the Zoning Commission indicated that the Zoning Commission saw no need to impose such a limitation.

31. The Zoning Administrator in his testimony reaffirmed his reasoning as recited in the letter of December 13, 1982, as set forth in Finding No. 5. The Zoning Administrator further testified that the D.C. Zoning Regulations distinguished between residential uses and uses that are compatible with residential uses that are permitted in residential zones.

32. The Zoning Administrator further testified that the plain meaning of "residential" is having to "do with" or "used" as one's home or dwelling.

33. The Zoning Administrator also testified that the structure of the Regulations, such as the requirement that recreation space to be provided for residential uses, required rejection of the appellants' interpretation of "residential" as all uses permitted in residential zones, because the result would be that clinics would be required to provide recreational space and this could not have been intended.

34. The Zoning Administrator testified that Zoning Commission Case No. 73-22 demonstrated the intent of the Zoning Commission. In that case, the Zoning Commission, adopted as a policy the analysis and conclusions contained in a memorandum prepared by the Zoning Administrator, in which the Administrator determined that hospitals are not residential uses.

35. Advisory Neighborhood Commission 2A submitted a resolution dated March 3, 1983, to the Board in support of the Zoning Administrator's decision. A representative of the ANC appeared in opposition to the appeal of the hearing. The ANC position was that the key to the decision in the subject appeal was the distinction between a "residential use" and a "use permitted in a residential district." The two terms are not synonymous, as the appellants contended, and those definitions present in the Zoning Regulations which incorporate the term "residential" clearly indicate

that to be residential, a use must explicitly include people using it as an abode, even if on a transient basis. These definitions and other sections of the Regulations showed a consistent theme of a residential use being a place of abode or having residents, neither of which describe a clinic.

36. The ANC argued that the Webster's Unabridged Dictionary definition for residential quite clearly refers to a place of abode or living quarters. The ANC argued that the position of the appellants, that combining a portion of the Webster's definition of "residential" with a less common portion of the definition of "residence" clearly allows a clinic, is a convoluted misinterpretation of the definition of residential. Determining that a clinic is a residential use because it is a corporation or business concern is clearly a contradiction in terms, in that it is contrary to the meaning of the term residential and to the objective of maintaining residential zones.

37. The ANC argued that the clear and consistent intent of the Zoning Commission in the C-2-C District, dating from its establishment as C-2-B and in subsequent revisions, has been to (A) reserve the bulk of a C-2-C structure's FAR for dwelling uses as a means of encouraging the construction of housing and (B) restrict retail, commercial business and professional services to a smaller portion of the FAR. Clinics provide professional services and the Zoning Commission intended to limit these services to the 2.0 FAR of "other permitted uses."

38. In responding to the appellants' assertion that ANC 2A intended to change the treatment of clinics in C-2-C Districts in Case No. 81-13 and that Zoning Commission denial of that case constituted confirmation that clinics are a residential use for FAR purposes, the ANC stated that its major point in Case No. 81-13 was to address whether clinics belonged as matter of right uses in residential districts and that in the C-2-C District it was seeking only a clarification. The denial by the Zoning Commission neither stated that clinics are residential uses nor confirmed the appellants' assertion.

39. The ANC further argued that the appellants' argument that both uses and FAR are cumulative throughout the Zoning Regulations is baseless, as there are obvious discontinuities in FAR when going from a residential to a commercial district.

40. The 2400 Pennsylvania Avenue Tenants Association, Inc., opposed the appeal. The Tenants Association argued that:

- A. Zoning Commission Case No. 73-22 established the intent of the Zoning Commission that hospitals are

not residential uses. If a hospital, which permits patients to stay overnight, is not a residential use, then a clinic, which treats patients on an out-patient basis, is not a residential use.

- B. Because residential districts clearly call for permitting uses that are not residential uses but are compatible with residential uses, the term "residential use" cannot be construed to mean uses permitted in a residential zone.
- C. A guiding rule in construing the Zoning Regulations is how would those who are to guide themselves by its words reasonably understand the intent of the Regulations. Words of statutes and regulations are uniformly presumed, unless the contrary appears, to be used in their ordinary and usual sense, and with the meaning commonly attributed to them. The commonly understood meaning of residential is having to do with or used as one's home or dwelling. A clinic is not included within "residential use" as that term is commonly understood.
- D. Webster's Unabridged Dictionary is to be consulted for aid in defining any term not specifically defined in the Zoning Regulations. This does not mean, however, that each and every definition set forth in Webster's Dictionary is incorporated by reference as part of the Zoning Regulations. Rather, Webster's Dictionary answers the question of whether a particular meaning is linguistically permissible as limited by the context of the words being interpreted. The Zoning Administrator properly based his interpretation of "residential use" upon the appropriate dictionary definition applicable in the context of the D.C. Zoning Regulations.
- E. Sub-section 5301.4 of the District of Columbia Zoning Regulations requires that an inn or a community based residential facility be included within the term "other Residential Use" as that term is used in Paragraph 5301.11. The failure to specifically include "clinic" within this definitional section supports the view that clinics were not intended to be included within the term "other Residential Use" as used in Section 5301.11.
- F. While the appellants have asserted that "residential" is specifically defined in eleven sections of the Zoning Regulations, those eleven sections

merely list items that are to be included in a particular definition. They are not definitions.

- G. Construing the Zoning Regulations as the appellants suggest would produce an absurd result. Under the appellants' construction, clinics would be required to provide recreational space. The Zoning Commission did not intend to require clinics to provide recreational space.
- H. While the District of Columbia Zoning Regulations are cumulative as to use, they are not cumulative as to height, area, bulk and density. Therefore, while an FAR of 5.0 is permitted for a clinic in an R-5-D zone, a clinic is limited to an FAR of 2.0 in a C-2-C zone.

CONCLUSIONS OF LAW AND OPINION:

Based on the foregoing findings of fact and the evidence of record, the Board concludes that the appeal should be denied. The Board concludes that the facts in this appeal are not at issue. It is clear from the Zoning Regulations that a clinic is permitted as a matter-of-right in a C-2-C District. It is further clear that an "apartment house or other residential use" may have a floor area ratio of 6.0 in a C-2-C District, while "other permitted uses" are limited to 2.0 FAR. It is further clear that within the FAR regulations for commercial districts, unlike other parts of the Regulations, there is no explicit indication of whether a clinic is to be considered a residential use for purposes of applying the FAR requirements.

The Board heard argument from the parties concerning decisions made by the Zoning Commission in Case Nos. 73-22 and 81-13. The Board notes that under the Zoning Act, the Board is authorized to interpret and apply the Zoning Regulations and Maps. The Board is not bound to accept an opinion of the Zoning Commission on how the Regulations are to be interpreted. However, the Board is inclined to consider such an opinion as part of the overall framework of the case, and give to such an opinion the weight it deserves in relationship to all the other parts of the record.

As to Case No. 73-22, what is important is that the same reasoning applied by the Zoning Administrator in his 1982 decision was also applied in 1974. The 1974 reasoning was reviewed by the Zoning Commission and was at that time considered by the Commission to be appropriate. The Board can see no significantly different context in the present Regulations to suggest that the Zoning Commission, by revisions made since 1974, intended a significantly different result in the interpretation of "other residential use" in the FAR table.

As to Case No. 83-13, the amendment to the FAR section of the Commercial Districts regulation was a small part of a larger issue that focused primarily on the impact of clinics in residential districts. The Zoning Commission determined not to schedule a public hearing on the case. In so doing, the Commission offered no opinion on the specific question at issue in this case.

Witnesses on behalf of the appellants offered testimony that related to zoning practices and ordinances throughout the country. The Board gives such testimony little weight. What is at issue is the appropriate interpretation of the District of Columbia Zoning Regulations. While the District of Columbia regulations may be similar to most other zoning regulations in the United States in that the use provisions are cumulative, there is no evidence and no indication that the specific FAR regulation at issue is common or similar to other zoning regulations. Even though such evidence would not be controlling, there was no evidence that the Zoning Administrator's interpretation was plainly wrong or inconsistent with interpretations of similar regulations elsewhere.

The appellants attempted to convince the Board that the Zoning Administrator's interpretation would "unnecessarily encumber" the real estate development process by requiring a case-by-case determination of what is a residential use. The Zoning Administrator is required to interpret and apply all the Zoning Regulations on a case-by-case basis to each and every application for a building permit or certificate of occupancy. The decision of the Board in this appeal upholding the Zoning Administrator's interpretation in no way complicates or encumbers the review process any more than is now the case.

The appellants further argued that there is no basis in the Residential Districts to select between uses which are where people live and uses which are not. There is no distinction for FAR purposes among uses in Residential Districts. There is however a clear distinction between residential uses and other uses in Commercial Districts. It is the interpretation of that distinction that is the heart of this case.

The Board is thus faced with determining whether the Zoning Administrator was correct in interpreting the Zoning Regulations as he did in this instance. With respect to that issue, the Board concludes that the Zoning Administrator was correct. The Board concludes, in particular, that a clinic is not included within the "Apartment House or other Residential Use" portion of the Floor Area Ratio table contained in Paragraph 5301.11 of the District of Columbia Zoning Regulations, but is included within the "Other Permitted Use" portion of that table.

The Board further concludes that while the District of Columbia Zoning Regulations are cumulative as to use, they are not cumulative as to height, area, bulk and density. While an FAR of 5.0 and a height of ninety foot is permitted for a clinic in an R-5-D zone, it is clear that such a clinic would be limited to an FAR of 1.0 and a height of forty feet in the C-1 District, which is a less restrictive use district than the R-5-D District. It is thus not unreasonable nor out of character with the framework of the Regulations for a clinic to be limited to an FAR of 2.0 in a C-2-C zone.

The Board also concludes that because residential districts clearly call for permitting uses that are not themselves residential uses but are compatible with residential uses, the term "residential use" cannot be construed to mean all uses permitted in a residential zone. Lastly, the Board concludes that Webster's Unabridged Dictionary is to be consulted for aid in defining any term not specifically defined in the Zoning Regulations. This does not mean, however, that each and every definition set forth in Webster's Dictionary is incorporated by reference as part of the Zoning Regulations. The commonly understood meaning of residential is having to do with or used as a home or dwelling. A clinic is not included within "residential use" as that term is commonly understood. The Board is of the opinion that construing the Zoning Regulations as the appellants urge would produce absurd results.

The Board concludes that it has accorded the "great weight" required by statute to the issues and concerns of the Advisory Neighborhood Commission. Accordingly, for all of the above reasons, it is ORDERED that the Appeal is DENIED and the decision of the Zoning Administrator is UPHOLD.

VOTE: 4-0 (Carrie L. Thornhill, Maybelle T. Bennett and Charles R. Norris to deny; Douglas J. Patton to deny by proxy; William F. McIntosh not voting, not having heard the entire case).

BY ORDER OF THE D.C. BOARD OF ZONING ADJUSTMENT

ATTESTED BY:

  
 STEVEN E. SHER  
 Executive Director

FINAL DATE OF ORDER: \_\_\_\_\_

FEB - 7 1984

UNDER SUB-SECTION 8204.3 OF THE ZONING REGULATIONS, "NO DECISION OR ORDER OF THE BOARD SHALL TAKE EFFECT UNTIL TEN DAYS AFTER HAVING BECOME FINAL PURSUANT TO THE SUPPLEMENTAL RULES OF PRACTICE AND PROCEDURE BEFORE THE BOARD OF ZONING ADJUSTMENT."

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