DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

Application for Certificate of Occupancy

Application Date: 08-28-2015 C of O Number: C0150321 9

APPLICATION FEE IS NON-REFUNDABLE; CERTIFICATE FEE IS BASED ON SQUARE FOOTAGE

Erasing, Crossing Out, Whiting Out, or Otherwise Altering Any Entered Information Will Void This Application

INFORMATION ON THE BUILDING/PROPERTY

1. Property Address 5413 16th st NW Wash. DC 20011
2. Building/Property Owner's Name Sixth Presbyterian Church
3. Phone 202-723-5377 Email:
4. Property Square 2718 Suffix Lot 0853
5. Number of Floors Basement 1st, 2nd floors
6. Zone RIB Overlay (if applicable)

APPLICANT INFORMATION

7. Applicant's Name (see instructions) Mary McLeod Bethune Day Academy PCS
8. Trade name of business (if applicable)
9. Applicant's Mailing Address 5413 16th st NW WDC 20011
10. Applicant's Day Phone # 202 459-4710 Cell # 202 723-5250 Email Address d.cole@mmbethune.org

INFORMATION ON PREMISES/ OCCUPANCY

11. (choose one) ☐Ownership Change ☐Use Change ☐Load Change ☐Revision ☐New Bldg
12. Proposed use of Premises Child Development Ctr
13. Prior use of Premises Child Development Center C of O # C0120249 3
14. Proposed Occupancy Load 115
15. Area Occupied by Proposed Use 12 245 sq. ft.
16. List Floors of a building to be Occupied by Proposed Use B, 1, 2
17. Does your business sell or rent any goods or provide any services that could be described as sexually-oriented? ☐Yes ☒No If yes, please fill out the supplemental form.
18. Is your business a Medical Marijuana Dispensary or Production Facility? Yes No
19. Was this use approved by an order of the BZA or ZC? ☐ Yes ☐ No If yes, provide order # and date of approval:
20. Is there a building permit associated with this application? ☐Yes ☒No If yes, provide building permit #
21. What use was listed on the building permit?
22. Were all inspections conducted and approved? ☒Yes ☐No
23. Is off-street parking on the property provided for this use? ☒Yes No If yes, number of spaces: 20

ATTESTATION AND SIGNATURE

I certify that all of the statements on this application are true to the best of my knowledge and belief. I agree to comply with all applicable laws and regulations of the District of Columbia.

Applicant or Agent's Signature Date 08-28-2015

*If you are an applying as an **Agent** on behalf of the Applicant, attach completed **Authorization Form**

Making a false statement on this application can result in the denial or revocation of your certificate of occupancy and criminal penalties, under D.C. Official Code § 22-2405, of a fine up to $1000 and/or imprisonment up to 180 days.

For more information about C of Os, please visit dcra.dc.gov and click on Permits/Zoning

Board of Zoning Adjustment
District of Columbia
CASE NO. 18837
EXHIBIT NO. 4