DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

Application for Certificate of Occupancy

Application Date: _____ **C of O Number:** CO1509108

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 4605 KANE PLACE N.E 20019
2 Building/Property Owner's Name GEORGE F. HASKINS SR
Phone # 2023995091 Email PEACEPOOD@AOL.COM
3 Property Square 5154 Suffix ___ Lot 0901
4 Number of Floors 3
5. Zone R 2 Overlay (if applicable) _____

APPLICANT INFORMATION

6. Applicant's Name (see instructions) Assembly of The SAINTS CDC LLC
7 Trade name of business (if applicable) Assembly of The Saint C.D.C
8 Applicant's Mailing Address 4605 KANE PLACE N.E 20019
9. Applicant's Day Phone # 2023995091 Cell # 2403988894
Email PEACEPOOD@AOL.COM

INFORMATION ON PREMISES/OCCUPANCY

10 ☐ Ownership Change ☐ Use Change ☒ Load Change ☐ Revision ☐ New Bldg
(choose one)
11. Proposed use of Premises Child Development Center
12 Prior use of Premises EDUCATION FOR 6+ Children or ages 2½-5 C of O # CO0902978
13 Proposed Occupancy Load 39 Children - 8 STAFF
14 Area Occupied by Proposed Use 7854 sq. ft.
15 List Floors of a building to be Occupied by Proposed Use 1st 2nd & 3rd
16 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.
17 Is your business a Medical Marijuana Dispensary or Production Facility? ☐ Yes ☒ No
18 Was this use approved by an order of the BZA or ZC? ☒ Yes ☐ No
If yes, provide order # and date of approval 17772 09/11/2009
19 Is there a building permit associated with this application? ☐ Yes ☐ No If yes, building permit # B1306771
20 What use was listed on the building permit? ChildCare 24-7 Basis 6+ Less Than 2½ year old
21 Were all inspections conducted and approved? ☒ Yes ☐ No
22 Is off-street parking on the property provided for this use? ☒ Yes ☐ No If yes, number of spaces 2.

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 Bishop George F. Haskins, Jr. Date 07-29-15

*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

OFFICIAL DCRA USE ONLY C01502908
C of O # _____
Premises Address 4605 Kane Place, NE

PERMIT REVIEW COORDINATOR
Checked items #1-9 for completeness ✓

Approved By JM Date 7-29-15

ZONING INFORMATION
BZA or ZC # (if applicable) _____
Prior C of O # (if applicable) _____
Prior Use on above C of O _____

ZONING REVIEWER
Continuation of Prior Use? □Yes □ No
Zone _____
Use Allowed? □ Yes □ No Provide Zoning Code Use _____
Cite Zoning Section # _____
Off-street Parking Required? □ Yes □ No If yes, number of spaces required _____ If no, was a waiver granted?
Parking credit? BZA relief obtained? Describe _____
Is Zoning Inspection Required? □ Yes □ No If Yes, describe _____

Approved By _____ Date _____

ENGINEERING REVIEW AND APPROVAL
Prior Bldg Permit Applicable? □ Yes □ No Bldg Permit # _____
New Bldg Permit Required? □ Yes □ No
Construction Code Inspections for the Proposed Use

Bldg (715)	Elec (720)	Plumb/Mech (730/725)	Fire (750)

Approved By _____ Date _____

INSPECTIONS
Zoning Inspection (745) Approved? □ Yes □ No N/A
All Construction Code Inspections Approved? □ Yes □ No N/A
Stormwater Inspection Verification? Yes No N/A DDOE Approval _____ Date _____
Approved By _____ Date _____

APPROVAL
Issuance By _____ Date _____