

VNSTA LIST OF EXHIBITS

1. Notices of Infraction issued to the University of the District of Columbia on August 11, 2010
2. Application for Building Permit by Archstone/UDC filed August 13, 2010
3. Building Permit No. B1009105 issued August 13, 2010
4. Office of Residence Life, Facility Information (from UDC website)
5. Office of Residence Life, Important Dates (from UDC website)
6. Occupancy Agreement (from UDC website)
7. UDC Application for Campus Plan

BOARD OF ZONING ADJUSTMENT
District of Columbia
CASE NO. 18151
EXHIBIT NO. 33

Board of Zoning Adjustment
District of Columbia
CASE NO. 18151
EXHIBIT NO. 33

EXHIBIT 1

GOVERNMENT OF THE DISTRICT OF COLUMBIA

NOTICE OF INFRACTION

Notice No. I702562Issuing Agency: ☐ DOH ☐ DMH ☒ DCRA☐ 1st NOIDate of Service 1 / 1☐ CFSA☐ FEMS☐ Other _____☐ 2nd NOI (1st NOI No. _____)3003 VAN NESS ST NWLocation of Infraction: Type of Location: ☐ Vacant Lot ☒ Construction Site ☐ Occupied☐ Other _____University OF THE DISTRICT OF COLUMBIA

Business/Company Name

Charge as Respondent (circle): ☒ YES ☐ NO

Telephone Number _____

Individual Name (Last, First, Middle)

Charge as Respondent (circle): YES ☐ NO ☐

Telephone Number

4200 Connecticut Ave NW202-274-5000

Mailing Address

Washington, DC 20008

City

State

Zip Code

Business License/Permit Type _____

Business License/Permit No. _____

You are charged with violating the District of Columbia laws or regulations stated below. You MUST SIGN and RETURN this form WITHIN 15 DAYS of the date of service. You must also indicate below each infraction whether you ADMIT, ADMIT WITH EXPLANATION or DENY and submit your plea to Office of Administrative Hearings, P.O. Box 77880, Washington, D.C. 20013. Instructions on back. If you DENY one or more of the infractions, you must appear for a hearing. You will receive a separate order from the Office of Administrative Hearings advising you where and when to appear for your hearing.

D.C. Official Code AND/OR D.C. Municipal Regulation Citation

Fine for Infraction

Statutory Penalty (if applicable)

12A DCMR-105A Required Permits2,000.00

\$

Nature of Infraction WORKING WITH OUT REQUIRED PERMITSDate of Infraction 8-11-10Time of Infraction 0900hrs

Previous Infractions Committed

1

2

3

4

ANSWER: ☐ ADMIT (Pay Fine)☐ DENY (Appear for a Hearing)☐ ADMIT WITH EXPLANATION (Hearing by Mail)

Signature _____

D.C. Official Code AND/OR D.C. Municipal Regulation Citation

Fine for Infraction

Statutory Penalty (if applicable)

\$

\$

Nature of Infraction _____

Date of Infraction _____

Time of Infraction _____

Previous Infractions Committed

1

2

3

4

ANSWER: ☐ ADMIT (Pay Fine)☐ DENY (Appear for a Hearing)☐ ADMIT WITH EXPLANATION (Hearing by Mail)

Signature _____

Total Fines and Penalties \$ 2,000

WARNING: If you fail to answer (see reverse) each infraction on this Notice within 15 days of the date of service by signing and returning this form, you will be subject to a penalty equal to and in addition to the amount of the fine. You also may be subject to other penalties and actions allowed by law including suspension or non-renewal of your license or permit, the sealing of your business, a lien being placed on your property, and attachment of your equipment. If this is your second Notice for the charge(s), and you fail to answer within 15 days of the date of service, you will be subject to a penalty equal to twice the amount of the fine, and to the entry of a default order without additional notice. For information, call (202) 442-9094.

I personally declare under penalty of perjury that I observed and/or determined that the infraction(s) charged have been committed.

K. WilsonK. Wilson8-11-102030

Inspector's/Investigator's Signature

Print Name

Date

Badge/Identification Number

I sign my name below to acknowledge receipt of this Notice and not as an admission of guilt or liability to the charge(s) listed.

Respondent's Signature _____

Print Name

Date

IAH (WHITE)

RESPONDENT (YELLOW)

INSPECTOR (PINK)

ENFORCEMENT (GOLDENROD)

6-641.09

GOVERNMENT OF THE DISTRICT OF COLUMBIA

NOTICE OF INFRACTION

Notice No. IFD2563Issuing Agency: ☐ DOH ☐ DMH ☒ DCRA☐ 1st NOIDate of Service 1/1/00☐ CFSA☐ FEMS☐ Other _____☐ 2nd NOI (1st NOI No. _____)

3003 VAN NESS ST NW
 Location of Infraction: Type of Location: ☐ Vacant Lot ☐ Construction Site ☐ Occupied ☐ Other _____
University of the District of Columbia
 Business/Company Name Charge as Respondent (circle): YES NO Telephone Number _____

Individual Name (Last, First, Middle) Charge as Respondent (circle): YES NO Telephone Number
4200 Connecticut Ave NW 202-274-5000

Mailing Address
Washington DC 20008
 City State Zip Code

Business License/Permit Type _____ Business License/Permit No. _____

You are charged with violating the District of Columbia laws or regulations stated below. You MUST SIGN and RETURN this form WITHIN 15 DAYS of the date of service. You must also indicate below each infraction whether you ADMIT, ADMIT WITH EXPLANATION or DENY and submit your plea to Office of Administrative Hearings, P.O. Box 77880, Washington, D.C. 20013. Instructions on back. If you DENY one or more of the infractions, you must appear for a hearing. You will receive a separate order from the Office of Administrative Hearings advising you where and when to appear for your hearing.

D.C. Official Code AND/OR D.C. Municipal Regulation Citation	Fine for Infraction	Statutory Penalty (if applicable)
<u>12A DCMR-114.10 UNLAWFUL CONSTRUCTION</u>	<u>\$ 2,000.00</u>	\$

Nature of Infraction WORKING WITH SUDAN PLATE
 Date of Infraction 8-11-10 Time of Infraction 1630 hrs Previous Infractions Committed 1 2 3 4

ANSWER: ☐ ADMIT (Pay Fine) ☐ DENY (Appear for a Hearing) ☐ ADMIT WITH EXPLANATION (Hearing by Mail)

Signature _____

D.C. Official Code AND/OR D.C. Municipal Regulation Citation	Fine for Infraction	Statutory Penalty (if applicable)
	\$	\$

Nature of Infraction _____
 Date of Infraction _____ Time of Infraction _____ Previous Infractions Committed 1 2 3 4

ANSWER: ☐ ADMIT (Pay Fine) ☐ DENY (Appear for a Hearing) ☐ ADMIT WITH EXPLANATION (Hearing by Mail)

Signature _____

Total Fines and Penalties \$ 2,000

WARNING: If you fail to answer (see reverse) each infraction on this Notice within 15 days of the date of service by signing and returning this form, you will be subject to a penalty equal to and in addition to the amount of the fine. You also may be subject to other penalties and actions allowed by law including suspension or non-renewal of your license or permit, the sealing of our business, a lien being placed on your property, and attachment of your equipment. If this is your second Notice for the charge(s), and you fail to answer within 15 days of the date of service, you will be subject to a penalty equal to twice the amount of the fine, and to the entry of a default order without additional notice. For information, call (202) 442-9094.

personally declare under penalty of perjury that I observed and/or determined that the infraction(s) charged have been committed.

K. Wilson K. Wilson 8-11-10 2630
 Inspector's/Investigator's Signature Print Name Date Badge/Identification Number

sign my name below to acknowledge receipt of this Notice and not as an admission of guilt or liability to the charge(s) listed.

Respondent's Signature

Print Name

Date

H (WHITE)

RESPONDENT (YELLOW)

INSPECTOR (PINK)

ENFORCEMENT (GOLDENROD)

In-1041 na

EXHIBIT 2

STOP WORK

PRE-FILE NUMBERS		ZONING DISTRICT	FILE NUMBER	PERMIT NUMBER	
N.C.P.C. No:	O.G. No:	R-5-D			By:
H.P.A. No:	S.L. No:	Ward No:	Receipt No:	Date:	Receipt No:



DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

Tel 202-442-4589 Fax 202-442-4862

APPLICATION FOR CONSTRUCTION PERMITS ON PRIVATE PROPERTY
(PRINT IN INK OR TYPE, DO NOT WRITE IN SHADED AREAS OR ON PAGE 4)

DCRA-33
(Rev. 2/04)

CLEARANCE TO FILE	ERASING, CROSSING OUT, WRITING OUT, OR OTHERWISE ALTERING ANY ENTERED INFORMATION WILL VOID THIS APPLICATION
By: _____	Date: _____

(A) ALL APPLICANTS MUST COMPLETE ITEMS 1 THRU 27

1 Address of Proposed Work: 3003 Van Ness Ave, NW		2. Lot	3. Square	4. Application Date 8/13/10
5 Owner of Building or Property Archstone IUDC	6 Address (include Zip Code) 3003 Van Ness Ave, NW 20008		7 Phone 202 274 5353	
8 Agent for Owner: (if applicable) Eric Matthews	9. Address (include Zip Code) Cor Raleigh Pl, SE 20032		10. Phone 202 562 0027	
11. Type of Proposed Work (check all applicable boxes)				
☐ New Building ☐ Addition ☒ Alteration and Repair ☐ Raze Building ☐ Retaining Wall ☐ Fence ☐ Shed ☐ Awning ☐ Garage ☐ Sign ☐ Projection ☐ Other (Specify) _____				

"False statements or misrepresentation of facts on a permit application and/or plans is subject to criminal penalties pursuant to DC law 22-2405"

12. Description of Proposed Work
adding 21 walls to 21 apartment rooms

13 Existing Use(s) of Building or Property Apartment Building		14 Ex. No of Stories of Bldg 12	15 Ex No of Dwelling Units 100 each Fl	Official Use Only Miscellaneous FEE \$	
16 Proposed Use(s) of Building or Property Apartment Building		17 Prop No of Stories of Bldg 12	18 Prop. No of Dwelling Units 100 each Fl	By:	Date:
19 Starting Date 8/13/10	20 Completion Date of work 8/16/10	21 Method of Removing Construction Debris ☐ Pick-up Truck ☐ Dumpster ☐ Other (specify)		22 Does the proposed work involve disturbing the earth or razing a building? ☐ Yes, answer q. 23 ☐ No, SKIP q. 23-27	
Is the area of disturbed earth more than 50 sq. ft? ☐ Yes, answer q. 24-25 ☐ No, SKIP q. 24-25	24. Soil Erosion Control Methods		25. Area of Offsite Drainage sq. ft.	26. No of Footings or Columns	27 Size of Footings or Columns

ALWAYS SIGN THE APPLICATION ON PAGE 3 (SECTION I)

Complete Section B if the proposed work is new building, addition or alteration. (Page 2)
Complete Section C if the proposed work is razing a building. (Page 2)
Complete Section D if the proposed work is a retaining wall. (Page 2)
Complete Section E if the proposed work is a fence. (Page 3)
Complete Section F if the proposed work is a shed/garage. (Page 3)
Complete Section G if the proposed work is an awning. (Page 3)
Complete Section H if the proposed work is a sign. (Page 3)

OFFICIAL USE ONLY					
	R	P	H	A	
M					
P					
E					W Yes/No
F					PLANS
S					No Sm Lg

(B) NEW BUILDING, ADDITION, & ALTERATION (COMPLETE ITEMS 28 THRU 60)

28. Architect's Name:		29. D.C. Lic. No.:	30. Architect's Address: (include Zip Code)		31. Phone:												
32. Engineer's Name:		33. D.C. Lic. No.:	34. Engineer's Address: (include Zip Code)		35. Phone:												
36. Building Contractor's Name:		36A. D.C. Lic. No.	37. Contractor's Address		38. Phone:												
39. Type of Construction ☐ Masonry ☐ Steel ☐ Wood ☐ Other ☐ Concrete		40. Fire Suppression: ☐ Fully Sprinklered ☐ Standpipe System ☐ Partially Sprinklered ☐ None ☐ Other _____		41. Booster Pump ☐ New ☐ Existing ☐ None	42. Total Lot Area sq. ft.												
44. Present Gross Floor Area of Bldg. sq. ft.		45. Proposed Gross Floor Area of Bldg. sq. ft.		46. Floors involved in this permit ☐ All ☐ Floors _____													
48. Number and type of projection:		49. Distance of projection:		50. Width of projection:													
53. Water or Sewer Excavation? ☐ Yes ☐ No		54. Driveway Construction? ☐ Yes ☐ No		55. Sheeting/Shoring Necessary? ☐ Yes ☐ No													
56. Elevators Involved? ☐ Yes, answer q. 57 ☐ No		57. No and type of elevator		58. Plans Certified by Engineer? ☐ Yes, cert. attached ☐ No													
59. Estimated Cost of Work (a) New/Add: \$ 25,595 (b) Alt/Repair \$ _____ Total \$ 25,595		OFFICIAL USE ONLY <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Alter/Repair FEE</td> <td>New Const. FEE</td> <td>Filing Fee</td> <td>TOTAL PERMIT FEE</td> </tr> <tr> <td>\$ 541.90 33.27</td> <td>\$ 270.95</td> <td>\$</td> <td>\$ 812.85 33.27</td> </tr> <tr> <td>By: <u>u</u></td> <td>Date: <u>8/13/00</u></td> <td>By: <u>u</u></td> <td>Date: <u>8/13/00</u></td> </tr> </table>				Alter/Repair FEE	New Const. FEE	Filing Fee	TOTAL PERMIT FEE	\$ 541.90 33.27	\$ 270.95	\$	\$ 812.85 33.27	By: <u>u</u>	Date: <u>8/13/00</u>	By: <u>u</u>	Date: <u>8/13/00</u>
Alter/Repair FEE	New Const. FEE	Filing Fee	TOTAL PERMIT FEE														
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By: <u>u</u>	Date: <u>8/13/00</u>	By: <u>u</u>	Date: <u>8/13/00</u>														
60. Volume of New Bldg. or Addition cubic ft.																	

(C) RAZING A BUILDING (COMPLETE ITEMS 61 THRU 83)

61. Raze Contractor's Name:		62. Contractor's Address: (include Zip Code)		63. Phone:							
64. Insurance Company		65. Policy or Cert. Number		66. Expiration Date							
67. Raze Method											
68. Building Material	69. Raze Entire Building? ☐ Yes ☐ No	70. Building Condemned? ☐ Yes ☐ No	70A. Building Vacant? ☐ Yes ☐ No	71. Public Space Vault? ☐ Yes ☐ No	72. Disconnect Water and/or Sewer? ☐ Yes ☐ No						
73. Size of Water Connection in.		74. Plumber's Name:		75. D.C. Lic. No.	76. Length ft.						
77. Width ft.		78. Height ft.		79. Volume ft.	80. Party Wall? ☐ Yes ☐ No						
81. Asbestos in the Building? ☐ No ☐ Yes, location _____		82. Raze Contractor Signature		OFFICIAL USE ONLY <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>FEE</td> <td>By:</td> <td>Date:</td> </tr> <tr> <td>\$</td> <td></td> <td></td> </tr> </table>		FEE	By:	Date:	\$		
FEE	By:	Date:									
\$											
83. Owner's Signature											

(D) RETAINING WALL (COMPLETE ITEMS 84 THRU 93) The retaining wall will not obstruct any accessible parking required by D.C. Zoning Regulations

84. Cost of Work \$	85. Material:	86. Height	87. Color	88. Location: ☐ Entirely on Owner's Land ☐ Party Line with Adjacent Neighboring Land *
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* If party wall, the owner of the adjoining property must agree to the erection of the retaining wall and this application

89. Signature of Adjoining Owner:		90. Phone: Home Work		OFFICIAL USE ONLY <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>FEE</td> <td>By:</td> <td>Date:</td> </tr> <tr> <td>\$</td> <td></td> <td></td> </tr> </table>		FEE	By:	Date:	\$		
FEE	By:	Date:									
\$											
91. Address of Adjoining Owner:		92. Lot:	93. Square:								

(E) FENCE (COMPLETE ITEMS 94 THRU 102) The fence will not obstruct any accessible parking required by D.C. Zoning Regulations

94. Material and type:	95. Height ft.	96. Color:	97. Location: ☐ Entirely on Owner's Land ☐ Party Line with Adjacent Neighboring Land *
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* If party fence, the owner of the adjoining property must agree to the erection of the fence and this application

98. Signature of Adjoining Owner:	99. Phone: Work Home	OFFICIAL USE ONLY	
	101. Lot	102. Square	FEE
100. Address of Adjoining Owner:		\$	
		By:	Date:

(F) SHED OR GARAGE (COMPLETE ITEMS 103 THRU 113)

103. Number	104. Length: ft.	105. Width ft.	106. Area: sq.ft.	107. Height ft.	108. Volume cu.ft.	109. Est. Cost of Work \$	OFFICIAL USE ONLY
110. Material of Roof	111. Material of Sides	112. Wall Thickness: ☐ External () inches ☐ Party () inches		113. Color		\$	FEE
						By:	Date:

(G) AWNING (COMPLETE ITEMS 114 THRU 123)

114. Number:	115. Color	116. Type: ☐ Folding ☐ Fixed	117. Projections: Beyond bldg. line _____ in. Beyond pt of attachm _____ in	118. Height of Lowest Part of awning (a) _____ ft above sidewalk (b) _____ ft above parking (c) _____ ft above grade	OFFICIAL USE ONLY
119. Material Frame	120. Material of Covering	121. Lettering on awning? ☐ Yes ☐ No	122. Fixed Posts? ☐ Yes ☐ No	123. Over Side- walk café? ☐ Yes ☐ No	FEE
					\$
					By: Date:

(H) SIGN (COMPLETE ITEMS 124 THRU 144)

124. Number	125. Electric Signs? ☐ Yes, answer q. 126-132 ☐ No. SKIP q. 126-132	126. Type: ☐ Incandes. ☐ Fluoresc. ☐ Neon	127. Power _____ VA	128. Electrical Contractor License Number:
129. Address of Electrical Contractor (include Zip)		130. Signature of Licensed Electrician	131. Phone No.	132. License No.
133. Height relative to building and ground _____ ft _____ in above sidewalk _____ ft _____ in above roof _____ ft _____ in is building height _____ ft _____ in above projection of window _____ ft _____ in from roof to sign's bottom		134. Material of Sign	135. Type of Sign	136. Color
		137. Width _____ ft.	138. Length _____ ft.	139. Area of Sign _____ sq. ft.
		140. Wide of Business frontage _____ ft.		
C of O No for Bldg.	142. Sign Contractor: License No.		OFFICIAL USE ONLY	
Sign Contractor's Address:	144. Phone:		Sign FEE Elect. FEE Total FEE	
			\$ \$ \$	
			By: Date: By: Date: By: Date:	

(I) APPLICANT'S SIGNATURE

OWNER: I hereby certify that I am the owner of the property, that the application and plans are complete and correct to the best of my knowledge, that if a permit (or permits) is issued, the construction will conform to the D.C. Construction Codes, the Zoning Regulations, and other applicable laws and regulations of the District of Columbia.

Signature of Owner _____ Address _____ Date _____

AGENT: I hereby certify that I have the authority of the owner to make this application. I declare that the application and plans are complete and correct to the best of my knowledge. The owner has assured me that if a permit (or permits) is issued, the construction will conform to the D.C. Construction Codes, the Zoning Regulations, and other applicable laws and regulations of the District of Columbia

Signature of Agent _____ Address 605 Raleigh Pl. SE Date 8/17/16

(J) APPROVAL DO NOT WRITE ON THIS PAGE; OFFICIAL USE ONLY:

A. PERMIT CONTROL		C. PLANS AND APPLICATION APPROVAL	
☐ 1. Fine Arts by: _____ Date: _____ ☐ 2. Historic by: _____ Date: _____ ☐ 3. Cap. Gateway by: _____ Date: _____ ☐ 4. NCPC: _____ Date: _____ ☐ 5. W.H./Obs. Precinct by: _____ Date: _____ ☒ 6. WMATA by: <u>PW</u> Date: <u>8/13/10</u> ☐ 7. Condom. by: _____ Date: _____ ☐ 8. Rental Accm. by: _____ Date: _____ ☐ 9. Chinatown Distr. by: _____ Date: _____ ☐ 10. Utility Clearance by: _____ Date: _____ ☐ 11. General Liability Ins. Policy Clearance by: _____ Date: _____	☐ 1. Information Counter by: <u>W.L</u> Date: <u>8/13/10</u> ☐ 2. Information Center by: _____ Date: _____ ☐ (a) ABRA by: _____ Date: _____ ☐ (b) Noise Control by: _____ Date: _____ ☐ (c) Industrial Safety by: _____ Date: _____ ☐ (d) Vector Control by: _____ Date: _____ ☐ (e) D.C. Animal by: _____ Date: _____ ☐ (f) Police Dept. by: _____ Date: _____ ☒ 3. Zoning by: _____ Date: _____ Zoning Update by: _____ Date: _____ Zoning Overlay approval by: _____ Date: _____ ☐ 4. DDOT - Permit and Records Division/Deposit # _____ Sidewalk Deposit \$ _____ Driveway Deposit \$ _____ by _____ Date _____ ☐ 5. Water/Sewer Design Branch Consumer Eng. by: _____ Date _____ ☐ 6. Environmental Regulation Administration ☐ Environmental Policy Review Control No. _____ Date _____ by _____ Date _____ ☐ Erosion Control by: _____ Date _____ ☐ Storm Water Mgmt. by: _____ Date _____ Plan No _____ ☐ Air Quality by: _____ Date _____ ☐ Underground Storage by: _____ Date _____ ☐ 7. Mechanical Eng. Review by: _____ Date _____ ☐ 8. Plumbing Eng. Review by _____ Date _____ ☐ 9. Electrical Eng. Review by: _____ Date _____ ☐ 10. Health Plan Review ☐ (a) Food Plan Review by: _____ Date _____ ☐ (b) Medical X-Ray Plan Rev. by: _____ Date _____ ☐ 11. Fire Protection Plan Review by: _____ Date _____ ☐ 12. D.C. Fire Dept. (Fire Prevention Plan Review Section) by: _____ Date _____ ☐ 13. Elevator Plan Rev. Sec. by: _____ Date _____ ☐ 14. Plumbing Insp. Rev. by: _____ Date _____ ☐ 15. Construction Insp. Branch (Field Check) by: _____ Date _____ ☐ 16. Historic Pres. Div. by: _____ Date _____ ☒ 17. EISP: <u>Just</u> Date: <u>8/13/10</u> ☒ 18. Structural Eng. by: <u>Just</u> Date: <u>8/13/10</u> ☐ 19. Permit and Certificate Issuance Counter by: _____ Date _____ ☐ 20. QC By: <u>Just</u> Date: <u>8/13/10</u>		
B. CLEARANCE TO FILE PLANS			
☐ 1. Zoning by: _____ Date: _____ ☐ 2. DDOT - Permit and Records Division Access to Parking Street ☐ Street ☐ Alley Cleared by: _____ Date: _____ ☐ 3. DDOT - Consumer Engineer Cleared by: _____ Date: _____ ☐ 4. ERA - Erosion Control Cleared by: _____ Date: _____			
Restrictions of the Permit: <i>No plans required per 12 DCMR 106.1 (pg 5) Exception. Approved by Paul Hynes 8/13/10 (202) 481-3386</i>			
TO REPORT WASTE, FRAUD, OR ABUSE BY ANY D.C. GOVERNMENT OFFICIAL, CALL THE D.C. INSPECTOR GENERAL AT 1-800-521-1639			
ZONING		DDOT - PUBLIC SPACE	
C of O Number _____ Date _____ Existing Use(s) _____ Proposed Use _____	☐ New Bldg ☐ P.O.D. ☐ File in room 2124	Street Name: _____ Street Width: _____ Road Width: _____ Sidewalk Width: _____ Parking: _____	
Job No.	BZA Case No	PUD Order No.	Restrictions:

Environmental Intake Form

Owner & Contact Information

Complete address of proposed work

Square	Suffix (if any)	Lot	Application date (4 numbers for year)

Number	Ext	Official street name	Quadrant	Unit/Suite
		VAN NESS AVE		

Project name Archstone Apartments	Filed Job Application number (if applicable)	Project Description Adding 21 units	
6. Owner Archstone / UDC	7. Complete mailing address (include zip) 3003 Van Ness Ave, NW Washington, DC 20008	8. Phone 202 274 5353	9. Email, if you prefer e-notice
10. Agent for owner, if applicable Chieramonte Construction	11. Complete mailing address (include zip) 605 Raleigh Pl, SE Washington, DC 20002	12. Phone 202 562 0027	13. Email, if you prefer e-notice

Project Scope

1. Is this project a residential structure within R-1 through R-5-A zoning districts?	Yes	No	2. You Answer
2. Is this project a single-family structure <i>not</i> built in conjunction with 2 or more units?	☒	☐	Skip to the signature line.
3. Is this project an accessory structure, such as a garage, patio, pool, or fence?	☒	☐	
4. Is this project only an interior renovation with no building use or capacity change?	☒	☐	
5. Is this project in an Economic Development Zone, as defined in DC Official Code § 6-1501 et seq (DC Law 7-177)?	☐	☐	
6. Is this project in the Central Employment Area, defined in DC Zoning Regulations?	☒	☐	
7. Does the project involve <i>only</i> operation, repair, maintenance, or minor alteration of public structures, facilities, mechanical equipment, or topographical features, with <i>negligible</i> or <i>no</i> expansion of use beyond its current use?	☒	☐	Attach a site plan. If there is no plan, attach a written explanation.
8. Does the owner of this site own adjacent or abutting property?	☒	☐	
9. Do you plan to develop adjacent/abutting property in next 3 years?	☒	☐	
10. Do you plan more development that requires permit(s) on any site in this square in next 3 years?	☒	☐	See EIS Coordinator.
11. Is this project a solid waste facility?	☒	☐	
12. Have you prepared an Environmental Impact Statement (EIS) or a functional equivalent, as required by the National Environmental Policy Act of 1969 (NEPA)?	☐	☐	Attach the EIS or equivalent.
13. Are you claiming an exemption, other than those listed in this form, from the requirement to submit an Environmental Screening Form, under Title 20 § 7202.	☐	☐	Attach an explanation; cite relevant section of regulations.
14. Is the total project cost more than \$1.51 million, including site preparation and construction?	☐	☐	If you're not claiming an exemption, attach an EISF.
15. For projects with a total cost of \$1.51 million or less, check all that apply: ☐ Contains threatened or endangered plant or animal species. ☐ Is within 100 feet of a pond, stream, lake, spring, or wetland. ☐ Project will produce emission of odorous or other air pollutants (from any source, including VOCs). ☐ Project produce, use, or dispose of hazardous substances, as defined in 20 DCMR 7299. ☐ Will be built on land where the water table depth is less than 3 feet. ☐ Will require blasting. ☐ Will generate medical, infectious, radioactive, or hazardous waste.	☐	☐	If you check any item, attach EISF or equivalent.

I certify that all statements on this application are true and complete to the best of my knowledge and belief. I agree to comply with all applicable DC laws and regulations. The making of false statements on this application is punishable by criminal penalties. (DC Code Sec. 22-2514)

Signature of Owner/Authorized Agent

Date 8/13/10

OFFICIAL USE ONLY

Environmental Impact Screening Form Required:

☐ Yes: Referred to EIS Coordinator ☐ No: DCRA Reviewer

Date

NOTE: Building permit approval is not the same as approval of an action or entire project under the Environmental Policy Act of 1989. If you build on the same, adjacent, or abutting property, or expand on work covered by this Environmental Intake Form within 3 years, you may be required to file an EISF for the whole project, including the part covered by this application and permit approval. If the action violates any federal or DC environmental laws, an EISF can be required.

To report waste, fraud, or abuse by any DC government office or official, call the Inspector General: 1-800-521-1639

DISTRICT DEPARTMENT OF THE ENVIRONMENT
BUILDING PERMIT APPLICATION SUPPLEMENTAL FORM - ENVIRONMENTAL QUESTIONNAIRE

PROJECT ADDRESS: _____ LOT _____ SQUARE _____

Note: please answer all 10 questions in this questionnaire, by checking either column Yes or "No" for each question. If you answer "Yes" to any of the questions, you should contact the corresponding office(s) indicated in column 'contact person/office', as soon as possible. Until this application is reviewed and approved by the concerned office(s), the permit will not be issued.

QUESTIONS	YES	NO	CONTACT PERSON/OFFICE	DATE
1. Does the total cost of the project exceed \$1 million? This does not apply if project is for internal (tenant space) renovation only and there will be no change in the use of the building.	☒	☐	(202) 535-2600, EIS Coordinator	
2. Will the work to be performed involve the installation, removal, abandonment, or repair of an underground storage tank (UST) system?	☒	☐	(202) 535-2600, Underground Storage Tank Division	
3. Will the work to be performed involve the assessment Or clean-up of soils associated with the release of materials from an underground storage tank (UST)?	☒	☐	(202) 535-2600, Underground Storage Tank Division (202) 535-2600, Air Quality Division	
4. Will the work to be performed involve the assessment or clean-up of groundwater associated with the release of materials from an underground storage tank (UST)?	☒	☐	(202) 535-2600, Underground Storage Tank Division (202) 535-2600, Air Quality Division (202) 535-2600, Water Quality Division	
5. Will the proposed project involve the installation or drilling of wells other than for the purposes stated in questions 3 and 4?	☒	☐	(202) 535-2600, Water Quality Division (202) 535-2600, Air Quality Division	
6. Will the proposed project involve the generation, treatment, storage, disposal or transportation of chemicals or other substances which may be considered hazardous?	☒	☐	(202) 535-2600, Hazardous Waste Division	
7. Will the proposed project involve construction which will disturb the sediment in rivers, streams or wetlands?	☒	☐	(202) 535-2600, Water Quality Division	
8. Will the proposed use involve the construction of a facility for the handling, transfer, storage, disposal or treatment of solid waste, medical waste, or recyclable materials?	☒	☐	(202) 535-2600, EIS Coordinator	
9. Will the proposed project result in the discharge into the air of gases, dust, or the creation of any objectionable odors?	☒	☐	(202) 535-2600, Air Quality Division	
10. Was the building built before 1978? (Lead paint may be present).	☒	☐	If you answer "YES" to this question, please answer the questions and follow the instructions on the "Lead Hazard Control Questionnaire" to determine if you need a permit to conduct a Lead Abatement Project.	

AFFIDAVIT

I hereby certify that I have the authority of the owner of the property to make this application. I declare that the answers to the above questions in this Questionnaire are complete and correct to the best of my knowledge.

Signature: [Signature] Name (print) Eric Matthew S
 Address 665 Raleigh Pl, SE Date 8/13/10 Phone 571 606 9998

OFFICE USE ONLY

DDOE APPROVAL BY _____ NAME (Print) _____
 CONTACT NUMBER: (202) _____ DATE: _____
 COMMENTS AND PERMIT RESTRICTIONS _____

(USE REVERSE IF NECESSARY)

Department of Consumer and Regulatory Affairs
Reasonable Accommodations and Modifications for Persons with Disabilities

The Department of Consumer and Regulatory Affairs (DCRA) is committed to fair housing practices for all residents of the District of Columbia. The Fair Housing Amendments Act of 1988 (FHA) allows qualified persons with disabilities and or their representatives to request reasonable accommodations and/or modifications so that they may fully use and enjoy their homes and related facilities. This law defines a qualified person with disability as:

Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

In general, a physical or mental impairment includes hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, and developmental disabilities that substantially limit one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself.

The FHA requires DCRA to make reasonable accommodations for qualified persons with disabilities. A reasonable accommodation is a change in rules, policies, practices, or services so that a person with a disability will have an equal opportunity to use and enjoy a dwelling unit or common space. DCRA is required provide reasonable accommodations to qualified persons with disabilities, but it is not required to make changes that would fundamentally alter the program or create an undue financial and administrative burden.

The FHA of 1988 requires DCRA to allow qualified persons with disabilities to make reasonable modifications. A reasonable modification is a structural modification that is made to allow persons with disabilities the full enjoyment of the housing and related facilities. DCRA is required to provide reasonable modifications to qualified persons with disabilities, but it is not required to make changes that would fundamentally alter the program or create an undue financial and administrative burden.

Would you like to obtain more information from DCRA on FHA reasonable accommodation and/or modification requests for qualified persons with disabilities?

YES

NO

Eric Matthews

Printed Name

[Signature]

Signature

If you have questions or concerns related to requesting reasonable accommodations or modifications for qualified persons with disabilities from DCRA, please contact:

Mr. Jeffrey Mason
Department of Consumer & Regulatory Affairs
1100 4th Street, SW Suite 5311
Washington, DC 20024
Phone: (202)-442-4545
Fax: (202) 442-4864
jeffrey.mason@dc.gov

**DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH ADMINISTRATION
LEAD HAZARD CONTROL PERMIT QUESTIONNAIRE AND EXEMPTION FORM**

Project Address: _____

Name of Owner(s): _____ Name of Contractor: _____

Phone Number: _____ Square #: _____ Lot #: _____ Ward #: _____

Project Start Date: _____ Project End Date: _____

Building Type: Commercial - ☐ Office ☐ Federal ☐
Mixed Use (Explain) _____ District ☐
Residential - ☐ Institutional - ☐
Multi-family ☐ Hospital ☐
Single-Family ☐ Museums ☐
Elderly or handicapped ☐ School/Child Development ☐

1. Is the project planned in response to a child being identified as lead poisoned? YES ☐ NO ☐
2. Is the project designed to eliminate or reduce lead-based paint hazards in a pre-1978 building or structure? YES ☐ NO ☐

If you answer "YES", contact the Lead Division at 51 N Street, N.E., 3rd Floor (202) 535-2637 for a lead-based paint control permit application and notification form, unless an exemption listed below applies. If you answer "NO", a permit is not required, but you are required to answer the following questions:

SCOPE OF PROJECT	YES	NO	COMMENTS
1. Is the project disturbing deteriorated lead based paint on surfaces totaling more than 2 square feet per room, or 20 square feet on exterior surfaces, or 10% of a building component with a small surface (such as a small painted window frame) involving the following:			
A. Removal and replacement of lead-based paint components, e.g. windows, doors and baseboards?			
B. Onsite stripping and removal of lead-based paint?			
C. Partial demolition or gutting of building?			
2. Does the project involve the removal and covering of lead-contaminated soil?			

EXEMPTIONS

Please indicate the applicable exemption from the following list:

- ☐ Individuals who perform lead-based paint activities at residences which they own, unless the residence is occupied by a person or persons other than the owner or the owner's immediate family, unless any child under the age of 8 years resides, is expected to reside in, or regularly visits such housing.
- ☐ Housing for the elderly or persons with disabilities; unless any child under the age of 8 years resides, is expected to reside in, or regularly visits such housing.
- ☐ Any (0)-bedroom unit, such as an efficiency apartment.

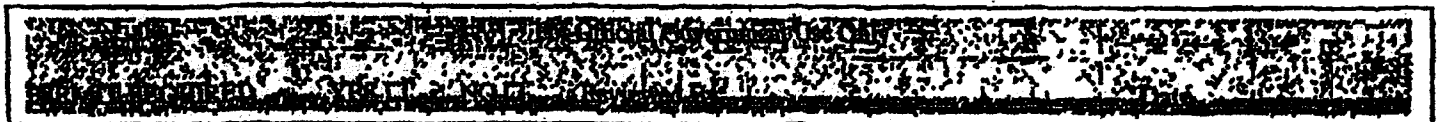
AFFIDAVIT

I declare that the information provided is accurate, true and complete to the best of my knowledge and belief, and/or I have the authority to represent the owner of the property to answer this application and sign on behalf of the company and/or persons listed as owners. I understand that if such information contained in this application is false, I am subject to the penalty provisions of D.C. Law 11-221. Any fraud or misrepresentation on an application shall be grounds for automatic rejection and/or civil administrative penalties. I understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application for approval.

SIGNATURE

DATE

PRINT NAME



Zoning Data Summary

General Instructions: Pursuant to 12 DCMR, § 106.1.11.6, submit this completed form with Building Permit and Certificate of Occupancy applications for:

- proposed new construction of buildings
- additions to existing buildings
- changes in use or occupant load.

Print clearly in ink. Do not write in gray areas. Write N/A (non-applicable) for items that do not apply. If you erase, cross out, white out, or otherwise change any information on this application, the application will be void.

For more information, call the Office of Zoning Administrator at 202-442-4576. If you need more forms, you can download them at dcra.dc.gov (go to Zoning Requirements) or pick them up at the Permit Center, 1100 4th St SW, 2nd Floor.

A. Site Address

Give complete and legal District address. If you need to apply for a new address, complete a New Address Application, before you complete this form. Do not abbreviate street names. Write the correct quadrant (NW, NE, SW, SE), suite or office number. Enter the correct Square, Suffix, and Lot number (SSL) or parcel ID.

Street Number	Street Name	Quadrant	Unit / Suite	Application Date
Square	Suffix	Lot	Proposed use	File Job #

B. Owner & Contact Information

Agent must be an individual -- not a company.

Owner of Building or Property	Complete mailing address (include zip)	Phone Number(s)	Email
Agent for owner, if applicable	Complete mailing address (include zip)	Phone Number(s)	Email

C. Zoning District & Special Development Restrictions

Give the correct zoning and overlay zoning district(s). Check with Zoning staff if you are unsure. If your proposed construction was subject to Board of Zoning Adjustments (BZA) or Zoning Commission review, write the order number. Attach copies of BZA order and Office of Zoning stamped plan exhibits (site plan, elevations, floor plans).

District	Overlay(s), if any
----------	--------------------

Number of Board of Zoning Adjustment (BZA) or Zoning Commission (ZC) Order, if applicable.

D. Zoning Data

For items with asterisks (*) refer to the Definitions Section of the Zoning Regulations, 11 DCMR, § 199.1, available online at dcoz.dc.gov/info/req.shtm.

Data	Existing	Proposed	Official Use Only (code requirement)
Fill in both columns: numbers must match those on attached applications, plats, and plans.			
Units & Parking Spaces			
Number of dwelling units	Units	Units	
Number of parking spaces (9' x 19')	Units	Units	
Setbacks & Building Heights			
Side Yard* Setback (left when you face property)	Linear feet	Linear feet	
Side Yard* Setback (right when you face property)	Linear feet	Linear feet	
Rear Yard* Setback	Linear feet	Linear feet	
Building Height*	Stories	Stories	
	Feet	Feet	
Areas			
Lot Area	Square feet	Square feet	
Gross Floor Area* (GFA) of entire building (sum of all floors)	Square feet	Square feet	
Floor Area Ratio*	GFA / Lot Area	GFA / Lot Area	
Building Area* (sum of footprints of all buildings)	Square feet	Square feet	
Lot Occupancy* (Bldg Area / Lot Area)	%	%	
Residential Recreation Space (For multi-family buildings in C-prefixed zoning districts)	Square feet	Square feet	

CONTRACT AGREEMENT

Name of Contractor/Owner Chicamonte Construction Contractor's License No. 20157 RYK-69064

Address of Contractor/ Owner 605 Raleigh Pl, SE Date: 8/13/10

ADDRESS OF PROPOSED WORK <u>303 Van Ness Ave, NW Washington</u>		LOT:
OWNER OF BUILDING OR BUSINESS: <u>Archstone / UDC</u>		SQUARE:
DESCRIPTION OF PROPOSED WORK: <u>Adding 21 walls to 21 apartment units</u>		
ESTIMATE		
CONSTRUCTION e.g drywall, ceilings, framing, carpentry etc	\$ <u>25,595</u>	<u>25,595</u>
ELECTRICAL	\$	
MECHANICAL	\$	
PLUMBING	\$	
FIRE PROTECTION e.g sprinkler system, fire alarm system, generator etc.	\$	
DEMOLITION	\$	
MISC/OTHER (please specify)	\$	
TOTAL	\$ <u>25,595</u>	<u>25,595</u>
The labor and material costs of counter tops, kitchen cabinets, floor coverings, tile work, caulking, patching and plaster repair, painting other than fire retardant paint, gutters and downspouts, not more than 160 square feet of gypsum board shall not be included in the cost estimate for permitting purposes. The entire list can be seen in the 1999 D.C Building Supplement Chapter 1 Section 107.3.		
The foregoing terms, specifications and conditions are satisfactory and hereby agreed to. You are authorized to work as specified and payment will be made in the amount as outlined. Upon signing this agreement, the owner represents and warrants that he or she is the owner or the authorized agent of the owner of the aforesaid premises and that he or she has read this agreement.		
CONTRACTOR <u>[Signature]</u> <u>Eric Matthews</u> Signature & print		Date: <u>8/13/10</u>
OWNER OF BUILDING/BUSINESS _____ Signature & print		Date: _____
Upon signing this document, the owner and contractor declare that the cost of construction as specified above for the referenced project is true and correct to the best of their knowledge		

Please fill out this agreement form in accordance with D.C Construction Code Supplement 1999, Chapter 1 Section 112.1.

EXHIBIT 3

Department of Consumer and Regulatory Affairs

Permit Operations Division

1100 4th Street SW

Washington DC 20024

Tel. (202) 442 - 4589

Fax (202) 442 - 4862

B

BUILDING PERMIT

THIS PERMIT MUST ALWAYS BE CONSPICUOUSLY DISPLAYED AT THE ADDRESS OF
WORK UNTIL WORK IS COMPLETED AND APPROVED

Issue Date: 08/13/2010

PERMIT NO. **B1009105**

Expiration Date: 08/13/2011

Address of Project: 3003 VAN NESS ST NW		Zone: R-5-D	Ward: 3	Square: 2049	Suffix:	Lot: 0806
Description Of Work: ADDING 21 WALLS TO 21 APARTMENT ROOMS.						
Permission Is Hereby Granted To: Smith Property Holdings 4411 Connecticut Llc		Owner Address: 9200 E PANORAMA CIR STE 400 ENGLEWOOD, CO 80112-3491			PERMIT FEE: \$927.41	
Permit Type: Alteration and Repair	Existing Use:		Proposed Use:			Plans:
Agent Name: Eric Matthews	Agent Address: 605 RALEIGH PL SE WASHINGTON, DC	Existing Dwell Units:	Proposed Dwell Units:	No. of Stories:	Floor(s) Involved:	
Conditions/ Restrictions: DAVID NAPLES AND MR. ROBBIE OKAY'D PERMIT TO GO THREW TODAY. This Permit Expires if no Construction is Started Within 1 Year or if the Inspection is Over 1 Year. All Construction Done According To The Current Building Codes And Zoning Regulations; As a condition precedent to the issuance of this permit, the owner agrees to conform with all conditions set forth herein, and to perform the work authorized hereby in accordance with the approved application and plans on file with the District Government and in accordance with all applicable laws and regulations of the District of Columbia. The District of Columbia has the right to enter upon the property and to inspect all work authorized by this permit and to require any change in construction which may be necessary to ensure compliance with the permit and with all the applicable regulations of the District of Columbia. Work authorized under this Permit must start within one(1) year of the date appearing on this permit or the permit is automatically void. If work is started, any application for partial refund must be made within six months of the date appearing on this permit.						
Director: Linda K. Argo		Permit Clerk Stacie Williams				
TO REPORT WASTE, FRAUD OR ABUSE BY ANY DC GOVERNMENT OFFICIAL, CALL THE DC INSPECTOR GENERAL AT 1-800-521-1639 FOR CONSTRUCTION INSPECTION INQUIRIES CALL (202) 442-9557 TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442-9557.						

EXHIBIT 4

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Application Deadlines:

Application Due: Open upon all spaces are filled -- Limited Space Available!

Deposit Due: Open upon all spaces are filled -- Limited Space Available!

Response Forms Due: Aug 4

Winter Break (Halls Closed):
Dec 19 - Jan 10

End-Semester Move Out:
Seniors May 15
Everyone Else May 11

Office of Residence Life

Main Office

Building 38, Room A-09

☎ 202.274.6360

☎ 202.274.6033

✉ housing@udc.edu

Mailing List

Join our mailing list to receive information and updates

Forms & Documents

[Housing Application](#)
[Occupancy Agreement](#)
[Housing Response Form](#)
[Guest Registration Form](#)
[Health Form](#)
[Suggested and Prohibited Items](#)
[Federal Lead-Based Paint Brochure](#)

[Residence Life Home](#)

[Important Dates](#)

[Facility Information](#)

[Staff](#)

[Student Code of Conduct](#)

[Student Handbook](#)

[Contact Us](#)

Office of Residence Life Facility Information

Archstone Van Ness
3003 Van Ness St. NW
Washington, DC 20008

Cost: \$4,200 per semester or \$8,400 for academic year (Fall 2010 and Spring 2011)

- 24-hour resident concierge / Doorman
- Sparkling olympic size swimming pool
- 24-hour fitness center and saunas
- Variety of exercise classes offered weekly
- Multi-purpose resident community room
- On-site dry cleaning valet
- ATM
- Steps to Van Ness/UDC Metro stop
- Underground walk way to grocery shopping

The apartments will have the following furnishings:

- bed -- extra long twin size
- dresser
- desk and chair
- microwave
- stove
- refrigerator
- dishwasher.

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4200 Connecticut Avenue NW | Washington, DC 20008 | 202.274.5000



EXHIBIT 5



Application Deadlines:

Application Due: Open upon all spaces are filled -- Limited Space Available!

Deposit Due: Open upon all spaces are filled -- Limited Space Available!

Response Forms Due: Aug 4

Winter Break (Halls Closed):
Dec 19 - Jan 10

End-Semester Move Out:
Seniors May 15
Everyone Else May 11

Office of Residence Life

Main Office

Building 38, Room A-09

202.274.6360

202.274.6033

housing@udc.edu

Mailing List

Join our mailing list to receive information and updates

Forms & Documents

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[Occupancy Agreement](#)
[Housing Response Form](#)
[Guest Registration Form](#)
[Health Form](#)
[Suggested and Prohibited Items](#)
[Federal Lead-Based Paint](#)
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[Important Dates](#)

[Facility Information](#)

[Staff](#)

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**Office of Residence Life
Important Dates**

Housing Application DUE	Open upon all spaces are filled -- Limited Space Available!
Housing Deposit DUE	Open upon all spaces are filled -- Limited Space Available!
Housing Notification Letters Distributed	August 4
Housing Response Forms DUE	August 9
Fall 2010	
* Residence Halls Open	August 15 - 22
Registration	August 18 - 20
Classes Begin	August 25
Classes End	December 4
Final Exams	December 12 - 18
Residence Halls Closed - Winter Break	December 19 - January 10
Spring 2011	
*Residence Halls Open	January 11
Registration	January 12 - 14
Classes Begin	January 20
Classes End	April 30
Final Exams	May 4 - 10
Commencement	May 14
*End-of-Semester Move Out	Freshmen, Sophomores and Juniors (May 11) Seniors (May 15)

*Note: The dates provided above are subject to change and may vary per student category.

EXHIBIT 6



**OFFICE OF RESIDENCE LIFE
UNIVERSITY OF THE DISTRICT OF COLUMBIA
TERMS AND CONDITIONS OF
OCCUPANCY AGREEMENT FOR OFF-CAMPUS STUDENT HOUSING
ACADEMIC YEAR 2010 - 2011**

This Student Occupancy Agreement ("Agreement") is made and entered into as of the _____ day of _____ (month), _____ (year) by and between the University of the District of Columbia (UDC), and _____ ("**Student**").

AN OCCUPANT must be a registered full-time student in good academic and financial standing. If a student has been placed on Academic Probation, he or she will have to submit a written explanation of the circumstances and request to the Director of Residence Life for consideration of continued housing. A written response will be sent to the student of the decision to allow or deny continued housing.

OCCUPANCY is a privilege and not a right. All occupants are subject to, and agree to abide by, the terms and conditions **outlined in this Occupancy Agreement, the Student Housing Operational Guide, Code of Student Conduct and, where applicable, the UDC Student-Athlete Code of Conduct** (*as those documents may be revised and incorporated by reference*).

ROOM OR UNIT ASSIGNMENTS

The Director of Residence Life or the Vice President of Student Affairs reserves the right to authorize or deny unit/room or roommate changes and reserves the right to require a student occupant to move from one unit to another during the year, as necessary.

MANDATORY HOUSING MEETINGS will take place twice per semester and as scheduled by the Director of Residence Life and/or designated staff of the Office of Residence Life. If you have failed to attend any mandatory meetings, you are still responsible for the information that was discussed and distributed during those meetings.

SUBLETTING is not permitted under any circumstances. (Subletting is when an occupant seeks to rent out all or part of a rented unit (apartment, for example) to another person. The students who signed the agreement with the University and are authorized to stay in the unit are held responsible to the terms of the Occupancy Agreement with the University. Further, a student occupant cannot assign or transfer the Occupancy Agreement to another person.

GUESTS are persons not assigned to a particular apartment room or unit, but are in the apartment room or unit at the invitation of an occupant. **Guests are permitted as a privilege.** Guests are permitted provided that you have the consent of your roommates. Guests must be accompanied throughout the Residential facility at all times.

Guests arriving or staying after 12:00 midnight will be treated as

OVERNIGHT GUESTS and require the completion of the Guest Registration Form and the written approval of the Director of Residence Life. Contact your Director of Residence Life to obtain a Guest Registration Form prior to your guest arrival.

ONE OVERNIGHT GUEST at a time is permitted, provided you have the consent of your roommates, have completed the Guest Registration Form, and have received written approval from the Director of Residence Life prior to guest arrival. Your overnight guest may remain for a maximum of 3 consecutive nights per month, not to exceed 4 nights per month. You are restricted to a total of 4 nights per month for any and all overnight guests. Should you and/or your guest violate this provision, you will be charged with improperly harboring a guest as defined in the Code of Student Conduct and may be subject to discipline. **HARBORING** is not allowed under any circumstances.

OCCUPANT CONDUCT AND THE CONDUCT OF GUESTS AND OVERNIGHT GUESTS are your responsibility. You are responsible for ensuring that your guests do not infringe upon the rights of other apartment residents or UDC students or occupants. Failure by you or your guest to comply with this provision or any provision of this agreement may result in disciplinary action to include termination of this Occupancy Agreement and removal from the Apartment Unit.

MAINTAINING A SAFE, SECURE AND HEALTHY LIVING ENVIRONMENT is the responsibility of all occupants in the Apartment Unit. **Students must immediately report all crimes, medical emergencies, fire and suspicious activities to the local police (911) and UDC police, and the Director of Residence Life.** Students are encouraged to secure their apartment doors at all times, to not prop open outside doors, to safeguard valuables (including credit/debit cards, PINS, etc.) and maintain renters' insurance.

NO PETS will be allowed in the Apartment Unit.

CANDLES, INCENSE, AND KEROSENE HEATERS/LAMPS

For fire safety reasons, possession of and/or burning candles, incense, kerosene heaters or any other open-flame devices are prohibited in the Apartment Unit.

KEYS AND ACCESS CARDS will be issued on the day you move in. Please note that there is a replacement charge for each lost/stolen key or access card. All charges will be placed on your student account and will be subject to applicable late fees, deferment fees and service charges. You may not duplicate or alter keys or access cards. You may not install any locks in the Apartment Unit, including your apartment room or unit.

AUTHORIZED EMPLOYEES OF THE UNIVERSITY OF THE DISTRICT OF COLUMBIA, the Office of Residence Life Staff or facility staff have the right to enter your room or unit for administrative purposes, repairs, to inspect for compliance with health, fire or building codes, to inspect for compliance with University and Residence policies, or for any other situation which the University or the Residence deems to be a danger to health, safety or property. Notice of 24 hours will be given, if possible, and a notice will be left in your room or unit, containing the date, time, and purpose of entrance, and any applicable charges.

REPAIRS NEEDED OR DAMAGE TO your apartment room or unit, its contents or to common areas should be reported immediately to the UDC Director of Residence Life and/or Office of Residence Life staff. Damages due to the negligence or fault of the student occupant or his/her guests occurring during or after move-in will be placed on your student account and will be subject to applicable late fees, deferment fees and service charges. Unless individual responsibility for damage to common areas is established, damages and charges will be assessed

equally against all occupants of the apartment, floor or the Apartment Unit as applicable.

THE UNIVERSITY DOES NOT INSURE THE PERSONAL PROPERTY OF ANY STUDENT OR STAFF OCCUPANT OR GUEST. Neither the District, the University of the District of Columbia, its officers, employees or agents is liable for theft, loss, damage or destruction of personal property, or for bodily injury or death. The University strongly recommends that each student occupant make separate arrangements and obtain the appropriate insurance through a renter's or homeowner's policy.

PLEASE NOTE THAT THE UNIVERSITY HAS BEEN ADVISED BY THE PROPERTY OWNER, ARCHSTONE, AND/OR ITS MANAGEMENT AGENT THAT LEAD-BASED PAINT HAS BEEN USED THROUGHOUT THE APARTMENT TO INCLUDE THE EXTERIOR, INTERIOR AND COMMON AREAS. The property owner and/or its management agent have further advised that: "lead from paint, paint chips and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women." A federally approved pamphlet on lead poisoning prevention is attached to this agreement and additional copies are available at the University's Office of Residence Life located in Building 38, Room A-09. _____ Initials of Occupant

SMOKING OR POSSESSING A LIT TOBACCO PRODUCT is not permitted in the apartment room or units or other prohibited areas of the Archstone property. *(See University policy in the Code of Student Conduct, as revised and incorporated by reference.)*

DISTURBING THE PEACE is prohibited. Disturbing the peace includes, but is not limited to, unreasonable or excessive noise, disorderly conduct, fighting, quarreling, failure to comply with an order to disperse and/or being in a state of intoxication or impairment due to unlawful alcohol or drug usage. Failure to comply with this provision may result in disciplinary action to include termination of this Occupancy Agreement and removal from the Apartment Unit. *(See University policy in the Code of Student Conduct, as revised and incorporated by reference.)*

DISPLAYING OR POSSESSING A GUN, AMMUNITION, KNIFE, OR OTHER WEAPON is prohibited.

POSSESSION, DISTRIBUTION OR CONSUMPTION OF ALCOHOL by you or your guests, unless while in attendance at a University-sponsored event where alcohol is permitted, is prohibited on all University property or University premises, building facilities and other property in the possession of or owned, used, or controlled by the University to **include any apartment room or unit or any common area of the Residence.** Failure to comply with this provision may result in disciplinary action to include termination of occupancy from the Apartment Unit. *(See University policy in the Code of Student Conduct, as revised and incorporated by reference.)*

UNAUTHORIZED USE OR POSSESSION OF A CONTROLLED SUBSTANCE OR DRUG PARAPHENALIA IS PROHIBITED by you or your guests on University property or University premises, including all land, building facilities and other property in the possession of or owned, used, or controlled by the University and including any apartment room or unit or any common area of the Residence. Failure to comply with this provision may result in disciplinary

action to include termination of occupancy from the Apartment Unit. *(See University policy in the Code of Student Conduct, as revised and as incorporated by reference.)*

PARKING

Parking is available at the Archstone property on a limited basis and must be coordinated through the Director of Residence Life.

FEDERAL AND STATE LAW

All occupants and guests are subject to and agree to abide by applicable federal and local laws.

FAILURE TO COMPLY AND TERMINATION OF OCCUPANCY

Failure to comply with any University Rules and Regulations may lead to termination of your Occupancy Agreement.

OCCUPANCY MAY BE TERMINATED IF you (1) fraudulently misrepresent any information on your application, letter of intent or tender or (2) engage in serious misconduct warranting substantial disciplinary penalty (3) are not a full-time enrolled student at the University (Flagship or Community College) in good academic and financial standing for the semester that you are receiving housing.

REQUESTS FOR HOUSING DURING SEMESTER BREAK

You understand that you are permitted to stay in the apartment room or unit during the University's scheduled winter break only if you have been identified by the Office of Residence Life as a special need for housing throughout the semester break. Extended stays between semesters or at the end of the Academic Year are subject to the terms of the Occupancy Agreement.

FALL/SPRING TERM MOVE IN/OUT

The Director of Residence Life and/or designated Office of Residence Life staff will provide information regarding the dates and times associated with dates when you will have to vacate the Apartment Unit as well as move in and move out each semester. **I UNDERSTAND AND AGREE TO PAY A PRORATED FEE OF \$68.34 DAILY IN THE EVENT I HOLDOVER OR STAY BEYOND THE TERMINATION DATE. Permission to stay beyond the termination date must be granted by the Director of Residence Life.**

LIQUIDATED DAMAGES: FAILURE TO RETURN ALL KEYS FOR WINTER BREAK AND AT THE CONCLUSION OF SPRING TERM HOUSING WILL RESULT IN A DAILY PROATED FEE. ADDITIONAL CHARGES MAY APPLY FOR LOST OR STOLEN KEYS, AND OR REPLACEMENT OF YOUR APARTMENT UNIT FRONT DOOR LOCK.

PAYMENT INFORMATION

A non-refundable deposit of \$150 is required and must accompany your Housing Application. If you are receiving financial aid from the University, your financial aid package **may not** cover the deposit / reservation fee. The non-refundable deposit will be used as a reservation for and the maintenance of housing.

UNIVERSITY POLICIES & PROCEDURES

I certify that I have read and understand all the terms and conditions of the Occupancy Agreement. I further certify that all of the information that you have placed on my Occupancy Agreement is accurate and correct. By signing this contract, I agree to the terms and conditions stated herein. I also understand that it is my responsibility to read, know, and follow all the rules and regulations established in the current Code of Student Conduct, Student Housing Operational Guide, and in this Occupancy Agreement and the Student-Athlete Code of Conduct as that may apply to me or my guests.

Signature of Student - Required	Print	Date
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Signature of Parent/Guardian (if student is under 18)	Print	Date
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ACCEPTANCE

I agree to abide by all University, housing rules/guidelines and applicable standards of student conduct currently in force and as they may be revised. I agree to attend all mandatory housing meetings. I understand that I am an occupant and not a resident and that I have no rights in the housing as a resident or resident. I also affirm that all information provided above is true and correct to the best of my knowledge.

IN WITNESS WHEREOF, Student and UDC have executed this Residency Agreement as of the date first above written.

Student Information – ALL FIELDS REQUIRED

Name (Please Print)		UDC I.D. Number	
Permanent Home Street Address	City	State	Zip Code
Home Phone	Cell Phone	Email Address	

University Status: (Select One) ☐ Undergraduate ☐ Graduate ☐ Law School ☐ Community College

Undergraduate Classification: (Select One) ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

In the event you are missing for 48 hours, the University has the right to contact the emergency number that is listed below.

EMERGENCY CONTACT

By identifying an emergency contact below you give permission to the University to contact this person on your behalf and disclose information that may be confidential or otherwise contained in your educational records in an emergency situation or as warranted.

Name (Please print)		Relationship	
Home Street Address	City	State	Zip Code
Home Phone	Cell Phone	Email Address	

Signature of the Vice President of Student Affairs or
University of the District of Columbia Designee

Date

As a student occupant, you may identify a contact person(s) who the University will notify if you become missing for 24 hours. The University will notify this person if it is determined that you are missing. This missing persons contact information will be kept confidential by the Division of Student Affairs/Office of Residence Life and will be accessible only to authorized campus officials and local law enforcement, to include the Office of Public Safety and the DC Metropolitan Police Department, in furtherance of a missing person investigation. The DC Metropolitan Police Department will be notified within 24 hours of the determination that you are missing. If you, the missing student, are under 18 years of age and not emancipated, the University will notify your custodial parent or guardian in addition to notifying the missing person contact as designated by you.

Missing Persons Contact

Name:		Relationship to Occupant
Address	City	State
Zip		
Email Address	Telephone	

EXHIBIT 7

The University of the District of Columbia

Van Ness Campus Plan 2011-2020

Application to the
District of Columbia Zoning Commission for
Review and Approval of a New Campus Plan

February 8, 2011

The University of the District of Columbia

Van Ness Campus Plan 2011 – 2020

Conclusion

Based on the foregoing reasons, the University developed its proposed campus plan. This plan locates the Student Center-the use most likely to create pedestrian activity and feature ground-level uses that will enliven Connecticut Avenue –at this prominent gateway location. It also locates the housing on a sizeable parcel that is well-sited away from the most sensitive nearby use-the residential community, and places it in a location that would be able to accommodate future growth. And it leaves the remaining site at Windom Place, which is a strategic location offering potential as an important access point into the campus, open for potential future expansion.

4.5 Off-Campus Housing

As a part of the University's efforts to attract and retain talented undergraduate students, the University leases a small number of units in nearby apartment buildings to provide housing near campus for its evolving undergraduate programs. This program started in fall 2010, and the University expects to continue to utilize available off-campus resources for additional student housing over the life of the Plan.

While the occupancy of these units by students is permitted under the Regulations, UDC proactively manages the behavior of students living in these residential facilities in order to ensure that these students will live harmoniously with nearby residents.

- First, the University has placed resident advisors in the apartment building who live in the building and provide a direct liaison between students and neighbors, as well as support the University's educational mission and, when necessary, enforce its code of conduct.
- Second, the University has also worked closely with building management to establish a strong communication pattern for monitoring and responding to UDC student-related complaints. The building management refers complaints to UDC's Office of Residential Life, which documents and follows up on each complaint. The handful of complaints received over the course of the fall 2010 semester typically consisted of noise issues that are common in any apartment complex with wood floors, and the University has worked with its students to ameliorate the situation and ensure a more harmonious living environment for all residents.
- Third, the University has established a Code of Student Conduct and, when necessary, is able to pursue disciplinary action for students found to have violated its provisions.

UDC takes its responsibility to the neighborhood very seriously, and makes sure that student occupants of the apartments are good neighbors and follow all applicable rules.