DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

Application for Certificate of Occupancy

Application Date: _____ Receipt Number: _____

Cashier Number: _____

APPLICATION FEE $35 NON-REFUNDABLE C of O Number: C0110135

CERTIFICATE FEE IS BASED ON SQUARE FOOTAGE

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

INFORMATION on PROPOSED BUSINESS

1. Premise Address 1721 13TH Street NW Washington DC 20009 Suite/Room No _____
2. Business Telephone 202-462-3375 Fax Number _____ Lot _____ Square _____
3. Trade Name of Business Edward C Mazique Parent Child Center, Inc
4. Is Business Incorporated? Y/N Y Partnership? Y/N _____ Sole Proprietor? Y/N _____ New/Existing _____
5. Corporate Name Edward C Mazique Parent Child Center, Inc
6. President Wendell Campbell Vice President _____ Secretary _____
7. Sole Proprietor _____
8. Business Owner's Mailing Address 1719 13th Street NW Washington DC 20009 Phone Number (daytime) 202-462-3375

INFORMATION on OCCUPANCY

9. | Ownership Change | Partial Occupancy | New Bldg. | Use change | X Load Change | BZA No. _____
10. Proposed Use of Premises Child Development Center with 175 children Ages 6wks to 5 years and 62 staff.
11. Prior Use of Premises Child Development Center Maximum 160 children 85 staff, Hours of Operation 7:00AM 6:00PM
12. Proposed Occupancy Load _____ Square Feet Occupied _____
13. Floors to be Occupied Basement to third Basement ? | Yes | No
14. Is this Business Sexually Oriented according to the DC Zoning Regulations ? | Yes | No

INFORMATION on ENTIRE BUILDING

15. Building Owner _____ Telephone No. _____
16. Building Owner's Address _____
17. Square Feet 276 Numbers of floors 3 Basement 1

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.

18. Owner of Business _____ Date _____
Signature

If Authorized Agent for owner of Business (Attach Authorization)

19. Agent's Name Girum A Gebretsadik Date 3/2/2011
Print Clearly Signature

20. Agent's Address 3708 Silver Park Ct Suitland MD 20746

DC INSPECTOR GENERAL HOTLINE: If you are aware of corruption, fraud, waste, abuse or mismanagement involving any DC government agency, official or program, contact the Office of the Inspector General (OIG) at (202) 727-0267 or (800) 521-1639 (toll free). All reports are confidential and you may remain anonymous by law. Government employees are protected from reprisals or retaliation by their employers for reporting to the OIG. The information you provide may result in an investigation leading to administrative action, civil penalties or criminal prosecution in appropriate cases.

NOTICE OF NON-DISCRIMINATION: In accordance with DC Human Rights Act of 1977, as amended, DC Code Section 2.1401.01 et seq., ("the Act") the District of Columbia does not discriminate on the basis of race, color, national origin, sex, age, marital status, sexual orientation, family responsibilities, matriculation, political affiliation, disabilities, source of income, or place of residence or business. Discrimination in violation of this act will not be tolerated. Violators will be subject to disciplinary action.