

FILE COPY

CO, 200734

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

Application for Certificate of Occupancy

Application Date: 12/23/11

C of O Number: _____

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 1326 H St NE
2. Building/Property Owner's Name: EAST CHOP, LLC Phone: _____ Email: _____
3. Property Square 1026 Suffix _____ Lot 0086 GEORGE MURRAY
4. Number of Floors 2
5. Zone C-2-A Overlay (if applicable) HS

APPLICANT INFORMATION

6. Applicant's Name (see instructions): Chris Miller DVM
7. Trade name of business (if applicable) AtlasVet LLC
8. Applicant's Mailing Address 619 12th St NE
9. Applicant's Day Phone # 202-747-9939 Cell # 202-330-1356 Email Address chrismillerdvm@gmail.com

INFORMATION ON PREMISES/OCCUPANCY

10. Ownership Change Use Change Load Change Revision New Bldg
11. Proposed use of Premises veterinary hospital
12. Prior use of Premises Beauty School C of O # _____
13. Proposed Occupancy Load 38
14. Area Occupied by Proposed Use 3700 sq. ft.
15. List Floors of a building to be Occupied by Proposed Use first floor
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:
19. Is there a building permit associated with this application? Yes No If yes, provide building permit number B1111198
20. What use was listed on the building permit? Others
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: _____

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 12/13/2011

BOARD OF ZONING ADJUSTMENT
District of Columbia

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

CASE NO. 18373

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.

EXHIBIT NO. 8

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

DCRA Zoning Help Line: 202-442-4576 dcra.dc.gov

Board of Zoning Adjustment

District of Columbia

CASE NO. 18373

EXHIBIT NO. 8

OFFICIAL DCRA USE ONLY

C of O # _____

Premises Address _____

PERMIT REVIEW COORDINATOR

Checked items #1-9 for completeness _____

Approved By _____

Date _____

ZONING INFORMATION

BZA or ZC # (if applicable) _____ *NA*Prior C of O # (if applicable) _____ *NA*Prior Use on above C of O _____ *Refi.*RECEIVED
U.C. OFFICE
OF ZONING

2012 MAR 13 PM 1:22

ZONING REVIEWER

Continuation of Prior Use? Yes NoZone *H/C-2-A*Use Allowed? Yes No Provide Zoning Code Use *721.2(X)*Cite Zoning Section # *3-1-100*Off-street Parking Required? Yes No If yes, number of spaces required _____ If no, was a waiver granted?Parking credit? BZA relief obtained? Describe: *2 space credit* *Needs BZA relief for permit COO*Is Zoning Inspection Required? Yes No If Yes, describe: _____Approved By *MZ2*Date *1/13/2012*

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)
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Approved By _____ Date _____

INSPECTIONS

Zoning Inspection (745) Approved? Yes No N/AAll Construction Code Inspections Approved? Yes No N/AStormwater Inspection Verification? Yes No N/A DDOE Approval _____Approved By *Robert* Date *12/30/11*

APPROVAL

Issuance: By *MZ2* Date *1/13/2012**Temporary C-f @ till 6/30/12**Needs BZA Approval for parking off site under**sections 730.1 and 2116.1*