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DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

# Application for Certificate of Occupancy

Application Date: 2/1/12 C of O Number: 60170155

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

(e) HCP HC1000636

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

## INFORMATION ON THE BUILDING/PROPERTY

1. Property Address 5350 Chillum Pl. NE DC 20011
2. Building/Property Owner's Name: Betty Williams Phone: ____ Email: bettys4williams@gmail.com
3. Property Square 3951 Suffix ____ Lot 138
4. Number of Floors 3
5. Zone R-2 Overlay (if applicable) ____

## APPLICANT INFORMATION

6. Applicant's Name (see instructions ): Betty Williams
7. Trade name of business (if applicable) God Creation Child Care
8. Applicant's Mailing Address 5350 Chillum Pl. NE DC 20011
9. Applicant's Day Phone # 202-332-2757 Cell # 202-494-5992 Email Address bettys4williams@gmail.com

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OFFICE OF ZONING
2012 APR 11 PM 12:48

## INFORMATION ON PREMISES/OCCUPANCY

10. ☐ Ownership Change ☒ Use Change ☐ Load Change ☐ Revision ☐ New Bldg
11. Proposed use of Premises Child Development Home/Center
12. Prior use of Premises Single Family Dwelling C of O # ____
13. Proposed Occupancy Load 12
14. Area Occupied by Proposed Use 725 sq. ft.
15. List Floors of a building to be Occupied by Proposed Use Basement + 1st 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 ____
20. What use was listed on the building permit? NO
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 Betty Williams Date 2/1/12

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

BOARD OF ZONING ADJUSTMENT
District of Columbia
CASE NO. 18392
EXHIBIT NO. 12

**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*