GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
OFFICE OF THE ZONING ADMINISTRATOR

November 19, 2012

Joshua Glickman
1015-1017 Irving Street, NW
Washington, D.C. 20010

Re: Lot 0114 in Square 2846
1015-1017 Irving Street, NW
Washington, DC 20010
(First Floor)
Zoned R-4

Dear Mr. Glickman,

Your certificate of occupancy application #CO-1300253 filed to use the subject premises as a "Parking on alley lot" is disapproved due to the need for Board of Zoning Adjustment relief.

You will be required to obtain a special exception under the provisions of DCMR Title 11, Section 333 to establish your use in the R-4 Zone. The Board of Zoning Adjustment has authority to grant special exceptions under provisions of DCMR Title 11, Section 3104.1.

This letter must be presented to the Board of Zoning Adjustment, Room 210, 441 4th Street, N.W., when submitting an application for the Board's consideration. If your request is granted, a new certificate of occupancy application must be filed with the Department of Consumer and Regulatory Affairs for the final review, along with a copy of the BZA order, and any associated exhibits granting approval.

Note: All applicants must provide the Office of the Zoning Administrator with submission verification, in the form of a formal receipt from the BZA, within 30 days of the date this memo.

Best Regards,

Matt LeGrant
Zoning Administrator

1100 4th Street, SW 3rd Floor Washington, D.C. 20024
Phone: (202) 442-4576 Fax: (202) 442-4871

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

Application for Certificate of Occupancy

Application Date: 11/1/2012 **C of O Number:** C0130025 3

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 1015-1017 Irving St. NW, Washington, DC
2. Building/Property Owner's Name Joshua Glickman
   Phone # 202-306-4881 Email rockteacher@gmail.com
3. Property Square 2846 Suffix ___ Lot 0114
4. Number of Floors ___
5. Zone ___ Overlay (if applicable) ___

APPLICANT INFORMATION

6. Applicant's Name (see instructions) Joshua Glickman
7. Trade name of business (if applicable) ___
8. Applicant's Mailing Address 3105 11th St. NW, Washington, DC
9. Applicant's Day Phone # 202-306-4881 Cell # 202-306-4881
   Email rockteacher@gmail.com

INFORMATION ON PREMISES/OCCUPANCY

10. ☐ Ownership Change ☑ Use Change ☐ Load Change ☐ Revision ☐ New Bldg
    (choose one)
11. Proposed use of Premises parking lot
12. Prior use of Premises vacant C of O # ___
13. Proposed Occupancy Load 6 cars
14. Area Occupied by Proposed Use 2100 sq. ft.
15. List Floors of a building to be Occupied by Proposed Use ___
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, building permit # ___
20. What use was listed on the building permit? ___
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 Joshua B. Glickman Date 11/1/2012

*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

C of O # _____

Premises Address _____

PERMIT REVIEW COORDINATOR

Checked items #1-9 for completeness 6013002 53

Approved By _____ Date 11/1/12

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 _____

RECEIVED
D.C. OFFICE OF ZONING
2012 DEC 19 PM 12:33