DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

Application for Certificate of Occupancy

RECEIVED
OFFICE OF ZONING

Application Date: 8/1/12 C of O Number: C0120339

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 4215 4th Street S.E. Washington DC. 20032
2. Building/Property Owner's Name: Julie Donatelli Phone: 301-908-1072 Email: jdonatelli@verizon.net
3. Property Square ____ Suffix ____ Lot ____
4. Number of Floors 1
5. Zone R5A Overlay (if applicable) ____

APPLICANT INFORMATION

6. Applicant's Name (see instructions): YMCA Capitol View @ Mary Virginia Merrick Center
7. Trade name of business (if applicable) YMCA
8. Applicant's Mailing Address 2118 Ridge Crest Court Washington DC. 20020
9. Applicant's Day Phone # 202 889-0643 Cell # ____ Email Address ____

INFORMATION ON PREMISES/OCCUPANCY

10. ☐ Ownership Change ☐ Use Change ☒ Load Change ☐ Revision ☐ New Bldg
11. Proposed use of Premises Before and After Care Program 3-14
12. Prior use of Premises @ DCPS C of O # ____
13. Proposed Occupancy Load 100-150 children and 8 staff
14. Area Occupied by Proposed Use 10,000 sq. ft.
15. List Floors of a building to be Occupied by Proposed Use 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? ____
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 Herman P. Washington Date 8/1/12

*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

[redacted]

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BOARD OF ZONING ADJUSTMENT
District of Columbia
CASE NO. 18518
EXHIBIT NO. 6

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