CO-1403039 8/14/14 ~~0014~~

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

Application for Certificate of Occupancy

Application Date: 2/20/13 **C of O Number:** ~~C0130484~~

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

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INFORMATION ON THE BUILDING/PROPERTY

1. Property Address 5427 Fifth Street, NW, Washington, DC 20011
2. Building/Property Owner's Name Tony Kim
   Phone # _____ Email _____
3. Property Square 3259 Suffix ____ Lot ~~#2~~ 49
4. Number of Floors _____
5. Zone C-2-A Overlay (if applicable) _____

APPLICANT INFORMATION

6. Applicant's Name (see instructions) Song Quan Liu INC.
7. Trade name of business (if applicable) Kenny's Carryout
8. Applicant's Mailing Address 5427 Fifth Street, NW, Washington, DC 20011
9. Applicant's Day Phone # (202) 545-8890 Cell # _____
   Email _____

INFORMATION ON PREMISES/OCCUPANCY

10. ☑ Ownership Change ☐ Use Change ☐ Load Change ☐ Revision ☐ New Bldg
    (choose one)
11. Proposed use of Premises ~~Delicatessen~~ Deli/Carryout
12. Prior use of Premises ~~Delicatessen~~ Deli/carryout C of O # 55140
13. Proposed Occupancy Load _____
14. Area Occupied by Proposed Use 1100 sq. ft.
15. List Floors of a building to be Occupied by Proposed Use First FL.
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 Song Quan Liu Date 2-15-13

*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 # C01301189

Premises Address 3427-34th St NE.

PERMIT REVIEW COORDINATOR

Checked items #1-9 for completeness _____

Approved By _____ Date 2/20/13

ZONING INFORMATION

BZA or ZC # (if applicable) _____

Prior C of O # (if applicable) _____

Prior Use on above C of O _____

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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 _____