PERMIT OPERATIONS DIVISION
FILE JOB RE-REVIEW SHEET

APPLICATION ID #	STORAGE LOCATION	RESUBMISSION DATE
B1503829	D-14	[redacted]015
SUBMITTED BY M.D Barnes		**CONTACT NUMBER** ([redacted]) 257-3085

REVIEW ORDER BZA Memo FY15-39-Z

DDOE REVIEWERS	Completion Date	APP	HFC
☐ C. Edwards ☐ N. Barnes ☐ Other			

ELECTRICAL REVIEWERS	Completion Date	APP	HFC
☐ M. Mba ☐ D. Njafuh ☐ S. Suhrawardy ☐ Other _____			

2

FIRE REVIEWERS	Completion Date	APP	HFC
☐ S. Lester ☑ A. Carroll ☐ S. Brown ☐ L. Lu ☐ H. Wang ☐ S. Mutia	2/26/15	✓	

MECHANICAL REVIEWERS	Completion Date	APP	HFC
☐ C. Edet ☐ T. Habte ☐ Other _____ ☐ H. Shelton ☐ G. Ukwuani			

STRUCTURAL REVIEWERS	Completion Date	APP	HFC
☐ H. BeShah ☐ F. Chendi ☐ N. Hussain ☐ B. Johnson ☐ S. Ibraham ☐ E. Banko ☐ B. Debessai ☐ Other _____ ☐ Other _____			

1

ZONING REVIEWERS	Completion Date	APP	HFC
☐ J. Anderson ☐ K. Beeton ☑ E. Warren ☐ M. Ndaw ☐ A. Shittu ☐ D. Vollin ☐ L. Gibbs ☐ Ramon W			

ADDITIONAL REVIEWING AGENCIES	Completion Date	APP	HFC
☐ HPO _____ ☐ DOH _____ ☐ WASA _____ ☐ GREEN REV _____			

Board of Zoning Adjustment
District of Columbia
CASE NO.19021
EXHIBIT NO.12

INTAKE BY FILE ROOM STAFF:
☐ A. Howard ☐ J. Smith ☐ M. Bandy ☑ L. Moore

Department of Consumer and Regulatory Affairs

Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862

Received: Plans Applicatio
Date: 2/11/2015

Engineering Sheronne Mason

Applicant/Agent: Amazing Law Health Services Phone 2406466972

Job D Job No:

Address of Project:

702 15TH ST NE

B1503829

D-14

Existing Use: Educational facility (up to grade

Proposed Use: Office - B

Permit Type: Alteration and Repair

Description of Work:

Use Change to existing building from a school to officer

Existing No. of Stories: 1

Prop no of Stories: 1

SSL: 1050 0033

MD Barnes 2/24/15 1002A

Required Reviews: (Checked boxes only)	Reviewer:	Completion Time:	Review Status:
☐ Fine Arts:		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Conf. w/Applicant
☐ Historic:		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Conf. w/Applicant
☐ Public Space/DDOT:		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Conf. w/Applicant
☑ Zoning:	HFC 2/25/15	☒ AM ☐ PM	☐ Approved ☒ HFC ☐ Conf. w/Applicant
☐ Soil Erosion/DDOE:		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Conf. w/Applicant
☑ [redacted]		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Conf. w/Applicant
☑ Mechanical:	Clear	☐ AM ☐ PM	☒ Approved ☐ HFC ☐ Conf. w/Applicant
☑ Plumbing:	Clear	☐ AM ☐ PM	☒ Approved ☐ HFC ☐ Conf. w/Applicant
☑ Health/DOH:		☐ AM ☐ PM	☒ Approved ☐ HFC ☐ Conf. w/Applicant
☑ Electrical:	2/12/15	☐ AM ☐ PM	☒ Approved ☐ HFC ☐ Conf. w/Applicant
☐ Elevator:		☐ AM ☐ PM	☒ Approved ☐ HFC ☐ Conf. w/Applicant
☑ Fire Protection:		☐ AM ☐ PM	☒ Approved ☐ HFC ☐ Conf. w/Applicant
☑ Structural:	2/13	☐ AM ☐ PM	☒ Approved ☐ HFC ☐ Conf. w/Applicant
☐ Green Review:		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Conf. w/Applicant
☐ Chinatown Review:		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Conf. w/Applicant

A.

New/ Addl Cost	Alt/Rpr Cost	Total Cost	Volume of New Bldg, or Addl Cubic ft.
$0.00	$100.00	$100.00 10000	732.239990234375

Alter/Repair FEE	New Const. FEE	Filing FEE	Enhancement FEE	Green FEE:	Total Permit FEE
230		36.3	24.30	13	231.00

Fire: Indicate location of Existing and New Fire Alarm Equipment on Plans. Note on Plans if Building is windowless. Fully Sprinklered 2/13/15

DCRA
DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

Department of Consumer and Regulatory Affairs
Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862

Remittance Source Document

INVOICE

Date: January 26, 2015

Invoice Number: 1670023

Customer:	**AMAZING LAW HEALTH SERVICES**
Mailing Address:	**702 15TH STREET NE** **20002**
Address of Work:	**702 15TH ST NE** **Washington, DC 20002**
Permit:	**B1503829**
Type of Permit:	**Alteration and Repair**

Acct Code:	Fees:	Description:
3012-3012-6030-6710	$-	Enhanced Service Fee - Green Building
3012-3012-1000-2103	$1.65	Enhanced Service Fee - Filing Fee
3012-3012-1000-2103	$1.65	Enhanced Services Fee - Permit Fee
3012-3012-1000-2103	$16.50	Addition/Alteration/Repair - Filing Fee
3012-3012-1000-2103	$16.50	Alteration & Repair Permit Fee
Invoice Total:	$36.30	

Sheronne Mason

Government of the District of Columbia
Department of Consumer and Regulatory Affairs
1100 4th Street SW
Washington DC 20024
(202) 442 - 4400
dcra dc gov

C OF O

CERTIFICATE OF OCCUPANCY

PERMIT NO. CO1202966 Issued Date. 08/27/2012

Address	Zone	Ward	Square	Suffix	Lot
702 15TH ST NE	C-3-A	6	1050		0033

Description of Occupancy
PUBLIC CHARTER SCHOOL, 50 STUDENTS (6TH-12TH GRADE) AND 17 STAFF.

Permission is Hereby Granted To	Trading As	Floor(s) Occupied	Occupant Load. 67 / No of Seats
Options Public Charter School, Llc	OPTIONS PUBLIC CHARTER SCHOOL	BSMT,1ST	
Property Owner	**Address**	**BZA/PUD Number**	**Occupied Sq Footage**
THE WILLIAMS BASILIKO TRUST	WASHINGTON, DC 20001-5015		14382
			PERMIT FEE $124.88

Building Permit Number (if applicable)	Type of Application	Approved Building Code Use / Approved Zoning Code Use
	Ownership Change	Education for 6+ though 12th grade - E / School, public

Conditions/ Restrictions.

THIS CERTIFICATE MUST ALWAYS BE CONSPICUOUSLY DISPLAYED AT THE ADDRESS MAIN ENTRANCE, EXCEPT PLACES OF RELIGIOUS ASSEMBLY Use complies with DCMR Title 11 (Zoning) and Title 12 (Construction)

As a condition precedent to the issuance of this Certificate, the owner agrees to conform with all conditions set forth herein, and to maintain the use authorized hereby in accordance with the approved application and plans on file with the District Government and in accordance with all applicable laws and regulations of the District of Columbia The District of Columbia has the right to enter upon the property and to inspect all spaces whose use is authorized by this Certificate and to require any changes which may be necessary to ensure compliance with all the applicable regulations of the District of Columbia.

Director (Code Official)	Permit Clerk	Expiration Date
Nicholas A Majett	Stacie Williams	

8/27/2012

FI-1671

B1503829

Department of Consumer and Regulatory Affairs

Reasonable Accommodations and Modifications for Persons with Disabilities

The Department of Consumer and Regulatory Affairs (DCRA) is committed to fair housing practices for all residents of the District of Columbia. The Fair Housing Amendments Act of 1988 (FHA) allows qualified persons with disabilities and or their representatives to request reasonable accommodations and/or modifications so that they may fully use and enjoy their homes and related facilities. This law defines a qualified person with disability as:

Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

In general, a physical or mental impairment includes hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, and developmental disabilities that substantially limit one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself.

The FHA requires DCRA to make reasonable accommodations for qualified persons with disabilities. A reasonable accommodation is a change in rules, policy, practices, or services so that a person with a disability will have an equal opportunity to use and enjoy a dwelling unit or common space. DCRA is required provide reasonable accommodations to qualified persons with disabilities, but it is not required to make changes that would fundamentally alter the program or create an undue financial and administrative burden.

The FHA of 1988 requires DCRA to allow qualified persons with disabilities to make reasonable modifications. A reasonable modification is a structural modification that is made to allow persons with disabilities the full enjoyment of the housing and related facilities. DCRA Is required to provide reasonable modifications to qualified persons with disabilities, but It is not required to make changes that would fundamentally alter the program or create an undue financial and administrative burden.

Would you like to obtain more information from DCRA on FHA reasonable accommodation and/modification requests for qualified persons with disabilities (***circle one***)?

YES NO

M.D. Barnes

Printed Name

M D Barnes

Signature

If you have questions or concerns related to requesting reasonable accommodations or modifications for qualified persons with disabilities from DCRA, please contact:

Mr. Jeffrey Mason
Department of Consumer & Regulatory Affairs
1100 4th Street, SW Suite 5311
Washington, DC 20024
Phone: (202)-442-4545
Fax: (202) 442-4884
jeffrey.mason@dc.gov

DISTRICT DEPARTMENT OF THE ENVIRONMENT

BUILDING PERMIT APPLICATION SUPPLEMENTAL FORM - ENVIRONMENTAL QUESTIONNAIRE

PROJECT ADDRESS: 702 15th Street NE LOT _____ SQUARE _____

Note: please answer all 10 questions in this questionnaire, by checking either column Yes"or "No" for each question. If you answer "Yes" to any of the questions, you should contact the corresponding office(s) indicated in column 'contact person/office', as soon as possible. Until this application is reviewed and approved by the concerned office(s), the permit will not be issued.

SCOPE OF PROJECT	YES	NO	CONTACT PERSON/OFFICE	OFFICE USE
1. Does the total cost of the project exceed $1 million? This does not apply if project is for internal (tenant space) renovation only and there will be no change in the use of the building.		✓	(202) 535-2600, EIS Coordinator	
2. Will the work to be performed involve the installation, removal, abandonment, or repair of an underground storage tank (UST) system?		✓	(202) 535-2600, Underground Storage Tank Division	
3. Will the work to be performed involve the assessment Or clean-up of soils associated with the release of materials from an underground storage tank (UST)?		✓	(202) 535-2600, Underground Storage Tank Division (202) 535-2600, Air Quality Division	
4. Will the work to be performed involve the assessment or clean-up of groundwater associated with the release of materials from an underground storage tank (UST)?		✓	(202) 535-2600, Underground Storage Tank Division (202) 535-2600, Air Quality Division (202) 535-2600, Water Quality Division	
5. Will the proposed project involve the installation or drilling of wells other than for the purposes stated in questions 3 and 4?		✓	(202) 535-2600, Water Quality Division (202) 535-2600, Air Quality Division	
6. Will the proposed project involve the generation, treatment, storage, disposal or transportation of chemicals or other substances which may be considered hazardous?		✓	(202) 535-2600, Hazardous Waste Division	
7. Will the proposed project involve construction which will disturb the sediment in rivers, streams or wetlands?		✓	(202) 535-2600, Water Quality Division	
8. Will the proposed use involve the construction of a facility for the handling, transfer, storage, disposal or treatment of solid waste, medical waste, or recyclable materials?		✓	(202) 535-2600, EIS Coordinator	
9. Will the proposed project result in the discharge into the air of gases, dust, or the creation of any objectionable odors?		✓	(202) 535-2600, Air Quality Division	
10. Was the building built before 1978? (Lead paint may be present).	✓		If you answer "YES" to this question, please answer the questions and follow the instructions on the "Lead Hazard Control Questionnaire" to determine if you need a permit to conduct a Lead Abatement Project.	

AFFIDAVIT

I hereby certify that I have the authority of the owner of the property to make this application. I declare that the answers to the above questions in this Questionnaire are complete and correct to the best of my knowledge.

Signature M D Barnes Name (print) M. D. Barnes

Address 20772 Date 01/26/2015 Phone (202) 487-3085

OFFICE USE ONLY

DDOE APPROVAL BY _____ NAME (Print) _____

CONTACT NUMBER : (202) _____ DATE: _____

COMMENTS AND PERMIT RESTRICTIONS _____

(USE REVERSE IF NECESSARY)

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

CONTRACT AGREEMENT

Name of Contractor/Owner Amazing Law Health Services **Date:** 01/26/2015
Print Name

Address of Contractor / Owner 702 15th Street NE **Date:** 01/26/2015

ADDRESS OF PROPOSED WORK	**LOT:**
702 15th Street, NE Washington DC 20002	**SQUARE:**
OWNER OF BUILDING OR BUSINESS	**PHONE No:**
Amazing Law Health Services	202-487-3086

DESCRIPTION OF PROPOSED WORK:

Use Change

COST ESTIMATE

CONSTRUCTION e.g., drywall, ceilings, framing, carpentry etc	$ 1,000.00
ELECTRICAL	$
MECHANICAL	$
PLUMBING	$
FIRE PROTECTION e.g., sprinkler system, fire alarm system, generator etc.	$
DEMOLITION	$
MISC / OTHER (please specify)	$
TOTAL	$ 1,000.00

The foregoing terms, specifications and conditions are satisfactory and hereby agreed to. You are authorized to work as specified and payment will be made in the amount as outlined. Upon signing this agreement, the owner represents and warrants that he or she is the owner or the authorized agent of the owner of the aforesaid premises and that he or she has read this agreement.

CONTRACTOR _____ _____ **Date:** _____
Print Name Signature

OWNER OF BUILDING/BUSINESS M. D. Barnes M D Barnes **Date:** 01/26/2015
Agent
Print Name Signature

Upon signing this document, the owner and contractor declare that the cost of construction as specified above for the referenced project is true and correct to the best of their knowledge.

Please fill out this agreement form in accordance with 2013 DCMR 12, Section 108.3

Revised 05/2014

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

Environmental Intake Form

Owner & Contact Information

Complete address of proposed work

Square	Suffix (if any)	Lot	Application date (4 numbers for year)
			01/26/2015

Number	Ext	Official street name	Quadrant	Unit/Suite
702		15th Street	NE	

Project name	Application number (if applicable)	Project Description

6. Owner	7. Complete mailing address (include zip)	8. Phone	9. Email, if you prefer e-notice
Amazing Love Health Service	702 15th Street, NE 20002		

10. Agent for owner, if applicable	11. Complete mailing address (include zip)	12. Phone	13. Email, if you prefer e-notice
MD Bonner	20772	(202) 487-2085	dmmadeenterprise@comcast.n

Project Scope

Scope (Check all that this project involves.)	No	Yes	If You Answer "Yes"
1. Is this project a residential structure within R-1 through R-5-A zoning districts?	✓		
2. Is this project a single-family structure ***not*** built in conjunction with 2 or more units?	✓		
3. Is this project an accessory structure, such as a garage, patio, pool, or fence?	✓		
4. Is this project only an interior renovation with no building use or capacity change?		✓	Skip to the signature line.
5. Is this project in an Economic Development Zone, as defined in DC Official Code § 6-1501 et seq (DC Law 7-177)?			
6. Is this project in the Central Employment Area, defined in DC Zoning Regulations?			
7. Does the project involve ***only*** operation, repair, maintenance, or minor alteration of public structures, facilities, mechanical equipment, or topographical features, with ***negligible or no*** expansion of use beyond its current use?			
8. Does the owner of this site own adjacent or abutting property?			
9. Do you plan to develop adjacent/abutting property in next 3 years?			Attach a site plan. If there is no plan, attach a written explanation.
10. Do you plan more development that requires permit(s) on any site in this square in next 3 years?			
11. Is this project a solid waste facility?			See EIS Coordinator.
12. Have you prepared an Environmental Impact Statement (EIS) or a functional equivalent, as required by the National Environmental Policy Act of 1969 (NEPA)?			Attach the EIS or equivalent.
13. Are you claiming an exemption, other than those listed in this form, from the requirement to submit an Environmental Screening Form, under Title 20 § 7202.			Attach an explanation; cite relevant section of regulations.
14. Is the total project cost more than $1.51 million, including site preparation and construction?			If you're not claiming an exemption, attach an EISF.
15. For projects with a total cost of $1.51 million or less, check all that apply: ⑤ Contains threatened or endangered plant or animal species. ⑤ Is within 100 feet of a pond, stream, lake, spring, or wetland. ⑤ Project will produce emission of odorous or other air pollutants (from any source, including VOCs). ⑤ Project produce, use, or dispose of hazardous substances, as defined in 20 DCMR 7299. ⑤ Will be built on land where the water table depth is less than 3 feet. ⑤ Will require blasting. ⑤ Will generate medical, infectious, radioactive, or hazardous waste.			If you check any item, attach EISF or equivalent.

I certify that all statements on this application are true and complete to the best of my knowledge and belief. I agree to comply with all applicable DC laws and regulations. The making of false statements on this application is punishable by criminal penalties. (DC Code Sec. 22-2514)

Signature of Owner/Authorized Agent MD Bonner **Date** 01/26/2015

OFFICIAL USE ONLY

Environmental Impact Screening Form Required

⑤ Yes. Referred to EIS Coordinator ⑤ No **DCRA Reviewer** _____ **Date** _____

NOTE: Building permit approval is not the same as approval of an action or entire project under the Environmental Policy Act of 1989. If you build on the same, adjacent, or abutting property, or expand on work covered by this Environmental Intake Form within 3 years, you may be required to file an EISF for the whole project, including the part covered by this application and permit approval. If the action violates any federal or DC environmental laws, an EISF can be required.

To report waste, fraud, or abuse by any DC government office or official, call the Inspector General: 1-800-521-1639

DISTRICT DEPARTMENT OF THE ENVIRONMENT

LEAD PERMIT SCREENING FORM

★ ★ ★ GOVERNMENT OF THE DISTRICT OF COLUMBIA

1) Is the work you will be conducting going to disturb paint on the interior or exterior of a property built prior to 1978? This includes residential and commercial properties, as well as child-occupied facilities such as daycares, pre-schools, libraries, etc...

☐ Yes (continue to next question)
☑ No (there is no lead abatement permit requirement; you can skip the rest of this form)

2) Do you have a lead inspector's written report stating that the paint you'll be disturbing is NOT lead-based paint?

☐ Yes (there is no lead abatement permit requirement and you can skip the rest of this form; BUT you must submit a copy of the inspector's report to DDOE's Lead and Healthy Housing Division)
☑ No (continue to next question)

3) Will you be doing work that involves the enclosure/encapsulation of painted components, the use of chemical stripping, the replacement of painted surfaces or fixtures, or the removal or covering of lead-contaminated soil?

☐ Yes (this abatement work requires a DDOE lead abatement permit)
☑ No (there is no lead abatement permit requirement; you can skip the rest of this form)

Lead Abatement Permit Requirements

If you are required to obtain a lead abatement permit, you must:

1) Apply for a lead abatement permit from DDOE's Lead and Healthy Housing Division (call 535-1934 for details)

2) Use a DDOE certified lead abatement worker/supervisor to conduct the abatement activity

3) Produce an independent "clearance report" at the end of the work, confirming that the abatement activities were conducted in such a manner that no lead-based paint hazards remain in the work area(s).

To obtain a DDOE lead abatement permit application, please visit: www.ddoe.dc.gov and click on Lead and Healthy Housing Division.

NOTICE: Lead Abatement Permit Exemptions

1) Are you a property owner who is performing lead-based paint activities or renovations in a residence that you own and live in, which is occupied solely by you or your immediate family, AND where neither children under 6 years of age NOR a pregnant woman lives? ☐ **Yes**

2) Will the work that you will perform disturb **2 square feet or less** of paint per room? ☐ **Yes**

If you answered "yes" to either one of these questions, NO DDOE lead abatement permit is required.

Statutory Authority for these requirements and exemptions: D.C. Official Code § 8-231.01 *et seq.*

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

Zoning Data Summary

General Instructions: Pursuant to 12 DCMR, § 106.1,11.6, submit this completed form with Building Permit and Certificate of Occupancy applications for:

- proposed new construction of buildings
- additions to existing buildings
- changes in use or occupant load.

Print clearly in ink. Do not write in gray areas. Write N/A (non-applicable) for items that do not apply. *If you erase, cross out, white out, or otherwise change any information on this application, the application will be void.*

For more information, call the Office of Zoning Administrator at 202-442-4576. If you need more forms, you can download them at dcra.dc.gov (go to Permits/Zoning/Certificates of Occupancy and Zoning) or pick them up at the Permit Center, 1100 4th St SW, 2nd Floor

A. Site Address

Give complete and legal District address. If you need to apply for a new address, complete a New Address Application, before you complete this form. Do not abbreviate street names. Write the correct quadrant (NW, NE, SW, SE), suite or office number. Enter the correct Square, Suffix, and Lot number (SSL) or parcel ID.

Street Number	Street Name	Quadrant	Unit / Suite	Application Date
702	15th Street	NE		01/26/2015

Square	Suffix	Lot	Proposed use
			Medical Services

B. Owner & Contact Information

Agent must be an individual – not company.

Owner of Building or Property	Complete mailing address (include zip)	Phone Number(s)	Email
Amazing Law Health service	702 15th Street NE 20002	240	
Agent for owner, if applicable	**Complete mailing address (include zip)**	**Phone Number(s)**	**Email**
M.D. Barnes	20772	(202)487-3085	diamondcutservice@comcast.net

C. Zoning District & Special Development Restrictions

Give the correct zoning and overlay zoning district(s). Check with Zoning staff if you are unsure. If your proposed construction was subject to Board of Zoning Adjustments (BZA) or Zoning Commission review, write the order number. Attach copies of BZA order and Office of Zoning stamped plan exhibits (site plan, elevations, and floor plans).

District	Overlay(s), if any

Number of Board of Zoning Adjustment (BZA) or Zoning Commission (ZC) Order, if applicable.

D. Zoning Data

For items with asterisks (*) refer to the Definitions Section of the Zoning Regulations, 11 DCMR, § 199.1, available online at dcoz.dc.gov/info/reg.shtm

Data	Existing	Proposed	Official Use Only (code requirement)
	Fill in both columns; numbers must match those on attached applications, plats, and plans.		
Units & Parking Spaces			
Number of dwelling units	0 Units	0 Units	
Number of parking spaces (9' x 19')	21 Units	21 Units	
Setbacks & Building Heights			
Side Yard* Setback (left when you face property)	Linear feet	Linear feet	
Side Yard* Setback (right when you face property)	Linear feet	Linear feet	
Rear Yard* Setback	Linear feet	Linear feet	
Building Height*	Stories	Stories	
	Feet	Feet	
Areas			
Lot Area	13,604 Square feet	13,604 Square feet	
Gross Floor Area* (GFA) of *entire* building (sum of all floors)	734 Square feet	734 Square feet	
Floor Area Ratio*	GFA / Lot Area	GFA / Lot Area	
Building Area* (sum of footprints of all buildings)	Square feet	Square feet	
Lot Occupancy* (Bldg Area / Lot Area)	%	%	

Form Completed by (sign and print name): _____ Date: _____

DISTRICT DEPARTMENT OF THE ENVIRONMENT

LEAD PERMIT SCREENING FORM

GOVERNMENT OF THE DISTRICT OF COLUMBIA

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   ☐ Yes (continue to next question)
   ☑ No (there is no lead abatement permit requirement; you can skip the rest of this form)

2) Do you have a lead inspector's written report stating that the paint you'll be disturbing is NOT lead-based paint?

   ☐ Yes (there is no lead abatement permit requirement and you can skip the rest of this form; <u>BUT you must submit a copy of the inspector's report to DDOE's Lead and Healthy Housing Division</u>)
   ☑ No (continue to next question)

3) Will you be doing work that involves the enclosure/encapsulation of painted components, the use of chemical stripping, the replacement of painted surfaces or fixtures, or the removal or covering of lead-contaminated soil?

   ☐ Yes (this abatement work requires a DDOE lead abatement permit)
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<u>www.ddoe.dc.gov</u> and click on Lead and Healthy Housing Division.

<u>NOTICE</u>: Lead Abatement Permit Exemptions

1) Are you a property owner who is performing lead-based paint activities or renovations in a residence that you own and live in, which is occupied solely by you or your immediate family, AND where neither children under 6 years of age NOR a pregnant woman lives? ☐ **Yes**

2) Will the work that you will perform disturb **2 square feet or less** of paint per room? ☐ **Yes**

<u>If you answered "yes" to either one of these questions, NO DDOE lead abatement permit is required.</u>

Statutory Authority for these requirements and exemptions: D.C. Official Code § 8-231.01 *et seq.*

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

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Square	Suffix	Lot	Proposed use
			Medical Services

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Agent for owner, if applicable	**Complete mailing address (include zip)**	**Phone Number(s)**	**Email**
M.D. Barnes	20772	(202) 487-3085	diamondenterprisecorp@aol.com

C. Zoning District & Special Development Restrictions

Give the correct zoning and overlay zoning district(s). Check with Zoning staff if you are unsure. If your proposed construction was subject to Board of Zoning Adjustments (BZA) or Zoning Commission review, write the order number. Attach copies of BZA order and Office of Zoning stamped plan exhibits (site plan, elevations, and floor plans).

District	Overlay(s), if any

Number of Board of Zoning Adjustment (BZA) or Zoning Commission (ZC) Order, if applicable.

D. Zoning Data

For items with asterisks (*) refer to the Definitions Section of the Zoning Regulations, 11 DCMR, § 199.1, available online at dcoz.dc.gov/info/reg.shtm.

Data	Existing	Proposed	Official Use Only (code requirement)
	For all four columns, numbers must match those on attached application, plans, and plans.		
Units & Parking Spaces			
Number of dwelling units	0 Units	0 Units	
Number of parking spaces (9' x 19')	21 Units	21 Units	
Setbacks & Building Heights			
Side Yard* Setback (left when you face property)	Linear feet	Linear feet	
Side Yard* Setback (right when you face property)	Linear feet	Linear feet	
Rear Yard* Setback	Linear feet	Linear feet	
Building Height*	Stories	Stories	
	Feet	Feet	
Areas			
Lot Area	13,604 Square feet	13,604 Square feet	
Gross Floor Area* (GFA) of *entire* building (sum of all floors)	734 Square feet	734 Square feet	
Floor Area Ratio*	GFA / Lot Area	GFA / Lot Area	
Building Area* (sum of footprints of all buildings)	Square feet	Square feet	
Lot Occupancy* (Bldg Area / Lot Area)	%	%	

Form Completed by (sign and print name): _____ Date: _____