DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

Application for Certificate of Occupancy

Application Date: 3/17/15 **C of O Number:** C0150505

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 2503 GOOD HOPE ROAD SE
2. Building/Property Owner's Name FIRST FSK LIMITED PARTNERSHIP
   Phone # _____ Email _____
3. Property Square 5733 Suffix ____ Lot 214/138
4. Number of Floors 2
5. Zone C-3-A Overlay (if applicable) _____

APPLICANT INFORMATION

6. Applicant's Name (see instructions) COMMUNITY Education Research Child Development Center
7. Trade name of business (if applicable) _____
8. Applicant's Mailing Address 2503 GOOD HOPE RD SE
9. Applicant's Day Phone # 202-256-6753 Cell # _____
   Email _____

INFORMATION ON PREMISES/OCCUPANCY

10. ☑ Ownership Change ☐ Use Change ☐ Load Change ☐ Revision ☐ New Bldg
    (choose one)
11. Proposed use of Premises Child Development Center
12. Prior use of Premises Child Development Center C of O # B83389
13. Proposed Occupancy Load 120 Children, 5 Teachers, 2 AID / 3 AIDES/TEACHERS TO 25-30 Children
14. Area Occupied by Proposed Use 30,000 sq. ft.
15. List Floors of a building to be Occupied by Proposed Use 1ST, 2nd,
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 6

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 _____ Date 3/17/15

*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 _____

Approved By _____ Date _____

ZONING INFORMATION

BZA or ZC # (if applicable) _____

Prior C of O # (if applicable) BZA 33509 12/11/72

Prior Use on above C of O DAY CARE CENTER

ZONING REVIEWER

Continuation of Prior Use? ☒ Yes ☐ No

Zone C-3-A

Use Allowed? ☒ Yes ☐ No Provide Zoning Code Use _____

Cite Zoning Section # _____

Off-street Parking Required? ☒ Yes ☐ No If yes, number of spaces required 6. If no, was a waiver granted?

Parking credit? BZA relief obtained? Describe: _____

Is Zoning Inspection Required? ☒ Yes ☐ No If Yes, describe: VERIFY USE & PARKING

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 _____