DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

# Application for Certificate of Occupancy

Application Date: Sept 18, 2015 C of O Number: _____

**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 1243 Alabama Ave S.E. Washington DC
2. Building/Property Owner's Name James H. Shelton, III
3. Phone (202) 320-1244 Email: josetteshelton@yahoo.com
4. Property Square 5946 Suffix N/A Lot 70
5. Number of Floors _____
6. Zone _____ Overlay (if applicable) _____

## APPLICANT INFORMATION

7. Applicant's Name (see instructions ) James H. Shelton, III / Josette Shelton
8. Trade name of business (if applicable) _____
9. Applicant's Mailing Address josetteshelton@yahoo.com
10. Applicant's Day Phone # _____ Cell # (202) 306-1985 Email Address _____

## INFORMATION ON PREMISES/ OCCUPANCY

11. (choose one) □Ownership Change ☒Use Change □Load Change □Revision □New Bldg
12. Proposed use of Premises 2 Family Flat
13. Prior use of Premises Single Family C of O # _____
14. Proposed Occupancy Load 2
15. Area Occupied by Proposed Use _____ sq. ft.
16. List Floors of a building to be Occupied by Proposed Use 2
17. 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.
18. Is your business a Medical Marijuana Dispensary or Production Facility? Yes (No)
19. Was this use approved by an order of the BZA or ZC? □ Yes □ No If yes, provide order # and date of approval: _____
20. Is there a building permit associated with this application? ☒Yes □ No If yes, provide building permit # B1511339
21. What use was listed on the building permit? _____
22. Were all inspections conducted and approved? □Yes □No
23. Is off-street parking on the property provided for this use? (Yes) No If yes, number of spaces: 2

## 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 9/18/2015

*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*

Board of Zoning Adjustment
District of Columbia
CASE NO.19204
EXHIBIT NO.5