GOVERNMENT OF THE DISTRICT OF COLUMBIA
[illegible] (Rev. 11/92)

BUILDI[illegible] D LAND REGULATION ADMINIST[illegible]ON
ZONING DIVISION

Date _____

APP[illegible]ATION FOR HOME OCCUPATION PERMI[illegible]

Receipt # _____

Fees Are Non-Refundable

Treas. # _____

Note: Please answer all questions, incomplete applications will be returned.

12/16/98

(1) Applicant's Name Fields (Last) Jack (First) Milton (Middle)

(2) Social Security Number: 460-84-6310

(3) Address 434 N.J. Ave., SE, Washington, DC (Street, zip code)

Telephone Numbers (Home) N. A. (Work) 371-9200

(4) Applicant is the (circle one): (a)Owner (b)Tenant (c)Other. Premises indicated in question # 3 is (circle one below):

a. Owner Occupied Single Family Dwelling
b. Rented Dwelling
c. Condominium/Cooperative
d. Flat (two units at premise)

(5) If applicant is other than the owner of premises in question #3 above, does the owner of property agree with its use in the proposed business?

Yes ✓ NO _____ (If "yes" complete items below:

Owners Name Gerald Cassidy

Owners Address 700 13th St. NW, WDC 20005

Owners Telephone # _____

(6) Number and relationship of persons residing with you: Spouse 0
Parent 0 Children 0 Bro/Sis 0 In-Laws 0 Other 0

(7) Are you physically handicapped? Yes _____ No ✓ (If yes complete the item below. Does the nature of your handicap require special equipment to assist you rendering the proposed business service(s)? If so please describe the _____

(8) This application is for (check appropriate line below):

___Sole Proprietorship
___Partnership
___Limited Partnership
✓ Corporation**
___Limited Liability Company
___Licensed Professional *

* Please submit photocopy of your license to practice your profession in the District of Columbia
Examples: Attorney, MD, CPA, RN, Funeral Director, Real Estate Broker, Architect.

In each form of business ownership listed above, applicant's residence must be official premise for proposed business enterprise.

** Attach to this application a copy of your Articles of Incorporation, Listing of Officers, and Letter of Good Standing (obtainable from the Corporations Division Room 407 in this building.)

Date Received _____ Application Status: Approved/Pending/Denied

Home Occupation Permit # _____ By _____ Date _____

BZA

CASE No. 16404
EXHIBIT No. 18

BZA

CASE No. 16336
EXHIBIT No. 4

Board of Zoning Adjustment
District of Columbia
CASE NO.16404
EXHIBIT NO.18

(9) Describe briefly the proposed business you intend to operate? Government Affairs Consulting and Strategic Planning

(10) Are you presently operating a business in your home? YES___ NO ✓

(11) What is the total square feet of the dwelling? 5000 Square Feet

(12) What percent of the total square footage will be used for the proposed business? 25 %.

(13) Where on the premises will materials (if any) used in the business be stored? (List location(s) if not applicable please indicate with N/A)
N. A.

(14) What equipment will be used to operate the business? (i.e. adding machine, typewriter, personal computer, fax machine, file cabinets) Normal office equipment - personal computers, fax machine, file cabinet

15) Will there be any exterior modifications (architectural or structural) made to the business premises? YES___ NO ✓ (If yes, briefly describe the modifications)

(16) What kind of interior modifications will be made to the business premises? (Check where appropriate) a. Electrical___ b.Plumbing___ c.Structural ___ d.Other___ e.None ✓.

(17) How many persons do you plan to employ (other than yourself)? 1 Please indicate your relationship to those to be employed: a. Spouse___ b. Children___ c. Relatives___ d. Others ✓. Do any of these persons reside with you? YES___ NO ✓; If yes, please indicate which persons reside with you by circling the above letter (a, b, c, or d)

(18) Will you be operating a BED & BREAKFAST Business? YES___ NO ✓
If YES, Number of sleeping rooms available for overnight guests___
How many meals will be served per day___.

(19) Will there be a sign posted of the premise?
YES ✓ NO___
If YES, describe the placement of the sign of the premise, its size and the information to be placed on sign: Small plaeque (less than 144 in^2.) with name of firm mounted by front door (no illumination)

(20) How do you propose to secure clientele for your business? (Please describe below:) Word of mouth, advertising in industry publications, personal contact

(21) Will the proposed business result in the creation of a product?
YES___ NO ✓ (If YES, briefly describe the product)___

(22) What kind of materials will be used in the business? Please list all including chemical compounds, etc. N. A.

(23) Will the business operate on a: Part time basis?_____ Full time basis ✓? Please indicate hours of operation 9:00 AM to 6:00 PM

(24) How many clients will be served on the premise within a one hour period? No more than 8.

(25) How many vehicles will be used in connection with the proposed business? (excluding your personal vehicle) 2.

(26) How many trips will be made to the premise by the following people (on a daily or weekly basis) Clients 4 Employees 3 Delivery Persons___ Visitors___ Not Applicable_____.

(27) What type of parking will be provided for clients/visitors/employees of the proposed business? No Parking___ Off Street Parking ✓ On Street Parking ✓

ATTESTATION AND CERTIFICATION

I certify that the information provided on this application is true and correct to the best of my knowledge. *I further certify that I understand that any information* provided, pertaining to the type of business that I propose to conduct which is found to be *false*, will result in this application being voided.

Name of Proposed Business (as it is to appear on the Home Occupation Permit: Twenty-First Century Group, Inc.

Jack M. Fields
Applicant Name (Please Print)

Jack Fields
Applicant's Signature

371-9200
Daytime Phone Number

ApplicationStatus

_____ APPROVED: Pursuant to DCMR Title 11- Zoning, Chapter 2, Section 202 Accessory Uses (R-1) and 203 Home Occupation (R-1), the Zoning Administrator has determined that the Applicant has meet all of the conditions necessary for the issuance of a Home Occupation Permit, based on the information in this application and the administrative review process.

_____ DENIED: Pursuant to DCMR Title 11- Zoning, Chapter 2, Section 202 Accessory Uses (R-1) and 203 Home Occupation (R-1), the Zoning Administrator has determined that while the Applicant appears to have meet the conditions necessary for a Home Occupation Permit, the proposed business in inconsistent with the general purpose and intent of the zoning regulations for the following reason(s):

_____ PENDING: A. Additional information from the Applicant is required.
B. A report form the Inspection Division of DCRA is required.

Other Comments:

CERTIFICATION

To the Applicant. Please Read Carefully and Complete

FALSE STATEMENT ON THIS CERTIFICATION REQUIRES THAT THE DEPARTMENT PROCEED IMMEDIATELY TO REVOKE THE LICENSE OR PERMIT FOR WHICH YOU ARE NOW APPLYING AND FINE YOU $1,000.00. THIS CERTIFICATION IS REQUIRED BY THE *"CLEAN HANDS BEFORE RECEIVING A LICENSE OR PERMIT ACT OF 1996,"* EFFECTIVE MAY 11, 1996, DC LAW 11-118, DC CODE 47-2681 ET SEQ.

I Jack Fields **(PrintName), certify that as of** 11/21/97 **(date), I do not owe more than $100.00 to the District of Columbia government as a result of:**

1./ Fines, penalties, or interest assessed pursuant to the Litter Control Administration Action of 1985, effective March 25, 1986 (DC Law 6-100; DC Code 6-2901 et seq.)
2./ Fines, penalties, or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994, (DC Law 10-117; DC Code 6-2911 et seq.)
3./ Fines, penalties or interest assessed pursuant to the Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985, effective October 5, 1986 (DC Law 6-42; DC Code 6-2701 et seq.) or
4./ Past Due Taxes.

I understand that if I knowingly falsify this Certification, the Department will move to revoke the permit for which I am applying, and to fine me $1,000.00. I further understand that the Department may conduct an investigation to ascertain the veracity of this certification.

I understand that this Certification is now required as documentation to accompany my application for a license or permit, and that by completing this Certification, I am not guaranteed that my permit will be approved.

Jack Fields — President

SIGNATURE OF APPLICANT — TITLE