(PRINT OR TYPE WITH BLACK INK ONLY — DO NOT WRITE IN SHADED AREAS)

# GOVERNMENT OF THE DISTRICT OF COLUMBIA
## Department of Consumer and Regulatory Affairs

# APPLICATION FOR CERTIFICATE OF OCCUPANCY

Date 12/3a/98

CRA5 Rev. 9/20/83

APPLICATION FEE $ 25.00 NON-REFUNDABLE

ISSUANCE FEE (see fee schedule)

(22) Receipt # 0010 4925 / 01620

(23) Trans. # 01627

**INFORMATION ON PROPOSED BUSINESS**

(1) Address of Business 301 Eye Street, N.W. Suite/Room # _____

(2) Telephone No. of Business (202) 898-1092 Lot 800 Square 527

(3) Trade Name of Business Demeter Northwest

(4) Is Business Incorporated? ☐ No ☒ Yes (Attach Letter of Good Standing and complete Line 5)

(5) President Deborah Volz Vice President N/A Secretary/Treasurer Thomas Brooke

(6) Is Business a Partnership? ☐ No ☐ Yes

(7) Business Owner Vanguard Services Unlimited (See Instructions) (603) 841-0703 Tel. No. (days)

(8) Business Owner's Home Address _____ Zip Code _____

**INFORMATION ON OCCUPANCY**

(9) ☐ Ownership Change ☐ Partial Occupancy ☐ New Bldg. ☐ Use Change ☐ Load Change BZA No. 15869

(10) Proposed Use of Business Substance Abuser Home; Maximum of 10 women & their children; subject to BZA No. 15869

(11) Is Business Sexually Oriented According to D.C. Zoning Regulations? ☒ No ☐ Yes

(12) Proposed Occupancy Load 10 residents & 18 rotating staff Square Feet Occupied 5400

(13) Which Floors to be Occupied 1, 2, 3 Basement? None

(14) Prior Use Law office

**INFORMATION ON ENTIRE BUILDING**

(15) Building Owner Kenneth M. Robinson Tel. No. (days) (202)347-6100

(16) Building Owner's Address 717 D Street, N.W., 4th Flr., Wash., D.C. Zip Code 20004

(17) Materials of Building Brick

(18) Square Feet Occupied 5400 No. of Floors 3 Basement? None

**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.

(19) IF OWNER OF BUSINESS _____ Signature _____ Date _____

IF AUTHORIZED AGENT FOR OWNER OF BUSINESS (Attach Authorization)

(20) Name of Agent Iverson O. Mitchell, III, Esq. (PRINT CLEARLY) Signature Oct 14 1998 Date

(21) Address of Agent 1511 K St., N.W., Suite 811, Wash., D.C. Zip Code 20005

**OFFICE USE ONLY**

**INFORMATION DESK**

(24) Premises Condemned ☐ No ☐ Yes Cleared By _____ Date 12/3/98

(25) Building in RLA Zone ☐ No ☐ Yes Cleared By _____ Date 12/3/98

(26) Residential ☐ No ☒ Yes Smoke Det. Info. Given By _____ Date 12/3/98

**LICENSE BRANCH**

(27) Licenses Required _____

(28) _____ Reviewed By _____ Date 12/3/98

**ZONING OFFICE**

(29) Zone DD/C-2-A BZA No. #15869 - Expires 12/3/98

(30) Prior Use Substance Abuser Home # 10 women w/ kids.

(31) Certificate # B164606 Date Issued 12/9/94 BZA No. _____ ☐ Approved ☒ Disapproved

(32) Accepted for Filing by _____ Case No. 15869 Date 12/3/98

Exhibit No. 7

Board of Zoning Adjustment District of Columbia CASE NO.15869 EXHIBIT NO.7

**EXAMINER'S**

(33) Prior Use Code _____ Proposed Use Code _____

(34) Use Change ☐ No ☐ Yes Inspect. Required ☐ No ☐ Yes By _____ Date _____

| | |
|---|---|
| USE | (35) Inspection Fee $_____ Issuance Fee $_____ |
| | (36) Approved for Issu[redacted] by _____ Date _____ |
| INSPECTION BRANCH | (37) Date of Scheduled C/O Inspections _____ AM/PM |
| | (38) Inspection Status Approved ☐ Disapproved ☐ By _____ Branch _____ Date _____ |
| | (39) Inspector's Signature _____ Printed Name _____ |
| | (40) Reason for Disapproval _____ |
| OCCUPANCY PERSONNEL | (41) ☐ Approved ☐ Denied ☐ Cancelled |
| | By _____ |
| | (42) Reason for Cancellation/Denial _____ |
| | (43 Certificate of Occupancy No. _____ Date of Issuance _____ |
| | (44) Bldg. _____ Elec. _____ Plumb. _____ Fire _____ Zoning _____ |

84—0P176 wd67 WHITE—CRA CANARY—Fire Department PINK—Applicant

MARK OUTS AND WHITE OUTS ARE NOT ACCEPTABLE.

RECEIVED
OFFICE OF CONTRACTS
DISTRICT OF COLUMBIA
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