GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUILDING AND LAND REGULATION ADMINISTRATION
ZONING DIVISION

CERTIFICATE OF OCCUPANCY BRANCH
(202) 727-7010

AUTHORIZATION FORM TO ACT ON BEHALF OF THE OWNER

TO THE DIRECTOR, DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS:

THIS IS TO CERTIFY THAT I, Deborah L. Wells
(Print Name of: sole owner, general partner, or corporate officer)

AM THE TRUE OWNER OF THE BUSINESS DESCRIBED BELOW:

Proposed address of business you intend to occupy;

301 Eye Street, N.W.

Type of business you intend to operate;

CBRF FOR SUBSTANCE ABUSE

DISTRICT OF COLUMBIA '00 FEB -1 P1 55

I FURTHER CERTIFY THAT THE PERSON(S) NAMED BELOW IS/ARE AUTHORIZED TO ACT ON MY BEHALF IN EXECUTING AND PROCESSING AN APPLICATION FOR A DISTRICT OF COLUMBIA CERTIFICATE OF OCCUPANCY RELATING TO THE AFFORESTED BUSINESS ESTABLISHMENT.

Name of Person to act on behalf of owner:

Iverson O. Mitchell, III, Esq.

Address of Person to act on behalf of owner:

Speights and Mitchell, 1511 K Street, N.W., Suite 811

Washington, D.C. 20005-1419

Deborah L. Wells President 8/31/98
(Signature of Business Owner) (Date)

Notary: Michele Kinard

Sworn to before me this 23 day of October 19 98
My Commission Expires: June 30, 2002

NOTICE: APPLICATIONS MUST BE ACCOMPANIED BY AN AUTHORIZATION FORM IF SOMEONE OTHER THAN THE OWNER APPLIES FOR THE CERTIFICATE OF OCCUPANCY.

BZA 16567

Board of Zoning Adjustment
District of Columbia
CASE NO.16567
EXHIBIT NO.8

Case
Exhibit No. 8