DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUILDING AND LAND REGULATION ADMINISTRATION
APPLICATION FOR CERTIFICATE OF OCCUPANCY

Date 5/7/01 Receipt No. 803694

Application Fee $25.00 Non Refundable
Certificate Fee Based on square footage

Cashiers No.

INFORMATION ON PROPOSED BUSINESS

1. Premise Address 5511 14th Street N.W. Suite/Room No.
2. Business Telephone No. 202 829-1707 Fax No. 202 829-1606 Lot 2800 Square 9
3. Trade Name of Business Metro Day Treatment Center, Inc.
4. Is Business Incorporated? Y/N yes Partnership? Y/N no Sole Proprietor? Y/N no New/Existing E
5. Corporate Name Metro Day Treatment Center, Inc.
6. President Herman Broomfield Vice President M. Asensio Secretary L. Fletcher
7. Sole Proprietor No
8. Business Owners Mailing Address 6856 Eastern Ave N.W. 20012 phone# (daytime) 202 829 1707

INFORMATION ON OCCUPANCY

9. (Ownership Change) • Partial Occupancy • New Bldg. • Use change • Load Change • B.Z.A. No.
10. Proposed Use of Premises Day Program FOR MENTALLY RETARDED PERSONS. ADULT DEVELOPMENT
11. Prior Use of Premises Day Program Better Treatment Center
12. Proposed Occupancy Load 76 mentally retarded persons Square Feet Occupied 7652
13. Floors to be Occupied First and Second Basement? • Yes (No)
14. Is this Business Sexually Oriented according to the DC Zoning Regulations? • Yes (No)

INFORMATION ON ENTIRE BUILDING

15. Building Owner ~~Pamela Coleman~~ Telephone No. 202 362 7817
16. Building Owners Address: 4200 Wisconsin Ave N.W. 20060
17. Square feet 7652 Numbers of floors 2 Basement no

ATTESTATION & 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.

18. Owner of Business Max L. Asensio Signature Date 4/26/01

If Authorized Agent for owner of Business (Attach Authorization)

19. Agents Name Print Clearly Signature Date
20. Agents Address

NOTICE

TO REPORT WASTE, FRAUD OR ABUSE BY ANY D. C GOVERNMENT OFFICE OR OFFICIAL, CALL THE INSPECTOR GENERAL AT 1 - 800 - 521 - 1639. ALL CALLS ARE CONFIDENTIAL

BZA
Case No. 16752
Exhibit No. 5

Board of Zoning Adjustment
District of Columbia
CASE NO.16752
EXHIBIT NO.5

OFFICE USE ONLY

ADDRESS

Premise Address: 5511 14th St N.W. Suite/Room No.

ZONING DIVISION

Zone C2A Overlay District Y / N B.Z.A. No: _____ B.Z.A. approved date _____

Prior Use Upholstery Shop

Date of Last Certificate 4/11/73 Last Certificate No. B85411 Prior B.Z.A No _____

Accepted for filing by _____ Date 2/12/01

BUILDING PERMIT EXAMINERS USE

Use Change ☐ Yes ☐ No Inspections Required ☐ Yes ☐ No. By _____ Date _____

Building Permit Required ☒ Yes ☐ No By _____ Date 5/7/01

Inspection Fee $ _____ Issuance Fee $ 42.60 By _____ Date 5/7/01

Approved for Issuance by _____ Date 5/7/01

DATE OF INSPECTION

Date of scheduled Certificate of Occupancy Inspection _____

Inspection Status ☐ Approved ☐ Disapproved By _____ Branch _____ Date _____

Inspector's Signature _____ Printed Name _____

Reason for Disapproval _____

C of O APPROVAL

☒ Approved ☐ Denied ☐ Cancelled By _____

Reason for Denial/Cancellation _____

If Approved, Certificate of Occupancy No. 190720/62665 Date of Issuance 5/7/01

Bldg 5/7/01 Electric 4/23/01 Plumbing 5/4/01 Fire 4/19/01 Zoning _____

2/12/01 – Computer is down, can't pull file 12:55 p.m.