

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS BUILDING AND LAND REGULATION ADMINISTRATION APPLICATION FOR CERTIFICATE OF OCCUPANCY	
Date <u>5/7/01</u> Permit No. <u>803694</u> Application Fee \$25.00 Non Refundable Certificate Fee \$100.00 per square footage	
INFORMATION OR PROPOSED BUSINESS	1. Premise Address <u>5511 14th Street N.W.</u> Suite/Room No. <u>2800</u> 2. Business Telephone No. <u>202 829-1707</u> Fax No. <u>202 829-1506</u> Lot <u>2800</u> Square <u>9</u> 3. Trade Name of Business <u>Metro Day Treatment Center, Inc.</u> 4. Is Business Incorporated? Y/N <u>yes</u> Partnership? Y/N <u>no</u> Sole Proprietor? Y/N <u>no</u> New/Existing <u>E</u> 5. Corporate Name <u>Metro Day Treatment Center, Inc.</u> 6. President <u>Ferman Broomfield</u> Vice President <u>M. Asensio</u> Secretary <u>L. Fletcher</u> 7. Sole Proprietor <u>No</u> 8. Business Owner's Mailing Address <u>6856 Eastern Ave N.W. 20012</u> phone # (daytime) <u>202 829 1707</u>
INFORMATION OR OCCUPANCY	9. ☒ Ownership Change • ☐ Partial Occupancy • ☐ New Bldg. • ☐ Use change • ☐ Load Change • B.Z.A. No. _____ 10. Proposed Use of Premises <u>Day Program FOR MENTALLY RETARDED PERSONS. ADULT DEVELOPMENT</u> 11. Prior Use of Premises <u>Day Program Better Treatment Center</u> 12. Proposed Occupancy Load <u>76 mentally retarded persons</u> Square Feet Occupied <u>7652</u> 13. Floors to be Occupied <u>First and Second</u> Easement? • Yes <u>NO</u> 14. Is this Business Sexually Oriented according to the DC Zoning Regulations? • Yes <u>(No)</u>
INFORMATION ON ENTIRE BUILDING	15. Building Owner <u>Pamela Coleman</u> Telephone No. <u>202 362 7817</u> 16. Building Owner's Address: <u>4200 Wisconsin Ave N.W. 20060</u> 17. Square feet <u>7652</u> Number of floors <u>2</u> Easement <u>no</u>
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 law and regulations of the District of Columbia. 18. Owner of Business <u>[Signature]</u> Date <u>4/26/01</u> 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 1-800-521-1637. ALL CALLS ARE CONFIDENTIAL.

BZA
Case No. 16839
Exhibit No. 6

Board of Zoning Adjustment
 District of Columbia
 CASE NO.16839
 EXHIBIT NO.6

OFFICE USE ONLY

ADDRESS	Premise Address: <u>5511 14th St N.W.</u> Suite/Room No. _____
ZONING DIVISION	Zone <u>C2A</u> Overlay District <u>Y / N</u> B.Z.A. No. _____ B.Z.A. approved date _____ Prior Use <u>Upholstery Shop</u> Date of Last Certificate <u>4/11/73</u> Last Certificate No. <u>B85411</u> Prior B.Z.A. No. _____ Accepted for filing by <u>[Signature]</u> Date <u>2/12/01</u>
EXAMINER'S USE	Use Change ☐ Yes ☐ No Inspections Required ☐ Yes ☐ No By _____ Date _____ Building Permit Required ☒ Yes ☐ No By <u>[Signature]</u> Date <u>2/12/01</u> Inspection Fee \$ _____ Issuance Fee \$ <u>42.60</u> By <u>[Signature]</u> Date <u>5/7/01</u> Approved for issuance by <u>[Signature]</u> Date <u>5/7/01</u>
FIELD INSPECTION	Date of scheduled Certificate of Occupancy Inspection _____ Inspection Status ☐ Approved ☐ Disapproved By _____ Branch _____ Date _____ Inspector's Signature _____ Printed Name _____ Reason for Disapproval _____
CITY OF APPROVAL	☒ Approved ☐ Denied ☐ Canceled By <u>[Signature]</u> Reason for Denial/Cancellation _____ If Approved, Certificate of Occupancy No. <u>190725/62665</u> Date of Issuance <u>5/7/01</u> Sign <u>5/7/01</u> Electric <u>4/23/01</u> Plumbing <u>5/4/01</u> Fire <u>4/19/01</u> Zoning _____

2/2/01 - Computer is down, can't pull file.
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