EXHIBIT 15

Board of Zoning Adjustment
District of Columbia
CASE NO. 16998
EXHIBIT NO. 16A2

CERTIFICATE OF OCCUPANCY

No.B 158557

BLRA-17
(Rev. 6/86)

District of Columbia Government
Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration Zoning Division
P.O. BOX 37200 — Washington, D.C. 20013-7200

CERTIFICATE OF OCCUPANCY

March 23, 1990
(date)

Permission is hereby granted to EXTENDED HOUSE, INC.
to use suite(s) 1 on the FIRST, SECOND, & THIRD floor(s),
of the building located on lot(s) 158 square 1026
known as premises 810 - 14th Street, N.E. for the following
purpose(s) ~~Adult Rehabilitation Facility: 50 residents & 6 rotating staff~~
~~Not sexually oriented 18 sleeping on 1st, 17 sleeping~~ on 2nd su 1
~~15 sleeping~~ on 3rd.

BZA #: EXPIRATION DATE:

THIS CERTIFICATE SHALL BE POSTED CONSPICUOUSLY ON THE ABOVE PREMISES AT ALL TIMES. IT IS VALID INDEFINITELY, unless an expiration date is stated, ONLY for the premises, or part thereof, and for the purpose(s), indicated above, and IS NOT TRANSFERABLE to another person or premises under ANY conditions. ANY CHANGE in the type of business, ownership of business, or part of premises used therefor, will render this Certificate VOID and a NEW Certificate must be obtained.

ZONE C-3-A FEE $ 27.00

Donald G. Murray, Director

By: John Mack
Designee

86—P-3601 wd112

OFFICE COPY

C-2742

Cy O's for
CBRF's up to
59 residents

(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 3/23/90

CRA-5 Rev. 8/2083 MARK OUTS & WHITE OUTS NOT ACCEPTED

(22) Receipt # 34516
(23) Treas. # 906748

INFORMATION ON PROPOSED BUSINESS

(1) Address of Business 810 14 St. N.E. Suite/Room #
(2) Telephone No. of Business Lot 158 Square 1026
(3) Trade Name of Business Extended House Inc.
(4) Is Business Incorporated? ☐ No ☑ Yes (Attach Letter of Good Standing and complete Line 5)
(5) President James L. Artis Vice President Anita D. Artis Secretary/Treasurer JoAnn Artis
(6) Is Business a Partnership? ☑ No ☐ Yes
(7) Business Owner James L. Artis Extended House Inc 636-4040 (See instructions) Tel. No. (days)
(8) Business Owner's Home Address 12201 Duley Station, Upper Marlboro Zip Code 20772

INFORMATION ON OCCUPANCY

(9) ☐ Ownership Change ☑ Partial Occupancy ☐ New Bldg. ☐ Use Change ☐ Load Change BZA No. ☐
(10) Proposed Use of Business Adult Rehabilitation Facility: 50 residents & rotating staff 18 sleeping 1st / 17 sleeping 2nd / 15 3rd sleeping
(11) Is Business Sexually Oriented According to D.C. Zoning Regulations? ☑ No ☐ Yes
(12) Proposed Occupancy Load 50 Square Feet Occupied 2414
(13) Which Floors to be Occupied 1st / 2nd / 3rd Basement? N/A
(14) Prior Use Adult Rehabilitation Facility

INFORMATION ON ENTIRE BUILDING

(15) Building Owner James L. Artis Tel. No. (days) 636-4040
(16) Building Owner's Address 12201 Duley Station Rd Upper Marlboro MD Zip Code 20772
(17) Materials of Building Brick
(18) Square Feet Occupied No. of Floors 3 Basement? N/A

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 James L. Artis Signature 3/22/90 Date
IF AUTHORIZED AGENT FOR OWNER OF BUSINESS (Attach Authorization)
(20) Name of Agent Gloria J. Madden (PRINT CLEARLY) Gloria J. Madden Signature 3/22/90 Date
(21) Address of Agent 10M Brentwood Rd N.E. Wash. DC. Zip Code 20018

OFFICE USE ONLY

INFORMATION DESK 2nd Fl
(24) Premises Condemned ☑ No ☐ Yes Cleared By Date 3/23/90
(25) Building in RLA Zone ☑ No ☐ Yes Cleared By Date
(26) Residential ☐ No ☐ Yes Smoke Det. Info. Given By Date 3/23/90

LICENSE BRANCH 1st Fl
(27) Licenses Required No License Required
(28) Reviewed By Date 3-23-90

ZONING OFFICE 2nd Fl
(29) Zone C3A BZA No.
(30) Prior Use Adult Rehab Facility PER POD —
(31) Certificate # Date Issued BZA No. ☑ Approved ☐ Disapproved
(32) Accepted for Filing by Date 3/23/90

EXAMINER'S USE
(33) Prior Use Code I Proposed Use Code I
(34) Use Change ☐ No ☐ Yes Inspect. Required ☐ No ☐ Yes By Date 3/23/90
(35) Inspection Fee $ Issuance Fee $ 2700
(36) Approved for Issuance by Date 3/23/90

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 (9140428)
(42) Reason for Cancellation/Denial
(43) Certificate of Occupancy No. B155557 Date of Issuance March 23, 1990
(44) Bldg 3/22/90 Elec. 3/22/90 Plumb 3/21/90 Fire OK Zoning

WHITE—CRA CANARY—Fire Department PINK—Applicant

INTAKE: 9:00 - 3:00

Form LII P-603
(Rev. 9 78)

CERTIFICATE OF OCCUPANCY

No. 124.24

Washington, D.C., Oct. 28, , 19 81

Permission is hereby granted to Bureau of Rehabilitation

to use the All floor(s) of the building located on Lot 26 Square 2555

known as premises 2019 19th Street, N.W. for the following

purpose(s): Halfway House or Social Services Center 28 Residents

contract issued to Bureau of Rehab.

THIS CERTIFICATE SHALL BE POSTED CONSPICUOUSLY ON THE ABOVE PREMISES AT ALL TIMES IT IS VALID INDEFINITELY, unless an expiration date is stated, ONLY for the premises, or part thereof, and for the purpose(s), indicated above, and IS NOT TRANSFERABLE to another person or premises under ANY conditions. ANY CHANGE in the type of business, ownership of business, or part of premises used therefor, will render this Certificate VOID and a NEW Certificate must be obtained.

DEPARTMENT OF LICENSES, INVESTIGATIONS AND INSPECTIONS GOVT OF DIST OF COL

OFFICE COPY

ZONE

FEE $ 20.00

R-5-B

Chief, Permit Branch

By

Permit Clerk

WHO HOLD NOTICE AGAINST PROPERTY

W. H. A. T. A. S. O. K.

LI-P-102A
Formerly 102-A(CPS
Rev. 6/16/69

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF LICENSES, INVESTIGATIONS AND INSPECTIONS
BUSINESS LICENSE AND PERMIT DIVISION

APPROVED
E. R. SMITH
MAY 1 1979
ENVIRONMENTAL SERVICES

THIS OCCUPANCY ENCOMPASSES 4 Floors 1,056 SQUARE FEET
FEE 20.00 Eng. Initials

Permit No. B144124
Issued

APPLICATION FOR CERTIFICATE OF OCCUPANCY—RESIDENTIAL

(WRITE WITH TYPEWRITER OR INK)

USE this form if Certificate is to be issued for Hotel, Flat or Apartment, Rooming, Boarding or Tenement House, Day Nursery, Private Club, Convalescent Home, or Other Residential Use.

To the Director of Inspection: Date 4-25-79

The applicant(s) requests the issuance of a Certificate of Occupancy for the use of the premises described below, and agrees to comply with all applicable laws and regulations of the District of Columbia, and any terms and conditions appearing on BOTH sides of this application and on any Certificate of Occupancy issued on the basis of this application.

Full Name of Owner(s) of Business Bureau of Rehabilitation
(See instruction on reverse side) (PRINT) (FIRST) (MIDDLE) (LAST)

Description of Premises for which Certificate is Requested

Address 2019 19th ST N.W. (of building to be occupied) Lot 26 Square 2555

Name and address of owner of building Chloe Howls 449 New Jersey Ave. S.E.

To the best of your knowledge is the building now being condemned? No

Material of building Brick No. of Stories High 2 Basement? Yes

Proposed use Multi-occupancy House as Semi-Secure Center
Contract issued to Bureau of Rehabilitation (28 Residents)

Which Floor(s) will be occupied for above use All

Previous use Apartment Shared Will applicant reside on the premises? Yes

READ INSTRUCTIONS AND INFORMATION ON REVERSE SIDE OF THIS APPLICATION
PENALTIES ARE PROVIDED FOR MISREPRESENTATION

To Be Filled in by Clerk

Use District R-5-B
Height District 4-30-79
Area District
Transcript of No.
E. D. No.
B. Z. A. No.
Bldg. Permit No.
Previous use Rooming House - All Floors
7-26-68 No. B66129
More or Less Units
Name of Clerk

IF OWNER OF BUSINESS SIGNS:

Signature of Owner (in ink)

Home Address Tel. No.

IF AUTHORIZED AGENT FOR OWNER OF BUSINESS SIGNS:

Name of Agent Deborah Winters

Address of Agent [illegible] Tel. No. 483-6527

Name of Owner(s) of Business Bureau of Rehabilitation (as shown above)

Signature of Agent (in ink)

APPROVED: (Approved) RESERVED FOR APPROVALS File Lap.

F.S. PORTER Date 10-31-81
Bldg. MOSS MYER Date 8-31-81
Plbg. F.C. SUTTON Date 7-21-81
Elec. C. JACOB Date 10-15-81
Hous. W. M. BYERS 10-30-81

APPROVED FOR ISSUANCE OF PERMIT
Date 10-20-81

NOTICE TO PROSPECTIVE PURCHASER:
Your application will not be approved and Certificate issued until all inspections have been made and inspection agencies have certified compliance.

Initial

ZONING OFFICE 1979

PRESIDENT VICE-PRESIDENT TREASURER SECRETARY

J-80796

Form LII-P-601
(Rev. 2/82)

CERTIFICATE OF OCCUPANCY

No. B134577

Washington, D.C., 4/18/83, 19

Permission is hereby granted to Wm. Joseph Smith

to use the 1,2,3, & Basement floor(s) of the building located on Lot 28 Square S109

known as premises 1816 19th St. N.W. for the following

purpose(s): COMMUNITY RESIDENTIAL FACILITY FOR 22 RESIDENTS., 2nd &3rd floor sleeping area 11, second, 11 on third floor.
(Not Sexually Oriented.)

THIS CERTIFICATE SHALL BE POSTED CONSPICUOUSLY ON THE ABOVE PREMISES AT ALL TIMES. IT IS VALID INDEFINITELY, unless an expiration date is stated, ONLY for the premises, or part thereof, and for the purpose(s), indicated above, and IS NOT TRANSFERABLE to another person or premises under ANY conditions. ANY CHANGE in the type of business, ownership of business, or part of premises used therefor, will render this Certificate VOID and a NEW Certificate must be obtained.

DEPARTMENT OF LICENSES, INVESTIGATIONS AND INSPECTIONS GOVT. OF DIST. OF COL.

OFFICE COPY

ZONE R5B

FEE $ 27.00

CD1216

Chief, Permit Branch

By Beverly Clark
Permit Clerk

SCANNED 4.02.98

No filing Fee

CRF

(PRINT OR TYPE; DO NOT WRITE IN SHADED AREAS)

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Licenses, Investigations and Inspections

APPLICATION FOR CERTIFICATE OF OCCUPANCY

Date 3-22-83

LI-P-5 Rev 10/15/82

as per Ext.

(22) Receipt # B132226
(23) Treas. # 0066123 BR

No Filing Fee paid B132226 (8:27:82.

INFORMATION ON PROPOSED BUSINESS

(1) Address of Business 1816 19th Street, N.W. Suite/Room # -
(2) Telephone No. of Business 462-8982 Lot 28 Square 5 109
(3) Trade Name of Business Washington Halfway Home for Women, Inc.
(4) Is Business Incorporated? ☐ No ☒ Yes (Attach Letter of Good Standing and complete Line 5)
(5) President James Frank Vice President _____ Secretary/Treasurer Elizabeth Kendricks
(6) Is Business a Partnership? ☒ No ☐ Yes
(7) Business Owner Wm. Joseph Smith (See Instructions) 452-1775 Tel. No. (days)
(8) Business Owner's Home Address 1775 Pennsylvania Avenue, N.W.

INFORMATION ON OCCUPANCY

(9) ☐ Ownership Change ☐ Partial Occupancy ☐ New Building ☐ Occupancy Use Change ☐ Occupancy Load Change
(10) Proposed Use of Business Community Residential Facility 22 residents
2nd + 3rd floor sleeping area (1) 2nd & (1) 3rd
(11) Is Business Sexually Oriented According to D.C. Zoning Regulations? ☐ No ☒ Yes
(12) Proposed Occupancy Load 22 Square Feet Occupied 5000
(13) Floors to be Occupied for this use First, 2nd and 3rd Basement? Yes
(14) Prior Use (same)

INFORMATION ON BUILDING

(15) Building Owner Wm. Joseph Smith Tel. No. (days) 452-1775
(16) Building Owner's Address 1775 Pennsylvania Avenue, N.W.
(17) Materials of Building Brick
(18) Square Feet Occupied 5,000 No. of Floors 3 Basement? Yes

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 Towanna Evans (PRINT CLEARLY) Towanna D. Evans Signature Date
(21) Address of Agent 1816 19th Street, N.W. 462-8982 Tel. No. (days)

OFFICE USE ONLY

FOR PERMIT BRANCH USE
(24) Premises Condemned ☒ No ☐ Yes Cleared By Dorotha Peters Date 3/22/83
(25) Building in RLA Zone ☒ No ☐ Yes Cleared By Dorotha Peters Date 3/22/83
(26) Residential ☐ No ☒ Yes Smoke Det. Info. Given By _____ Date _____

FOR LICENSE BRANCH USE 707
(27) Licenses Required No license Reqd
(28) _____ Reviewed By _____ Date 3/22/83

FOR ZONING USE
(29) Use Dist. R5B B.Z.A. No. _____ Cert. # B104802 Date 11/10/77
(30) Prior Use Halfway House for Women under Contract with DC Govt
1, 2, 3 flrs.
(31) ☒ Approved ☐ Disapproved By _____ Date 3/24/83

FOR EXAMINER'S USE MM
(32) Prior Use Code L131 Proposed Use Code CRF Use Change ☐ No ☒ Yes
(33) Date Occupancy Approved: Bldg. 4/1/83 Elec. 4/1/83 Plumb. 4/1/83 Fire 4/7/83
(34) Signature _____ Date _____

C OF O INSPECTIONS CRF
(35) Date(s) of Scheduled C of O Inspections April 1 9:30 AM PM
(36) Inspections Approved ☐ No ☐ Yes By _____ Signature Section Date

APPROVAL OR DENIAL
(37) ☒ Approved ☐ Denied ☐ Cancelled By _____ Date 4/12/83
(38) Reason for Denial _____
(39) Fees: Inspection: _____ Issuance: $27.00
(40) Certificate of Occupancy No. B134577/005993 Date of Issuance 4/13/83

83—5227-P ORIGINAL—DLI YELLOW—License Office PINK—Applicant

SEND COPIES TO Bldg, Elec, Plumb, Fire

SCANNED 4.02.96

No. B176964

★ ★ ★

BLRA-17
(Rev. 12/95)

District of Columbia Government
Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration Zoning Division
P.O. BOX 37200 — Washington, D.C. 20013-7200

CERTIFICATE OF OCCUPANCY

MARCH 3, 1997
(date)

Permission is hereby granted to GEORGE BASILIKO
to use suite(s) _____ on the BASEMENT, FIRST AND SECOND floor(s)
of the building located on lot(s) 813 square 1050
known as premises 1430 G STREET, N.E. for the following
purpose(s) CRF - 30 RESIDENTS ON FIRST, 30 RESIDENTS ON 2ND
8 ROTATING STAFF ON FIRST - NOT SEXUALLY ORIENTED

BZA #: _____ EXPIRATION DATE: _____

THIS CERTIFICATE SHALL BE POSTED CONSPICUOUSLY ON THE ABOVE PREMISES AT ALL TIMES. IT IS VALID INDEFINITELY, unless an expiration date is stated, ONLY for the premises, or part thereof, and for the purpose(s), indicated above, and IS NOT TRANSFERABLE to another person or premises under ANY conditions. ANY CHANGE in the type of business, ownership of business, or part of premises used therefor, will render this Certificate VOID and a NEW Certificate must be obtained.

ZONE C3A FEE $ 66.00

Hampton Cross, Director

By: _____
Designee

OFFICE COPY

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

APPLICATION FOR CERTIFICATE OF OCCUPANCY

Date 1/22/97

APPLICATION FEE $ 25.00 NON-REFUNDABLE

ISSUANCE FEE (see fee schedule)

(22) Receipt # 513520

(23) Treas. # 8865W024

INFORMATION ON PROPOSED BUSINESS

NR

(1) Address of Business 1430 G Street N.E. Suite/Room #

(2) Telephone No. of Business 202 737 1915 Lot 813 Square 1050

(3) Trade Name of Business George Basiliko

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

(5) President Vice President Secretary/Treasurer

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

(7) Business Owner George Basiliko 202 737 1915

(8) Business Owner's Home Address 5419 32nd Street N.W. (See Instructions) Tel. No. (days) Zip Code 20015

INFORMATION ON OCCUPANCY

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

(10) Proposed Use of Business Community-based residential facility (Adult Rehabilitation Home) 30 residents on 1st floor/30 residents on 2nd floor/8 rotating staff on 1st floor

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

(12) Proposed Occupancy Load 60 residents Square Feet Occupied 13,500

(13) Which Floors to be Occupied 1st & 2nd floors Basement? yes

(14) Prior Use D.C. Center (Social) D.C. Government

INFORMATION ON ENTIRE BUILDING

(15) Building Owner George Basiliko Tel. No. (days) 202 737 1915

(16) Building Owner's Address 5419 32nd Street N.W. Zip Code 20015

(17) Materials of Building Brick

(18) Square Feet Occupied 13,500 No. of Floors Two (2) Basement? Yes

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 George Basiliko Signature Jan 21, 1997 Date

IF AUTHORIZED AGENT FOR OWNER OF BUSINESS (Attach Authorization)

(20) Name of Agent LEONARD L. MCCANTS PRINT CLEARLY Signature Jan 21 1997 Date

(21) Address of Agent 8701 Georgia Avenue Silver Spring Md Zip Code 20910

OFFICE USE ONLY

INFORMATION DESK 2nd

(24) Premises Condemned ☐ No ☐ Yes Cleared By: K. Mitchell-Thomas Date 1/22/97

(25) Building in RLA Zone ☐ No ☐ Yes Cleared By Kathy T. Thomas Date 1/22/97

(26) Residential ☐ No ☒ Yes Smoke Det. Info. Given By Cindy Hall Date 1/22/97

LICENSE BRANCH N/A

(27) Licenses Required Fire Department License

(28) Reviewed By F. Mitchell Date 1/22/97

ZONING OFFICE 2nd

(29) Zone C-3A BZA No.

(30) Prior Use Rooming House 12 bedrooms D.C. Gov't

(31) Certificate # B93484 Date Issued 6/3/75 BZA No. ☒ Approved ☐ Disapprove

(32) Accepted for Filing by Date 1/22/97

EXAMINER'S USE

(33) Prior Use Code Proposed Use Code

(34) Use Change ☐ No ☒ Yes Inspect. Required ☐ No ☒ Yes By Date 1/22/97

(35) Inspection Fee $ Issuance Fee $ 66.00

(36) Approved for Issuance by Date 3/3/97

BPBT INSPECTION BRANCH Zoning

(37) Date of Scheduled C/O Inspections Jan. 29, 1997 AM/

(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 Cindy Hall

(42) Reason for Cancellation/Denial B176964/263/W033

(43) Certificate of Occupancy No. Date of Issuance 3/3/97

(44) Bldg. 2/27/97 Elec. 1/8/97 Plumb. 1/29/97 Fire 2/27/97 Zoning 2/27/97

84—DP176 wd67 WHITE—CRA CANARY—Fire Department PINK—Applicant

MARK OUTS AND WHITE OUTS ARE NOT ACCEPTABLE.

Form ED-P-501 CERTIFICATE OF OCCUPANCY No. B112041

Washington, D.C., April 16, 19 79

Permission is hereby granted to Efforts From Ex-Convicts, Inc.

to use the All & Basement floor(s) of the building located on Lot 830-831 Square 397

known as premises 1514 8th St. NW for the following

purpose(s): Halfway House - 40 roomers D.C. Contract No 0113AA Expire-9-30-79

THIS CERTIFICATE SHALL BE POSTED CONSPICUOUSLY ON THE ABOVE PREMISES AT ALL TIMES. IT IS VALID INDEFINITELY, unless an expiration date is stated, ONLY for the premises, or part thereof, and for the purpose(s), indicated above, and IS NOT TRANSFERABLE to another person or premises under ANY conditions. ANY CHANGE in the type of business, ownership of business, or part of premises used therefor, will render this Certificate VOID and a NEW Certificate must be obtained.

DEPT. OF ECONOMIC DEVELOPMENT, GOVT. OF DIST. OF COL.

OFFICE COPY

ZONE R-4

FEE $ 20.00

Chief, Permit Branch

By Harold D. Thomas
Permit Clerk

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF ECONOMIC DEVELOPMENT
OFFICE OF LICENSES AND PERMITS
PERMIT BRANCH

THIS OCCUPANCY ENCOMPASSES 4340 SQUARE FEET
FEE $20.00 Eng. Initials

APPLICATION FOR CERTIFICATE OF OCCUPANCY—RESIDENTIAL

(WRITE WITH TYPEWRITER OR INK)

USE this form if Certificate is to be issued for Hotel, Flat or Apartment, Rooming, Boarding or Tenement House, Day Nursery, Private Club, Convalescent Home, or Other Residential Use.

OK TO FILE; D.E.D.
E. R. SMITH
DATE: 12-11-78

To the Director of Inspections Date November 27, 1978

The applicant(s) requests the issuance of a Certificate of Occupancy for the use of the premises described below, and agrees to comply with all applicable laws and regulations of the District of Columbia, and any terms and conditions appearing on BOTH sides of this application and on any Certificate of Occupancy issued on the basis of this application.

Full Name of Owner(s) of Business Efforts From Ex-Convicts, Inc.
(See instruction on reverse side) (PRINT) (FIRST) (MIDDLE) (LAST)

Description of Premises for which Certificate is Requested

Address 1514 8th Street N.W. (if building to be occupied) Lot 830-831 Square 397

Name and address of owner of building Efforts From Ex-Con 803 Fla. Ave. N.W.

To the best of your knowledge is the building now being condemned? no

Material of building Brick & Concrete No. of Stories High 3 Basement? yes

Proposed use Halfway House-40 Roomers (not sexually oriented)
D.C. CONTRACT No 0113 AA Expire 9-30-79

Which Floor(s) will be occupied for above use All 3 and basement

Previous use Halfway House Will applicant reside on the premises? no

READ INSTRUCTIONS AND INFORMATION ON REVERSE SIDE OF THIS APPLICATION
PENALTIES ARE PROVIDED FOR MISREPRESENTATION

To Be Filled in by Clerk

Use District R-4
Height District
Area District
Transcript of No. B-94665
E. D. No.
B. Z. A. No. Halfway House
Bldg. Permit No. 40 Rooms
D.C. Contract
Previous use
No-73214
6-Fe-76
No.
More or Less Units
Name of Clerk E.H.

IF OWNER OF BUSINESS SIGNS:

Signature of Owner (in ink)
Home Address Tel. No.

IF AUTHORIZED AGENT FOR OWNER OF BUSINESS SIGNS:

Name of Agent Isaac P. Hill
Address of Agent 1514 8th St. N.W. Tel. No. 232-1932
Name of Owner(s) of Business Efforts From Ex-Convicts, Inc.
(as shown above)
Signature of Agent (in ink) Isaac P. Hill

PRESIDENT Rev. Geo. W. S. Smith SECRETARY Isaac P. Hill
VICE-PRESIDENT Rudolph H. Yates TREASURER Rudolph H. Yates

APPROVED: **RESERVED FOR APPROVALS**

F.S. Date
Bldg. Date
Plbg. Date
Elec. Date
HOUSING DATE 4-16-79

APPROVED FOR ISSUANCE OF PERMIT
A. A. Carberry Date 4/16/79

NOTICE TO PROSPECTIVE PURCHASER: Your application will not be processed and Certificate issued until all inspections have been made and inspection agencies have certified compliance.

170228—78

Form III 2 691
(Rev 9-58)

CER...ICATE OF OCCUPANCY

No. B113896

Washington, D.C., Apr 17, 19 79

Permission is hereby granted to Bureau of Rehabilitation of the National Capt. Area

to use the 1st & 2nd floor(s) of the building located on Lot 811 Square 2607

known as premises 1770 Park Rd NW for the following

purpose(s): Rooming & boarding house to accomadate no more than 15 persons above main floor.

Dup.

ZONE

FEE $ 5.00

THIS CERTIFICATE SHALL BE POSTED CONSPICUOUSLY ON THE ABOVE PREMISES AT ALL TIMES. IT IS VALID INDEFINITELY, unless an expiration date is stated, ONLY for the premises, or part thereof, and for the purpose(s), indicated above, and IS NOT TRANSFERABLE to another person or premises under ANY conditions. ANY CHANGE in the type of business, ...ership of business, or part of premises used therefor, will render this Certificate VOID and a NEW Certificate must be obtained.

DEPARTMENT OF LICENSES, INVESTIGATIONS AND INSPECTIONS GOVT. OF DIST. OF COL.

OFFICE COPY

By [signature] Chief, Permit Branch

Permit Clerk

LIF-102A
Formerly 102 A-CPB
Rev. 4/16/69

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF LICENSES, INVESTIGATIONS AND INSPECTIONS
BUSINESS LICENSE AND PERMIT DIVISION
PERMIT BRANCH

DUPLICATE

THIS OCCUPANCY ENCOMPASSES 13456.70 SQUARE FEET

FEE 5.00 Eng. Initials CW

APPLICATION FOR CERTIFICATE OF OCCUPANCY—RESIDENTIAL
(WRITE WITH TYPEWRITER OR INK)

NOTICE TO PROSPECTIVE PURCHASER: Your application will not be approved and Certificate issued until all inspections have been made and inspection approval noted on the Certificate.

USE this form if Certificate is to be issued for Hotel, Flat or Apartment, Rooming, Boarding or Tenement House, Day Nursery Private Club, Convalescent Home, or Other Residential Use.

Permit No. B113778 4/18/79
Issued 4/17/79

To the Director of Inspection: Date 4-3-79

The applicant(s) requests the issuance of a Certificate of Occupancy for the use of the premises described below, and agrees to comply with all applicable laws and regulations of the District of Columbia, and any terms and conditions appearing on BOTH sides of this application and on any Certificate of Occupancy issued on the basis of this application.

Full Name of Owner(s) of Business (See instruction on reverse side) Circle of Rehabilitation of the National Capital Area
(PRINT) (FIRST) (MIDDLE) (LAST)

Description of Premises for which Certificate is Requested

Address 1770 Park Rd NW. (of building to be occupied) Lot 811 Square 2607

Name and address of owner of building John Boyd, 1770 Park Rd NW.

To the best of your knowledge is the building now being condemned? No

Material of building Brick No. of Stories High 2 Basement? yes

Proposed use Rooming & boarding house to accommodate no more than 15 persons above main floor

Which Floor(s) will be occupied for above use 1 & 2

Previous use private residence Will applicant reside on the premises? yes

SECRETARY William H Thomas
ASSISTANT SECRETARY Waldo J. Tarlet Sr

READ INSTRUCTIONS AND INFORMATION ON REVERSE SIDE OF THIS APPLICATION
PENALTIES ARE PROVIDED FOR MISREPRESENTATION

To Be Filled in by Clerk
Use District
Height District
Area District
Transcript of
E. D. No
B Z A. No
Bldg Permit No
Previous use
No
More or Less Units
Name of Clerk

PRESIDENT Richard L Wolfe
VICE PRESIDENT Mrs Irene Chambers

IF OWNER OF BUSINESS SIGNS:
Signature of Owner (in ink) [signature]
Home Address

IF AUTHORIZED AGENT FOR OWNER OF BUSINESS SIGNS:
Name of Agent Henry A Manley
Address of Agent 4th St. NW Tel. No. 347 7376
Name of Owner(s) of Business A non-profit UGF Agency
Signature of Agent (in ink) [signature] Exec. Dir.

APPROVED:

RESERVED FOR APPROVALS

F.S.	Date	
Bldg.	Date	
Plbg.	Date	
Elec.	Date	

APPROVED FOR ISSUANCE OF PERMIT [signature] Date 4-17-79

100799

Form 11-P-601
(Rev. 9/78)

CERTIFICATE OF OCCUPANCY

No. B114322

Washington, D.C., 9-22, 1983

Permission is hereby granted to Bureau of Rehabilitation

to use the -all floor(s) of the building located on Lot 77 Square 2607

known as premises 1740 Park Rd. N.W. for the following

purpose(s): CRF: Half-way house for zoning purposes

THIS CERTIFICATE SHALL BE POSTED CONSPICUOUSLY ON THE ABOVE PREMISES AT ALL TIMES. IT IS VALID INDEFINITELY, unless an expiration date is stated, ONLY for the premises, or part thereof, and for the purpose(s), indicated above, and IS NOT TRANSFERABLE to another person or premises under ANY conditions. ANY CHANGE in the type of business, ownership of business, or part of premises used therefor, will render this Certificate VOID and a NEW Certificate must be obtained.

DEPARTMENT OF LICENSES, INVESTIGATIONS AND INSPECTIONS GOVT. OF DIST. OF COL.

OFFICE COPY

ZONE R-4

FEE $ 20.00

Chief, Permit Branch

By

Permit Clerk

SCANNED 7. 05. 86

TO HOLD NOTICE AGAINST PROPERTY

W. H. T. T. I. e O. L.

OK TO FILE: D.E.S.
E. R. SMITH
DATE: 5-14-79

LIJ-P-102A
Formerly J02-A-CPB
Rev. 4/16/69

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF LICENSES, INVESTIGATIONS AND INSPECTIONS
BUSINESS LICENSE AND PERMIT DIVISION
PERMIT BRANCH

THIS OCCUPANCY ENCOMPASSES 4/2063 SQUARE FEET
FEE 20.00 Chg. Initials

Permit No. B114322
Issued 5/14/79

APPLICATION FOR CERTIFICATE OF OCCUPANCY—RESIDENTIAL

(WRITE WITH TYPEWRITER OR INK)

USE this form if Certificate is to be issued for Hotel, Flat or Apartment, Rooming, Boarding or Tenement House, Day Nursery, Private Club, Convalescent Home, or Other Residential Use.

TO THE DIRECTOR OF INSPECTION: Date 5/10/79

The applicant(s) requests the issuance of a Certificate of Occupancy for the use of the premises described below, and agrees to comply with all applicable laws and regulations of the District of Columbia, and any terms and conditions appearing on BOTH sides of this application and on any Certificate of Occupancy issued on the basis of this application.

Full Name of Owner(s) of Business (See instruction on reverse side) Bureau of Rehabilitation
(PRINT) (FIRST) (MIDDLE) (LAST)

Description of Premises for which Certificate is Requested

Address 1740 Park Rd N.W (of building to be occupied) Lot 77 Square 2607

Name and address of owner of building 666 11th ST N.W.

To the best of your knowledge is the building now being condemned? NO

Material of building Brick No. of Stories High 4 Basement? Yes

Proposed use Half-Way House for zoning purposes! Community Residence Facility D.C. Law 2-35

Which Floor(s) will be occupied for above use 2 Persons on 2nd Floor & [redacted] for U.S. & D.C. Contents on 3rd and 3rd Floors

Previous use Halfway House Will applicant reside on the premises? NO

READ INSTRUCTIONS AND INFORMATION ON REVERSE SIDE OF THIS APPLICATION
PENALTIES ARE PROVIDED FOR MISREPRESENTATION

To Be Filled in by Clerk

Use District R-4
~~Height District~~ 5/11/79
~~Area District~~ JEB
Transcript of No.
E. D. No.
B. Z. A. No.
Bldg. Permit No.
Previous use Rooming Boarding House (6 Bdrms. Cabinet)
1/28/70 No. B72978
More or Less Units
Name of Clerk JEB

IF OWNER OF BUSINESS SIGNS:
Signature of Owner (in ink)
Home Address Tel. No.

IF AUTHORIZED AGENT FOR OWNER OF BUSINESS SIGNS:
Name of Agent
Address of Agent 666 11th ST NW Tel. No. 637-6977
Name of Owner(s) of Business Bureau of Rehabilitation (as shown above)
Signature of Agent (in ink)

APPROVED:

PRESIDENT
VICE-PRESIDENT: Dir. Anne Grahame
SECRETARY Edward Sullivan
TREASURER Stacy

RESERVED FOR APPROVALS

F.S. Date
Bldg. Date
Plbg. Date
Elec. Date
DES DATE

APPROVED FOR ISSUANCE OF PERMIT
Date
SCANNED 7. 09.96 J-80798

Re-Issued 10/17/79

* Existing Use

* NOTICE TO PROSPECTIVE PURCHASER:
Your application will not be approved and Certificate issued until all inspections have been made and inspection agencies have certified compliance.
COMPLIES WITH REQUIREMENT OF ZONING REGULATIONS
MAY 11 1979
Initial

No. B 156384

BLRA-17
(Rev 6/85)

District of Columbia Government
Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration Zoning Division
P.O. BOX 37200 — Washington, D.C. 20013-7200

C-76742

CERTIFICATE OF OCCUPANCY

2/21/89
(date)

Permission is hereby granted to Extended House, Inc.
to use suite(s) _____ on the 1st, 2nd, & 3rd floor(s)
of the building located on lot(s) 172 square 1026
known as premises 812-14-16 14th Street, N.E. for the following
purpose(s) Adult Rehabilitation Facility- 30 residents
20 residents on 3rd & 10 residents on 2nd- 6 rotating staff. [su]
Not Sexually Oriented.

BZA #: _____ EXPIRATION DATE: _____

THIS CERTIFICATE SHALL BE POSTED CONSPICUOUSLY ON THE ABOVE PREMISES AT ALL TIMES. IT IS VALID INDEFINITELY, unless an expiration date is stated, ONLY for the premises, or part thereof, and for the purpose(s), indicated above, and IS NOT TRANSFERABLE to another person or premises under ANY conditions. ANY CHANGE in the type of business, ownership of business, or part of premises used therefor, will render this Certificate VOID and a NEW Certificate must be obtained.

ZONE C/3/A FEE $ 27.00

Donald G. Murray, Director
By Dorothea Peters
Designee

86—P-3601 wd112

OFFICE COPY

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

APPLICATION FOR CERTIFICATE OF OCCUPANCY

Date 1/5/89

MARK OUTS & WHITE OUTS NOT ACCEPTED
USE BLUE OR BLACK INK ONLY! THANK YOU

(22) Receipt # 2265
(23) Treas. # 2330 V0320

INFORMATION ON PROPOSED BUSINESS

NTS

(1) Address of Business 812, 14th & 16 14th St. NE Suite/Room #
(2) Telephone No. of Business 636-4040 Lot 172 Square 1026
(3) Trade Name of Business Extended House Inc.
(4) Is Business Incorporated? ☐ No ☒ Yes (Attach Letter of Good Standing and complete Line 5)
(5) President: James Artis Vice President Secretary/Treasure:
(6) Is Business a Partnership? ☒ No ☐ Yes
(7) Business Owner Extended House Inc. (See instructions) 636-4040 Tel. No. (days)
(8) Business Owner's Home Address 1017 Brentwood Rd. N.E Zip Code 20018

No Record

INFORMATION ON OCCUPANCY

(9) ☐ Ownership Change ☐ Partial Occupancy ☐ New Bldg. ☒ Use Change ☐ Load Change BZA No. ☐
(10) Proposed Use of Business Adult Rehabilitation Facility
30 Residents (2nd floor 10, 3rd floor - 20) 6 rotating staff
(11) Is Business Sexually Oriented According to D.C. Zoning Regulations? ☒ No ☐ Yes
(12) Proposed Occupancy Load 30 Square Feet Occupied 4,000
(13) Which Floors to be Occupied 1st, 2nd and 3rd Basement? NO
(14) Prior Use residential

INFORMATION ON ENTIRE BUILDING

(15) Building Owner James Artis Tel. No. (days) 636-4040
(16) Building Owner's Address 1017 Brentwood Rd. NE Zip Code 20018
(17) Materials of Building Brick
(18) Square Feet Occupied 4000 No of Floors 3 Basement? NO

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: LARRY MCLEOD (Print Clearly) Signature 1/5/89 Date
(21) Address of Agent: 1017 Brentwood Rd. NE Zip Code 20018

OFFICE USE ONLY

INFORMATION DESK

(24) Premises Condemned ☒ No ☐ Yes Cleared By _____ Date 1/6/89
(25) Building in RLA Zone ☐ No ☒ Yes Cleared By _____ Date 1/6/89
(26) Residential ☒ No ☒ Yes Smoke Det. Info. Given By _____ Date 1/6/89

LICENSE BRANCH

(27) Licenses Required None
(28) _____ Reviewed By _____ Date 1-5-89

Copy to ZONING OFFICE Ed Hurk

ZONING OFFICE

(29) Zone C-3A BZA No. _____
(30) Prior Use S.F.D.
(31) Certificate # _____ Date Issued _____ BZA No. _____ ☐ Approved ☐ Disapprove
(32) Accepted for Filing by _____ Date 1/5/89

EXAMINER'S USE

(33) Prior Use Code L — Proposed Use Code E —
(34) Use Change ☐ No ☒ Yes Inspect. Required ☐ No ☒ Yes By _____ Date 1/5/89
(35) Inspection Fee $ _____ Issuance Fee $ _____
(36) Approved for Issuance by _____ Date _____

INSPECTION BRANCH

(37) Date of Scheduled C/O Inspections Thurs. Feb. 2, 1989 9-4 AM/PM
(38) Inspection Status Approved ☐ Disapproved ☐ By _____ Branch _____ Date _____
(39) Inspector's Signature _____ Printed Name _____
(40) Reason for Disapprove _____

OCCUPANCY PERSONNEL

(41) ☐ Approved ☐ Denied ☐ Cancelled (1338x029)
By _____
(42) Reason for Cancellation/Denial _____
(43) Certificate of Occupancy No. B1568884 Date of Issuance 2/21/89
(44) Bldg 2/13/89 Elec 2/6/89 Plumb 2/2/89 Fire 2/14/89 Zoning _____

WHITE – CRA CANARY – Fire Department PINK – Applicant
INTAKE: 8:30 – 3:30

Form 111-P-601
(Rev. 3/70)

CERTIFICATE OF OCCUPANCY

No. B114123

Washington, D.C., Sept. 2, 19 80

Permission is hereby granted to Bureau of Rehabilitation

to use the All Floors floor(s) of the building located on Lot 777 Square 2676

known as premises 3301 16th Street, N.W. for the following

purpose(s): Halfway House or Social Service Center; Contract issued to Bureau of Rehabilitation 30 resident

THIS CERTIFICATE SHALL BE POSTED CONSPICUOUSLY ON THE ABOVE PREMISES AT ALL TIMES. IT IS VALID INDEFINITELY, unless an expiration date is stated, ONLY for the premises, or part thereof, and for the purpose(s), indicated above, and IS NOT TRANSFERABLE to another person or premises under ANY conditions. ANY CHANGE in the type of business, ownership of business, or part of premises used therefor, will render this Certificate VOID and a NEW Certificate must be obtained.

DEPARTMENT OF LICENSES, INVESTIGATIONS AND INSPECTIONS GOVT. OF DIST. OF COL.

OFFICE COPY

ZONE R-5-B

FEE $ 20.00

Chief, Permit Branch

By [signature]
Permit Clerk

HOLD NOTICE AGAINST ID

H. M. T. A. - O. K.

INSPECTION DATE
CALL FIRE MARSHAL 745-2250

OK TO FILE: D.E.B.
E. R. SMITH
DATE: 5-1-79

LIC-P-101A
Formerly 160-A-CPB DEP.
Rev. 4/16/50

MAY 14 1979

PERMIT BRANCH

NS
USE OCCUPANCY ENCOMPASSES
2-662 SQUARE FEET
Eng. Initials
DENTIAL

USE this for: ont, Rooming, Board-
ing or Tenement House, Day Nursery, Private Club, Convalescent Home, or Other Residential Use.

Permit No. B114123
Issued

TO THE DIRECTOR OF INSPECTION: Date 4-25-79

The applicant(s) requests the issuance of a Certificate of Occupancy for the use of the premises described below, and agrees to comply with all applicable laws and regulations of the District of Columbia, and any terms and conditions appearing on BOTH sides of this application and or any Certificate of Occupancy issued on the basis of this application.

Full Name of Owner(s) of Business Bureau of Rehabilitation
(See instruction on reverse side) (PRINT) (FIRST) (MIDDLE) (LAST)

NOTICE TO PROSPECTIVE PURCHASER: Your application will not be approved and Certificate issued until all inspections have been made and inspection agencies have certified compliance.

Description of Premises for which Certificate is Requested

Address 3301 16th St N.W. Lot 777 Square 2676
(of building to be occupied) American Red Cross Association

Name and address of owner of building 20 Chevy Chase Circle Wash DC

To the best of your knowledge is the building now being condemned? NO

Material of building Brick No. of Stories High 3 Basement? Yes

Proposed use Halfway House on Social Service Center
Contract issued to Bureau of Rehabilitation (30 in Resident)

Which Floor(s) will be occupied for above use ALL

Previous use Clinic Will applicant reside on the premises? Yes

READ INSTRUCTIONS AND INFORMATION ON REVERSE SIDE OF THIS APPLICATION
PENALTIES ARE PROVIDED FOR MISREPRESENTATION

Original application not in file

SECRETARY
TREASURER
VICE-PRESIDENT
PRESIDENT

To Be Filled in by Clerk

Use District R-5-B
Height District 4-30-79
Area District
Transcript of No.
E. D. No.
B. Z. A. No.
Bldg. Permit No.
Previous use Halfway House or Social Service Center
Issued to Bureau of Rehab
Permit No. B114123
More or Less Units Excess
Name of Clerk

IF OWNER OF BUSINESS SIGNS:

Signature of Owner (in ink)
Home Address Tel. No.

IF AUTHORIZED AGENT FOR OWNER OF BUSINESS SIGNS:

Name of Agent Decatur W. Trotter
Address of Agent 666 11th St NW Tel. No. 637-6977
Name of Owner(s) of Business Bureau of Rehabilitation (as shown above)
Signature of Agent (in ink)

RESERVED FOR APPROVALS

APPROVED:
F.S. 5/25/79 Approved Date 8-25-80
Bldg. No Violations Date
Plbg. Date
Elec. Date
DEA Approved DCRA Approved

APPROVED FOR ISSUANCE OF PERMIT
Date 9-2-80

...OLID NOTICE AGAINST ...

...N. A. T. A. - O. R...

INSPECTION DATE
CALL FIRE MARSHAL 745-2250

OK TO FILE: D.E.S.
D. R. SMITH
DATE: 5-1-79

NB
IF OCCUPANCY ENCOMPASSES
... 2-0-2 SQUARE FEET
...E... Eng. Initials: ...
...DENTIAL.

...Formerly 119-A-CPB DEP.
Rev 4/16/70

MAY 1 4 1979

PERMIT BRANCH

...APPL. 9:30 — 12:20

Permit No. B14423

Issued

USE this fo... ent, Rooming, Boarding or Tenement House, Day Nursery, Private Club, Convalescent Home, or Other Residential Use.

To the Director of Inspection: Date 4-25-79

The applicant(s) requests the issuance of a Certificate of Occupancy for the use of the premises described below, and agrees to comply with all applicable laws and regulations of the District of Columbia, and any terms and conditions appearing on BOTH sides of this application and on any Certificate of Occupancy issued on the basis of this application.

Full Name of Owner(s) of Business (See instruction on reverse side) Bureau of Rehabilitation, Inc.
(PRINT) (FIRST) (MIDDLE) (LAST)

Description of Premises for which Certificate is Requested

Address 3301 16th St NW (of building to be occupied) Lot 777 Square 2676

Name and address of owner of building American Red Cross Association 20 Chevy Chase Circle and D.C.

To the best of your knowledge is the building now being condemned? No

Material of building Brick No. of Stories High 3 Basement? Yes

Proposed use Half-way House or Social Service Center Contract issued to Bureau of Rehabilitation (30 in Resident)

Which Floor(s) will be occupied for above use All

Previous use Clinic Will applicant reside on the premises? Yes

READ INSTRUCTIONS AND INFORMATION ON REVERSE SIDE OF THIS APPLICATION
PENALTIES ARE PROVIDED FOR MISREPRESENTATION

To Be Filled in by Clerk

Use District R-5-B
Height-Distrct 4-30-79
Area District
Transcript of No.
E. D. No.
B. Z. A. No.
Bldg Permit No.
Previous use Halfway House or Social Service Center Contract issued to Bureau of Rehabilitation
No. Persons 30
Date 5-9-79
More or Less Units Excess
Name of Clerk

IF OWNER OF BUSINESS SIGNS:

Signature of Owner (in ink)

Home Address Tel. No.

IF AUTHORIZED AGENT FOR OWNER OF BUSINESS SIGNS:

Name of Agent Decatur W. Trotter
Address of Agent 111 11th St NW Tel. No. 637-6977
Name of Owner(s) of Business Bureau of Rehabilitation, Inc. (as shown above)
Signature of Agent (in ink)

APPROVED:

F.S. Freeman Date 9-16-79
Bldg. Date
Plbg. Date
Elec. Date 5/14/79

RESERVED FOR APPROVALS

APPROVED FOR ISSUANCE OF PERMIT

Date

Date

SECRETARY
TREASURER
VICE-PRESIDENT
PRESIDENT

NOTICE TO PROSPECTIVE PURCHASER:
Your application will not be approved and Certificate issued until all inspections have been made and inspection agencies have certified compliance.

MAY 14 1979

100733

Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration
941 North Capitol Street, N.E. room 2100
Washington, D.C. 20002
Tel: (202) 442-4470 Fax (202) 442-4862

C of O

CERTIFICATE OF OCCUPANCY

PERMIT NO.
CO 15373

THIS PERMIT IS VALID ONLY FOR THE PREMISES OF THE PROJECT ADDRESS

DATE : 7/23/01

ADDRESS:	FLOOR(S):	PRCLID (square) (lot)
2912 LANGSTON PL SE	BASEMENT, FIRST THRID, FL	WARD: ZONE:

PERMISSION IS HEREBY GRANTED TO	TRADING AS:
CORPORATION: HOPE VILLAGE, INC ID No.: 999999	HOPE VILLAGE, INC

APPROVED USES	PREVIOUS USES
COMMUNITY RESIDENCE FCL	COMMUNITY RESIDENCE FCL

TYPE	BZA NO	OCCUPIED SQ. FOOTAGE	OCCUP. LOAD	EXPIRATION DATE
CONDITIONAL		7,563	44	NONE

DESCRIPTION OF USE:
adult community based residential facility (halfway house) 44 residents /9 rotating staff

FEE:
$68.(

THIS CERTIFICATE SHALL BE POSTED CONSPICUOUSLY ON THE ABOVE PREMISES AT ALL TIMES. IT IS VALID INDEFINITELY, unless an expiration date is stated, VALID ONLY for the premise at the above address or part thereof, and for the purpose(s) indicated above, and IS NOT TRANSFERABLE to another person or premises under ANY conditions. ANY CHANGE in the type of business, ownership of business, or part of premises used therefor, will render this Certificate VOID and a NEW Certificate must be obtained.

David A. Clark
DIRECTOR

PERMIT CLERK:
ADEMOLA SHITTU

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

Date: MAY 10, 2001 — Permit No: 805448

Application Fee $25.00 Non Refundable — Cashier's No: 162968

Certificate Fee – Based on square footage ($5,126.00)

INFORMATION ON PROPOSED BUSINESS

1. Premise Address 2912 LANGSTON PLACE, S.E. Suite/Room No N/A
2. Business Telephone No (202) 678-1551 Fax No (202) 678-5837 Lot 866 Square 5741
3. Trade Name of Business HOPE VILLAGE, INC.
4. Is Business Incorporated? Y/N Y Partnership? Y/N N Sole Proprietor? Y/N Y New/Existing EXISTING
5. Corporate Name HOPE VILLAGE, INC.
6. President JOAN SUTTON Vice President JEFFREY VARONE Secretary JEFFREY VARO
7. Sole Proprietor JOAN D. SUTTON
8. Business Owner's Mailing Address 4 MONTERRA COURT phone # (daytime) (301) 294-875
   ROCKVILLE, MD. 20850

INFORMATION ON OCCUPANCY

9. ☐ Ownership Change ☐ Partial Occupancy ☐ New Bldg. ☐ Use change ☐ Load Change ☒ B.Z.A No. 16699
10. Proposed Use of Premises ADULT COMMUNITY BASED RESIDENTIAL FACILITY (HALFWAY HOUSE) 44 RESIDENTS / 9 ROTATING STAFF
11. Prior Use of Premises SAME AS ABOVE
12. Proposed Occupancy Load 44 & Square Feet Occupied 7,563.42
13. Floors to be Occupied 1ST - 3RD & Basement Basement ? ☒ Yes ☐ No
14. Is this Business Sexually Oriented according to the DC Zoning Regulations ? ☐ Yes ☒ No

INFORMATION ON ENTIRE BUILDING

15. Building Owner JOAN D. SUTTON Telephone No. (301) 294-8757
16. Building Owner's Address: 4 MONTERRA COURT, ROCKVILLE, MD. 20850
17. Square feet 7,563.42 GSF Numbers of floors 3 Basement YES

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 Joan D. Sutton (Signature) Date 5/10/01

If Authorized Agent for owner of Business (Attach Authorization)

19. Agent's Name JEFFREY F. VARONE (Print Clearly) (Signature) Date 5/10/01
20. Agent's Address 2840 LANGSTON PLACE, S.E., WASHINGTON, D.C. 20020

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

Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration
941 North Capitol Street N.E. room 2100
Washington D.C. 20002
Tel. (202) 442 - 4470 Fax (202) 442 - 4862

Government of the District of Columbia
ELRA 94A

C of O

CERTIFICATE OF OCCUPANCY

PERMIT NO.
CO 19193

THIS PERMIT IS VALID ONLY FOR THE PREMISES OF THE PROJECT ADDRESS

DATE : 9/17/01

ADDRESS :	FLOOR(S):	PRCLID :	
2840 LANGSTON PL SE Z	BASEMENT 1ST 2ND & 3RD FLOORS	5741 (Square)	0031 (lot)
		WARD : 8	ZONE : R-5-A

PERMISSION IS HEREBY GRANTED TO :	TRADING AS :
CORPORATION : HOPE VILLAGE INC ID No.: 780184	HOPE VILLAGE

APPROVED USES :	PREVIOUS USES :
OTHER - SEE DESCRIPTION	COMMUNITY RESIDENCE FCL

TYPE :	BZA NO. :	OCCUPIED SQ. FOOTAGE:	OCCUP. LOAD:	EXPIRATION DATE:
CONDITIONAL		7,563	59	NONE

DESCRIPTION OF USE
ADULT COMMUNITY BASED RESIDENTIAL FACILITY/ 59 RESIDENTS/ 9 ROTATING STAFF

FEE :
$68.00

THIS CERTIFICATE SHALL BE POSTED CONSPICUOUSLY ON THE ABOVE PREMISES AT ALL TIMES. IT IS VALID INDEFINITELY, unless an expiration date is stated, VALID ONLY for the premise at the above address or part thereof, and for the purpose(s), indicated above, and IS NOT TRANSFERABLE to another person or premises under ANY conditions. ANY CHANGE in the type of business, ownership of business, or part of premises used therefor, will render this Certificate VOID and a NEW Certificate must be obtained.

David A. Clark DIRECTOR	PERMIT CLERK: ADEMOLA SHITTU

Department of Consumer & Regulatory Affairs
DCRA
District of Columbia Government

C07809

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

Date MAY 10 2001 | Receipt No. 19193 | Cashier's No. 20275 / 10/5/01

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

INFORMATION ON PROPOSED BUSINESS

1. Premise Address 2840 LANGSTON PLACE, S.E. Suite/Room No N/A
2. Business Telephone No. (202) 678-1551 Fax No. (202) 678-5837 Lot 131 Square 5741
3. Trade Name of Business HOPE VILLAGE, INC.
4. Is Business Incorporated? Y/N Y Partnership? Y/N N Sole Proprietor? Y/N Y New/Existing EXISTING
5. Corporate Name HOPE VILLAGE, INC.
6. President JOAN SUTTON Vice President JEFFREY VARONE Secretary JEFFREY VARONE
7. Sole Proprietor JOAN O. SUTTON
8. Business Owner's Mailing Address 4 MONTERRA COURT ROCKVILLE, MD. 20850 Phone # (daytime) (301) 294-8757

INFORMATION ON OCCUPANCY

9. ☐ Ownership Change ☐ Partial Occupancy ☐ New Bldg. ☐ Use change ☐ Load Change ☒ B.Z.A No. 16699
10. Proposed Use of Premises ADULT COMMUNITY BASED RESIDENTIAL FACILITY (HALFWAY HOUSE) 59 RESIDENTS / 9 COUNSELING STAFF
11. Prior Use of Premises SAME AS ABOVE
12. Proposed Occupancy Load 59 yes. Square Feet Occupied 7,563.42 GSF
13. Floors to be Occupied 1st - 3rd & Basement Basement ? ☒ Yes ☐ No
14. Is this Business Sexually Oriented according to the DC Zoning Regulations ? ☐ Yes ☒ No

INFORMATION ON ENTIRE BUILDING

15. Building Owner JOAN D SUTTON Telephone No. (301) 294-8757
16. Building Owner's Address: 4 MONTERRA COURT, ROCKVILLE, MD. 20850
17. Square feet 7,563.42 GSF Numbers of floors 3 Basement Y

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 Joan Sutton (Signature) Date 5/10/01

If Authorized Agent for owner of Business (Attach Authorization)

19. Agent's Name JEFFREY F. VARONE (Print Clearly) Jeffrey F. Varone (Signature) Date 5/10/01
20. Agent's Address 2840 LANGSTON PLACE, S.E. WASHINGTON, D.C. 20020

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

OFFICE USE ONLY

ADDRESS

Premise Address 2840 Hartston Pl, SE, Suite/Room No

ZONING DIVISION

Zone R-5-A Overlay District Y / (N) B.Z.A. No: 16699 B.Z.A. approved date 5/9/01

Prior Use CRF/Adult Rehab (Substance Abuse (42 Res. & Prof. Staff (3 Flrs. + Bas.) in BZA #16376 - Exp. 12/3/03

Date of Last Certificate 12/16/98 Last Certificate No. B182276 Prior B.Z.A No

Accepted for filing by Date

EXAMINERS USE

BEPF

Use Change ☒ Yes ☐ No Inspections Required ☒ Yes ☐ No. By Date 5/14/01

Building Permit Required ☐ Yes ☑ No By Date 5/21/01

Inspection Fee $ Issuance Fee $ By Date

Zoning

Approved for Issuance by Date

C of O INSPECTION

Date of scheduled Certificate of Occupancy inspection 5/25/01

Inspection Status ☒ Approved ☐ Disapproved By Lanier Branch FPD Date 9/17/01

Inspector's Signature H. Lanier Printed Name H. LANIER

Reason for Disapproval per ilsop Notice

C of O APPROVAL

☐ Approved ☐ Denied ☐ Canceled By

Reason for Denial/Cancellation

If Approved Certificate of Occupancy No. Date of Issuance

Bldg Electric Plumbing Fire Zoning

per Bennet Noble

See attached letter

See attached letter 9/17/01

RESEARCH

Environmental Review Process

Welcome to the web page on the implementation of the new Environmental Review Process. With the recent development "boom" in the District of Columbia, DCRA has re-engineered many regulatory processes to accommodate the pace of development while adhering to all applicable regulations and codes. This portion of the website addresses the changes in the Environmental Review Process. DC Public Law 8-36, the Environmental Policy Act of 1989, requires that all District of Columbia agencies consider the environmental impact of all proposed major actions prior to issuing any approvals for such actions. DCRA is taking the lead in working with reviewing agencies including the Department of Health, Office of Planning, Department of Public Works (Inter-modal Planning - Solid Waste Management Administration), and Water and Sewer Authority in the processing of both Environmental Intake Forms (EIF) and the Environmental Impact Screening Form (EISF).

Every applicant for a building permit must first complete the EIF for submission with the application for a permit. The purpose of the EIF is to assist DCRA staff in determining whether or not an EISF with supporting documentation is required. All forms must be fully completed by each applicant before a determination can be made. If an EISF is required, DCRA's final determination, based on input from reviewing agencies, will indicate whether or not the proposed project is likely to have substantial negative impact on the community, and whether or not an Environmental Impact Statement (EIS) is required.

All forms, and instructions, maps and regulations relevant to the Environmental Review Process are integrated into the site. They are also available at the Permit Service Center, Room 2300, 941 North Capitol Street NE. Please take the time to read and understand the materials provided. Remember, no permit shall be issued until the environmental process has been completed!

We would like to thank all DC Government staff, representatives from the development community and the public for your input into the development of the new Environmental Review Process. We look forward to working with you as implementation of the new process moves forward.

- Forms
- Maps

Alphabetical Directory by Topic | Elected Officials | Contact & Services | Search | Upcoming Events | DC Government Agencies

Government of the District of Columbia
John A. Wilson Building
1350 Pennsylvania Avenue, NW, Washington, DC 20004
Citywide Call Center: (202) 727-1000
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ATTACHMENT I

EXHIBIT 16

Ionia R. Whipper Home, Inc.

2000 CHANNING STREET, N.E.
WASHINGTON, DC 20018
TEL: 202-269-0347 FAX: 202-832-3099

July 8, 2002

The Honorable Eleanor Holmes Norton
2136 Rayburn House Office Building
Washington, DC 20515

Dear Congresswoman Norton:

As you know for over twenty years I have been Executive Director of the Ionia R. Whipper Home, Inc. During this period the Whipper Home has been a landmark institution and an important resource for Washington's abused, abandoned and neglected girls.

Until today it has not been necessary for me to come to you with a problem. However, we now need your help. I am extremely concerned regarding the proposed placement of a Bureau of Prison's halfway house in the Edgewood-Brookland community.

All of our residents have been victims of abuse, have been removed from their families and are wards of the District of Columbia. Consequently, we are greatly concerned with the proposed location of a halfway house within two blocks of our facility (20th & Adams Place, NE). Every school day, our young girls have to walk over the bridge near the site of the halfway house to catch the bus to school on Bladensburg Road. We are extremely concerned about their protection, and we fear for their safety and potential victimization.

Please understand we fully recognize that our justice system has re-entry programs for those returning to the community. However, we are concerned about the impact of such a large concentration of convicted felons (more than 150) so close to our home and our children.

I do hope that you can assist us in finding solutions that will not cause pain to our children and chaos in the community.

Sincerely,

Joan F. Hurley, ACSW, LICSW
Executive Director

Ionia R. Whipper Home, Inc.

2000 CHANNING STREET, N.E.
WASHINGTON, DC 20018
TEL: 202-269-0347 FAX: 202-832-3099

July 8, 2002

The Honorable Margaret Kellems
Deputy Mayor for Public Safety and Justice
John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, DC 20004

Dear Ms. Kellems:

As Executive Director of the Ionia R. Whipper Home, I am extremely concerned regarding the proposed placement of a Bureau of Prison's halfway house in our community.

The Ionia R. Whipper Home, Inc. is a seventy-year-old agency is a home to abused, abandoned and neglected girls, who are wards of the District of Columbia. All of our residents have been victims of violence. Every school day, our young girls have to walk over the bridge near the site for the halfway house to catch the bus to school on Bladensburg Road. We are most concerned that the location of a proposed halfway House within two blocks of our facility posses a potential threat to the safety and wellbeing of our children.

During a recent Ward 5, ANC meeting, we became aware that as Deputy Mayor for Public Safety and Justice, you oversee the committee that makes decisions regarding the placement of halfway houses. It is therefore important that you recognize that our concern is for our girls being able to walk safely in our community without fears of being victimized.

Please understand we fully recognize that our justice system has re-entry programs for those returning to the community. However, we are concerned about such a large concentration of convicted felons so close to our home and our children.

My final concern is that as Deputy Mayor of Public Safety and Justice, how can you assure me that this will not have a negative impact on the welfare of my children?

Sincerely,

Joan P. Hurley, ACSW, LICSW
Executive Director

EXHIBIT 17

Law Offices
HOLLAND & KNIGHT LLP

2099 Pennsylvania Avenue, N.W.
Suite 100
Washington, D.C. 20006-6801

202-955-3000
FAX 202-955-5564
www.hklaw.com

Atlanta
Boston
Bradenton
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Miami
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San Antonio
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Seattle
Tallahassee
Tampa
Washington, D.C.
West Palm Beach

International Offices:
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São Paulo
Tel Aviv*
Tokyo

*Representative Offices

H-K's earlier attempt to amend reg. to allow in CM zones

May 7, 2002

STEVEN E. SHER
DIRECTOR OF ZONING
AND LAND USE SERVICES
202-663-7278
Internet Address:
sher@hklaw.com

RECEIVED
D.C. OFFICE OF ZONING
2002 MAY -7 AM 11:11

VIA HAND DELIVERY

D.C. Zoning Commission
Suite 210
441 4th Street, N.W.
Washington D.C. 20001

Re: Request for Emergency Text Amendment
to Allow Community Based Residential Facilities
as a Special Exception in C-M Districts

Dear Members of the Commission:

This office represent the Central Union Mission, owner of property at the southeast corner of 14th and R Streets, N.W., and contract purchaser of property at 809 Channing Place, N.E. The Mission proposes to relocate and consolidate its facilities at the Channing Place property and to sell its properties on 14th Street for use by the Whitman-Walker Clinic. In order to accomplish this relocation, the Mission respectfully requests that the Zoning Commission amend the Zoning Regulations on an emergency basis to permit a community based residential facility as a special exception in a C-M District. The Mission further requests that the Commission give the normal notice and hold a public hearing for the purpose of making this amendment permanent.

The Zoning Regulations permit community based residential facilities (CBRFs) beginning in the most restrictive R-1 Districts and then throughout the R, SP, W, CR and C Districts, either as a matter-of-right or by special exception, depending upon the subcategory and intensity of the proposed use. Commercial uses permitted in the C-4 District are permitted by carry-over in the C-M Districts. However, §801.2 specifically excludes CBRFs from being considered as a commercial use and CBRFs are therefore not permitted in C-M Districts.

The Central Union Mission has been located in its present facilities at 1350 R Street, N.W. (Square 240, lots 6, 812 and 819) for many years. That location consists of a complex of three buildings totaling approximately 45,000 square feet. The Mission's functions include office space, a chapel, an overnight shelter

ZONING COMMISSION
District of Columbia
Case 02-21

food, and beverages shall be sold on the premises only to members and their guests; and office space and activities shall be limited to that necessary and customarily incidental to maintaining the membership and financial records of the organization. (21 DCR 1465)

Community house - a group of three (3) one-family dwellings, each on a separate lot, erected simultaneously as a group, with each of the outer dwellings having a side yard.

Community-based residential facility - a residential facility for persons who have a common need for treatment, rehabilitation, assistance, or supervision in their daily living. This definition includes, but is not limited to, facilities covered by the Community Residence Facilities Licensure Act of 1977, effective October 27, 1977 (D.C. Law 2-35; 24 DCR 4056) (repealed by District of Columbia Health Care and Community Residence Facility, Hospice and Home Care Licensure Act of 1983, effective February 24, 1984 (D.C. Law 5-48, as amended; D.C. Code, 2001 Ed. §§ 44-501 to 44-509 (formerly codified at D.C. Code §§ 32-1301 to 32-1309 (1998 Repl. & 1999 Supp.))), and facilities formerly known as convalescent or nursing home, residential halfway house or social service center, philanthropic or eleemosynary institution, and personal care home.

This is a critical section in the law.

* If an establishment is a community-based residential facility as defined in this section, it shall not be deemed to constitute any other use permitted under the authority of these regulations. A community-based residential facility may include separate living quarters for resident supervisors and their families. All community-based residential facilities shall be included in one (1) or more of the following subcategories:

(a) **Adult rehabilitation home** - a facility providing residential care for one (1) or more individuals sixteen (16) years of age or older who are charged by the United States Attorney with a felony offense, or any individual twenty-one (21) years of age or older, under pre-trial detention or sentenced court orders;

(b) **Community residence facility** - a facility that meets the definition for and is licensed as a community residence facility under the Health Care Facilities and Community Residence Facilities Regulations, 22 DCMR § 3099.1 (1986) (superseded);

(c) **Emergency shelter** - a facility providing temporary housing for one (1) or more individuals who are otherwise homeless and who are not in need of a long-term sheltered living arrangement, as that arrangement is defined in the Health Care Facilities and Community Residence Regulations, 22 DCMR § 3099.1 (1986) (superseded);

(d) **Health care facility** - a facility that meets the definition for and is licensed as a skilled care facility or intermediate nursing care facility under the Health Care Facilities and Community Residence Regulations, 22 DCMR § 3099.1 (1986) (superseded);

(e) **Substance abusers home** - a community residence facility that offers a sheltered living arrangement, as that arrangement is defined in the Health Care Facilities and Community Residence Facilities Regulations of the District of Columbia, 22 DCMR § 3099.1 (1986)

accommodating approximately 100 beds and a longer-term, but not permanent, residential component accommodating approximately fifty beds.

In order to consolidate its operations into a single building and to create a more efficient and cost-effective operation for itself, the Mission has been attempting to relocate all its operations to a single building. Due to the constraints of the Zoning Regulations, finding an affordable location that would allow both the office use and the shelter use has been extremely difficult.

The Mission has finally located a property at 809 Channing Street, N.E. (Square 3846, lot 75), which appears to be within the Mission's financial resources and which would accommodate the Mission's program. That property is located in a C-M-2 District. The building is a former District Government printing facility, which contains four stories and approximately 49,000 square feet. The office and chapel functions would be permitted as a matter-of-right, but the residential aspects of the Mission's functions would not be permitted without a use variance.

Because of the Mission's need to improve its facilities in order to carry out its work, the Mission requests the Zoning Commission to consider and adopt a text amendment to allow a CBRF as a special exception in a C-M District. Specific proposed language to amend the text of the Regulations is attached. The proposed standards for the special exception are taken from the R-5 Districts, revised to have the Board of Zoning Adjustment take into account the specific characteristics of the C-M zone.

The Mission believes that the impact characteristics of CBRFs are not likely to be greater than the wide variety of uses permitted as a matter-of-right in the C-M Districts. However, because new residential uses are not otherwise permitted in the C-M Districts and because some neighborhoods which are near to C-M property may wish to have input before such a use could be established, the Mission proposes that the use be permitted only as a special exception. The Mission notes that allowing CBRFs in C-M Districts expands the locations in the District where such uses would be permitted, which would benefit the providers who operate such uses and which also could reduce the concentration of such uses in residential areas.

The timing of both the sale of the present location and the purchase of the new location is such that the Mission requests that the Commission adopt the proposed amendments on an emergency basis. The Administrative Procedure Act (D.C. Code, §2-505, 2001 Ed.) allows an agency, including the Zoning Commission, to take an action necessary for the immediate preservation of the public health,

safety, welfare or morals, without following the normal requirements for public notice and participation. Such action can be in effect for no more than 120 days.

The Mission's contract to purchase the Channing Street property was originally to expire on May 6, 2002, but the contract has been extended. The Mission would be confident in continuing to negotiate for the sale of the property if the Commission were to vote to adopt the proposed amendment so that the Mission could file an application with the BZA and get the special exception process started.

The Mission also has a contract to sell its existing property to the Whitman-Walker Clinic, which would consolidate its operations in the 14th Street corridor into a single location. This would free up the Clinic's current properties for redevelopment, all of which would be beneficial to the city's long-term development goals for that area.

The Mission thus believes that action by the Commission would serve the public interest without apparent adverse impact. The Mission therefore requests that the Commission adopt the attached amendments to the Zoning Regulations at the Commission's public meeting scheduled to be held on Monday, May 13, 2002, and at the same time schedule a public hearing to consider adoption of the amendments on a permanent basis.

We are prepared to respond to any questions which the Commission may have or to provide additional information in support of this request.

Sincerely,

Norman M. Glasgow, Jr.

Steven E. Sher
Director of Zoning and Land Use Services

Attachment
cc: Ellen McCarthy, Office of Planning
Maxine Brown Roberts

Proposed Amendments to the Zoning Regulations
to Permit Community Based Residential Facilities (CBRFs)
as a Special Exception in C-M Districts

1. Add a new §802.10, to read as follows:

802.10 Community based residential facilities in the following subcategories shall be permitted in the C-M Districts, if approved by the Board of Zoning Adjustment in accordance with the conditions specified in §3104 of Chapter 31 of this title:

(a) Youth residential care home or community residence facility for up to twenty-five persons, not including resident supervisors or staff and their families;

(b) Health care facility for up to 300 persons, not including resident supervisors or staff and their families;

(c) Emergency shelter for up to 100 persons, not including resident supervisors or staff and their families; and

(d) Youth rehabilitation home, adult rehabilitation home or substance abusers home for up to twenty persons, not including resident supervisors or staff and their families.

(e) In all subcategories, the following standards and requirements shall apply:

(1) There shall be adequate, appropriately located and screened off-street parking to provide for the needs of occupants, employees and visitors to the facility;

(2) The proposed facility shall meet all applicable code and licensing requirements;

(3) The facility shall not have an adverse impact on the neighborhood because of traffic, noise, operations or the number of similar facilities in the area;

(4) The Board shall take into account the nature and extent of existing and foreseeable uses in the area, to determine whether residential uses would be compatible with such uses; and

(5) The Board shall submit the application to the Director of the Office of Planning for coordination, review, report, and impact assessment along with reports in writing of all relevant District departments and agencies, including but not limited to the D.C. Departments of Transportation, Human Services and Corrections, and if a historic landmark or historic district is involved, of the State Historic Preservation Officer.

2. Revise the table of parking requirements in §2101.1 to add the "C-M Districts" and "As determined by the BZA" under the category of Community based residential facility.

3. Revise the table of special exceptions in §3104.1 to add the "C-M Districts" and "§802.10" to the listing for Community-based residential facility.

EXHIBIT 18

Bannum, Inc.
5904 MacCorkle Ave., SW
St. Albans, WV 25177
Phone 304- 768-6625
Fax 304- 768-6467

Cathy Bellew, Operations Director

April 10, 2001

Mr. Vincent Orange, Councilman Ward #5
Washington, DC
441 4th Street, NW, Room 702
Washington, DC 20001

Dear Mr. Orange: CERTIFIED MAIL

The purpose of this letter is to inform you that Bannum has submitted an offer for community corrections center (CCC) or "halfway house", services for federal offenders releasing to the Washington DC area. This action is being taken in response to a request for proposal RFP 200-0593 MA issued by the Federal Bureau of Prisons (BOP). The BOP encourages full and open competition in the procurement of these services; consequently, other offerors may also be responding to this RFP.

As part of the CCC contracting process, the BOP requires that all offerors notify and seek input from the local law enforcement authority and two levels of locally elected government officials. This letter will serve as documentation of partial satisfaction of this requirement.

Bannum has submitted a proposal to the Federal Bureau of Prisons to locate this Federal program at 2210 Adams Place, NE. The proposed property is zoned warehouse and is currently being used for that purpose. Should the above listed property not be zoned for our proposed use, then Bannum will make application for all necessary permits and licenses. These necessary permits and licenses are anticipated to be obtained by July 1, 2001. Presently, the building will only require minor renovations to meet Federal Bureau of Prisons safety requirements by the contract performance date of October 1, 2001. These renovations are scheduled to be completed by October 1, 2001.

The total term of the proposed contract is five years. The estimated requirement specifies one hundred thirty beds for males and no beds for females at the beginning of the contract term, with no scheduled population increases through the five-year contract term. These numbers reflect the BOP's best estimates of bed space needs at this time. However, the proposed site will be able to accommodate up to two hundred and sixty offenders, and the BOP may exceed its original

estimates if there is an unanticipated need for additional bed space in this area. Performance is to begin on October 1, 2001 with contract award approximately 120 days prior to that date.

The BOP has a long history of transferring inmates who are within a few months of release to a contractor-operated CCC for transitional programming. These inmates have often been removed from the community for an extended period of time. Sound correctional practice suggests that CCCs enhance public safety by offering offenders the opportunity to find employment, establish residence, and re-enter the community through a structured, supportive environment.

The BOP takes its responsibility for contract oversight very seriously. Contract language establishes requirements for inmate accountability, programming, life safety, staffing, inmate discipline, urine and alcohol surveillance, and a variety of other areas. These requirements are closely monitored by BOP staff, who provide training and conduct both scheduled and unannounced on-site inspections.

Federal offenders at the CCC will come from three sources: inmates who are transferred from a prison to the CCC for pre-release programming, inmates who are committed directly to the CCC to service short sentences, and offenders under the supervision of the U.S. Probation Office for whom residence at the CCC is a condition of supervision. Nationwide, the average CCC placement is three to four months in length, although longer placements are sometimes made.

Bannum will provide housing and related services to those persons from Washington, DC and the immediate surrounding area that are returning to their homes, family, and friends. Our residents will go to work daily and return to the facility after work to sleep. Then, as long as they are honoring their agreement to qualify for the program, they can go visit their family and friends if they wish. They would then return to the facility on weekday evenings at their individual curfew time. Many residents would be allowed to check out on Friday and would not return again until their Sunday night curfew.

Bannum will monitor each resident's movement in the community by periodic on-site and telephone verification of their employment, educational pursuits, family visits, or other whereabouts. Bannum will assist the resident to find employment if they are not employed by making referrals to local employment agencies and local employers which have expressed interest in employing these residents.

Since this is a period of transition for these persons, Bannum simply assists them in re-establishing employment and family ties, locating suitable housing and preparing to function normally within the community to which they are returning. Bannum also makes referrals to local community agencies as appropriate.

Bannum's personnel monitor the program on a 24-hour basis, but there are no locks, bars, or other physical restraints. Bannum will employ a professional staff to include social workers to monitor and guide the residents through this period of transition.

If a resident violates his agreement to remain in the program by missing curfew, by unexcused absence from work, etc., or if the resident fails to return to the facility or decides to leave the facility without our permission, we cannot and will not stop them. In these cases we simply report the resident to the appropriate Federal authorities. Penalties include a return to incarceration.

Bannum's staff are not peace officers, are not permitted to carry weapons of any kind, and are not authorized to physically restrain any person. Bannum's staff do no wear uniforms or possess any other form of identification or powers than any other citizen of Washington, DC.

For your review, we have attached Bannum's organization and program history and our role and mission statement.

We look forward to servicing Washington, DC and working with you and other Washington, DC officials in establishing this program and ensuring its success.

The BOP is currently evaluating all proposals that were submitted for this RFP. The BOP and Bannum invite you to express your support for or concerns about this proposed CCC facility. Comments may be directed to Michelle D. Accto, Contracting Officer, Federal Bureau of Prisons, 320 First Street, NW, Washington, DC 20534. The phone number is (202) 307-3069. Please forward a copy of any correspondence to Bannum at our above listed address or fax number.

If I can provide any additional information or be of any further assistance, please let me know.

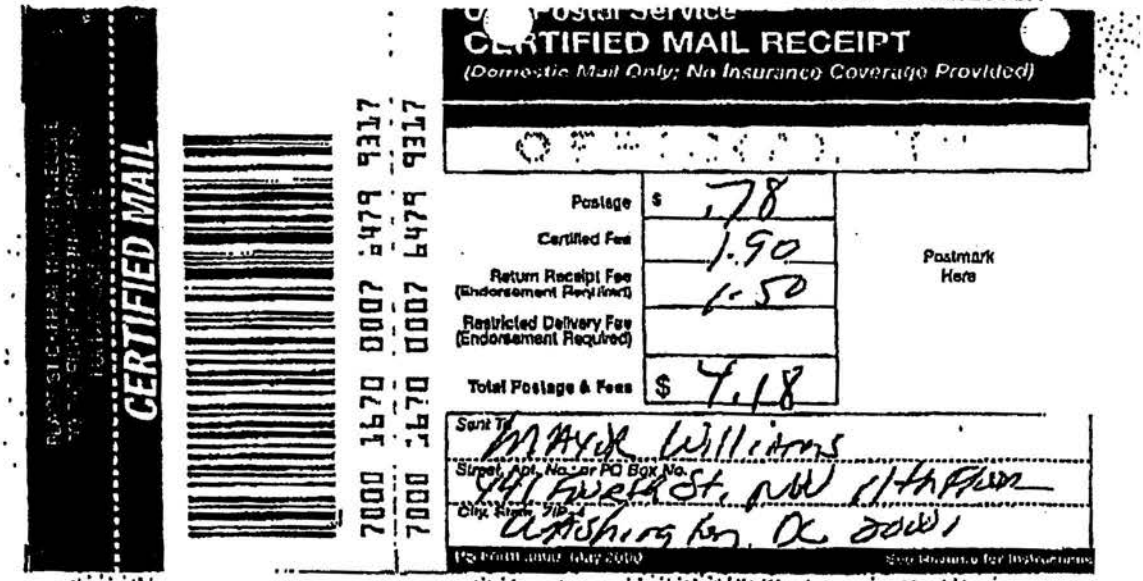
Sincerely,

Cathy Bellew

Cathy Bellew, Sr. Operations Director

cc: Bannum, Inc
cc: File

EXHIBIT 19



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	$ .78
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.18

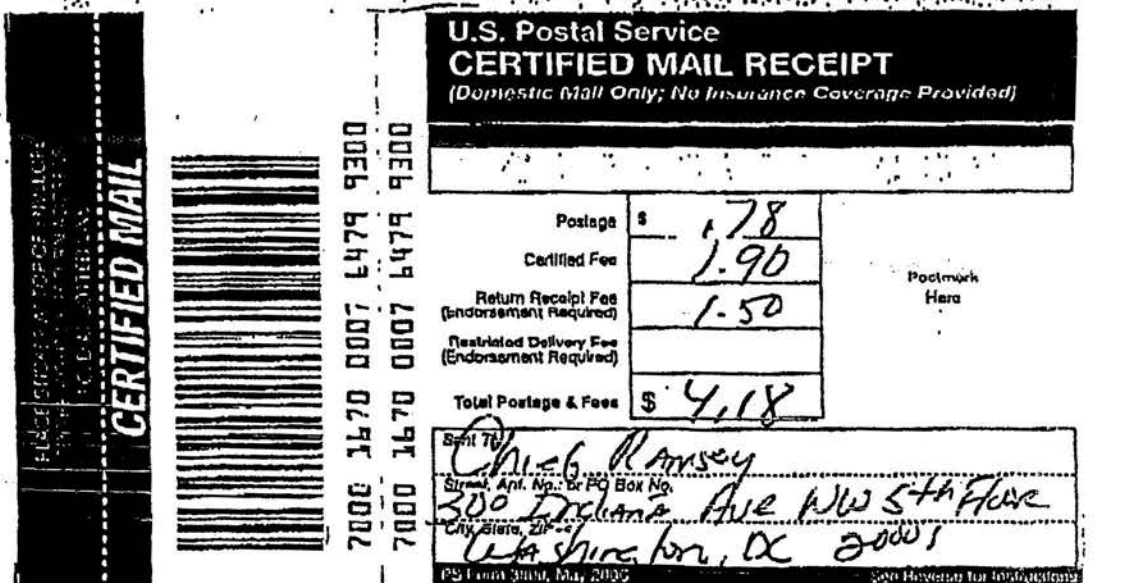
Postmark Here

Sent To: Mark Williams
Street, Apt. No.; or PO Box No.: 441 Fourth St. NW 11th Floor
City, State, ZIP+4: Washington, DC 20001

PS Form 3800, May 2000 — See Reverse for Instructions

CERTIFIED MAIL

7000 1670 0007 6479 9317



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	$ .78
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.18

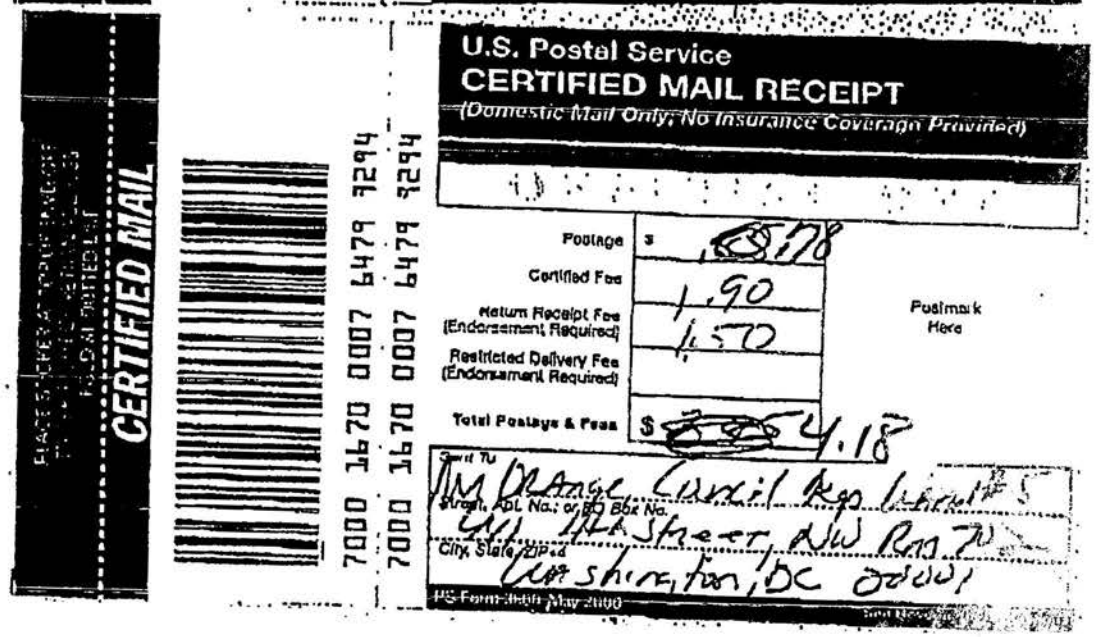
Postmark Here

Sent To: Chief Ramsey
Street, Apt. No.; or PO Box No.: 300 Indiana Ave NW 5th Floor
City, State, ZIP+4: Washington, DC 20001

PS Form 3800, May 2000 — See Reverse for Instructions

CERTIFIED MAIL

7000 1670 0007 6479 9300



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	$ .78
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.18

Postmark Here

Sent To: JM Orange Council Rep Limited
Street, Apt. No.; or PO Box No.: 441 4th Street, NW Rm 70
City, State, ZIP+4: Washington, DC 20001

PS Form 3800, May 2000

CERTIFIED MAIL

7000 1670 0007 6479 9294

EXHIBIT 20

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly): Lauren S. B. Date of Delivery: 4/16/01

C. Signature: X Lauren S. ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

1. Article Addressed to:
MAYOR WILLIAMS
441 Fourth Street, NW 11th Floor
Washington DC 20001

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7000 1670 0007 6479 9317

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Mr Vincent Orange,
Council Rep. Ward #5
441 4th St., NW Room 702
Washington, DC 20001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): V. Green B. Date of Delivery

C. Signature: X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

WASHINGTON DC APR 18 2001

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7000 1670 0007 6479 9294

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
■ Complete items 1 and/or 2 for additional services.
■ Complete items 3, 4a, and 4b.
■ Print your name and address on the reverse of this form so that we can return this card to you.
■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
■ Write "Return Receipt Requested" on the mailpiece below the article number.
■ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Mr. Vincent Orange
Ward #5
441 4th Street, NW Rm 702
Washington DC 20001

4a. Article Number: 7099 3400 0005 6102 8604

4b. Service Type
☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X

MAR 22 2001 WASHINGTON DC

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 Domestic Return Receipt