15

1200 G Street, N.W., Suite 370
Washington, D.C. 20005

Telephone (202) 628-1101
Facsimile (202) 628-1149
E-mail: templepc@aol.com

Donald M. Temple ★ ▶

Associate
Jeanett P. Henry ★ ✧

Of Counsel
Everett Bellamy ◀
Warner Session ★

Admitted District of Columbia Bar ★
Admitted Maryland Bar ✧
Admitted Ohio Bar ◀
Admitted Pennsylvania Bar ▶

BZA # 16998

BY HAND-DELIVERY

July 28, 2003

Jerrily R. Kress, FAIA
Director
D.C. Board of Zoning Adjustment
441 4th Street, N.W., Suite 210-S
Washington, DC 20001

D.C. BOARD OF ZONING
2003 JUL 29 PM 4:39

Re: 2210 Adams Place, N.E.

Dear Ms. Kress:

I am the Acting Chair of ANC 5B, and I am writing this letter in support of my appeal of DCRA's issuance of a certificate of occupancy ("COO") to Bannum, Inc. to locate a halfway house at 2210 Adams Place in Northeast, Washington, DC (Ward 5).

There is a public elementary school and a home for abused children near the Bannum facility and therefore significant public safety concerns. Also, there are numerous environmental concerns, including drainage of waste issues that were not properly considered. I do not believe Bannum, for example, created an environmental impact statement pursuant to federal laws. Furthermore, when Bannum filed an application for its building permit and for its COO, it did not submit a site plan or a description of external effects as necessary under 11 DCMR 805.

Bannum has misrepresented its actual function to DCRA and omitted critical information in its application for a COO. It did not disclose that it intended to operate a "halfway house," that it has a five (5) year lease, that it enjoyed a likely five (5) year contract including four (4) one (1) year options, and that its facility is for 150 residents. Moreover, Bannum did not reveal to DCRA that it considered its requested "concurrence" to constitute a zoning ruling for purposes of complying with its federal contract solicitation. DCRA acted based upon Bannum's failed disclosures.

BZA
Case No. 16998
Exhibit No. 82

Board of Zoning Adjustment
District of Columbia
CASE NO. 16998
EXHIBIT NO. 82

Bannum's COO is illegal because the district in which it is located prohibits community based residential facilities ("CBRF") and adult rehabilitation facilities to be located there as a matter of right. Bannum disingenuously claims that its facility is a "temporary detention or correctional institution on leased property for a period not to exceed three years" under 11 DCMR 801.7(k) and therefore it can locate there as a "matter for right." However, Bannum's "community corrections center" is not a temporary correctional institution. Rather, it is a CBRF and adult rehabilitation center designed for residential and rehabilitation purposes. (See attached letter to Vincent Orange, April 10, 2001). The term "community corrections center" is not included in the listing of definitions stated in Title 11, DCMR at Chapter 1, but the terms CBRF and adult rehabilitation center are included. Neither terms constitute a "temporary detention or correctional institution" as intended by 11 DCMR 801.7(k). Moreover, under 11 DCMR 199, a CBRF cannot enjoy alternative uses. A "temporary correctional institution" is a prohibited alternative use.

This issue affects each ward in our city and more important the prospective location of CBRFs as a matter of right. If allowed, Bannum's actions will create a very dangerous precedent with significant legal and political implications for District government. Bannum's facility has caused considerable harm to Ward 5 citizens, including depreciation of property values and significant increased public safety risks. In fact, Bannum has had three escapees since it opened approximately two months ago. Bannum's inmates and escaped inmates pose a significant threat to Ward 5 residents as well as the students at the nearby public elementary school, Langdon Elementary School.

For the foregoing reasons, as Chair of ANC 5B, I urge this board to exercise its review authority and investigate the validity of Bannum's COO.

Respectfully submitted,

Joan Black

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

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 followin
purpose(s) ~~Adult Rehabilitation Facility: 50 residents & 6 rotating staff~~
~~Not sexually oriented - 18 sleeping on 1st, 17 sleeping on 2ndl~~ su
BZA #: EXPIRATION DATE: 15 sleeping on 3rd.

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 Designee

86—P-160i

OFFICE COPY

(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 3/23/91

MARK OUTS & WHITE OUTS NOT ACCEPTED

(22) Receipt # 34516
(23) Treas. # 9067X008

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
(8) Business Owner's Home Address (See Instructions) 12201 Duley Station. Upper Malboro Tel. No. (days) 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
6 rotating Staff 1st shift / 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 Malboro 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 3/22/90
Signature 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 [illegible] Date 3/27/90
(25) Building in RLA Zone ☑ No ☐ Yes Cleared By [illegible] Date 3/23/90
(26) Residential ☑ No ☐ Yes Smoke Det. Info. Given By [illegible] Date 3/23/90

LICENSE BRANCH 1st Fl

(27) Licenses Required No license Required
(28) Reviewed By [illegible] Date 3-23-90

ZONING OFFICE 2nd Fl

(29) Zone C-3-A BZA No.
(30) Prior Use Adult Rehab Facility PER POD —
(31) Certificate # ✓ Date Issued BZA No. ☑ Approved ☐ Disapproved
(32) Accepted for Filing by [illegible] 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 [illegible] Date 3/23/90
(35) Inspection Fee $ Issuance Fee $ 27.00
(36) Approved for Issuance by [illegible] 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 (9140028)
By
(42) Reason for Cancellation/Denial
(43) Certificate of Occupancy No. B158571 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 111 P-6CR
(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

HOLD NOTICE AGAINST ...

W. B. & T. A. S. O. E.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HOUSING, INVESTIGATIONS AND INSPECTIONS
Licenses, License and Permit Division

APPROVED
E. P. SMITH
MAY 1 1979
ENVIRONMENTAL SERVICES

Ell-P-1p2A
Formerly 102-A(CPB)
Rev. 6/16/66

THIS OCCUPANCY ENCOMPASSES ... 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.

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.

Permit No. B114127 Issued 5/3/79

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.

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 2019 19th St N.W. (of building to be occupied) Lot 24 Square 2565

Name and address of owner of building D.C. Govt Wells Mun Center

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 Social Service Center Contract Issued to Bureau of Rehabilitation (28 Residents)

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

Previous use Apartment Will applicant reside on the premises? Yes

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

SECRETARY
TREASURER
PRESIDENT
VICE-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 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 Theodore W. Triebel
Address of Agent 1329 E St N.W. Tel. No. 638-1452
Name of Owner(s) of Business Bureau of Rehabilitation (as shown above)
Signature of Agent (in ink)

APPROVED: (Zoning) RESERVED FOR APPROVALS File Copy

F.S. Fort Tick Date 10-31-81
Bldg. James Miller Date 8-31-81
Plbg. J. C. Sullivan Date 7-24-81
Elec. J. C. Jacobs Date 10-15-81

APPROVED FOR ISSUANCE OF PERMIT
Date 10-20-81

J 10778

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

CANCELLED 4.02.86

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 Eft.

(22) Receipt # B132226
(23) Treas. # 006123 BR

No Filing Fee paid B132226 (3.22.82.

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 S 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 Kendrick
(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 visitors
2nd + 3rd floor sleeping area (19) 2nd & (19) 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 Iowanna Evans (PRINT CLEARLY) Signature Iowanna D. Evans 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 Dorothy Peters Date 3/22/83
(25) Building in RLA Zone ☐ No ☐ Yes Cleared By Dorothy Peters Date 3/22/83
(26) Residential ☐ No ☒ Yes Smoke Det. Info. Given By _____ Date _____

FOR LICENSE BRANCH USE

(27) Licenses Required No license Needed
(28) _____ Reviewed By _____ Date 3/22/83

FOR ZONING USE

(29) Use Dist. R5B B.Z.A. No. _____ Cert. # B104802 Date 11/15/77
(30) Prior Use Halfway House for Women under contract with DC Govt
1, 2, 3 flr.
(31) ☒ Approved ☐ Disapproved By _____ Date 3/22/83

FOR EXAMINER'S USE

(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

(35) Date(s) of Scheduled C of O Inspections April 1 9 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. B132677/CR5993 Date of Issuance 4/13/83

No. B17696

* * *

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(
of the building located on lot(s) 813 square 1050
known as premises 1430 G STREET, N.E. for the followin
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) Trans. # 88E W024 0063

INFORMATION ON PROPOSED BUSINESS

(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 Rasiliko

(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 Rasiliko 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 Rasiliko 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 Rasiliko Signature January 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 Kathy Vernon Date 1/22/97

(25) Building in R-5-A Zone ☐ No ☐ Yes Cleared By Kathy Vernon Date 1/22/97

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

LICENSE BRANCH 1st

(27) Licenses Required Not Required Date 1/22/97

(28) Reviewed By

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 ☐ Disapproved

(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

INSPECTION BRANCH BPBF Zoning

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

(42) Reason for Cancellation/Denial

(43) Certificate of Occupancy No. B476964/2631 W033 Date of Issuance 3/3/97

(44) Bldg. 2/27/97 Elec. 1/28/97 Plumb. 1/29/97 Fire 2/20/97 Zoning 2/27/97

84—OP176 w067 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

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

to use the ~~All 6 Basement~~ floor(s) of the building located on Lot ~~810-831~~ Square 39

known as premises ~~1514 6th St, NW~~ for the following

purpose(s): ~~Halfway House - 40 residents D.C. Contract No 01134A 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

FEE $ 20.00

R-4

Chief, Permit Branch

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF ECONOMIC DEVELOPMENT
OFFICE OF LICENSES AND PERMITS
PERMIT BRANCH

THIS OCCUPANCY ENCOMPASS ... SQUARE ...
FEE: ... Eng. Initials ...

APPLICATION FOR CERTIFICATE OF OCCUPANCY—RESIDENTIAL

DEC 11 '78 (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 INSPECTIONS: E. E. SMITH Date November 27, 1978

DATE: 12-11-78

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 instructions 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 011SAA Expire 9.30.

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-5
Height District A
Area District
Transcript of No. 9765
E. D. No.
B. Z. A. No. Halfway House
Bldg. Permit No. 40 Residents
DC Contract
Previous use No-73215
6-5-76
No.
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 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

APPROVED:

F.S. Date
Bldg. Date
Plbg. Date

RESERVED FOR APPROVALS

APPROVED FOR ISSUANCE OF PERMIT
Date 12/14/78

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

Your application will not be processed and Certificate issued until all inspections have been made and inspection approved.

Form 111 B 601.
(Rev 9-78)

CERTIFICATE OF OCCUPANCY

No. B113896

Washington, D.C., A- 17, 19 79

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

to use the 1st & 2nd floor(s) of the building located on Lot 811 Square 760

known as premises 1770 Park Rd NW for the following

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

Dup.

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 -

FEE $ 5.00

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

OFFICE COPY.

By [signature] Chief, Permit Branch

Permit Clerk

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

DUPLICATE

THIS OCCUPANCY ENCOMPASSES 13,456.78 SQUARE FEET

FEE 5.00 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.

NOTICE TO PROSPECTIVE PURCHASER: Your application will not be approved and Certificate issued until all inspections have been made and all fees paid.

To the Director of Inspection: Date 4-3-69

Permit No. B132795 Issued 4-7-69

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 of the National (PRINT) (FIRST) (MIDDLE) Capital Area (LAST)

Description of Premises for which Certificate is Requested

Address 1370 Park Rd NW. (of building to be occupied) Lot 811 Square 2607

Name and address of owner of building John Boyd, 1370 Park Rd NW.

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 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 Willie H Thomas THE ASSISTANT Waldo J Tarlet Jr

PRESIDENT Richard L Wirick Vice Pres Chas Dorfman

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

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

IF AUTHORIZED AGENT FOR OWNER OF BUSINESS SIGNS:
Name of Agent Harry A Manley
Address of Agent 411 1st St. NW Tel. No. 737 7776
Name of Owner(s) of Business A non-profit UGF Agency
Signature of Agent (in ink) [signature] Exec. Dir.

APPROVED:
F.S.
Bldg.

RESERVED FOR APPROVALS
Date
Date

APPROVED FOR ISSUANCE OF PERMIT

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

CERTIFICATE OF OCCUPANCY

No. B114322

Washington, D.C., 9-22, 1981

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 OS 96

HOLD NOTICE AGAINST PROPERTY.

MAY 14 1979

O.K. TO FILE: D.R.S.
E. R. SHEET
DATE: 5-14-79

LLD-103A
Formerly 102-A-CPB
Rev. 4/18/69

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

THIS OCCUPANCY ENCOMPASSES 4 (2068) SQUARE FEET
FEE 20.00 Cashier Initials

Permit No. B114922
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 1240 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 DC Law 2-135

Which Floor(s) will be occupied for above use 3 Bedrooms on 2nd Floor & 3 Bedrooms on 3rd Floor & 4 Bedrooms on 4th Floor

Previous use Half Way 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~~ FAR
Transcript of No.
E. D. No.
B. Z. A. No.
Bldg. Permit No.
Previous use Rooming House (6 Bedrms, 6 Cabins 1st Flr)
11/28/70 No. 072978
More or Less Units
Name of Clerk FAR

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 N.W. Tel. No. 637-6972
Name of Owner(s) of Business Bureau of Rehabilitation (address)
Signature of Agent (in ink)

APPROVED:
F.S. Date
Bldg. Date
Plbg. Date

RESERVED FOR APPROVALS
APPROVED FOR ISSUANCE OF PERMIT
Date

PRESIDENT: Dr. Bernard Harris SECRETARY: Sharon Gray TREASURER: Charles Lee

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

* REQUIREMENT COMPLIES WITH

No. B 156384

★ ★ ★

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

BLRA-17
(Rev 6/85)

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 _____
Designee

OFFICE COPY

86—P-0601 Wd1

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

Receipt # 29547
Trans. # 2330 11/89

INFORMATION ON PROPOSED BUSINESS

(1) Address of Business 812, 814 & 816 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/Treasurer:
(6) Is Business a Partnership? ☒ No ☐ Yes
(7) Business Owner Extended House INC. 636-4040 (See instructions) Tel. No. (Daytime)
(8) Business Owner's Home Address 1017 Brentwood Rd. N.E Zip Code 20018

NTB
No Kitchens

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 18, 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's Tel. No. (Daytime) 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 [signature] Date 1/5/89
(21) Address of Agent 1017 Brentwood Rd. NE Zip Code 20018

FOR DCRA USE ONLY

INFORMATION DESK

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

LICENSE BRANCH

(27) Licenses Required [signature]
(28) _____ Reviewed By [signature] Date 1-5-89

Copy to ZONING OFFICE

ZONING OFFICE

(29) Zone C-3-A BZA No.
(30) Prior Use S.P.D.
(31) Certificate # _____ Date Issued _____ BZA No. _____ ☒ Approved ☐ Disapproved
(32) Accepted for Filing by [signature] 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 [signature] Date 1/5/89
(35) Inspection Fee $ 1 Issuance Fee $
(36) Approved for Issuance by _____ Date

INSPECTION BRANCH

(37) Date of Scheduled C/O Inspection 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 Disapproval _____

OCCUPANCY PERSONNEL

(41) ☐ Approved ☐ Denied ☐ Cancelled (1338X029)
By _____
(42) Reason for Cancellation/Denial _____
(43) Certificate of Occupancy No. D1568884 Date of Issuance 2/21/89
(44) Bldg 2/14/89 Elec 2/10/89 Plumb 2/2/89 Fire 2/14/89 Zoning /

INTAKE: 8:30-5:30 WHITE=DCRA CANARY=Fire Department PINK=Applicant

Form III-P-601 (Rev. 9/79)

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 E-5-B

FEE $ 20.00

Chief, Permit Branch

By: [signature]
Permit Clerk

HOLD NOTICE AGAINST ID, D.C.

U.S.A., T., A., & B.

INSPECTION DATE
CALL FIRE MARSHAL 745-2250

(36)

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

LH-P-101A
Formerly 102-A
Rev. 4/15/59

DEPT. OF ...

MAY 1 4 1979

PERMIT BRANCH

NS
US OCCUPANCY ENCOMPASSES
[illegible] SQUARE FEET
E. [illegible] Eng. Initials

CONFIDENTIAL

Permit No. B114123

Issued

USE this for ... ont, Rooming, Board-ing 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 or any Certificate of Occupancy issued on the basis of this application.

Full Name of Owner(s) of Business Bureau of Reliable Letters
(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 returned Original application must be filed

Description of Premises for which Certificate is Requested

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

Name and address of owner of building 20 Eleven Eleven Eleven 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 Halfway House or Social Service Center

Contract issued to Bureau of Reliable Letters $30 in rent

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

SECRETARY

TREASURER

VICE-PRESIDENT

To Be Filled in by Clerk

Use District R-5-B

Height District 1-30-79

Area District

Transcript of No.

E. D. No.

B. Z. A. No.

Bldg. Permit No.

Previous use Halfway House or Social Service Center

Issued for Bldg. No.

Date Issued 5-29-79

More or Less Units Uncertain

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 Dasetus W. Hunter

Address of Agent 666 11th St. N.W. Tel. No. 637-6977

Name of Owner(s) of Business Bureau of Reliable Letters (as shown above)

Signature of Agent (in ink)

APPROVED:

RESERVED FOR APPROVALS

H.S. Housing Inspector Date 5-25-79

F.S. Inspector Date

Bldg. Inspector Date

Plbg. Inspector Date

APPROVED FOR ISSUANCE OF PERMIT

Date 5-29-79

ANY NOTICE AGAINST [illegible]

INSPECTION DATE
CALL FIRE MARSHAL 745-2250

OR TO FILE D.E.S.
E. E. SMITH
DATE 5-1-79

LIH-P(1023
Formerly 10-A-CFO DEP/
Rev 9/16/69

MAY 14 1979

PERMIT BRANCH

NB
LIH OCCUPANCY ENCOMPASSES
[illegible] SQUARE FEET
[illegible] Insp. Initials: [illegible]
RESIDENTIAL

Permit No. B114123

Issued 5/16/79 APPL. 9130 12:26

USE this for: [illegible]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 Bureau of Rehabilitation
(See instructions on reverse side) (PRINT) (FIRST) (MIDDLE) (LAST)

Description of Premises for which Certificate is Requested

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

Name and address of owner of building 20 Chevy Chase Circle NW 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 or Social Service Center
Contract issued for Bureau of Rehabilitation $30 in Rear

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 District A-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
#4-26-79

No. of Units

More or Less Units 0 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 Deckner W. Tinsley

Address of Agent 644 11th St NW Tel. No. 637-9777

Name of Owner(s) of Business Bureau of Rehabilitation (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

Four applications will not be approved and Certificate issued until all inspections have been made and inspection agencies have certified compliance.

NOTICE TO PROSPECTIVE PURCHASER:

SECRETARY

TREASURER

VICE-PRESIDENT

PRESIDENT

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) 442-4982

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

ADDRESS:	FLOOR(S):	PR/LID:
2912 LANGSTON PL SE	BASEMENT, FIRST-THRID, FL	(square) 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	COMMUNITY RESIDENCE FCL

TYPE:	BZA NO.:	OCCUPIED SQ. FOOTAGE:	OCCUP. LOAD:	EXPIRATION D
CONDITIONAL		7,555	44	NONE

DESCRIPTION OF USE:	FEE
adult community based residential facility (halfway house) 44 residents/8 rotating staff	

THIS CERTIFICATE SHALL BE POSTED CONSPICUOUSLY ON THE ABOVE PREMISES AT ALL TIMES. IT IS VALID INDEFINITELY, unless an expiration date is stated, VALID ON premises 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 condition. ANY the type of business, ownership of business, or part of premises used thereof, 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 Fee Receipt No. 520-10-0211 Cashier No. 120768

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

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 860 Square 57
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 E
5. Corporate Name HOPE VILLAGE, INC.
6. President JOAN SUTTON Vice President JEFFREY VARONE Secretary JEFFREY
7. Sole Proprietor JOAN D. SUTTON
8. Business Owner's Mailing Address 4 MONTEBRA COURT phone # (daytime) (301) 294-
ROCKVILLE, MD. 20850

INFORMATION ON OCCUPANCY

9. ☐ Ownership Change ☐ Partial Occupancy ☐ New Bldg. ☐ Use change ☐ Load Change ☒ B.Z.A No. 1
10. Proposed Use of Premises ADULT COMMUNITY BASED RESIDENTIAL FACILITY (HALFWAY HOUSE) 44 RESIDENTS / 9 ROTATING
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 ? ☒ Ye
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-
16. Building Owner's Address: 4 MONTEBRA 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 t
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 Signature Date
20. Agent's Address 2840 LANGSTON PLACE, S.E., WASHINGTON, D.C. 2002

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

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 :
CORPORATION : HOPE VILLAGE INC
ID No.: 780184

TRADING AS :
HOPE VILLAGE

APPROVED USES :
OTHER - SEE DESCRIPTION

PREVIOUS USES :
COMMUNITY RESIDENCE FCL

TYPE :	BZA NO.	OCCUPIED SQ. FOOTAGE :	OCCUP. LOAD :	EXPIRATION DATE :
CONDITIONAL		7,500	59	NONE

DESCRIPTION OF USE :
ADULT COMMUNITY BASED RESIDENTIAL FACILITY/ 59 RESIDENTS/ 3 ROTATING STAFF

FEE :
$63

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 SHILLU

Department of Consumer and Regulatory Affairs
DCRA

C07809

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

Date: MAY 10 2001 Receipt # 20515

Application Fee $25.00 Non Refundable 19495 Cashier's 10/5/01

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 EXIS
5. Corporate Name HOPE VILLAGE, INC.
6. President JOAN SUTTON Vice President JEFFREY VARONE Secretary JEFFREY VA
7. Sole Proprietor JOAN O. SUTTON
8. Business Owner's Mailing Address 4 MONTERRA COURT Phone # (daytime) (301) 294-85
ROCKVILLE, MD. 20850

INFORMATION ON OCCUPANCY

9. ☐ Ownership Change ☐ Partial Occupancy ☐ New Bldg. ☐ Use change ☐ Load Change ☒ B.Z.A No. 16
10. Proposed Use of Premises ADULT COMMUNITY BASED RESIDENTIAL FACILITY (HALFWAY HOUSE) 59 RESIDENTS 9 (OVING STAFF
11. Prior Use of Premises SAME AS ABOVE
12. Proposed Occupancy Load 59 res. Square Feet Occupied 7,563.42
13. Floors to be Occupied 1st - 3rd & Basement Basement? ☒ Yes
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) 294-87
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 co 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 Signature Date 5

20. Agent's Address 2840 LANGSTON PLACE, S.E. WASHINGTON, D.C. 20

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 Leighton 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 5/9/0

Prior Use CRF/Adult Rehab (Substance Abuse (42 Res. + Staff (3 Flrs. + Bsmt) in BZA #16376-G 12/9

Date of Last Certificate 12/16/98 Last Certificate No. B1822 Prior B.Z.A No.

Accepted for filing by Date

EXAMINERS USE

BCPF

Use Change ☒ Yes ☐ No Inspections Required ☒ Yes ☐ No. By Date 5/1

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

Inspection Fee $ Issuance Fee $ By Date

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/

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

Reason for Disapproval per Sharp Nuttle

C of O APPROVAL

☐ Approved ☐ Denied ☐ Canceled By

Reason for Denial/Cancellation

If Approved Certificate of Occupancy No. Date of Issuance

Bldg per Reggie Noble See attached letter

Elec

Plumbing

Fire

Zoning See attached letter

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

Government of the District of Columbia
John A. Wilson Building
1350 Pennsylvania Avenue, NW, Washington, DC 20004
Citywide Call Center: (202) 727-1000
Feedback & Comments | Privacy Policy | Terms & Conditions of Use

Form 125 – Exhibit 1
(Revised 03/15/02)

Case No. 16998

BEFORE THE BOARD OF ZONING ADJUSTMENT OF THE DISTRICT OF COLUMBIA

APPEAL

Notice: See other side of appeal form for instructions

Pursuant to Section(s) 3100 and 3101 of the Zoning Regulations of the District of Columbia, an appeal is hereby taken from the administrative decision of (Name of administrative officer and title): David Clark, Director

made on (Date of decision): May 2, 2003 to the effect that: a CBRF with more than 20 persons cannot be located as a matter of right in a CM-2 District. The issuance of an COO violates zoning law.

Address(es) of Affected Premises	Square(s)	Lot(s)	Zoning District(s)
2210 Adams Place N.E.	4259	154/81	Civil 2

Present use of Property: old warehouse under construction-revovation

Proposed use of Property: Community Correctional-Residential Halfway House

Owner of Property: Bannum Center Telephone No.: (301) 627-8718

Address of Owner: 10616 Brookes Reserve Rd., Upper Marlboro, M.D. 20772

Name, address and telephone number of lessee: Joan Black, 2401 Rand Place, N.E. Washington, D.C. 20002, (202) 806-1526

Name, address and telephone number of appellant if other than owner: Joan Black, 2401 Rand Place, N.E. Washington, D.C. 20002, (202)806-1526

State specifically manner in which appellant is agrieved by the administrative decision, the allegations of error in the administrative decision, and the relevant sections of the Zoning Regulations (see reverse for more detailed explanation). Please use a separate piece of 8½" x 11" to respond and attach it to the Form 125 Appeal.

Date: June 16, 2003 Signature: Joan E. Black (Appellant *)

* If appeal is filed by agent of the Appellant, Form 125 Appeal shall be accompanied by a letter signed by the appellant authorizing the agent to act on his behalf in this appeal.

RECEIVED
D.C. BOARD OF ZONING ADJUSTMENT
2003 JUN 17 P 3:25

To be notified of hearing and decision:
(Appellant or Authorized Agent)*

Name: Joan Black, [illegible]

Address: 2401 Rand Place, N.E. Washington, D.C. 20002

Phone No.: (202) 806-152[illegible] Fax No.: E-Mail:

ANY APPLICATION THAT IS NOT COMPLETED IN ACCORDANCE WITH THE INSTRUCTIONS ON THE BACK OF THIS FORM WILL NOT BE ACCEPTED

(ORIGINAL)