Edward M. Johnson & Associates, P.C.
Architecture and Planning
3612 12th Street, N.E.
Washington, DC 20017
202*526-3610 Fax 202*832-8228

FAX COVER

17035

RECEIVED
D.C. OFFICE OF ZONING
2003 JUL 15 AM 7:39

TO: Ms Beverly Barley

RE: 915 Rhode Island Avenue, NW

FAX NO.: 202 727-6072

FROM: Tia Scott

DATE: 7/14/03

No. Of pages including cover page: 2

____ ****Confidential Information****

____ **!!!Priority!!! Please hand deliver immediately**

____ **Deliver as soon as possible**

COMMENT:

Please review the attached certificate of Occupancy and take note of the checked date on the certificate. Please give us your perspective on this document. Thank you.

BZA
Case No. 17035
Exhibit No. 32

Board of Zoning Adjustment
District of Columbia
CASE NO. 17035
EXHIBIT NO. 32

Form 11-P-101-A
Formerly 101-A-CPB
Rev. 9-1-57

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

JUL 23 1959

CENTRAL

APPLICATION FOR CERTIFICATE OF OCCUPANCY—COMMERCIAL SECTION

(WRITE WITH TYPEWRITER OR INK)

Do NOT 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.

RECEIVED JUL 15 AM

Date June 22, 1959

To the Director of Inspection:

The applicant(s) request the issuance of a Certificate of Occupancy for the use of the premises described below, and agree 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 Medical Associates, Inc.
(See instructions on reverse side) (PRINT) (FIRST) (MIDDLE) (LAST)

Trade Name of Business MEDICAL ASSOCIATES, INC.
(See instructions on reverse side) (PRINT) (This trade name must be identical with that shown in application for business license)

Description of Premises for which Certificate is Requested

Address 915 Rhode Island Avenue, NE Lot 800 Square 364
(If building to be occupied)

Name and address of owner of building MEDICAL ASSOCIATES, INC. c/o Metropolis Realty & Investment Co. 1713 North Capitol Street

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 Clinic for Human

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

Previous use New Building

If previous use was residential, how many living unit are being abandoned?

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

Permit No. ____ Issued ____

COMPLIES WITH REQUIREMENTS OF ZONING REGULATIONS

115-23

To Be Filled in by Clerk

Use District RF
Height District C-3 Res. 5
Area District D-1-2
Transcript of No
Z. D. No.
B. Z. A. No.
Bldg. Permit No
Previous use B 6021 - Medical Clinic
No
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 Metropolis Realty & Investment Co.
Address of Agent 1713 North Cap. St. Tel. No. DE 2-3112
Name of Owner(s) of Business Medical Associates, Inc.
(As shown above)
Signature of Agent (in ink) Metropolis Realty & Investment Co. By Russell R. Thomas

APPROVED:

F.H. H. O. Williams Date 7/31/59
Bldg. Clifton B. Date 7/15/59
Plbg. Date 7/15/59

RESERVED FOR APPROVALS

APPROVED FOR ISSUANCE OF PERMIT

AUG 4 1959