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GOVERNMENT OF THE DISTRICT OF COLUMBIA
BLRA-64 (Rev. 10/89)

Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration
Zoning Division
614 H Street, N.W., Room 333
Washington, D.C. 20001

HOME OCCUPATION PERMIT

92-0020

Home Occupation Business: "Bed & Breakfast Services Six (6) Rooms" NO: _____

10/11/91 INDEFINITE

ISSUED TO: DATE ISSUED: _____ EXPIRATION DATE: _____

Gabor Stein
Name: "THE O STREET MANSION"
D/B/A/: 2018 O Street, N.W. Washington, D.C. 20036
ADDRESS: _____
SPECIAL USAGE: ☒ VARIANCE GRANTED: ☐
SPECIAL CONDITION(S): "PARKING WAIVER GRANTED"
"ONE (1) EMPLOYEE"

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

Designee Stodge Hack N.F.B.
Joseph P. Bottner, Jr., Zoning Division
Aubrey H. Edwards, Acting DIRECTOR

BZA
Case No. 17079
Exhibit No. 21

Board of Zoning Adjustment
District of Columbia
CASE NO. 17079
EXHIBIT NO. 21

1-0980 wd-330

DCCA 65

[redacted]
BLRA-6(
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Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration
Zoning Division
614 H Street, N.W., Room #333 Washington, D.C. 20001

APPLICATION FOR HOME OCCUPATION PERMIT

Date: September 24, , 19 91

INCOMPLETED APPLICATIONS WILL NOT BE PROCESSED!

INFORMATION ABOUT THE APPLICANT

All when ready

96-1936

GW-BASED

1-9

92-0020

p. 9

(1) The type of application being filed is (Check appropriate line)

a. _____ Sole Proprietorship with principle residence to be used for business activities.

b. _____ Partnership with one member using his/her principle residence for business activities.

c. _____ License profession other than a doctor of medicine or dentistry, i.e. CPA, Lawyer, Real Est.

d. _____ Corporation with one member's principle residence to be used for business activities. (Identify corporate member in question #2)

e. _____ Group of individuals not incorporated (Identify group member in question #2).

f. _____ Tutoring service

g. X Bed and Breakfast Facility

(If you checked "b" list name of partner(s) and address(es).)

_____

_____

_____

(If you checked "c" above, a copy of your license to practice your profession must be atta
if "d", a copy of the Corporation document must be attached. If you checked "e", lis
Group's Name and complete Item #2, using the Name of the Person whose principle resi
will be used for the business activity.)

GROUP NAME: THE "O" STREET MANSION

(2) Applicant's Name: Mr Mrs Stein, Gabor
(Last) (First) (M)

(3) Social Security NO.: [redacted] - [redacted] - [redacted]

(4) Address: 2018 "O" Street, NW, Washington, DC 20036
(Number) (Street Name)

(5) Is this your *principle* residence? (Check One) Yes X No _____

(6) Telephone Number. (Home) 202-659-8787 (Work) --

(7) Number of people living with you? (Adults) 1 (Children) 1

(8) Relationship to you of Individual(s) living in your dwelling (Check appropriate lines)

Spouse _____ Children _____ Parent(s) _____ Brother(s) _____.

Sister(s) _____ In-laws _____ Other Helper (1)

(9) Are you physically handicapped? Yes _____ No XX (If "Yes", complete Item #10.)

(10) Does the nature of your handicap require any special equipment necessary to assist you in rendering the proposed business service(s)? Yes _____ No X
(If you checked "Yes" briefly describe the special equipment.)

N/A

_____

_____

_____

(IF ADDITIONAL SPACE IS NEEDED TO COMPL[redacted] ANY QUESTIONS)
PLEASE GO TO PAGES 4 A[redacted]

INFORMATION ABOUT THE BUSINESS

(11) What is the nature of your proposed business? (Please give a *detailed description* of your proposed business activity. Do not make general statements such as the need for your business, or how great it will be for the general public.)

A 6-Room Bed and Breakfast facility providing/offering breakfast only to guest on a daily basis.

(12) Are you presently operating any type of business service from your dwellin : Yes _____ No X (IF "Yes" please explain if different from p: d business; if no different write "Same as Above").

(13) How will you secure clientele? (Detailed explanation)

Telephone; telephone directory listings; referrals and word of mouth.

(14) Will the proposed business result in the creation of a product? Yes _____ No X (IF "Yes" briefly describe the product.)

(15) What kind of materials will be used in the business? (Please list all including chem..al comp..nds, etc.)

The Bed and Breakfast will not utilize any special materials or equipment other than normal household furnishings.

(16) How will the business be operated, and what are the hours of operation?

a. Full-time X Part-time _____

b. Between the hours of 12:00a.m. to 12:00 p.m.

(18) If you checked "g" of Item #1, please complete items #16 and #19; if not applicable write N A.

How many sleeping rooms will be made available for overnight guests? 6

(19) How many meals will be served per day? Breakfast Only

(20) How many people will you employ?

Relative(s) ____ Others 1 Total number of employees 1

(21) How many vehicles will be used in connection with the proposed business, excluding your personal vehicle? 0

(22) What equipment will be used to operate the business, i.e. adding machine, typewriter, etc.? (Please list equipment to be used.)

Typewriter, telephone, adding machine, fax machine, and computer

(23) How many daily trips will be made to the premises by the following people?

a. Clients N/A b. Employee(s) ____ c. Delivery ____

d. Visitors ____ e. None ____

(24) What type of parking will be provided? Historic parking waiver has been obtained

a. Off-Street X b. On-Street ____ c. No parking ____

(25) Will there be a sign posted on the premises? Yes X No ____
If "Yes" describe the placement of the sign on the premises, the exact information on the sign, and size of the sign.)

A 144 sq. in. brass sign, flush mounted near or on door -- "THE "O" STREET MANSION"

INFORMATION ABOUT THE PREMISES

(26) Your possession of the premises is as (Check appropriate line)

a. Owner X b. Owner with Tenant(s) ____

c. Sole Tenant ____ d. One of the Tenants ____

(27) If you checked "b", how many Tenants do you have? N/A

(28) Is there any business service presently being conducted by any Tenant(s)?

Yes ____ No X Don't know ____

(29) If you checked "c" or "d" above, does the property Owner concur with the use of the property for the proposed business? Yes ____ No ____ (If "Yes", complete Items #30 thru 33). N/A

(30) Owner's Name N/A (Last) (First) (MI)

(31) Owner's Address N/A (Number) (Street, Name)

(32) N/A (City) (State) (Zip Code)

(33) Owner's Telephone Number: AC ( ) N/A

(34) What is the total square feet of the dwelling to be used in the business (excluding basement or any accessory structure such as a garage)? Total square feet 3,798
(Give the total square footage of the entire dwelling; basement or garage not included.)

(35) What percent (%) of the total square footage will be used in the home occupation business? N/A sq. ft.

(36) Where on the premises will materials (if any) used in the business be stored? (List location(s), if not applicable write N/A.)

N/A

(37) Will there be any *exterior* modifications (Architectural or Structural) made to the premises? Yes X No ____ (IF "yes" briefly describe the modifications.)

Steel Balcony off back of building (Permit #B349653)

(38) What kind of *interior* modifications will be made to the premises? (Check appropriate line(s))

a. Electrical X b. Plumbing X c. Structural X

d. Other ____ e. None ____

(IF you checked a, b, c. or d. briefly describe the extent of the modifications.)

Upgrading plumbing and electrical system, and adding an elevator (Permit #B349653)

ADDITIONAL SPACE FOR ANSWERS:

Write the number to which each answer applies.

2018 "O" Street has already received a Bread and Breakfast Home Occupation permit (#91-0286).

2018 "O" Street has also received a parking waiver under Section 203.8, etc.

ATTESTATION AND SIGNATURE

I certify that the information provided on this application is true and correct to the best of my knowledge. I further certify that I understand that any information provided, pertaining to the type of business that I propose to conduct which is found to be *false*, will result in this application being voided.

Name of Business Service to appear on permit (If applicable)

THE "O" STREET MANSION

(202) 659-8787

(Daytime Telephone Number)

Gabor Stein

(Applicant's Name (print))

Gabor Stein 1/4/99

(Applicant's Signature) (Date)

DO NOT WRITE BELOW THIS LINE

OFFICE USE ONLY

APPLICATION STATUS

_____ APPROVED: Pursuant to DCMR TITLE—11 ZONING, Chapter 2, Sections 202 ACCESSORY USE (R-1) and 203 HOME OCCUPATION (R-1), the Zoning Administrator has determined that the Applicant has met all of the conditions necessary for the issuance of a Home Occupation Permit, based on the information provided in this application and the administrative review process.

_____ DENIED: Pursuant to DCMR TITLE—11 ZONING, Chapter 2, Sections 202 ACCESSORY USES (R-1) and 203 HOME OCCUPATION (R-1), the Zoning Administrator has determined that while the Applicant appears to have met all of the conditions necessary for the issuance of a Home Occupation Permit, the proposed business is *inconsistent* with the general purpose and intent of the zoning regulations for the following reason(s):