

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

Application Fee: \$2000 (Non-refundable)
Original and 3 copies required.

INFORMATION
ON
PROPOSED
BUSINESS

1. Premise Address 1417 17th St NW Suite/Room No. _____
2. Business Telephone No. _____ Fax No. _____ Lot 14.9 Square 181
3. Trade Name of Business El Amor de Luna
4. Is Business Incorporated? Y/N Y Partnership? Y/N _____ Sole Proprietor? Y/N Y New/Existing _____
5. Corporate Name _____
6. President _____ Vice President _____ Secretary _____
7. Sole Proprietor PAUL LUNA
8. Business Owner's Mailing Address 1301 Massachusetts Ave NW phone # (daytime) (202) 361-2295
Suite 412 20005

INFORMATION
ON
PROPOSED
USE

9. ☒ Ownership Change ☐ Partial Occupancy ☐ New Bldg. ☐ Use change ☐ Load Change ☐ B.Z.A. No. _____
10. Proposed Use of Premises GOURMET SHOP
11. Prior Use of Premises CHINESE CARRY-OUT
12. Proposed Occupancy Load _____ Square Feet Occupied 1656
13. Floors to be Occupied 1 Basement? ☒ Yes ☐ No
14. Is this Business Sexually Oriented according to the DC Zoning Regulations? ☐ Yes ☒ No

INFORMATION
ON
BUILDING
OWNER

15. Building Owner SALVATORE GORGONE Telephone No. _____
16. Building Owner's Address: 10620 HUNTER STATION RD VIENNA VA 22181-2811
17. Square feet _____ Numbers of floors 4 Basement YES

INFORMATION
ON
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 [Signature] Signature Date 09/22/06

If Authorized Agent for owner of Business (Attach Authorization)

19. Agent's Name _____ Date _____
Print Clearly Signature

20. Agent's Address _____

BOARD OF ZONING ADJUSTMENT
District of Columbia

Visit our website www.dcaa.org/permits for permit applications.

CASE NO. 17589
27
EXHIBIT NO. _____

Appeal form

Board of Zoning Adjustment
District of Columbia
CASE NO. 17589
EXHIBIT NO. 27

ICE

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OFFICE USE ONLY

APPLICANT

Premise Address 1417 17th ST. NW Suite/Room No. Basement

ZONING

Zone DC18-5-E Overlay District Y / N B.Z.A. No: _____ B.Z.A. approved date _____

DIVISION

Prior Use DetachedDate of Last Certificate 07.4.98 Last Certificate No. 00180991 Prior B.Z.A. No _____Accepted for filing by [Signature] Date 09.22.06Use Change ☐ Yes ☒ No Inspections Required ☐ Yes ☒ No By _____ Date _____Building Permit Required ☐ Yes ☒ No By _____ Date _____Inspection Fee \$ _____ Issuance Fee \$ _____ By [Signature] Date 09.22.06

Approved for issuance by _____ Date _____

Date of scheduled Certificate of Occupancy Inspection N/AInspection Status ☐ Approved ☐ Disapproved By _____ Branch _____ Date _____

Inspector-s Signature _____ Printed Name _____

Reason for Disapproval _____

☐ Approved ☒ Denied ☐ Canceled By Bu CrousReason for Denial/Cancellation Previous non-conforming use wasdiscontinued for more than 3 years (2005) ^{(11 DCMR) sec}

If Approved, Certificate of Occupancy No. _____ Date of Issuance _____