

Application for Certificate of OccupancyApplication Date: 7/7/11C of O Number: C01102529APPLICATION FEE IS NON-REFUNDABLE
CERTIFICATE FEE IS BASED ON SQUARE FOOTAGE

Erasing, Crossing Out, Whiting Out, or Otherwise Altering Any Entered Information Will Void This Application

INFORMATION ON THE BUILDING/PROPERTY

1. Property Address 513 Capitol Court Suite 200 NE DC
 2. Building/Property Owner's Name: Patomach Develop Phone: 202-7898100 Email: jen@PDCDC.com
 3. Property Square 0754 Suffix Lot 021
 4. Number of Floors 3
 5. Zone C-2-A Overlay (if applicable) N/A

APPLICANT INFORMATION

6. Applicant's Name (see instructions): Suzanne Alie Hearn
 7. Trade name of business (if applicable) Creative Hands Massage & Therapies
 8. Applicant's Mailing Address 232 E ST NE Washington DC 20002
 9. Applicant's Day Phone #202-538-7427 Cell #202-538-7427 Email Address admin@chmassage.com

INFORMATION ON PREMISES/OCCUPANCY

10. ☐ Ownership Change ☐ Use Change ☐ Load Change ☐ Revision ☐ New Bldg
 11. Proposed use of Premises SKIN Care, Acupuncture, Physical Therapy, Massage
 12. Prior use of Premises Lobbying Firm C of O # none
 13. Proposed Occupancy Load 2500 sq. ft. 2500
 14. Area Occupied by Proposed Use 2nd Floor
 15. List Floors of a building to be Occupied by Proposed Use 2nd Floor
 16. Does your business sell or rent any goods or provide any services that could be described as sexually-oriented?
☒ Yes ☒ No If yes, please fill out the supplemental form.
 17. Is your business a Medical Marijuana Dispensary or Production Facility? ☐ Yes ☒ No
 18. Was this use approved by an order of the BZA or ZC? ☐ Yes ☒ No If yes, provide order # and date of approval:
 19. Is there a building permit associated with this application? ☐ Yes ☒ No If yes, provide building permit number
 20. What use was listed on the building permit? N/A
 21. Were all inspections conducted and approved? ☐ Yes ☒ No
 22. Is off-street parking on the property provided for this use? ☒ Yes ☐ No If yes, number of spaces: 10

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.

Applicant or Agent's Signature S. Alie Hearn Date 7/7/11

*If you are an applying as an Agent on behalf of the Applicant, attach completed Authorization Form

BOARD OF ZONING ADJUSTMENT
District of Columbia

CASE NO. 18267

EXHIBIT NO. 10

Making a false statement on this application can result in the denial or revocation of your certificate of occupancy and criminal penalties, under D.C. Official Code § 22-2405, of a fine up to \$1000 and/or imprisonment up to 180 days.

For more information about C of Os, please visit dcra.dc.gov and click on [Permits/Zoning](#)

OFFICIAL DCRA USE ONLY

C of O # _____

Premises Address 513 Capitol Court NE**PERMIT REVIEW COORDINATOR**

Checked items #1-9 for completeness _____

Approved By _____

Date _____

ZONING INFORMATIONBZA or ZC # (if applicable) NonePrior C of O # (if applicable) NonePrior Use on above C of O None**ZONING REVIEWER**Continuation of Prior Use? ☐ Yes ☒ NoZone C2AUse Allowed? ☐ Yes ☒ No Provide Zoning Code Use 731.1

Cite Zoning Section # _____

Off-street Parking Required? ☐ Yes ☐ No If yes, number of spaces required _____. If no, was a waiver granted?

Parking credit? BZA relief obtained? Describe: _____

Is Zoning Inspection Required? ☐ Yes ☐ No If Yes, describe: _____

Approved By _____

Date _____

ENGINEERING REVIEW AND APPROVALPrior Bldg Permit Applicable? ☐ Yes ☐ No Bldg. Permit # _____New Bldg Permit Required? ☐ Yes ☐ No

Construction Code Inspections for the Proposed Use:

Bldg
(715)Elec
(720)Plumb/Mech
(730/725)Fire
(750)

Approved By _____

Date _____

INSPECTIONSZoning Inspection (745) Approved? ☐ Yes ☐ No N/AAll Construction Code Inspections Approved? ☐ Yes ☐ No N/A

Stormwater Inspection Verification? Yes No N/A DDOE Approval _____

Date _____

Approved By _____

Date _____

APPROVAL

Issuance: By _____

Date _____

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