EXHIBIT D

Government of the District of Columbia
Department of Consumer and Regulatory Affairs
1100 4th Street SW
Washington DC 20024
(202) 442 - 4400
dcra.dc.gov

C OF O

CERTIFICATE OF OCCUPANCY

PERMIT NO. **CO1501775**

Issued Date: **04/13/2015**

Address:	Zone:	Ward:	Square:	Suffix:	Lot:
7723 ALASKA AVE NW	**R-2**	**4**	**2957**		**0013**

Description of Occupancy:
APARTMENT BUILDING WITH FOUR (4) UNITS

Permission Is Hereby Granted To:	Trading As:	Floor(s) Occupied	Occupant Load: 4
FAIRCLOTH, INC.	**NA**	**2ND AND 3RD FLOORS**	No. of Seats
Property Owner: **DEBORAH J. MILLER**	Address: **9223 QUINTANA DR BETHESDA, MD 20817-2001**	BZA/PUD Number:	Occupied Sq. Footage: **2400**
			PERMIT FEE: **$82.50**

Building Permit Number (if applicable)	Type of Application: **Revised**	Approved Building Code Use **Apartment Houses - R-2:**
		Approved Zoning Code Use: **Apartment house**

Conditions/ Restrictions:

THIS CERTIFICATE MUST ALWAYS BE CONSPICUOUSLY DISPLAYED AT THE ADDRESS MAIN ENTRANCE, EXCEPT PLACES OF RELIGIOUS ASSEMBLY. Use complies with DCMR Title 11 (Zoning) and Title 12 (Construction).

As a condition precedent to the issuance of this Certificate, the owner agrees to conform with all conditions set forth herein, and to maintain the use authorized hereby in accordance with the approved application and plans on file with the District Government and in accordance with all applicable laws and regulations of the District of Columbia. The District of Columbia has the right to enter upon the property and to inspect all spaces whose use is authorized by this Certificate and to require any changes which may be necessary to ensure compliance with all the applicable regulations of the District of Columbia.

Interim Director: Melinda Bolling	Permit Clerk **Justin Bellow**	Expiration Date:

4/13/2015

5406

189389

BLRA-17
(Rev 7/00)

District of Columbia Government
Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration
P.O. Box 37200 — Washington, D.C. 20002-7200

1/16/00
(date)

CERTIFICATE OF OCCUPANCY

Permission is hereby granted to DEBORAH JONES MILLER
to use suite(s) _____ on the 3RD floor(s)
of the building located on lot(s) 13 square 3957
known as premises 7723 ALASKA AVE N W for the following
purpose(s) 4 UNIT APARTMENT BUILDING
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 _____ FEE $ 35.00

By _____ Director YORDAN

Designee

OFFICE COPY

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration

802674

Occupancy Payer's Receipt

This is Not a License

Deborah Jones Miller
7723 Alaska Ave NW

19

Amount

Cred 216

Pay D.C. Treasurer

Note: A Fee of $50.00 is Imposed for Dishonored checks

WHITE—APPLICANT CANARY—FINANCE & REVENUE PINK—DCRA

This Space For Use of the D.C. Treasurer Only

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

Date 12/6/00 CO5406 Receipt No. 802674

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

Cashier's No. _____

INFORMATION ON PROPOSED BUSINESS

1. Premise Address 7723 Alaska Avenue NW. Suite/Room No _____
2. Business Telephone No. (202)889-0017 Fax No. (2) 889-0017 Lot 13 Square 2957
3. Trade Name of Business N/A
4. Is Business Incorporated? Y/(N) Partnership? Y/(N) Sole Proprietor? Y/N New/Existing existing
5. Corporate Name N/A
6. President N/A Vice President _____ Secretary _____
7. Sole Proprietor Deborah T. Jones-Miller
8. Business Owner's Mailing Address 4609 Drexel Rd. phone # (daytime) (301)864-8207
College Park, MD 20740

INFORMATION ON OCCUPANCY

9. (✓) Ownership Change ☐ Partial Occupancy ☐ New Bldg. ☐ Use change ☐ Load Change ☐ B.Z.A No. _____
10. Proposed Use of Premises ~~[illegible]~~ 4 unit apartment building
11. Prior Use of Premises same as above
12. Proposed Occupancy Load ~~[illegible]~~ Square Feet Occupied 3700 sq ft.
13. Floors to be Occupied 2 & 3 floors Basement ? (✓) Yes ☐ No
14. Is this Business Sexually Oriented according to the DC Zoning Regulations ? ☐ Yes (✓) No

INFORMATION ON ENTIRE BUILDING

15. Building Owner Gregory & Deborah Miller Telephone No. (301) 864-8207
16. Building Owner's Address: 4609 Drexel Rd College Park, MD 20740
17. Square feet 3700 sq ft 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 to comply with all applicable laws and regulations of the District of Columbia.

18. Owner of Business [signature] Signature Date 12-6-2000

If Authorized Agent for owner of Business (Attach Authorization)

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

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 7723 ALASKA AVE, NW Suite/Room No

ZONING DIVISION

Zone R2 Overlay District Y / (N) B.Z.A. No: B.Z.A. approved date

Prior Use Apartment House — 4 units 2nd & 3rd Floors.

Date of Last Certificate 12/2/88 Last Certificate No. B155936 Prior B.Z.A No

Accepted for filing by Date 12/6/00

EXAMINERS USE

Use Change ☐ Yes ☒ No Inspections Required ☐ Yes ☐ No. By Date 12/6/00

Building Permit Required ☐ Yes ☐ No By Date

Inspection Fee $ Issuance Fee $ 32.00 By Date 12/6/00

Approved for Issuance by Date 12/6/00

C of O INSPECTION

Date of scheduled Certificate of Occupancy Inspection

Inspection Status ☐ Approved ☐ Disapproved By Branch Date

Inspector's Signature Printed Name

Reason for Disapproval

C of O APPROVAL

☑ Approved ☐ Denied ☐ Canceled By

Reason for Denial/Cancellation

If Approved, Certificate of Occupancy No. 189389/133053 Date of Issuance 12/6/00

Bldg Electric Plumbing Fire Zoning

005313

★★★

BLRA-17
(Rev 7/00)

District of Columbia Government
Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration
P.O. Box 37200 — Washington, D.C. 20002-7200

189291

11/29/00
(date)

CERTIFICATE OF OCCUPANCY

Permission is hereby granted to GREGORY J. MILLER DDS
to use suites(s) _____ on the 1ST floor(s)
of the building located on lot(s) 13 square 2957
known as premises 7723 ALASKA AVE. N.W. for the following
purpose(s) DENTAL OFFICE
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 R-2 32.00'

By _____ Director or Designee

Store 2 0001 D.C. GOVERNMENT
Reg# 5 CTR/DCRA CASHIER OFFICE
11/29/00 at 12:24 Clerk 5
Receipt# 134672 Amount $*****.00
EB220012l6 CERT. OF OCCUP. PERMIT

98-0802PMS

OFFICE COPY

GOVERNMENT OF THE DISTRICT OF COLUMBIA
BRA-71
Rev. 8/98

Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration

Occupancy Payer's Receipt

802378

Store# 0001 D.C. GOVERNMENT
Reg# 5 CTR/DCRA CASHIER OFFICE
11/29/00 at 12:24 Clerk# 5
Receipt# [illegible] Amount $*****.00
CERT. OF OCCUP. PERMIT

This is Not a License

Gregory J. Miller DDS ..... 11/29/00 .....

7723 Alaska Ave NW

Amount $

Credit: 1216

Pay to D.C. Treasurer

Note: A Fee of $50.00 is Imposed for Dishonored checks

This Space For Use of the D.C. Treasurer Only

WHITE—APPLICANT CANARY—FINANCE & REVENUE PINK—DCRA

98-0803PMS

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

Date 11-29-00 CO 5313 Receipt No. 802378

Application Fee $25.00 Non Refundable. Cashier's No. 131672

Certificate Fee – Based on square footage

INFORMATION ON PROPOSED BUSINESS

1. Premise Address 7723 Alaska Avenue, N.W Suite/Room No N/A
2. Business Telephone No. (2)8290177 Fax No. (2)8290177 Lot 13 Square 2957
3. Trade Name of Business Capital City Dental Center
4. Is Business Incorporated? Y/N N Partnership? Y/N N Sole Proprietor? Y/N Y New/Existing existing
5. Corporate Name N/A
6. President N/A Vice President N/A Secretary N/A
7. Sole Proprietor Gregory J. Miller, D.D.S.
8. Business Owner's Mailing Address 4609 Drexel Road phone # (daytime) (301)864-8203
   College Park, MD 20740

INFORMATION ON OCCUPANCY

9. ☑ Ownership Change ☐ Partial Occupancy ☐ New Bldg. ☐ Use change ☐ Load Change ☐ B.Z.A. No.
10. Proposed Use of Premises Dental office
11. Prior Use of Premises Dental office
12. Proposed Occupancy Load 7 dental chairs Square Feet Occupied 500
13. Floors to be Occupied 1 (1st) Basement? ☐ Yes ☑ No
14. Is this Business Sexually Oriented according to the DC Zoning Regulations ? ☐ Yes ☑ No

INFORMATION ON ENTIRE BUILDING

15. Building Owner Deborah & Gregory Miller Telephone No. (301) 864-8203
16. Building Owner's Address: 4609 Drexel Rd College Park, MD 20740
17. Square feet 5,000 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 to comply with all applicable laws and regulations of the District of Columbia.

18. Owner of Business Deborah Miller Signature Date 11-29-00

If Authorized Agent for owner of Business (Attach Authorization)

19. Agent's Name _____ (Print Clearly) _____ (Signature) Date _____
20. Agent's Address _____

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 729 Alaska Ave., NW Suite/Room No

ZONING DIVISION

Zone R-2 Overlay District Y / N B.Z.A. No: B.Z.A. approved date

Prior Use Office (1st)

Date of Last Certificate 6/16/54 Last Certificate No. B14291 Prior B.Z.A No

Accepted for filing by Date

EXAMINERS USE

Use Change ☐ Yes ☑ No Inspections Required ☐ Yes ☐ No. By Date 11/29/00

Building Permit Required ☐ Yes ☐ No By Date

Inspection Fee $ Issuance Fee $ 32.00 By Date

Approved for Issuance by Date 11/29/00

C of O INSPECTION

Date of scheduled Certificate of Occupancy inspection

Inspection Status ☐ Approved ☐ Disapproved By Branch Date

Inspector's Signature Printed Name

Reason for Disapproval

C of O APPROVAL

☑ Approved ☐ Denied ☐ Canceled By Rhope 11/29/00

Reason for Denial/Cancellation

DW

If Approved, Certificate of Occupancy No. 189291/131672 Date of Issuance 11-29-00

Bldg Electric Plumbing Fire Zoning

No. B 155936

BLRA-17
(Rev 6/85)

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

December 2, 1988
(date)

Permission is hereby granted to COLEMAN P. McCOWN
to use suite(s) _____ on the SECOND & THIRD floor(s)
of the building located on lot(s) 13 square 2957
known as premises 7723 Alaska Avenue, N.W. for the following
purpose(s) Apartment House - 4 units
Not sexually oriented [ ] SU

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 R-2

FEE $ 32.00

Donald G. Murray, Director

By Dora Mack
Designee

86—P-3601 wd112

OFFICE COPY

C-76748

SCANNED 4.08 96

No. B 149250

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. 6/86)

CERTIFICATE OF OCCUPANCY

April 14, 1987
(date)

Permission is hereby granted to DR. MORTON GOODE
to use suite(s) N/A on the 2nd & 3rd floor(s)
of the building located on lot(s) 13 square 2957
known as premises 7723 Alaska Avenue, Northwest for the following
purpose(s) Apartment House-- 4 units
Not sexually oriented. [SU]

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 R-2

FEE $32.00

Donald G. Murray, Acting Director

By: Designee

86—P-3601 wd112

OFFICE COPY

C-62586

SCANNED 4.08.96

[redacted] Department of Consumer and Regulatory Affairs

APPLICATION FOR CERTIFICATE OF OCCUPANCY

PLEASE READ INSTRUCTIONS ON BACK OF APPLICATION.

CRA-5 Rev 8/2/85 WHITE OUTS AND MARK OUTS NOT ACCEPTED.

Date 4/14/87

(22) Receipt # 20562

(23) Trans. # 96922005

INFORMATION ON PROPOSED BUSINESS

(1) Address of Business 7723 ALASKA AVE. NW. Suite/Room #

(2) Telephone No. of Business Lot 13 Square 2957

(3) Trade Name of Business N/A

(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 DR. MORTON GOODE

(8) Business Owner's Home Address (See instructions) 5504 UPPINGHAM ST. CHCH. Md 20815 Tel. No. (days) Zip Code

INFORMATION ON OCCUPANCY

(9) ☒ Ownership Change ☐ Partial Occupancy ☐ New Bldg. ☐ Use Change ☒ Load Change BZA No.

(10) Proposed Use of Business APARTMENT HOUSE RENTAL (4 UNITS)

(11) Is Business Sexually Oriented According to D.C. Zoning Regulations? ☒ No ☐ Yes

(12) Proposed Occupancy Load 4 UNIT Square Feet Occupied 6250

(13) Which Floors to be Occupied 2ND and 3rd Basement? NO

(14) Prior Use APARTMENT HOUSE

INFORMATION ON ENTIRE BUILDING

(15) Building Owner DR. MORTON GOODE Tel. No. (days) 770-1555

(16) Building Owner's Address 5504 UPPINGHAM ST CHCH Md 20815 Zip Code

(17) Materials of Building BRICK

(18) Square Feet Occupied 6250 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 NIJOLE OLSON (PRINT CLEARLY) Nijole Olson (Signature) 4/14/87 (Date)

(21) Address of Agent 7315 WISC AVE, BETHESDA Md 20814 Zip Code

INFORMATION DESK R.A.D. f1.

(24) Premises Condemned ☐ No ☐ Yes Cleared By Date

(25) Building in RLA Zone ☐ No ☐ Yes Cleared By K. C. Swan Date 4/14/87

(26) Residential ☐ No ☒ Yes Smoke Det. Info. Given By E. H. Date 4-14-87

LICENSE BRANCH 1st f1.

(27) Licenses Required Apt. Business Reg

(28) Reviewed By Sheila D. Morgan Date 4/14/87

ZONING OFFICE f1. (for company see R.A.D.)

(29) Zone R-2 BZA No.

(30) Prior Use apt. home - 6 units

(31) Certificate # 151040S Date Issued 2-10-87 BZA No. ☐ Approved ☐ Disapp

(32) Accepted for Filing by Date

(33) Prior Use Code 411 (6) Proposed Use Code 411 (4)

EXAMINER'S USE

(34) Use Change ☐ No ☐ Yes Inspect. Required ☐ No ☒ Yes By Date

(35) Inspection Fee $ Issuance Fee $ 12.00

(36) Approved for Issuance by Date 4-14-87

INSPECTION BRANCH

(37) Date of Scheduled C/O Inspections

(38) Inspection Status Approved ☒ Disapproved ☐ By Branch ZONING Date 4/14/87

(39) Inspector's Signature Juan V. Berraveza Printed Name JUAN V. BERRAVEZA

(40) Reason for Disapproval

OCCUPANCY PERSONNEL

(41) ☒ Approved ☐ Denied ☐ Cancelled

By 4/14/87

(42) Reason for Cancellation/Denial

(43) Certificate of Occupancy No. Date of Issuance

(44) Bldg. Elec: Plumb. Fire Zoning

WHITE—CRA CANARY—Fire Department PINK—Applicant

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

CERTIFICATE OF OCCUPANCY

No. B130905

Washington, D.C. ~~NOVEMBER 1, 1983~~ FEBRUARY 10, 1983

Permission is hereby granted to Dr. Harold L. & Dorothy I. Montague

to use the SECOND & THIRD floor(s) of the building located on Lot 13 Square 2957

known as premises 7723 Alaska Ave. N.W for the following

purpose(s): APT HOUSE 6 UNITS

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.

ZONE

FEE $ 28.46

R/2

1216

Chief, Permit Branch

By

Permit Clerk

2 CERTIFIED COPY Harold D. Hargrove

SCANNED 4.08.96

Form ED-P-601 **CERTIFICATE OF OCCUPANCY** No. B105093

Washington, D.C., November 30, 19 77

Permission is hereby granted to Morton J. Gitt & Irving Schwartz

to use the 1st & 2nd Floor floor(s) of the building located on Lot 13 Square 2957

known as premises 7723 Alaska Ave. NW for the following

purpose(s): Apartment House

Duplicate

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 R-2

FEE $ 5.00

Chief, Permit Branch

By Claude Brown Jr.
Permit Clerk

It is unlawful to operate before a license is actually issued and to do so will render you subject to criminal prosecution.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF ECONOMIC DEVELOPMENT
OFFICE OF LICENSES AND PERMITS
PERMIT BRANCH

THIS OCCUPANCY ENCOMPASSES ___ SQUARE FEET

APPLICATION FOR CERTIFICATE OF OCCUPANCY—RESIDENTIAL

(WRITE WITH TYPEWRITER OR INK)

USE this form if Certificate is desired for Dwelling, Flat or Apartment, Rooming, Boarding or Tenement House, Hotel, Private Club, Convalescent Home, or Other Residential Use.

To the Director of Inspections — Date ___

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 all 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 instructions on reverse side) (PRINT) (FIRST) (MIDDLE) (LAST)

Description of Premises for which Certificate is Requested

Address (of building to be occupied) Lot Square

Name and address of owner of building

To the best of your knowledge is the building now being condemned?

Material of building No. of Stories High Basement?

Proposed use

Which Floor(s) will be occupied for above use

Previous use Will applicant reside on the premises?

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 No.
E-D No.
B.Z.A. No.
Bldg. Permit No.
Previous Use
Cert. of Occupancy 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
Address of Agent Tel. No.
Name of Owner(s) of Business (as shown above)
Signature of Agent (in ink)

APPROVED

F.S. Date
Bldg. Date
Plbg. Date
Elec. Date

RESERVED FOR APPROVALS

APPROVED FOR ISSUANCE OF PERMIT

Date

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.

PRESIDENT
VICE PRESIDENT
SECRETARY
TREASURER

J7229—75

Form ED-P-601

CERTIFICATE OF OCCUPANCY

No. B 88907

Washington, D.C., MARCH 22, 19 74

Permission is hereby granted to REGINALD PETER PEARSON

to use the BASEMENT floor(s) of the building located on Lot 13 Square 2957

known as premises 7229 ALASKA AVE., N.W. for the following

purpose(s): DENTAL LABORATORY

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 C-2-A

FEE $ 16.00

Chief, Permit Branch

By R. B. WHITE
Permit Clerk

Form 11 P 401

CERTIFICATE OF OCCUPANCY

No. B 61320

Washington, D.C., OCT. 5TH, 19 67

Permission is hereby granted to ADELE MURIEL AMSEL

to use the BASEMENT floor(s) of the building located on Lot 13 Square 2957

known as premises 7723 ALASKA AVENUE, N.W. for the following

purpose(s): DENTAL LABORATORY

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 LICENSES & INSPECTIONS, GOV'T. OF DIST. OF COL.

ZONE C-2 FEE $ 12.00

Chief, Permit Branch

By [signature] McClure
Permit Clerk

OFFICE COPY

Permit No.
Issued 9-20-65

LP-109 A
Formerly ID A-
Rev

NO ZONING APPROVAL AGAINST THIS PROPERTY

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF LICENSES AND INSPECTIONS
LICENSE AND PERMIT DIVISION
PERMIT BRANCH

NOTICE TO PROSPECTIVE PURCHASER

Your application will not be approved and Certificate issued until inspection agencies have certified compliance

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 April [illegible]

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 ~~Dr.~~ Jesse and ~~Dr.~~ Schwartz
(See instructions on reverse side) (PRINT) (FIRST) (MIDDLE) (LAST)

Description of Premises for which Certificate is Requested

Address 2723 Alaska Avenue N. W. Lot 13 Square 2957
(of building to be occupied)

Name and address of owner of building Dr. Jesse & Dr. Schwartz 1211 I St. N.W.

To the best of your knowledge is the building now being condemned? No

Material of building Brick No. of Stories High two Basement? yes

Proposed use apartment Bldg. (6 UNITS)

(Applicant says Basement not being used for Dwelling Units)

Which Floor(s) will be occupied for above use First and second only

Previous use Apartment Bldg. Will applicant reside on the premises? No

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

SECRETARY
TREASURER

To Be Filled in by Clerk

Use District R-2
Height District
Area District [illegible]
Transcript of No.
E D No
B Z A No 5027
Bldg Permit No.
Previous use ~~[illegible]~~
[illegible]
PE No. [illegible]
More ~~[illegible]~~ Units [illegible]
Name of Clerk [illegible]

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 Gitelson & Neff. Management Co.
Address of Agent 1211 I St. N.W. Tel. No [illegible]
Name of Owner(s) of Business ~~Dr.~~ Jesse & Dr. Schwartz
(as shown above)
Signature of Agent [signature]
(in ink)

COMPLIES WITH REQUIREMENTS OF ZONING REGULATIONS
APR 1965

APPROVED.

RESERVED FOR APPROVALS

[signature] Date 9-13-65
[signature] Date 5-25-65
[signature] Date 5-24-65
Date 5-25-65

APPROVED FOR ISSUANCE OF PERMIT
[signature] Date SEP 16 1965

P-4171

Form 601 – CPS

CERTIFICATE OF OCCUPANCY

No. B 14292

Washington, D.C., JUNE 16TH, 19 59

Permission is hereby granted to 7723 ALASKA AVE., INC.

to use the 2ND & 3RD floor(s) of the building located on Lot 13 Sq 2957

known as premises 7723 ALASKA AVE., N. W. for the following

purpose(s): APARTMENT HOUSE

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 LICENSES & INSPECTIONS, GOVT. OF DIST. OF COL.

ZONE R2

FEE $ 10.00

Chief Supervising Clerk of Permits.

By Mary D. Savage
Permit Clerk

OFFICE COPY

Form 501 – CP8

CERTIFICATE OF OCCUPANCY

No. B 14291

Washington, D.C., JUNE 16TH, 19 59

Permission is hereby granted to 7723 ALASKA AVENUE CORP.

to use the FIRST floor(s) of the building located on Lot 13 Square 2957

known as premises 7723 ~~7749~~ ALASKA AVE., N. W. for the following

purpose(s): OFFICE BUILDING

NON-CONFORMING

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 LICENSES & INSPECTIONS, GOVT. OF DIST. OF COL.

ZONE R2 FEE $ 10.00

Inlet Superintendent of P – ns.

By Mary D. Savage

OFFICE COPY