

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

Application for Certificate of Occupancy

Application Date: \_\_\_\_\_ C of O Number: \_\_\_\_\_

APPLICATION 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 410 RICHARDSON PLACE NW
2. Building/Property Owner's Name OTD 410-412 RICHARDSON PLACE LLC
3. Phone 202-888-6480 Email: PETER@DCOAKTREE.COM
4. Property Square \_\_\_\_\_ Suffix \_\_\_\_\_ Lot \_\_\_\_\_
5. Number of Floors 3
6. Zone RF-1 Overlay (if applicable) \_\_\_\_\_

APPLICANT INFORMATION

- 7. Applicant's Name (see instructions) OTD 410-412 RICHARDSON PLACE LLC
8. Trade name of business (if applicable) \_\_\_\_\_
9. Applicant's Mailing Address 1400 KEY BLVD, SUITE 100, ARLINGTON, VA 22209
10. Applicant's Day Phone # \_\_\_\_\_ Cell # 301-502-7559 Email Address KBROWN@MONTAGEDEVGROUP.COM

INFORMATION ON PREMISES/ OCCUPANCY

- 11. (choose one) Ownership Change Use Change Load Change Revision New Bldg
12. Proposed use of Premises FLAT (2 FAMILY)
13. Prior use of Premises N/A C of O # N/A
14. Proposed Occupancy Load \_\_\_\_\_
15. Area Occupied by Proposed Use \_\_\_\_\_ sq. ft.
16. List Floors of a building to be Occupied by Proposed Use CELLAR, 1st, 2nd, 3rd
17. Does your business sell or rent any goods or provide any services that could be described as sexually-oriented? Yes No
18. Is your business a Medical Marijuana Dispensary or Production Facility? Yes No
19. Was this use approved by an order of the BZA or ZC? Yes No
20. Is there a building permit associated with this application? Yes No
21. What use was listed on the building permit?
22. Were all inspections conducted and approved? Yes No
23. Is off-street parking on the property provided for this use? Yes No If yes, number of spaces: 2

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 [Signature] Date 12/29/2016
\*If you are an applying as an Agent on behalf of the Applicant, attach completed Authorization Form

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

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. **CO1700955**

Issued Date: **02/13/2017**

Address: <b>410 RICHARDSON PL NW</b>		Zone: <b>RF-1</b>	Ward: <b>5</b>	Square: <b>0507</b>	Suffix:	Lot: <b>0102</b>
Description of Occupancy: A TWO-FAMILY FLAT WITH (2) OFF-STREET PARKING SPACES						
Permission Is Hereby Granted To: <b>OTD 410-412 RICHARDSON PLACE, LLC</b>	Trading As: <b>OTD 410-412 RICHARDSON PLACE</b>	Floor(s) Occupied <b>CELLAR &amp; 1ST-3RD</b>	Occupant Load: <b>2</b> No. of Seats			
Property Owner: <b>OTD 410-412 RICHARDSON PLACE, LLC</b>	Address: <b>1400 KEY BLVD STE 100 ARLINGTON, VA 22209-1518</b>	BZA/PUD Number:	Occupied Sq. Footage: <b>5360</b>			
			PERMIT FEE: <b>\$85.18</b>			
Building Permit Number (if applicable) <b>B1611470</b>	Type of Application: <b>Use Change</b>	Approved Building Code Use <b>Two-Family Flat - R-3:</b> Approved Zoning Code Use: <b>Flat, [two-family dwelling]</b> Approved Zoning General Use: <b>Residential</b>				
<p><b>Conditions/ Restrictions:</b></p> <p>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).</p> <p>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.</p>						
Director: Melinda Bolling	<i>Melinda Bolling</i>	Permit Clerk John McFarland	<i>John McFarland</i>		Expiration Date:	
2/13/2017						
TO REPORT WASTE, FRAUD OR ABUSE BY ANY DC GOVERNMENT OFFICIAL, CALL THE DC INSPECTOR GENERAL AT 1-800-521-1639						



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS**

*Certificate of Occupancy Authorization Form*

**Authorization Form to Act on Behalf of the Owner**

To the Director, Department of Consumer and Regulatory Affairs:

This is to certify that I, PETER STUART  
(Print Name of sole owner, general partner, or corporation officer)

am the true Owner of the Business described below:

(Proposed address of business you intend to occupy):

410 RICHARDSON PLACE NW

(Type of business you intend to operate):

FLAT

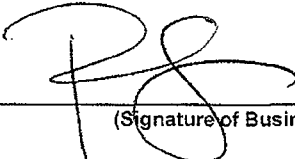
**I FURTHER CERTIFY THAT THE PERSON(S) NAMED BELOW IS/ARE AUTHORIZED TO ACT ON MY BEHALF IN EXECUTING AND PROCESSING AN APPLICATION FOR DISTRICT OF COLUMBIA CERTIFICATE OF OCCUPANCY RELATING TO THE AFOREMENTIONED BUSINESS ESTABLISHMENT.**

Name of Person/s to act on behalf of owner:

ROSHAUN DENNIS

Address/es of Person/s to act on behalf of owner:

2654 DOUGLASS PLACE SE #304, WASHINGTON, DC 20020

 (Signature of Business Owner)      12/29/2016 (Date)

Sworn to before me this 29<sup>th</sup> day of December, 2016

Juan Carlos Benavidez  (Notary Public)

My Commission Expires: 04-30-2018

