

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

- Property Address 412 Richardson Pl NW
- Building/Property Owner's Name OTD 410-412 Richardson place LLC
- Phone 202-888-6480 Email: peter@dcoaktree.com
- Property Square 0507 Suffix _____ Lot 0101
- Number of Floors 3
- Zone RF-1 Overlay (if applicable) _____

APPLICANT INFORMATION

- Applicant's Name (see instructions) OTD 410-412 Richardson place LLC
- Trade name of business (if applicable) _____
- Applicant's Mailing Address 1400 Key Blvd, suite 100, Arlington, VA 22209
- Applicant's Day Phone # _____ Cell # 301-502-7559 Email Address kbrown@montagedevgroup.com

INFORMATION ON PREMISES/ OCCUPANCY

- (choose one) Ownership Change Use Change Load Change Revision New Bldg
- Proposed use of Premises FLAT (2 FAMILY)
- Prior use of Premises N/A C of O # N/A
- Proposed Occupancy Load 2 units
- Area Occupied by Proposed Use 531sq sq. ft.
- List Floors of a building to be Occupied by Proposed Use cellar, 1st, 2nd, 3rd
- 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.
- Is your business a Medical Marijuana Dispensary or Production Facility? Yes No
- Was this use approved by an order of the BZA or ZC? Yes No If yes, provide order # and date of approval: _____
- Is there a building permit associated with this application? Yes No If yes, provide building permit # B1611470
- What use was listed on the building permit? _____
- Were all inspections conducted and approved? Yes No
- 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  Date 12-27-2016

*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. **CO1700918**

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

Address: 412 RICHARDSON PL NW		Zone: RF-1	Ward: 5	Square: 0507	Suffix:	Lot: 0101
Description of Occupancy: FLAT (TWO FAMILY DWELLING)						
Permission Is Hereby Granted To: OTD 410-412 RICHARDSON PLACE, LLC		Trading As: OTD 410-412 RICHARDSON PLACE		Floor(s) Occupied Cellar & 1st-3rd		Occupant Load: 2 No. of Seats
Property Owner: OTD 410-412 RICHARDSON PLACE, LLC		Address: 1400 KEY BLVD STE 100 ARLINGTON, VA 22209-1518		BZA/PUD Number:		Occupied Sq. Footage: 5360
Building Permit Number (if applicable)		Type of Application: Use Change		Approved Building Code Use Two-Family Flat - R-3: Approved Zoning Code Use: Flat, [two-family dwelling] Approved Zoning General Use: Residential		
<p>Conditions/ Restrictions:</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		Permit Clerk: <i>John McFarland</i>		Expiration Date:		
<p>2/2/2017</p> <p align="center">TO REPORT WASTE, FRAUD OR ABUSE BY ANY DC GOVERNMENT OFFICIAL, CALL THE DC INSPECTOR GENERAL AT 1-800-521-1639</p>						



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):

412 RICHARDSON PLACE NW

(Type of business you intend to operate):

FLAT

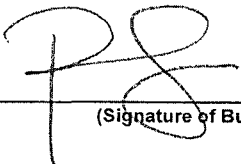
I FURTHER CERTIFY THAT THE PERSON(S) NAMED BELOW IS/ARE AUTHORIZED TO ACT ON MY BEHALF IN EXECUTING AND PROCESSING AN APPLICATION FOR DISTRICT OF COLUMBIA CERTIFICATE OF OCCUPANCY RELATING TO THE AFOREMENTIONED BUSINESS ESTABLISHMENT.

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

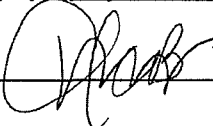
ROSHAUN DENNIS

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

2654 DOUGLASS PL SE #304, Washington, DC 20020

 (Signature of Business Owner) 12/27/2016 (Date)

Sworn to before me this 27 day of December, 2016

Juancarlos Benavidez  (Notary Public)

My Commission Expires: 04-30-2018

