

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

Application for Certificate of Occupancy

Application Date: 12/29/16

C of O Number: COI-100918

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 412 RICHARDSON PLACE NW
2. Building/Property Owner's Name OTD 410-412 RICHARDSON PLACE LLC
3. Phone (202) 888-6480 Email: PETER@DODAKTREE.COM
4. Property Square 0907 Suffix Lot 0101
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 ROSHAUN@DENNISCONSULTINGLLC.ORG

INFORMATION ON PREMISES/OCCUPANCY

- 11. (choose one) Ownership Change Use Change Load Change Revision New Bldg
12. Proposed use of Premises FVAT TWO FAMILY
13. Prior use of Premises SINGLE FAMILY C of O # N/A
14. Proposed Occupancy Load 2
15. Area Occupied by Proposed Use 5360 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? No
18. Is your business a Medical Marijuana Dispensary or Production Facility? No
19. Was this use approved by an order of the BZA or ZC? No
20. Is there a building permit associated with this application? Yes permit # 61611470
21. What use was listed on the building permit?
22. Were all inspections conducted and approved? Yes
23. Is off-street parking on the property provided for this use? Yes 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 12/29/16
\*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

**OFFICIAL DCRA USE ONLY**

C of O # \_\_\_\_\_  
Premises Address 912 RICHMOND SQ PL NW

**PERMIT REVIEW COORDINATOR**

Checked items #1-9 for completeness \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_

**ZONING INFORMATION**

BZA or ZC # (if applicable) \_\_\_\_\_  
Prior C of O # (if applicable) \_\_\_\_\_  
Prior Use on above C of O \_\_\_\_\_

**ZONING REVIEWER**

Continuation of Prior Use?  Yes  No  
Use Allowed?  Yes  No Provide Zoning Code Use FLA Zone RF-1  
Cite Zoning Section # \_\_\_\_\_  
Off-street Parking Required?  Yes  No If yes, number of spaces required 1. If no, was a waiver granted? Parking credit? BZA relief obtained? Describe \_\_\_\_\_  
Is Zoning Inspection Required?  Yes  No If Yes, describe: \_\_\_\_\_

Approved By [Signature] Date 1/13/17

**ENGINEERING REVIEW AND APPROVAL**

Prior Bldg Permit Applicable?  Yes  No Bldg. Permit # \_\_\_\_\_  
New Bldg Permit Required?  Yes  No  
Construction Code Inspections for the Proposed Use

Bldg (715) \_\_\_\_\_ Elect (720) \_\_\_\_\_ Plumb/Mech (730/725) \_\_\_\_\_ Fire (750) \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_

**GREEN REVIEW**

Green Building Financial Security Required?  Yes  No  N/A  
If applicable, check box of chosen path:  
 Green Bond  Binding Pledge  Line of Credit  Escrow  
All Green Inspections Complete?  Yes  No  N/A  
If applicable, Green Code documentation provided?  
Construction and Site Waste Management  Yes  No  N/A  
Preliminary Commissioning Acknowledgement  Yes  No  N/A

Approved By \_\_\_\_\_ Date \_\_\_\_\_

**INSPECTIONS**

Zoning Inspection (745) Approved?  Yes  No  N/A  
All Construction Code Inspections Approved?  Yes  No  N/A  
DDOE Inspections Verification?  Yes  No  N/A DDOE Approval \_\_\_\_\_ Date \_\_\_\_\_  
Approved By Marc [Signature] Date 2/1/17

**APPROVAL**

Issuance: By \_\_\_\_\_ Date \_\_\_\_\_

**OFFICIAL DCRA USE ONLY**

05700918

412 Richardson Place, NW

C of O # \_\_\_\_\_

Premises Address \_\_\_\_\_

**PERMIT REVIEW COORDINATOR**

Checked items #1-9 for completeness  \_\_\_\_\_

Approved By Jm \_\_\_\_\_

Date 12-30-16 \_\_\_\_\_

**ZONING INFORMATION**

BZA or ZC # (if applicable) \_\_\_\_\_

Prior C of O # (if applicable) \_\_\_\_\_

Prior Use on above C of O \_\_\_\_\_

**ZONING REVIEWER**

Continuation of Prior Use?  Yes  No Zone \_\_\_\_\_

Use Allowed?  Yes  No Provide Zoning Code Use \_\_\_\_\_

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 APPROVAL**

Prior Bldg Permit Applicable?  Yes  No Bldg. Permit # \_\_\_\_\_

New Bldg Permit Required?  Yes  No

Construction Code Inspections for the Proposed Use

Bldg (715) \_\_\_\_\_

Elect (720) \_\_\_\_\_

Plumb/Mech (730/725) \_\_\_\_\_

Fire (750) \_\_\_\_\_

Approved By \_\_\_\_\_

Date \_\_\_\_\_

**GREEN REVIEW**

Green Building Financial Security Required?  Yes  No  N/A

If applicable, check box of chosen path:

Green Bond  Binding Pledge  Line of Credit  Escrow

All Green Inspections Complete?  Yes  No  N/A

If applicable, Green Code documentation provided?

Construction and Site Waste Management  Yes  No  N/A

Preliminary Commissioning Acknowledgement  Yes  No  N/A

Approved By \_\_\_\_\_

Date \_\_\_\_\_

**INSPECTIONS**

Zoning Inspection (745) Approved?  Yes  No  N/A

All Construction Code Inspections Approved?  Yes  No  N/A

DDOE Inspections Verification?  Yes  No  N/A DDOE Approval \_\_\_\_\_ Date \_\_\_\_\_

Approved By \_\_\_\_\_

Date \_\_\_\_\_

**APPROVAL**

Issuance: By \_\_\_\_\_

Date \_\_\_\_\_

**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

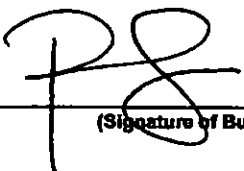
**I FURTHER CERTIFY THAT THE PERSON(S) NAMED BELOW IS/ARE AUTHORIZED TO ACT ON MY BEHALF IN EXECUTING AND PROCESSING AN APPLICATION FOR DISTRICT OF COLUMBIA CERTIFICATE OF OCCUPANCY RELATING TO THE AFOREMENTIONED BUSINESS ESTABLISHMENT.**

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

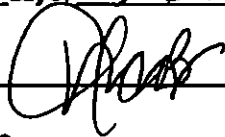
ROSHAUN DENNIS

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

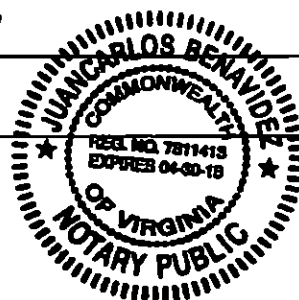
2654 DOUGLASS PL SE #304, WASHINGTON, DC 20020

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

Sworn to before me this 27 day of December 20 16

Juan Carlos Benavidez  (Notary Public)

My Commission Expires: 04-30-2018





Department of Consumer and Regulatory Affairs

Permit Operations Division

1100 4th Street SW

Washington DC 20024

Tel. (202) 442 - 4589 Fax (202) 442 - 4862



B

BUILDING PERMIT

THIS PERMIT MUST ALWAYS BE CONSPICUOUSLY DISPLAYED AT THE ADDRESS OF WORK UNTIL WORK IS COMPLETED AND APPROVED

Issue Date: 09/27/2016

PERMIT NO. B1611470

Expiration Date: 09/27/2017

|   |       |            |                 |         |              |
|---|-------|------------|-----------------|---------|--------------|
| Address of Project:<br>412 RICHARDSON PL NW | Zone: | Ward:<br>5 | Square:<br>0507 | Suffix: | Lot:<br>0101 |
|---|-------|------------|-----------------|---------|--------------|

Description Of Work:  
 Completion of an existing 2 family flat to include minor reconfiguration of space, finish material changes, building system revisions to accommodate reconfiguration. Refer to original permit 1002883 for applicable building codes, building classification, energy code compliance, fire protection, means of egress, accessibility, fire separation, travel distance and ADA compliance.

|  |   |                           |
|--|---|---------------------------|
| Permission Is Hereby Granted To:<br>Otd 410-412 Richardson Place Lic | Owner Address:<br>1311 DELAWARE AVE SW # 728<br>WASHINGTON, DC 20024-3930 | PERMIT FEE:<br>\$2,434.58 |
|--|---|---------------------------|

|                                       |                                    |                                    |               |
|---------------------------------------|------------------------------------|------------------------------------|---------------|
| Permit Type:<br>Alteration and Repair | Existing Use:<br>Flat (Two Family) | Proposed Use:<br>Flat (Two Family) | Plans:<br>Yes |
|---------------------------------------|------------------------------------|------------------------------------|---------------|

|  |  |                            |                            |                      |                    |
|--|--|----------------------------|----------------------------|----------------------|--------------------|
| Agent Name:<br>Roshawn For Donnis<br>Consulting Lic 202 277 9381 | Agent Address:<br>1800 Maryland Avenue Ne<br>20002 | Existing Dwell Units:<br>2 | Proposed Dwell Units:<br>2 | No. of Stories:<br>3 | Floor(s) Inverted: |
|--|--|----------------------------|----------------------------|----------------------|--------------------|

Conditions/ Restrictions:

This Permit Expires If no Construction is Started Within 1 Year or If the Inspection is Over 1 Year.  
 All Construction Done According To The Current Building Codes And Zoning Regulations;  
 As a condition precedent to the issuance of this permit, the owner agrees to conform with all conditions set forth herein, and to perform the work 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 work authorized by this permit and to require any change in construction which may be necessary to ensure compliance with the permit and with all the applicable regulations of the District of Columbia. Work authorized under this Permit must start within one(1) year of the date appearing on this permit or the permit is automatically void. If work is started, any application for partial refund must be made within six months of the date appearing on this permit.

**Lead Paint Abatement**  
 Whenever any such work related to this Permit could result in the disturbance of lead based paint, the permit holder shall abide by all applicable paint activities provisions of the 'Lead Hazard Prevention and Elimination Act of 2008' and the EPA 'Lead Renovation, Repair and Painting rule' regarding lead-based include adherence to lead-safe work practices. For more information, go to <http://ddoe.dc.gov>, Lead and Healthy Housing.

|                              |                                    |
|------------------------------|------------------------------------|
| Director:<br>Melinda Bolling | Permit Clerk:<br>Emlyn Davies-Cole |
|------------------------------|------------------------------------|

TO REPORT WASTE, FRAUD OR ABUSE BY ANY DC GOVERNMENT OFFICIAL, CALL THE DC INSPECTOR GENERAL AT 1-800-521-1639  
 FOR CONSTRUCTION INSPECTION INQUIRIES CALL (202) 442-9557  
 TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442-9557.