

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. CO1903064



Issued Date: 07/03/2019

Address: 409 EAST CAPITOL ST SE		Zone: RF-3	Ward: 6	Square: 0817	Suffix:	Lot: 0812
Description of Occupancy: DRY CLEANERS - PICK UP STORE ONLY.						
Permission is Hereby Granted To: GANSUKH GANTUYA		Trading As: SWIFTESS DRY CLEANERS		Floor(s) Occupied 1ST		Occupant Load: No. of Seats
Property Owner: MH MANAGEMENT LLC		Address: 2218 WOODFORD RD VIENNA, VA 22182-5083		BZA/PUD Number:		Occupied Sq. Footage: 825 PERMIT FEE: \$82.50
Building Permit Number (if applicable)		Type of Application: Ownership Change	Approved Building Code Use Laundry - B: Approved Zoning Code Use Approved Zoning General Use Other			
Conditions/ Restrictions: THIS CERTIFICATE MUST ALWAYS BE CONSPICUOUSLY DISPLAYED AT THE ADDRESS MAIN ENTRANCE, EXCEPT PLACES OF RELIGIOUS ASSEMBLY. Use complies w 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.						
Director: Ernest Chrappah <i>Ernest Chrappah</i>		Permit Clerk Gwendolyn Owens <i>Gwendolyn Owens</i>		Expiration Date:		
7/3/2019 TO REPORT WASTE, FRAUD OR ABUSE BY ANY DC GOVERNMENT OFFICIAL, CALL THE DC INSPECTOR GENERAL AT 1-800-521-1839						

Board of Zoning Adjustment
District of Columbia
CASE NO. 21333
EXHIBIT NO. 42B

Government of the District of Columbia
Department of Consumer and Regulatory Affairs

1100 4th Street SW
Washington DC 20024
(202) 442-4400
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WE ARE
WASHINGTON
DC

C O F O

CERTIFICATE OF OCCUPANCY

PERMIT NO. CO1903064



Issued Date: 07/03/2019

Address:
409 EAST CAPITOL ST SE

Description of Occupancy:
DRY CLEANERS - PICK UP/STORE ONLY

Zone: RF-3	Ward: 6	Square: 0817	Suffix:	Lot: 0812
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Permission is Hereby Granted To:
GANSUKH GANTUYA

Trading As:
SWIFTHNESS

Property Owner:
MH MANAGEMENT LLC

Address:
**2218 WOODFORD RD
VIENNA VA 22182-5083**

Floors Occupied:
1ST
BZAPUD Number:

Occupant Load:
No. of Seats

Building Permit Number (if applicable)

Type of Application:
Ownership Change

Approved Building Code Use: Laundry - B
Approved Zoning Code Use:
Approved Zoning: General Use Other

Occupied Sq. Footage:
825

PERMIT FEE: \$82.50

Conditions/Restrictions:

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Director:
Ernest Chappah

Ernest Chappah

Permit Clerk:
Gwendolyn Owens

Gwendolyn Owens

Expiration Date:

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Certificate of Occupancy (C of O) Application

What is a C of O? A document that certifies your building/structure/land is safe to occupy in accordance with local zoning regulations and building codes. All buildings/structures/land in the District of Columbia that are not single-family homes, require a C of O to legally use them. One is needed every time a change occurs (e.g., new construction and changes to use, ownership, and occupancy load).

A. Tell us about the property.			
Property address:	409 East Capitol St. SE	Unit:	Washington, DC
Square Footage:	0813	Total # of floors:	2
Is there a prior C of O for the property?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, C of O #:	1901294
B. Who owns the property?			
Property Owner Name:	MH Management LLC		
Property Owner Email:	mhmgatl@ gmail.com		
Property Owner Address:	2218 Woodford rd	Unit:	City: Vienna State: VA ZIP: 22182
C. Who is applying for occupancy?			
<input type="checkbox"/> Same as property owner	Applicant Name (Individual/Business): Gransukh Gantuya		
	Trade Name of Business (if applicable): Swiftess Inc. GG Dry Cleaners		
	Applicant Email: yana0301021212@gmail.com		
	Applicant Phone: 571 699 8593		
	Applicant Address: 5550 Columbia Rd		
	Unit: 975	City: Arlington	State: VA ZIP: 22204
D. What type C of O are you requesting? Check only one. If applying for more than one, complete separate applications.			
<input checked="" type="checkbox"/> Permanent	Does not expire until a change to the space is made		
<input type="checkbox"/> Temporary; date/date range	Non-permanent use for one or multi-day events (e.g., farmers' market; movie night)		
<input type="checkbox"/> Core and Shell	Does not grant occupancy; must be obtained before seeking conditional C of O		
<input type="checkbox"/> Conditional/Partial for ___ days	Short-term occupancy based on specific conditions		
	My Core and Shell C of O # for this property is: _____		
E. Tell us about your proposed use of the property.			
Proposed use (e.g., retail, eating establishment, public facility, two-family flat):		Which floors will be occupied?	
Dry Cleaners pick up store only		1st	
Proposed # of occupants:	# of dwelling units or rooms (if applicable):	Sq. ft. occupied: 825	
Are you renting any portion of the property?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes, rented	<input type="checkbox"/> Not a two-family dwelling
Are you proposing to change the use?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A, there is no prior C of O
Are you changing ownership?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> N/A, there is no prior C of O
Are you proposing to change the amount of space currently occupied?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A, there is no prior C of O
Are you proposing to change the occupancy load?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A, there is no prior C of O
Does your business sell or rent any goods or provide services that could be described as sexually-oriented?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes, Attach Sexually-Oriented Business Establishment Questionnaire	
Is your business a medical marijuana dispensary or production facility?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Is off-street parking on the property provided?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, # of spaces: 1	
Was your proposed use approved by an order of the Board of Zoning Adjustment or Zoning Commission? Along with the C of O application, provide a letter or matrix, with attachments as necessary, from the property owner to DCRA that documents compliance with the conditions of the Order.	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Order #: _____	
Approval date: _____			
Are there building permits associated with this application?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes, Permit #(s): _____	
Who conducted the required inspections? (check all that apply)			
<input type="checkbox"/> Not required	<input type="checkbox"/> DCRA	<input type="checkbox"/> Third party agency(s): _____	
OFFICE USE ONLY		C of O #: C01903064	

F. If applicable, tell us about your proposed occupancy load.

ONLY for Day Time Care/Schools Please provide additional information on how individuals will occupy the property

	Basement	1 st Floor	2 nd Floor	3 rd Floor	Trailer(s)	Total
# of children 0 – 30 months						0
# of children 30 months 1 day – 47 months						0
# of children 4 years – 18 years						0
# of staff/faculty						0

ONLY for Assembly Uses and Eating/Drinking Establishments

Please provide information on how individuals will occupy the property and complete an Eating Establishment Questionnaire

	Cellar/ Basement	Mezzanine	1 st Floor	2 nd Floor	3 rd Floor	Roof	Summer Garden (private outdoor space)	Outdoor Café (public space)	Total
# of guests seated									0
# of guests standing									0
# of staff									0

ONLY Inclusionary Zoning/Affordable Dwelling Units Attach a separate sheet for additional units

	Unit Number	Floor #	Net Square Ft.	# of Bedrooms
1.				
2.				
3.				

G. Certification.

Making a false statement on this application can result in the denial or cancellation of my C of O and criminal penalties including a fine up to \$1,000 and/or imprisonment up to 180 days (D.C. Official Code § 22-2405). I certify that all statements on this application are true to the best of my knowledge. I agree to comply with all applicable District laws and regulations and certify that I have resolved any violations on the property.

Applicant/Agent signature: [Signature]

Date: 07.02.2019

If you are applying as a hired agent on behalf of the applicant, please provide your agent information and the Authorization Form.

Hired Agent First Name:

Hired Agent Last Name:

Hired Agent Email:

Hired Agent Phone:

H. Gather the following supporting documents. Bring these with you when you submit your application.

- Lease, deed, letter of written permission to use the property, or HUD-1
- Building permit
- Most recent C of O on record
- Documentation from owner regarding compliance with conditions of BZA or ZC Order (if applicable)
- Authorization Form (if a hired agent is completing this form on behalf of the applicant)
- Letter from owner requesting a conditional C of O and proposed fire evacuation plan (only if seeking a conditional C of O)
- Final statement of special inspections (for structural changes and newly-constructed buildings)

I. Submit your application for review.

Visit the DCRA Permit Center.

Bring this completed application and supporting documents to the Permit Center. DCRA will record approvals on the next page when you meet in-person. Please allow up to 10 business days for inspection verification and processing.

Hours of operations: Monday, Tuesday, Wednesday, Friday: 8:30 am – 4:30 pm | Thursday: 9:30 am – 4:30 pm

Pay for and pick-up your certificate.

After receiving all approvals, pay application and issuance fees and pick up C of O at the DCRA Permit Center.

OFFICE USE ONLY

C of O #: C01903064

DC GOVERNMENT USE ONLY

Application Date: _____		Cof O #: <u>1901294</u>		Cof O expiration date: _____	
Permit Center Review		Accepted by (signature): <u>[Signature]</u>		Date: <u>7-2-19</u>	
Zoning Review		Approved by (signature): <u>[Signature]</u>		Date: <u>7-3-19</u>	
Zone: <u>EF 3</u>		Zoning Code Use: _____			
Continuation of prior use?		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Cof O # <u>1901294</u>	& use: <u>Dry Cleaners</u>	
Use allowed?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<u>Pick up Store only</u>	
Parking credit?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		
Off-street parking required?		<input type="checkbox"/> No	<input type="checkbox"/> Yes, # of spaces required: _____		
ZC or BZA order obtained?		<input type="checkbox"/> No	<input type="checkbox"/> Yes, _____		
All ZC or BZA order conditions met?		<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Is a zoning inspection required?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes, _____		
Additional comments: _____					
Engineering Review		Approved by (signature): _____		Date: _____	
Maximum # of occupants: _____		Building construction type: _____			
Prior building permit applicable?		<input type="checkbox"/> No	<input type="checkbox"/> Yes, permit # _____		
New building permit required?		<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Auto sprinkler required?		<input type="checkbox"/> No	<input type="checkbox"/> Yes, type: _____		
Construction code inspections:		<input type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing/Mechanical	<input type="checkbox"/> Fire
Green Review		Approved by (signature): _____		Date: _____	
Type of green building financial security?		<input type="checkbox"/> Escrow	<input type="checkbox"/> Binding Pledge	<input type="checkbox"/> Line of Credit	<input type="checkbox"/> Green Bond <input type="checkbox"/> N/A
Pursuing alternative green building certification (e.g. LEED, Green Communities, IGC-700)?		<input type="checkbox"/> Yes, program: _____	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
All Green Construction Code inspections completed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
All Green Construction Code documentation provided?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Additional comments: _____					
Inspections Review		Approved by (signature): _____		Date: _____	
Zoning inspection approved?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
All construction code inspections approved?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Inspections verified?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Additional comments: _____					
DOEE Review		Approved by (signature): _____		Date: _____	
Flood plain required?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Final approval notice for Stormwater Management Plan issued?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Green area ratio verified?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Additional comments: _____					

dcra certificate of Occupancy (C of O) Application

What is a C of O? A document that certifies your building/structure/land is safe to occupy in accordance with local zoning regulations and building codes. All buildings/structures/land in the District of Columbia that are not single-family homes, require a C of O to legally use them. One is needed every time a change occurs (e.g., new construction and changes to use, ownership, and occupancy load).

A. Tell us about the property.									
Property address: <u>409 East Capitol St. SE</u>			Unit: _____		Washington, DC		ZIP: <u>20003</u>		
Square Suffix Lot #: <u>0802</u>			Total # of floors: <u>2</u>						
Is there a prior C of O for the property?			<input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes, C of O #:		<u>1603226</u>		
B. Who owns the property?									
Property Owner Name: <u>MH Management (LLC)</u>									
Property Owner Email: <u>mhmgtllc@gmail.com</u>					Property Owner Phone: <u>703-876-0253</u>				
Property Owner Address: <u>2218 Woodford rd</u>			Unit: _____		City: <u>Vienna</u>		State: <u>VA</u>		ZIP: <u>22182</u>
C. Who is applying for occupancy?									
<input checked="" type="checkbox"/> Same as property owner									
Applicant Name (Individual/Business): _____									
Trade Name of Business (if applicable): _____									
Applicant Email: _____					Applicant Phone: _____				
Applicant Address: _____			Unit: _____		City: _____		State: _____		ZIP: _____
D. What type C of O are you requesting? Check only one. If applying for more than one, complete separate applications.									
<input checked="" type="checkbox"/> Permanent Does not expire until a change to the space is made									
<input type="checkbox"/> Temporary; date/date range _____ Non-permanent use for one or multi-day events (e.g., farmers' market; movie night)									
<input type="checkbox"/> Core and Shell Does not grant occupancy; must be obtained before seeking conditional C of O									
<input type="checkbox"/> Conditional/Partial for _____ days Short-term occupancy based on specific conditions My Core and Shell C of O # for this property is: _____									
E. Tell us about your proposed use of the property.									
Proposed use (e.g., retail, eating establishment, public facility, two-family flat): <u>Dry cleaner, pick up store only</u>						Which floors will be occupied? <u>1st</u>			
Proposed # of occupants: _____		# of dwelling units or rooms (if applicable): _____				Sq. ft. occupied: <u>825</u>			
Are you renting any portion of the property?		<input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes, rented		<input type="checkbox"/> Not a two-family dwelling			
Are you proposing to change the use?		<input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> N/A, there is no prior C of O			
Are you changing ownership?		<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes		<input type="checkbox"/> N/A, there is no prior C of O			
Are you proposing to change the amount of space currently occupied?		<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes		<input type="checkbox"/> N/A, there is no prior C of O			
Are you proposing to change the occupancy load?		<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes		<input type="checkbox"/> N/A, there is no prior C of O			
Does your business sell or rent any goods or provide services that could be described as sexually-oriented?		<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes, Attach Sexually-Oriented Business Establishment Questionnaire					
Is your business a medical marijuana dispensary or production facility?		<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes					
Is off-street parking on the property provided?		<input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes, # of spaces: _____					
Was your proposed use approved by an order of the Board of Zoning Adjustment or Zoning Commission? Along with the C of O application, provide a letter or matrix, with attachments as necessary, from the property owner to DCRA that documents compliance with the conditions of the Order.		<input type="checkbox"/> No		<input type="checkbox"/> Yes, Order #: _____ Approval date: _____					
Are there building permits associated with this application?		<input type="checkbox"/> No		<input type="checkbox"/> Yes, Permit #(s): _____					
Who conducted the required inspections? (check all that apply)									
<input type="checkbox"/> Not required <input checked="" type="checkbox"/> DCRA <input type="checkbox"/> Third party agency(s): _____									
OFFICE USE ONLY C of O #: <u>C01901294</u>									

F. If applicable, tell us about your proposed occupancy load.

ONLY for Day Time Care/Schools Please provide additional information on how individuals will occupy the property

	Basement	1 st Floor	2 nd Floor	3 rd Floor	Trailer(s)	Total
# of children 0 – 30 months						0
# of children 30 months 1 day – 47 months						0
# of children 4 years – 18 years						0
# of staff/faculty						0

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	Cellar/ Basement	Mezzanine	1 st Floor	2 nd Floor	3 rd Floor	Roof	Summer Garden (private outdoor space)	Outdoor Café (public space)	Total
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# of guests standing									0
# of staff									0

ONLY Inclusionary Zoning/Affordable Dwelling Units Attach a separate sheet for additional units

	Unit Number	Floor #	Net Square Ft.	# of Bedrooms
1.				
2.				
3.				

G. Certification.

Making a false statement on this application can result in the denial or cancellation of my C of O and criminal penalties including a fine up to \$1,000 and/or imprisonment up to 180 days (D.C. Official Code § 22-2405). I certify that all statements on this application are true to the best of my knowledge. I agree to comply with all applicable District laws and regulations and certify that I have resolved any violations on the property.

Applicant/Agent signature: Mary Kus Date: Feb. 4, 2019

If you are applying as a hired agent on behalf of the applicant, please provide your agent information and the Authorization Form.

Hired Agent First Name:	Hired Agent Last Name:
Hired Agent Email:	Hired Agent Phone:

H. Gather the following supporting documents. Bring these with you when you submit your application.

- Lease, deed, letter of written permission to use the property, or HUD-1
- Building permit
- Most recent C of O on record
- Documentation from owner regarding compliance with conditions of BZA or ZC Order (if applicable)
- Authorization Form (if a hired agent is completing this form on behalf of the applicant)
- Letter from owner requesting a conditional C of O and proposed fire evacuation plan (only if seeking a conditional C of O)
- Final statement of special inspections (for structural changes and newly-constructed buildings)

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Hours of operations: Monday, Tuesday, Wednesday, Friday: 8:30 am – 4:30 pm | Thursday: 9:30 am – 4:30 pm

Pay for and pick-up your certificate.

After receiving all approvals, pay application and issuance fees and pick up C of O at the DCRA Permit Center.

OFFICE USE ONLY	C of O #: <u>CO1901294</u>
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DC GOVERNMENT USE ONLY

Application Date: <u>2-4-19</u>		C of O #: <u>C01901294</u>		C of O expiration date:	
Permit Center Review		Accepted by (signature): <u>[Signature]</u>		Date: <u>2-4-19</u>	
Zoning Review		Approved by (signature): <u>[Signature]</u>		Date: <u>02/04/19</u>	
Zone: <u>RF-3</u>		Zoning Code Use: <u>Dry Cleaning - Pick up store only</u>			
Continuation of prior use?		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, C of O # <u>1603224</u> & use: <u>Dry Cleaner</u>			
Use allowed?		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Parking credit?		<input type="checkbox"/> No <input type="checkbox"/> Yes			
Off-street parking required?		<input type="checkbox"/> No <input type="checkbox"/> Yes, # of spaces required: _____			
ZC or BZA order obtained?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, _____			
All ZC or BZA order conditions met?		<input type="checkbox"/> No <input type="checkbox"/> Yes			
Is a zoning inspection required?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, _____			
Additional comments:					
Engineering Review		Approved by (signature):		Date:	
Maximum # of occupants:		Building construction type:			
Prior building permit applicable?		<input type="checkbox"/> No <input type="checkbox"/> Yes, permit # _____			
New building permit required?		<input type="checkbox"/> No <input type="checkbox"/> Yes			
Auto sprinkler required?		<input type="checkbox"/> No <input type="checkbox"/> Yes, type: _____			
Construction code inspections:		Building		Electrical	
		Plumbing/Mechanical		Fire	
Green Review		Approved by (signature):		Date:	
Type of green building financial security?		<input type="checkbox"/> Escrow <input type="checkbox"/> Binding Pledge <input type="checkbox"/> Line of Credit <input type="checkbox"/> Green Bond <input type="checkbox"/> N/A			
Pursuing alternative green building certification (e.g. LEED, Green Communities, ICC-700)?		<input type="checkbox"/> Yes, program: _____ <input type="checkbox"/> No <input type="checkbox"/> N/A			
All Green Construction Code inspections completed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
All Green Construction Code documentation provided?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Additional comments:					
Inspections Review		Approved by (signature):		Date:	
Zoning inspection approved?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
All construction code inspections approved?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Inspections verified?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Additional comments:					
DOEE Review		Approved by (signature):		Date:	
Flood plain required?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Final approval notice for Stormwater Management Plan Issued?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Green area ratio verified?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Additional comments:					

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



CERTIFICATE OF OCCUPANCY

PERMIT NO. **CO1603226**

Issued Date: 08/02/2016

Address 409 EAST CAPITOL ST SE		Zone CAP/R-4	Ward 6	Square 0817	Suffix	Lot 0812
Description of Occupancy DRY CLEANERS						
Permission Is Hereby Granted To MH MANAGEMENT, LLC		Trading As MH MANAGEMENT		Floor(s) Occupied 1ST		Occupant Load No of Seats
Property Owner MH MANAGEMENT, LLC		Address 2218 WOODFORD ROAD VIENNA, VA 22182		BZA/PUD Number		Occupied Sq Footage 825
				PERMIT FEE		\$82.50
Building Permit Number (if applicable)		Type of Application Ownership Change		Approved Building Code Use Dry Cleaning Plant - F-1 Approved Zoning Code Use Dry cleaning or laundry		
<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 John McFarland		Expiration Date		

8/2/2016

TO REPORT WASTE, FRAUD OR ABUSE BY ANY DC GOVERNMENT OFFICIAL CALL THE DC INSPECTOR GENERAL AT 1-800-521-1839





Department of Consumer and Regulatory Affairs

Permit Operations Division

1100 4th Street SW

Washington DC 20024

Tel (202) 442 - 4589

Fax (202) 442 - 4862

Remittance Source Document

OFFICE OF FINANCE AND TREASURY

Date: 8/2/2016 12:32 PM

Office: DCRA Term: WFE02-92C0

Batch: 43752 Batch Date 8/2/2016

Cashier: OFT50

Trans #: 3

DEPARTMENT OF CONSUMER & Rcpt: 02028060

Comment/Document: CO1603226

Payment Total: \$82.50

Payment Distribution:
2106 CRO (3013) 10001-ops50 \$82.50

VS Tendered: \$82.50

Date: August 02, 2016

INVOICE

Invoice Number: 2118035

Customer: MH MANAGEMENT, LLC

Mailing Address: 2218 WOODFORD ROAD
VIENNA, VA 22182

Address of Work: 409 EAST CAPITOL ST SE
WASHINGTON, DC 20003

Permit: CO1603226

Type of Permit: Certificate of Occupancy

Acct Code:

Fees:

Description:

3013-3013-1000-2106

\$3.30

Enhanced Service Fee - Filing Fee

3013-3013-1000-2106

\$4.20

Enhanced Service Fee - C of O

3013-3013-1000-2106

\$33.00

Certificate of Occupancy Filing Fee

3013-3013-1000-2106

\$42.00

Certificate of Occupancy Permit Fee (Enter Sq. Footage)

Invoice Total.

\$82.50

John McFarland

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

Application for Certificate of Occupancy

C01603226

Application Date: 8.1.2016 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 409 East Capitol St. SE
 2. Building/Property Owner's Name MH Management. LLC.
 3. Phone 703-876-0353 Email: mhmgtllc@gmail.com
 4. Property Square 0812 Suffix _____ Lot 0812
 5. Number of Floors 2
 6. Zone CAP / R-4 Overlay (if applicable) _____

APPLICANT INFORMATION

7. Applicant's Name (see instructions) Mejung Kim
 8. Trade name of business (if applicable) MH Management. LLC.
 9. Applicant's Mailing Address 2218 Woodford Rd. Vienna. VA. 22182.
 10. Applicant's Day Phone # 703-876-0353 Cell # 571-334-8217 Email Address mhmgtllc@gmail.com

INFORMATION ON PREMISES/ OCCUPANCY

11. (choose one) ☒ Ownership Change ☐ Use Change ☐ Load Change ☐ Revision ☐ New Bldg
 12. Proposed use of Premises Dry cleaning
 13. Prior use of Premises Dry cleaning C of O # 1602082
 14. Proposed Occupancy Load No. of seats
 15. Area Occupied by Proposed Use 825 sq. ft.
 16. List Floors of a building to be Occupied by Proposed Use 1st floor
 17. 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.
 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 If yes, provide order # and date of approval: _____
 20. Is there a building permit associated with this application? ☐ Yes ☒ No If yes, provide building permit # _____
 21. What use was listed on the building permit? Dry cleaning or Laundry
 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: _____

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 Mejung Kim Date 8/1/2016

*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](#)

OFFICIAL DCRA USE ONLY

C of O #

Premises Address

C01603226

409 East Capitol Street, SE

PERMIT REVIEW COORDINATOR

Checked items #1-9 for completeness

Approved By

Jm

Date

8-2-16

ZONING INFORMATION

BZA or ZC # (if applicable)

Prior C of O # (if applicable)

Prior Use on above C of O

C01602082 - 4-25-16

ZONING REVIEWERContinuation of Prior Use? ☒ Yes ☐ No

Zone

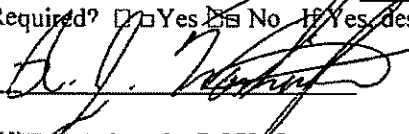
CAP/R-4

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? DescribeIs Zoning Inspection Required? ☐ Yes ☒ No If Yes, describe:

Approved By



Date

8/2/16

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)

Elect (720)

Plumb/Mech (730/725)

Fire (750)

Approved By

Date

GREEN REVIEWGreen Building Financial Security Required? ☐ Yes ☐ No ☐ N/A

If applicable, check box of chosen path:

☐ Green Bond ☐ Binding Pledge ☐ Line of Credit ☐ EscrowAll 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

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

Date

Approved By

Date

APPROVAL

Issuance: By

Date

APPLICATION INSTRUCTIONS AND GENERAL INFORMATION for Certificate of Occupancy

Erasing, crossing out, or otherwise altering any entered information will void this application.

GENERAL INFORMATION

The purpose of the Certificate of Occupancy (C of O) is to ensure that the use of building, structure or land in the District of Columbia conforms to the Zoning Regulations, DCMR Title 11, and to the provisions of the DC Building Code, DCMR Title 12A. In most cases, no person is permitted to use a building, structure or land in the District of Columbia for any purpose, other than a single family dwelling, until a valid C of O for that use has been issued by DCRA.

To apply for a C of O, please complete the C of O application form located at <http://dcra.dc.gov/DC/DCRA/Permits/Certificate+of+Occupancy+Application+and+Instructions> and follow the directions listed below. If you propose to operate an eating establishment, please also submit the Eating Establishment Questionnaire with your Certificate of Occupancy application.

Applications must be submitted in person at DCRA's Permit Center located at 1100 4th Street SW, Second Floor.

The application fee is non-refundable. The issuance fee is based on square footage of the premises for which the C of O is being requested.

DCRA does not accept applications and payments that are mailed. Such submittals will be returned.

For applications other than ownership change, please allow 30 calendar days for the review of your application and possible issuance of your certificate of occupancy.

For more information about the C of O process and a checklist of submission items, please visit:
<http://dcra.dc.gov/DC/DCRA/Permits/Certificates+of+Occupancy+and+Zoning/Get+a+Certificate+of+Occupancy>

A C of O does not take the place of any license that may be required to permit you to conduct your business at the premises for which the C of O is requested. For information concerning license requirements, contact the License Center, 1100 4th Street, S.W., Second Floor, or by phone at (202) 442-4311 or via email dcra@dc.gov.

APPLICATION INSTRUCTIONS

- Lines 1 to 21 Lines 1 thru 21 ask for information about the proposed business/occupancy. Please be very detailed in the information you provide. Indicate N/A (non-applicable) for items that do not apply. Please make sure that the signatures, dates, telephone numbers, and all information is legible.
- Lines 1 - 5 This section asks for basic information about the building/property where the premise is located. Do not use abbreviations for street names. Be sure that you indicate the correct quadrant and include the zip code. Provide the building/property owner's name, phone number and email address.
- Line 5 Information regarding the zone district and overlay district, if applicable, which can be obtained from the D.C. Office of Zoning at (202) 727-6311 or by visiting <http://dcoz.dc.gov>.
- Lines 6 - 9 This section asks for basic information about the applicant applying for the C of O. If you are applying as a corporation or other type of business entity, please use the corporate or other business entity name as the applicant's name.

Temporary Occupancy: If you would like to use the building for temporary purposes, a temporary C of O may be sought. Conditions on the issuance of the C of O may also be imposed as necessary, and will include an expiration date.

Partial Occupancy: Upon request from the holder of a building permit, a temporary certificate of occupancy may be issued for part of the building before completion of the entire work covered by the permit, provided such part can be occupied without endangering life, public safety or welfare. If you desire to occupy a portion of the premises under construction, you may seek a partial occupancy C of O

Completion of Core and Shell: Upon request, a conditional C of O can be issued by DCRA to recognize that the core and shell of a building or other structure has been substantially and materially completed in accordance with the applicable provisions of the Construction Codes of the District of Columbia. The issuance of this type of C of O does not permit or authorize use and occupancy of the building or other structure for any purpose.

Establishment of a New Occupancy: Where an occupancy is to be established in a new building or other structure that has not previously been occupied, upon request a C of O can be issued by DCRA to recognize the approved use and occupancy of the premises in the new building or other structure. The issuance of this type of C of O permits use and occupancy of a new building or other structure for the specified uses listed on the C of O. Issuance of the C of O may require inspection and approval of the entire new building or other structure for core and shell completion, if a conditional C of O for core and shell has not been previously requested and obtained.

Line 11 Be as detailed as possible about the proposed used of the premises, referring to the permitted uses under the Zoning Regulations of the District of Columbia and the use classifications of the Construction Codes of the District of Columbia.

Line 12 Be as detailed as possible about the prior use of the premises. A copy of an existing C of O is required unless no previous C of O was issued by DCRA. If you need assistance in obtaining a copy of the issued certificate of occupancy, you may call the Records Management Branch Room at (202) 442-4480 to obtain a copy

Line 13 For proposed occupant load:

- For assembly uses (such as restaurants, public halls, churches, etc.), enter the maximum number of persons allowed under Section 1004 of the Construction Codes of the District of Columbia
- For multi-family dwelling uses such as apartment buildings, enter the number of dwelling units.
- For rooming and boarding houses, enter the number of roomers or boarders.
- For a community based residential facility (CBRF), enter the number of residents.
- For hotels and motels, enter the number of rooms, and identify assembly spaces.
- For schools and child development centers, enter the number of children attending and number of staff

Line 14 For the calculation of the square footage of the premises to be occupied by the proposed use, please be advised of the following definition of gross floor area:

Gross floor area - the sum of the gross horizontal areas of the several floors of all buildings on the lot, measured from the exterior faces of exterior walls and from the center line of walls separating two (2) buildings.

The term "gross floor area" shall include basements, elevator shafts, and stairwells at each story; floor space used for mechanical equipment (with structural headroom of six feet, six inches (6 ft., 6 in.), or more); penthouses; attic space (whether or not a floor has actually been laid, providing structural headroom of six feet, six inches (6 ft., 6 in.), or more); interior balconies; and mezzanines.



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, MH Management
(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:

Type of business you intend to operate:

**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:

Mejung Kim

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

2218 Woodford Rd Vienna VA 22182

Mejung Kim
(Signature of Business Owner)

8/1/2016
(Date)

Sworn to before me this _____ day of _____, 19____

My Commission Expires: _____

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

PERMIT NO. **CO1602082**

CERTIFICATE OF OCCUPANCY

Issued Date: **04/25/2016**

Address 409 EAST CAPITOL ST SE		Zone CAP/R-4		Ward 6	Square 0817	Suffix	Lot 0812
Description of Occupancy DRY CLEANING							
Permission is Hereby Granted To CAPITOL HILL VALET		Trading As CAPITOL HILL VALET		Floor(s) Occupied FIRST		Occupant Load 11	
Property Owner DAE KEUN LEE		Address 1601 SPRING GATE DR UNIT 1301 MC LEAN, VA 22102-3460		BEZAPUD Number		No. of Seats 11	
Building Permit Number (if applicable)		Type of Application RENEWAL		Approved Building Code Use 101		Occupied Sq. Footage 825	
Conditions/ Restrictions:		Approved Zoning Code Use 101		PERMIT FEE \$82.50			
<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 Tezrah Thomas		Expiration Date			

TO REPORT WASTE, FRAUD OR ABUSE BY ANY DC GOVERNMENT OFFICIAL, CALL THE DC INSPECTOR GENERAL AT 1-800-521-1539



Consideration. \$1,050,000.00
Tax ID Number SSL: 0817 0812

GRANTEE'S ADDRESS:

MH Management, LLC
2218 Woodford Road
Vienna, VA 22182

PREPARED BY AND AFTER RECORDATION RETURN TO:

Vision Law Group, PLLC
Jeonghwa Kim, Esq., DC Bar #503310
7700 Little River Turnpike
Suite #403
Annandale, VA 22003



2016060119-2

Title Insurance provider is Old Republic National Title Insurance Company

SPECIAL WARRANTY DEED

THIS DEED (this "Deed") made this 10th day of June, 2016, by and from DAE KEUN LEE through his attorney-in-fact, YOUNG OK LEE, and YOUNG OK LEE, husband and wife ("Grantors"), to and in favor of MH MANAGEMENT, LLC, a Virginia limited liability company ("Grantee").

WITNESSETH, that in consideration of the sum of Ten Dollars and other good and valuable considerations the said parties of the first part do hereby grant, bargain, sell, and convey, in fee simple, unto the Grantees as TENANTS IN COMMON, all that property situate and located in the District of Columbia, and described as follows:

Part of Original Lot numbered 8, in Square numbered 817, BEGINNING for the same at the Northeast corner of said lot, and running thence west along the south line of East Capitol Street, 18 feet; thence south to the rear line of said lot; thence east along said rear line 18 feet; and thence North to the place of beginning.

LOT 812 in SQUARE 817

AND BEING the same property conveyed to the Grantor by Deed dated July 31, 2007, and recorded on August 3, 2007, as Instrument No. 2007102315. in the Land Records of the District of Columbia.

TOGETHER with all improvements thereupon, and the rights, alleys, ways, waters, easements, privileges, appurtenances and advantages belonging or appertaining thereof.

SUBJECT, HOWEVER, to those matters of record which by their terms affect title to the Property.

The Grantors hereby covenant that they have not done or suffered to be done any act, matter or thing whatsoever to encumber the property hereby conveyed; that they will

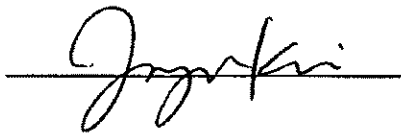
82

warrant specially the property hereby granted; and that they will execute such further assurances of the same as may be requisite.

IN WITNESS WHEREOF, Grantors have executed and delivered this Deed as of the date first hereinabove set forth as the free act and deed of Grantors for the uses and purposes herein set forth, with the specific intention that this Deed constitutes an instrument under seal.

WITNESS the hands and seals the day and year first hereinbefore written:

IN PRESENCE OF:



DAE KEUN LEE by YOUNG OK LEE,
Attorney-in-fact

(SEAL)
DAE KEUN LEE by YOUNG OK LEE,
Attorney-in-Fact

IN PRESENCE OF:



YOUNG OK LEE (SEAL)
YOUNG OK LEE

STATE OF Virginia
COUNTY OF Fairfax, TO WIT;

On this 10th day of June, 2016, before the undersigned officer, personally appeared DAE KEUN LEE by YOUNG OK LEE, his Attorney-in-Fact, and YOUNG OK LEE, and acknowledged the foregoing deed to be their respective act.

In witness whereof, I hereunto set my hand and official seal.



Notary Public

Commission Expires: 12/31/2016

Doc # 2016060119 Fees \$30,481.50
06/15/2016 11:35 AM Pages. 2
Filed and Recorded in Official Records of
WASH DC RECORDER OF DEEDS IDA WILLIAMS

RECORDING FEES	\$25.00
SURCHARGE	\$6.50
RECORDATION TAX FEES	\$15,225.00
TRANSFER TAX FEES	\$15,225.00

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



CERTIFICATE OF OCCUPANCY

PERMIT NO. **CO1602082**

Issued Date: **04/25/2016**

Address 409 EAST CAPITOL ST SE		Zone CAP/R-4	Ward 6	Square 0817	Suffix	Lot 0812
Description of Occupancy DRY CLEANING						
Permission Is Hereby Granted To CAPITOL HILL VALET		Trading As CAPITOL HILL VALET		Floor(s) Occupied FIRST	Occupant Load No of Seats	
Property Owner DAE KEUN LEE		Address 1601 SPRING GATE DR UNIT 1301 MC LEAN, VA 22102-3460		BZA/PUD Number		Occupied Sq Footage 825
						PERMIT FEE \$82.50
Building Permit Number (if applicable)		Type of Application	Approved Building Code Use Approved Zoning Code Use Dry cleaning or laundry			
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.						
Director Melinda Bolling		Permit Clerk Tezrah Thomas		Expiration Date		
4/25/2016						

TO REPORT WASTE FRAUD OR ABUSE BY ANY DC GOVERNMENT OFFICIAL, CALL THE DC INSPECTOR GENERAL AT 1-800-521-1639





Department of Consumer and Regulatory Affairs

Permit Operations Division

1100 4th Street SW

Washington DC 20024

Tel. (202) 442 - 4589

Fax (202) 442 - 4862

Remittance Source Document

OFFICE OF FINANCE AND TREASURY

Date: 4/25/2016 12:53 PM

Office: DCRA Term: WFE02-90YZ

Batch: 41679 Batch Date 4/25/2016

Cashier: OFT56

Trans #: 51

DEPARTMENT OF CONSUMER & Rcpt: 01939855

Comment/Document: 2040234

Payment Total: \$82.50

Date: April 19, 2016

INVOICE

Invoice Number. 2040234

Payment Distribution:

2106 (R0 (3013) 10001-ops50 \$82.50

VS Tendered: \$82.50

Customer: DAE KEUN LEE

Mailing Address: 1601 SPRING GATE DR UNIT 1301
MC LEAN, VA 22102-3460

Address of Work: 409 EAST CAPITOL ST SE
WASHINGTON, DC 20003

Permit: CO1602082

Type of Permit: Certificate of Occupancy

Acct Code:

Fees:

Description:

3013-3013-1000-2106

\$3.30

Enhanced Service Fee - Filing Fee

3013-3013-1000-2106

\$4.20

Enhanced Service Fee - C of O

3013-3013-1000-2106

\$33.00

Certificate of Occupancy Filing Fee

3013-3013-1000-2106

\$42.00

Certificate of Occupancy Permit Fee (Enter Sq Footage)

Invoice Total.

\$82.50

Tezrah Thomas

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

Application for Certificate of Occupancy

Application Date: 4/19/2016

C of O Number: C 16102082

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 409 EAST CAPITOL ST, SE
2. Building/Property Owner's Name Dae Kwon Lee, Young Uk Lee
3. Phone 703-380-2758 Email: WHANG9@GMAIL.COM
4. Property Square 0817 Suffix _____ Lot 0812
5. Number of Floors 2
6. Zone R-4 Overlay (if applicable) _____

APPLICANT INFORMATION

7. Applicant's Name (see instructions) Seong-Jun Kim
8. Trade name of business (if applicable) CAPITOL HILL VALLEY
9. Applicant's Mailing Address 409 East Capitol St, SE
10. Applicant's Day Phone # 202-547-0356 Cell # 202-910-7211 Email Address mikesj.kim@gmail.com

INFORMATION ON PREMISES/OCCUPANCY

11. (choose one) ☒ Ownership Change ☐ Use Change ☐ Load Change ☐ Revision ☐ New Bldg
12. Proposed use of Premises Dry Cleaning
13. Prior use of Premises Dry Cleaning C of O # B 35173
14. Proposed Occupancy Load 1
15. Area Occupied by Proposed Use 825 sq. ft.
16. List Floors of a building to be Occupied by Proposed Use 1st floor
17. 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.
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 If yes, provide order # and date of approval: _____
20. Is there a building permit associated with this application? ☐ Yes ☒ No If yes, provide building permit # _____
21. What use was listed on the building permit? Dry cleaning
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: 0

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 4-19-2016

*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](#)

OFFICIAL DCRA USE ONLY

C of O # 0611002082

Premises Address

409 East Capitol St. SE

PERMIT REVIEW COORDINATOR

Checked items #1-9 for completeness

TEST

Approved By

Date 4-19-16

ZONING INFORMATION

BZA or ZC # (if applicable)

Prior C of O # (if applicable)

Prior Use on above C of O

B35113 / 5-2-62
Dry cleaning

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.

verify use
4/26/16

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

Approved By

Date

04-25-16

APPROVAL

Issuance By

Date

ZONING INSPECTION (202) 442-9557

MARK T. Vaughn

CERTIFICATE OF OCCUPANCY

No. B 35173

Washington, D.C., MAY 2ND 1962

Permission is hereby granted to CAPITOL HILL CLEANERS & LAUNDERERS INC.to use the FIRST floor(s) of the building located on Lot 812 Square 817known as premises 409 EAST CAPITOL STREET for the followingpurpose(s): CLEANING AND LAUNDRY AGENCY

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-4

FEE

10.00

20000

(38)

Chief, Permit Branch

by Mary D. Savoy

Permit Clerk

IMPORTANT NOTICE ON REVERSE SIDE HEREOF

OFFICE COPY

4-22 Fri

5-3 1
 4-24 2
 4-22 3
 4-26 4

4-27 5 wed

Confirmation 473 375

Richard. freedman @

asregate-45.com

301 982 1404

★★★
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

189500

12/19/00

(date)

CERTIFICATE OF OCCUPANCY

Permission is hereby granted to MRS. OK HEE AHN
to use suite(s) _____ on the _____ floor(s)
of the building located on lot(s) 812
known as premises 409 E CAPITOL ST. S.E.
purpose(s) DRY CLEANER/PICK-UP STORE
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.

OFFICE COPY

FEE \$ 32.00

Director C FULLER

Designed

98-0802PM5

★★★
GOVERNMENT
OF THE DISTRICT
OF COLUMBIA
BBA-73
(Rev. 8/94)

Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration

804920

Occupancy Payer's Receipt

This is Not a License

Mrs. OK HEE AHN
409 E. Capitol St.
SE

Note: A Fee of \$50.00 is imposed
for Dishonored checks

WHITE—APPLICANT

CANARY—FINANCE & REVENUE

PINK—DCRA

98-0802PM5

12/19/00
Amount \$ 25.00
Credit 1216
Pay to D.C. Treasurer

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 12/19/00

Receipt No. 804920

Application Fee \$25.00 Non Refundable
Certificate Fee - Based on square footage

Cashier's No. 135479

INFORMATION
ON
PROPOSED
BUSINESS

1. Premise Address 409 E. CAPITOL ST. S.E. Suite/Room No. _____
2. Business Telephone No. (202) 547-5356 Fax No. N/A Lot 812 Square 817
3. Trade Name of Business CAPITOL HILL VALET.
4. Is Business Incorporated? Y/N NO Partnership? Y/N NO Sole Proprietor? Y/N YES New/Existing EXISTING
5. Corporate Name N/A
6. President N/A Vice President N/A Secretary N/A
7. Sole Proprietor MRS. OK HEE AHN
8. Business Owner's Mailing Address 6640 MORNING VIEW CT. phone # (daytime) (202) 547-5356
ALEXANDRIA VA 22315

INFORMATION
ON
OCCUPANCY

9. ☒ Ownership Change ☐ Partial Occupancy ☐ New Bldg. ☐ Use change ☐ Load Change ☐ B.Z.A. No. _____
10. Proposed Use of Premises DRY CLEANER / PICK-UP STORE
11. Prior Use of Premises DRY CLEANERS / PICK-UP STORE
12. Proposed Occupancy Load _____ Square Feet Occupied 800 sq feet
13. Floors to be Occupied 1st FLOOR Basement? ☒ Yes ☐ No
14. Is this Business Sexually Oriented according to the DC Zoning Regulations? ☐ Yes ☒ No

INFORMATION
ON
ENTIRE
BUILDING

15. Building Owner SUNG J. YI Telephone No. (202) 332-5756
16. Building Owner's Address: 1963 CALVERT ST. NW WASH D.C 20009
17. Square feet 1600 sq feet Numbers of floors 2 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 OK Hee AHN Date 12/19/00
Signature
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 <u>409 East Capitol Street, SE</u> Suite/Room No. _____
ZONING DIVISION	Zone <u>CAP/R-4</u> Overlay District <u>(Y)</u> N B.Z.A. No: _____ B.Z.A. approved date _____ Prior Use <u>Dry Cleaner / Pick-Up Store</u> <u>Basement & 1st Floor</u> Date of Last Certificate <u>6/5/92</u> Last Certificate No. <u>B162960</u> Prior B.Z.A. No. _____ Accepted for filing by <u>[Signature]</u> Date <u>12/19/00</u>
EXAMINERS USE	Use Change <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Inspections Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No By <u>[Signature]</u> Date <u>12/19/00</u> Building Permit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No By _____ Date _____ Inspection Fee \$ _____ Issuance Fee \$ <u>32.00</u> By <u>[Signature]</u> Date <u>12/19/00</u> Approved for issuance by <u>[Signature]</u> Date <u>12/19/00</u>
C of O INSPECTION	Date of scheduled Certificate of Occupancy inspection _____ Inspection Status <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Disapproved By _____ Branch _____ Date _____ Inspector's Signature _____ Printed Name _____ Reason for Disapproval _____
C of O APPROVAL	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Canceled By <u>[Signature]</u> Reason for Denial/Cancellation _____ If Approved, Certificate of Occupancy No. <u>189500 / 135484</u> Date of Issuance <u>12/19/00</u> Bldg _____ Electric _____ Plumbing _____ Fire _____ Zoning _____

CERTIFICATE OF OCCUPANCY

No. **B 35173**

Washington, D.C., **MAY 2ND**, 19**62**

Permission is hereby granted to **CAPITOL HILL CLEANERS & LAUNDERERS INC.**

to use the **FIRST** floor(s) of the building located on Lot **812** Square **817**
 known as premises **409 EAST CAPITOL STREET** for the following
 purpose(s): **CLEANING AND LAUNDRY AGENCY**

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.

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

IMPORTANT NOTICE ON REVERSE SIDE HEREOF
 OFFICE COPY

10.00
FEE \$ 20.00

ZONE R-4

Chief, Permit Branch

Mary Kelley
 Permit Clerk

CERTIFICATE OF OCCUPANCY

No. **A 5725**Washington, D.C., **8-16-**, 19**80**

Permission is hereby granted to

Virginia W. Church T/A Monday Day Cleaners

to use the

1st

floor(s) of the building located on Lot

812Square **817**

known as premises

408 East Capitol St.

for the following

purpose(s):

Laundry and cleaning agency

THIS CERTIFICATE SHALL BE POSTED CONSPICUOUSLY ON THE ABOVE PREMISES AT ALL TIMES.

"This Certificate of Occupancy need not be renewed unless there is a change in (1) the type of business, (2) address of business, (3) ownership of business, or (4) part of the building used for the business: BUT, should there be any change in one or more of the foregoing items a NEW Certificate of Occupancy must be obtained."

CENTRAL PERMIT BUREAU, GOVT. OF DIST. OF COL.

OFFICE COPY

ZONE **Res. 600**

FEE

\$ **4.00**

Superintendent of Permits, D.C.

 Board of Zoning Adjustment
 District of Columbia
 CASE NO. 21333
 EXHIBIT NO. 13

By

C. H. Nelson
 Permit Clerk