

#208 Over

Received

FEB 3 1969

PERMIT BRANCH

LP-102-A  
Formerly 102-A-CPD  
Rev. 9/4/57

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF LICENSES AND INSPECTIONS  
LICENSE AND PERMIT DIVISION  
PERMIT BRANCH

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 FEB - 3 1969

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 EMANUEL Dickey  
(See instruction on reverse side) (PRINT) (FIRST) (MIDDLE) (LAST)

Description of Premises for which Certificate is Requested

Address 4654 - Hillside Rd SE Lot 65 Square 5362  
(of building to be occupied)

Name and address of owner of building EMANUEL Dickey

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

Material of building Brick No. of Stories High 2 Basement? Yes

Proposed use Apartment 4654 - (4 unit)

Which Floor(s) will be occupied for above use First + Second

Previous use SAME 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 R-2

Height District 2-3-69

Area District T-1

Transcript of No. \_\_\_\_\_

E. D. No. \_\_\_\_\_

B. Z. A. No. \_\_\_\_\_

Bldg. Permit No. \_\_\_\_\_

Previous use Apartment

\_\_\_\_\_ No. of Units \_\_\_\_\_

More or Less Units \_\_\_\_\_

Name of Clerk \_\_\_\_\_

**IF OWNER OF BUSINESS SIGNS**

Signature of Owner Emanuel Dickey  
(in ink)

Home Address 309 Vermont St. N.W. Tel. No. 226-2209  
20011

**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: RESERVED FOR APPROVALS.

S. Lewis Date 7-1-69 APPROVED FOR ISSUANCE OF PERMIT

Bldg. \_\_\_\_\_ Date \_\_\_\_\_

Plbg. W. Thompson Date 4-3-69

Elec. W. Smith Date 3-12-69

Honary James R Littlejohn Date 4-29-69

NOTICE TO PROSPECTIVE PURCHASER: Your application will not be approved and Certificate issued until all inspections have been made and inspection tickets have certified compliance.

NON-COMMERCIAL USE  
ZONING REGULATIONS  
FEB 1969 ZONING REGULATIONS

Board of Zoning Adjustment  
District of Columbia  
CASE NO. 21471  
P-1111 NO. 6

Permit No. B-69069  
Issued 7-3-69

SECRETARY  
TREASURER  
PRESIDENT  
VICE PRESIDENT