

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



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CERTIFICATE OF OCCUPANCY

PERMIT NO. CO1901025



Issued Date: 08/14/2019

Address: 639 ATLANTIC ST SE		Zone: R-2	Ward: 8	Square: 6163	Suffix:	Lot: 0127
Description of Occupancy: CONDITIONAL Cofo FOR MEDICAL OFFICE (MHRS) Cofo TO EXPIRE ON DECEMBER 31ST 2019						
Permission Is Hereby Granted To: KC COMMUNITY SERVICES INC		Trading As: KCCS MHRS		Floor(s) Occupied 1ST FLOOR		Occupant Load: No. of Seats
Property Owner: BRIDGES 2 PSYCHOLOGICAL SERVICES		Address: 4806 SAINT BARNABAS RD UNIT TEMPLE HILLS, MD 20757-7510		BZA/PUD Number:		Occupied Sq. Footage: 2500 PERMIT FEE: \$82.50
Building Permit Number (if applicable)		Type of Application: Ownership Change	Approved Building Code Use Office - B: Approved Zoning Code Use Office, Medical -including physicians, dentists Approved Zoning General Use Medical Care			
Conditions/ Restrictions: CONDITIONAL Cofo FOR MEDICAL OFFICE TO EXPIRE ON DECEMBER 31ST 2019. SUBJECT TO BZA # 20121 APPROVAL AND ISSUANCE OF B1904865. 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 Tiffny Carrington		Expiration Date: 12/31/2019		
8/14/2019 TO REPORT WASTE, FRAUD OR ABUSE BY ANY DC GOVERNMENT OFFICIAL, CALL THE DC INSPECTOR GENERAL AT 1-800-521-1639						

Board of Zoning Adjustment
 District of Columbia
 CASE NO.20121
 EXHIBIT NO.43

Department of Consumer and Regulatory Affairs
Building and Earth Regulation Administration
845 North Capitol Street N.E. Room 2100
Washington D.C. 20002
Tel: (202) 442-4470 Fax: (202) 442-4862

Government
of the District
of Columbia
BLBA/SA

C of O

CERTIFICATE OF OCCUPANCY

PERMIT NO.
CO 116266

THIS PERMIT IS VALID ONLY FOR THE PREMISES
OF THE PROJECT ADDRESS

DATE: **3/31/2006**

ADDRESS: 639 ATLANTIC ST SE	FLOOR(S): 1ST FL	PROJID: 6163 <small>(square)</small>	-0000-	0127 <small>(lot)</small>
		WARD: B	ZONE: R5A	

PERMISSION IS HEREBY GRANTED TO: CORPORATION: HRDI OF THE DISTRICT OF COLUMBIA LLC ID No.: L26615	TRADING AS:
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APPROVED USES: COMMUNITY RESIDENCE FCL	PREVIOUS USES: COMMUNITY RESIDENCE FCL
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TYPE: CHANGE OF OWNERSHIP	BZA NO.:	OCCUPIED SQ. FOOTAGE: 2,500	OCCUP. LOAD: 6	EXPIRATION DATE: NONE
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DESCRIPTION OF USE: COMMUNITY RESIDENTIAL FACILITY, (ICF/MR) 6 RESIDENTS AND 2 ROTATING STAFF	FEE: \$75.00
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THIS CERTIFICATE SHALL BE POSTED CONSPICUOUSLY ON THE ABOVE PREMISES AT ALL TIMES. IT IS VALID INDEFINITELY, unless an expiration date is stated, VALID ONLY for the premise at the above address 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.

Patrick J. Canavan, Pay, D. DIRECTOR	PERMIT CLERK: JOSEPH BEMBRY
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Small text at the bottom of the page, including a vertical stamp on the left and a circular stamp on the right.

No.B 161611

★★★
BLRA-17
(Rev 6/86)

District of Columbia Government
Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration Zoning Division
P.O. BOX 37200 — Washington, D.C. 20013-7200

CERTIFICATE OF OCCUPANCY

September 23, 1991
(date)

Permission is hereby granted to Voca Corporation of Washington, D.C.
to use suite(s) _____ on the 1st & Bsmt. floor(s)
of the building located on lot(s) 42, 43 & 44 square 6163
known as premises 639 Atlantic Street, S.E. for the following
purpose(s) CRF for the Mentally Retarded (6) Person all sleeping on 1st
Rotating Staff Not Sexually Oriented []
su

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.

ZONE FEE \$ 28.00

R-5-A

Donald G. Murray, Director

By [Signature]
Designee

86-P-3601 wd112

OFFICE COPY

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