

PRE-FILE NUMBERS		ZONING DISTRICT	FILE NUMBER	PERMIT NUMBER	
N.C.P.C. No:	O.G. No:				By:
H.P.A. No:	S.L. No:	Ward No:	Receipt No:	Date:	Receipt No:



DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

Tel 202-442-4589 Fax 202-442-4862

APPLICATION FOR CONSTRUCTION PERMITS ON PRIVATE PROPERTY
(PRINT IN INK OR TYPE, DO NOT WRITE IN SHADED AREAS OR ON PAGE 4)

BLRA-33
(Rev. 2/04)

CLEARANCE TO FILE By _____ Date _____	ERASING, CROSSING OUT, WHITING OUT, OR OTHERWISE ALTERING ANY ENTERED INFORMATION WILL VOID THIS APPLICATION
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(A) ALL APPLICANTS MUST COMPLETE ITEMS 1 THRU 27

1 Address of Proposed Work:		Suite No.	2. Lot	3. Square	4. Application Date
5 Owner of Building or Property		6 Address (include Zip Code)		7 Phone	
8 Agent for Owner: (if applicable)		9. Address (include Zip Code)		10. Phone	
11. Type of Proposed Work (check all applicable boxes)					
<input type="checkbox"/> New Building		<input type="checkbox"/> Retaining Wall		<input type="checkbox"/> Garage	
<input type="checkbox"/> Addition		<input type="checkbox"/> Fence		<input type="checkbox"/> Sign	
<input type="checkbox"/> Alteration and Repair		<input type="checkbox"/> Shed		<input type="checkbox"/> Projection	
<input type="checkbox"/> Raze Building		<input type="checkbox"/> Awning		<input type="checkbox"/> Other (Specify) _____	
12. Description of Proposed Work					
13 Existing Use(s) of Building or Property		14 Ex. No of Stories of Bldg	15 Ex No of Dwelling Units	Official Use Only	
				Miscellaneous FEE	
				\$	
16 Proposed Use(s) of Building or Property		17 Prop No of Stories of Bldg	18 Prop. No of Dwelling Units	By:	Date:
19 Starting Date	20 Completion Date of work	21 Method of Removing Construction Debris [] Pick-up Truck [] Dumpster [] Other (specify)		22 Does the proposed work involve disturbing the earth or razing a building? [] Yes, answer q. 23 [] No, SKIP q. 23-27	
23. Is the area of disturbed earth more than 50 sq. ft? <input type="checkbox"/> Yes, answer q. 24-25 <input type="checkbox"/> No, SKIP q. 24-25	24. Soil Erosion Control Methods		25. Area of Offsite Drainage	26. No of Footings or Columns	27 Size of Footings or Columns
			sq. ft		

ALWAYS SIGN THE APPLICATION ON PAGE 3 (SECTION I)

Complete Section B if the proposed work is **new building, addition or alteration.** (Page 2)
 Complete Section C if the proposed work is **razing a building.** (Page 2)
 Complete Section D if the proposed work is a **retaining wall.** (Page 2)
 Complete Section E if the proposed work is a **fence.** (Page 3)
 Complete Section F if the proposed work is a **shed/garage.** (Page 3)
 Complete Section G if the proposed work is an **awning.** (Page 3)
 Complete Section H if the proposed work is a **sign.** (Page 3)

OFFICIAL USE ONLY

	R	P	H	A	
M					
P					
E					W <input type="checkbox"/> Yes <input type="checkbox"/> No
F					PLANS
S					<input type="checkbox"/> No <input type="checkbox"/> Sm <input type="checkbox"/> Lg

(B) NEW BUILDING, ADDITION, & ALTERATION (COMPLETE ITEMS 28 THRU 60)

28. Architect's Name:		29. D.C. Lic. No.:	30. Architect's Address: (include Zip Code)		31. Phone:
32. Engineer's Name:		33. D.C. Lic. No.:	34. Engineer's Address: (include Zip Code)		35. Phone:
36. Building Contractor's Name:		36A. D.C. Lic. No.	37. Contractor's Address		38. Phone:
39. Type of Construction <input type="checkbox"/> Masonry <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Other <input type="checkbox"/> Concrete	40. Fire Suppression: <input type="checkbox"/> Fully Sprinklered <input type="checkbox"/> Standpipe System <input type="checkbox"/> Partially Sprinklered <input type="checkbox"/> None <input type="checkbox"/> Other _____		41. Booster Pump <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> None	42. Total Lot Area sq. ft.	43. Breakdown of Lot Area (= 100 %) a. building _____ % b. paved area _____ % c. greenery _____ %
44. Present Gross Floor Area of Bldg. sq. ft.	45. Proposed Gross Floor Area of Bldg. sq. ft.	46. Floors involved in this permit <input type="checkbox"/> All <input type="checkbox"/> Floors _____		47. Projection beyond building line? <input type="checkbox"/> Yes, Answer q. 48 -52 <input type="checkbox"/> No. SKIP q. 48-52	
48. Number and type of projection :		49. Distance of projection :	50. Width of projection :	51. Width of building frontage ft.	
				52. Signature of Owner (projection only):	
53. Water or Sewer Excavation? <input type="checkbox"/> Yes <input type="checkbox"/> No	54. Driveway Construction? <input type="checkbox"/> Yes <input type="checkbox"/> No	55. Sheeting/Shoring Necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	56. Elevators Involved? <input type="checkbox"/> Yes, answer q. 57 <input type="checkbox"/> No	57. No and type of elevator	58. Plans Certified by Engineer? <input type="checkbox"/> Yes, cert. attached <input type="checkbox"/> No

59. Estimated Cost of Work (a) New/Add.: \$ _____ (b) Alt/ Repair \$ _____ Total \$ _____	OFFICIAL USE ONLY								
	Alter/Repair FEE		New Const. FEE		Filing Fee		TOTAL PERMIT FEE		
	\$ _____		\$ _____		\$ _____		\$ _____		
	By:	Date:	By:	Date:	By:	Date:	By:	Date:	
60. Volume of New Bldg. or Addition cubic ft.									

(C) RAZING A BUILDING (COMPLETE ITEMS 61 THRU 83)

61. Raze Contractor's Name:		62. Contractor's Address: (include Zip Code)		63. Phone:				
64. Insurance Company		65. Policy or Cert. Number	66. Expiration Date	67. Raze Method				
68. Building Material	69. Raze Entire Building? <input type="checkbox"/> Yes <input type="checkbox"/> No	70. Building Condemned? <input type="checkbox"/> Yes <input type="checkbox"/> No	70A. Building Vacant? <input type="checkbox"/> Yes <input type="checkbox"/> No	71. Public Space Vault? <input type="checkbox"/> Yes <input type="checkbox"/> No	72. Disconnect Water and/or Sewer? <input type="checkbox"/> Yes <input type="checkbox"/> No	73. Size of Water Connection in.		
74. Plumber's Name:		75. D.C. Lic. No.	76. Length ft.	77. Width ft.	78. Height ft.	79. Volume ft.	80. Party Wall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
81. Asbestos in the Building? <input type="checkbox"/> No <input type="checkbox"/> Yes, location _____		82. Raze Contractor Signature				OFFICIAL USE ONLY		
		83. Owner's Signature				FEE	By:	Date:
						\$ _____		

(D) RETAINING WALL (COMPLETE ITEMS 84 THRU 93) The retaining wall will not obstruct any accessible parking required by D.C. Zoning Regulations

84. Cost of Work \$ _____	85. Material:	86. Height	87. Color	88. Location: <input type="checkbox"/> Entirely on Owner's Land <input type="checkbox"/> Party Line with Adjacent Neighboring Land *	
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* If party wall, the owner of the adjoining property must agree to the erection of the retaining wall and this application

89. Signature of Adjoining Owner:		90. Phone: Home Work		OFFICIAL USE ONLY		
91. Address of Adjoining Owner:		92. Lot:	93. Square:	FEE	By:	Date:
				\$ _____		

(E) FENCE (COMPLETE ITEMS 94 THRU 102) The fence will not obstruct any accessible parking required by D.C. Zoning Regulations

94. Material and type:	95. Height ft.	96. Color:	97. Location: <input type="checkbox"/> Entirely on Owner's Land <input type="checkbox"/> Party Line with Adjacent Neighboring Land *
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* If party fence, the owner of the adjoining property must agree to the erection of the fence and this application

98. Signature of Adjoining Owner:	99. Phone: Work Home	OFFICIAL USE ONLY	
100. Address of Adjoining Owner:	101. Lot	102. Square	FEE
			\$
		By:	Date:

(F) SHED OR GARAGE (COMPLETE ITEMS 103 THRU 113)

103. Number	104. Length: ft.	105. Width ft.	106. Area: sq.ft	107. Height ft.	108. Volume cu.ft	109. Est. Cost of Work \$	OFFICIAL USE ONLY		
							FEE		
							\$		
110. Material of Roof		111. Material of Sides		112. Wall Thickness: <input type="checkbox"/> External () inches <input type="checkbox"/> Party () inches		113. Color		By:	Date:

(G) AWNING (COMPLETE ITEMS 114 THRU 123)

114. Number:	115. Color	116. Type: <input type="checkbox"/> Folding <input type="checkbox"/> Fixed	117. Projections: Beyond bldg. line _____ in. Beyond pt of attachm _____ in	118. Height of Lowest Part of awning (a) _____ ft above sidewalk (b) _____ ft above parking (c) _____ ft above grade		OFFICIAL USE ONLY					
						FEE					
						\$					
119. Material of Frame		120. Material of Covering		121. Lettering on awning? <input type="checkbox"/> Yes <input type="checkbox"/> No		122. Fixed Posts? <input type="checkbox"/> Yes <input type="checkbox"/> No		123. Over Side-walk café? <input type="checkbox"/> Yes <input type="checkbox"/> No		By:	Date:

(H) SIGN (COMPLETE ITEMS 124 THRU 144)

124. Number	125. Electric Signs? <input type="checkbox"/> Yes, answer q. 126-132 <input type="checkbox"/> No. SKIP q. 126-132	126. Type: <input type="checkbox"/> Incandes. <input type="checkbox"/> Fluoresc. <input type="checkbox"/> Neon	127. Power _____ VA	128. Electrical Contractor License Number:									
129. Address of Electrical Contractor (include Zip)		130. Signature of Licensed Electrician		131. Phone No.		132. License No.							
133. Height relative to building and ground (a) _____ ft _____ in above sidewalk (b) _____ ft _____ in above roof (c) _____ ft _____ in is building height (d) _____ ft _____ in above projection of window (e) _____ ft _____ in from roof to sign's bottom				134. Material of Sign		135. Type of Sign		136. Color					
		137. Width ft.		138. Length ft.		139. Area of Sign sq. ft		140. Wide of Business frontage ft.					
141. C of O No for Bldg.		142. Sign Contractor: License No.				OFFICIAL USE ONLY							
						Sign FEE		Elect. FEE		Total FEE			
						\$		\$		\$			
143. Sign Contractor's Address:				144. Phone:				By:	Date:	By:	Date:	By:	Date:

(I) APPLICANT'S SIGNATURE

A. OWNER: I hereby certify that I am the owner of the property, that the application and plans are complete and correct to the best of my knowledge, that if a permit (or permits) is issued, the construction will conform to the D.C. Construction Codes, the Zoning Regulations, and other applicable laws and regulations of the District of Columbia.

Signature of Owner _____ Address _____ Date _____

B. AGENT: I hereby certify that I have the authority of the owner to make this application. I declare that the application and plans are complete and correct to the best of my knowledge. The owner has assured me that if a permit (or permits) is issued, the construction will conform to the D.C. Construction Codes, the Zoning Regulations, and other applicable laws and regulations of the District of Columbia

Signature of Agent _____ Address _____ Date _____

**Department of Consumer and Regulatory Affairs
Reasonable Accommodations and Modifications for Persons with Disabilities**

The Department of Consumer and Regulatory Affairs (DCRA) is committed to fair housing practices for all residents of the District of Columbia. The Fair Housing Amendments Act of 1988 (FHA) allows qualified persons with disabilities and or their representatives to request reasonable accommodations and/or modifications so that they may fully use and enjoy their homes and related facilities. This law defines a qualified person with disability as:

Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

In general, a physical or mental impairment includes hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, and developmental disabilities that substantially limit one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself.

The FHA requires DCRA to make reasonable accommodations for qualified persons with disabilities. A reasonable accommodation is a change in rules, policies, practices, or services so that a person with a disability will have an equal opportunity to use and enjoy a dwelling unit or common space. DCRA is required provide reasonable accommodations to qualified persons with disabilities, but it is not required to make changes that would fundamentally alter the program or create an undue financial and administrative burden.

The FHA of 1988 requires DCRA to allow qualified persons with disabilities to make reasonable modifications. A reasonable modification is a structural modification that is made to allow persons with disabilities the full enjoyment of the housing and related facilities. DCRA is required to provide reasonable modifications to qualified persons with disabilities, but it is not required to make changes that would fundamentally alter the program or create an undue financial and administrative burden.

Would you like to obtain more information from DCRA on FHA reasonable accommodation and/or modification requests for qualified persons with disabilities?

YES NO

Printed Name

Signature

If you have questions or concerns related to requesting reasonable accommodations or modifications for qualified persons with disabilities from DCRA, please contact:

*Mr. Jeffrey Mason
Department of Consumer & Regulatory Affairs
1100 4th Street, SW Suite 5311
Washington, DC 20024
Phone: (202)-442-4545
Fax: (202) 442-4864
jeffrey.mason@dc.gov*

**DISTRICT DEPARTMENT OF THE ENVIRONMENT
BUILDING PERMIT APPLICATION SUPPLEMENTAL FORM - ENVIRONMENTAL QUESTIONNAIRE**

PROJECT ADDRESS: _____ LOT _____ SQUARE _____

Note: please answer all 10 questions in this questionnaire, by checking either column Yes" or "No" for each question. If you answer "Yes" to any of the questions, you should contact the corresponding office(s) indicated in column 'contact person/office', as soon as possible. Until this application is reviewed and approved by the concerned office(s), the permit will not be issued.

SCOPE OF PROJECT	YES	NO	CONTACT PERSON/OFFICE	OFFICE USE
1. Does the total cost of the project exceed \$1 million? This does not apply if project is for internal (tenant space) renovation only and there will be no change in the use of the building.			(202) 535-2600, EIS Coordinator	
2. Will the work to be performed involve the installation, removal, abandonment, or repair of an underground storage tank (UST) system?			(202) 535-2600, Underground Storage Tank Division	
3. Will the work to be performed involve the assessment Or clean-up of soils associated with the release of materials from an underground storage tank (UST)?			(202) 535-2600, Underground Storage Tank Division _____ (202) 535-2600, Air Quality Division	
4. Will the work to be performed involve the assessment or clean-up of groundwater associated with the release of materials from an underground storage tank (UST)?			(202) 535-2600, Underground Storage Tank Division _____ (202) 535-2600, Air Quality Division _____ (202) 535-2600, Water Quality Division	
5. Will the proposed project involve the installation or drilling of wells other than for the purposes stated in questions 3 and 4?			(202) 535-2600, Water Quality Division _____ (202) 535-2600, Air Quality Division	
6. Will the proposed project involve the generation, treatment, storage, disposal or transportation of chemicals or other substances which may be considered hazardous?			(202) 535-2600, Hazardous Waste Division	
7. Will the proposed project involve construction which will disturb the sediment in rivers, streams or wetlands?			(202) 535-2600, Water Quality Division	
8. Will the proposed use involve the construction of a facility for the handling, transfer, storage, disposal or treatment of solid waste, medical waste, or recyclable materials?			(202) 535-2600, EIS Coordinator	
9. Will the proposed project result in the discharge into the air of gases, dust, or the creation of any objectionable odors?			(202) 535-2600, Air Quality Division	
10. Was the building built before 1978? (Lead paint may be present).			If you answer "YES" to this question, please answer the questions and follow the instructions on the "Lead Hazard Control Questionnaire" to determine if you need a permit to conduct a Lead Abatement Project.	

AFFIDAVIT

I hereby certify that I have the authority of the owner of the property to make this application. I declare that the answers to the above questions in this Questionnaire are complete and correct to the best of my knowledge.

Signature _____ Name (print) _____

Address _____ Date _____ Phone _____

OFFICE USE ONLY

DDOE APPROVAL BY _____ NAME (Print) _____

CONTACT NUMBER : (202) _____ DATE: _____

COMMENTS AND PERMIT RESTRICTIONS _____

CONTRACT AGREEMENT

Name of Contractor/Owner _____ Contractor's License No. _____

Address of Contractor/ Owner _____ Date: _____

ADDRESS OF PROPOSED WORK	LOT:
OWNER OF BUILDING OR BUSINESS:	SQUARE:
DESCRIPTION OF PROPOSED WORK:	

COST ESTIMATE

CONSTRUCTION e.g drywall, ceilings, framing, carpentry etc	\$	
ELECTRICAL	\$	
MECHANICAL	\$	
PLUMBING	\$	
FIRE PROTECTION e.g sprinkler system, fire alarm system, generator etc.	\$	
DEMOLITION	\$	
MISC/OTHER (please specify)	\$	
TOTAL	\$	

The labor and material costs of counter tops, kitchen cabinets, floor coverings, tile work, caulking, patching and plaster repair, painting other than fire retardant paint, gutters and downspouts, not more than 160 square feet of gypsum board shall not be included in the cost estimate for permitting purposes. The entire list can be seen in the 1999 D.C Building Supplement Chapter 1 Section 107.3.

The foregoing terms, specifications and conditions are satisfactory and hereby agreed to. You are authorized to work as specified and payment will be made in the amount as outlined. Upon signing this agreement, the owner represents and warrants that he or she is the owner or the authorized agent of the owner of the aforesaid premises and that he or she has read this agreement.

CONTRACTOR _____ Signature & print	Date: _____
OWNER OF BUILDING/BUSINESS _____ Signature & print	Date: _____

Upon signing this document, the owner and contractor declare that the cost of construction as specified above for the referenced project is true and correct to the best of their knowledge

Owner & Contact Information

Complete address of proposed work

Square	Suffix (if any)	Lot	Application date (4 numbers for year)
Number	Ext	Official street name	Quadrant
Project name		Filed Job Application number (if applicable)	Project Description

8. Owner	7. Complete mailing address (include zip)	8. Phone	9. Email, if you prefer e-notice
10. Agent for owner, if applicable	11. Complete mailing address (include zip)	12. Phone	13. Email, if you prefer e-notice

Project Scope

Scope (Check all that this project involves)	No	Yes	If You Answer "Yes"
1. Is this project a residential structure within R-1 through R-5-A zoning districts?	<input type="checkbox"/>	<input type="checkbox"/>	Skip to the signature line.
2. Is this project a single-family structure <i>not</i> built in conjunction with 2 or more units?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is this project an accessory structure, such as a garage, patio, pool, or fence?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is this project only an interior renovation with no building use or capacity change?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is this project in an Economic Development Zone, as defined in DC Official Code § 6-1501 et seq (DC Law 7-177)?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is this project in the Central Employment Area, defined in DC Zoning Regulations?	<input type="checkbox"/>	<input type="checkbox"/>	Attach a site plan. If there is no plan, attach a written explanation.
7. Does the project involve <i>only</i> operation, repair, maintenance, or minor alteration of public structures, facilities, mechanical equipment, or topographical features, with <i>negligible or no</i> expansion of use beyond its current use?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does the owner of this site own adjacent or abutting property?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do you plan to develop adjacent/abutting property in next 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	See EIS Coordinator.
10. Do you plan more development that requires permit(s) on any site in this square in next 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is this project a solid waste facility?	<input type="checkbox"/>	<input type="checkbox"/>	Attach the EIS or equivalent.
12. Have you prepared an Environmental Impact Statement (EIS) or a functional equivalent, as required by the National Environmental Policy Act of 1969 (NEPA)?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Are you claiming an exemption, other than those listed in this form, from the requirement to submit an Environmental Screening Form, under Title 20 § 7202.	<input type="checkbox"/>	<input type="checkbox"/>	Attach an explanation; cite relevant section of regulations.
14. Is the total project cost more than \$1.51 million, including site preparation and construction?	<input type="checkbox"/>	<input type="checkbox"/>	
15. For projects with a total cost of \$1.51 million or less, check all that apply: <input type="checkbox"/> Contains threatened or endangered plant or animal species. <input type="checkbox"/> Is within 100 feet of a pond, stream, lake, spring, or wetland. <input type="checkbox"/> Project will produce emission of odorous or other air pollutants (from any source, including VOCs). <input type="checkbox"/> Project produce, use, or dispose of hazardous substances, as defined in 20 DCMR 7299. <input type="checkbox"/> Will be built on land where the water table depth is less than 3 feet. <input type="checkbox"/> Will require blasting. <input type="checkbox"/> Will generate medical, infectious, radioactive, or hazardous waste.	<input type="checkbox"/>	<input type="checkbox"/>	If you check any item, attach EISF or equivalent.

I certify that all statements on this application are true and complete to the best of my knowledge and belief. I agree to comply with all applicable DC laws and regulations. The making of false statements on this application is punishable by criminal penalties. (DC Code Sec. 22-2514)

Signature of Owner/Authorized Agent

Date

OFFICIAL USE ONLY

Environmental Impact Screening Form Required	DCRA Reviewer	Date
<input type="checkbox"/> Yes - Referred to EIS Coordinator	<input type="checkbox"/> No	

NOTE: Building permit approval is not the same as approval of an action or entire project under the Environmental Policy Act of 1989. If you build on the same, adjacent, or abutting property, or expand on work covered by this Environmental Intake Form within 3 years, you may be required to file an EISF for the whole project, including the part covered by this application and permit approval. If the action violates any federal or DC environmental laws, an EISF can be required.

To report waste, fraud, or abuse by any DC government office or official, call the Inspector General: 1-800-521-1639

Zoning Data Summary

General Instructions: Pursuant to 12 DCMR, § 106.1.11.6, submit this completed form with Building Permit and Certificate of Occupancy applications for:

- proposed new construction of buildings
- additions to existing buildings
- changes in use or occupant load.

Print clearly in ink. Do not write in gray areas. Write N/A (non-applicable) for items that do not apply. *If you erase, cross out, white out, or otherwise change any information on this application, the application will be void.*

For more information, call the Office of Zoning Administrator at 202-442-4576. If you need more forms, you can download them at dcra.dc.gov (go to Zoning Requirements) or pick them up at the Permit Center, 1100 4th St SW, 2nd Floor.

A. Site Address

Give complete and legal District address. If you need to apply for a new address, complete a New Address Application, before you complete this form. Do not abbreviate street names. Write the correct quadrant (NW, NE, SW, SE), suite or office number. Enter the correct Square, Suffix, and Lot number (SSL) or parcel ID.

Street Number		Street Name		Quadrant	Unit / Suite	Application Date
Square	Suffix	Lot	Proposed use		File Job #	

B. Owner & Contact Information

Agent must be an individual -- not a company.

Owner of Building or Property	Complete mailing address (include zip)	Phone Number(s)	Email
Agent for owner, if applicable	Complete mailing address (include zip)	Phone Number(s)	Email

C. Zoning District & Special Development Restrictions

Give the correct zoning and overlay zoning district(s). Check with Zoning staff if you are unsure. If your proposed construction was subject to Board of Zoning Adjustments (BZA) or Zoning Commission review, write the order number. Attach copies of BZA order and Office of Zoning stamped plan exhibits (site plan, elevations, floor plans).

District	Overlay(s), if any
Number of Board of Zoning Adjustment (BZA) or Zoning Commission (ZC) Order, if applicable.	

D. Zoning Data

For items with asterisks (*) refer to the Definitions Section of the Zoning Regulations, 11 DCMR, § 199.1, available online at dcoz.dc.gov/info/req.shtm.

Data	Existing	Proposed	Official Use Only (code requirement)
Fill in both columns: numbers must match those on attached applications, plats, and plans.			
Units & Parking Spaces			
Number of dwelling units	Units	Units	
Number of parking spaces (9' x 19')	Units	Units	
Setbacks & Building Heights			
Side Yard* Setback (left when you face property)	Linear feet	Linear feet	
Side Yard* Setback (right when you face property)	Linear feet	Linear feet	
Rear Yard* Setback	Linear feet	Linear feet	
Building Height*	Stories	Stories	
	Feet	Feet	
Areas			
Lot Area	Square feet	Square feet	
Gross Floor Area* (GFA) of <i>entire</i> building (sum of all floors)	Square feet	Square feet	
Floor Area Ratio*	GFA / Lot Area	GFA / Lot Area	
Building Area* (sum of footprints of all buildings)	Square feet	Square feet	
Lot Occupancy* (Bldg Area / Lot Area)	%	%	
Residential Recreation Space (For multi-family buildings in C-prefixed zoning districts)	Square feet	Square feet	