



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:	Unit:	Washington, DC	ZIP:
Square Suffix Lot #:		Total # of floors:	
Is there a prior C of O for the property? <input type="checkbox"/> No <input type="checkbox"/> Yes, C of O #: _____			
B. Who owns the property?			
Property Owner Name:			
Property Owner Email:		Property Owner Phone:	
Property Owner Address:	Unit:	City:	State: ZIP:
C. Who is applying for occupancy?			
<input 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? <i>Check only one. If applying for more than one, complete separate applications.</i>			
<input type="checkbox"/> Permanent	<i>Does not expire until a change to the space is made</i>		
<input type="checkbox"/> Temporary; date/date range _____ - _____	<i>Non-permanent use for one or multi-day events (e.g., farmers' market; movie night)</i>		
<input type="checkbox"/> Core and Shell	<i>Does not grant occupancy; must be obtained before seeking conditional C of O</i>		
<input type="checkbox"/> Conditional/Partial for ___ days	<i>Short-term occupancy based on specific conditions My Core and Shell C of O # for this property is: _____</i>		
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?	
Proposed # of occupants: _____	# of dwelling units or rooms (if applicable): _____	Sq. ft. occupied: _____	
Are you renting any portion of the property?	<input type="checkbox"/> No <input type="checkbox"/> Yes, rented	<input type="checkbox"/> Not a two-family dwelling	
Are you proposing to change the use?	<input 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 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 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 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 type="checkbox"/> No <input type="checkbox"/> Yes, Attach Sexually-Oriented Business Establishment Questionnaire		
Is your business a medical marijuana dispensary or production facility?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Is off-street parking on the property provided?	<input type="checkbox"/> No <input type="checkbox"/> Yes, # of spaces: _____		
Was your proposed use approved by an order of the Board of Zoning Adjustment or Zoning Commission? <i>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.</i>	<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 type="checkbox"/> DCRA <input type="checkbox"/> Third party agency(s): _____			

OFFICE USE ONLY C of O #: _____

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						
# of children 30 months 1 day – 47 months						
# of children 4 years – 18 years						
# of staff/faculty						

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									
# of guests standing									
# of staff									

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: _____ **Date:** _____

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 #:

DC GOVERNMENT USE ONLY

Application Date: _____		C of O #: _____		C of O expiration date: _____	
Permit Center Review		Accepted by (signature): _____			Date: _____
Zoning Review		Approved by (signature): _____			Date: _____
Zone: _____		Zoning Code Use: _____			
Continuation of prior use?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, C of O # _____ & use: _____			
Use allowed?	<input type="checkbox"/> No	<input 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 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 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:					