

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
 CERTIFICATE OF INCLUSIONARY ZONING COMPLIANCE (CIZC) APPLICATION

**SECTION A - BUILDING PERMIT INFORMATION (All Information Must Match Building Permit Application)**

1. Name of Inclusionary Development			2. Address of Inclusionary Development:		
3. Lot	4. Square	5. Zoning District	6. Application Date	7. Building Permit Application No.	
8. Owner of Building or Property		9. Address (include zip Code)		10. Phone	
11. Agent for Owner		12. Address (include zip Code)		13. Phone	
14. Primary Construction Method <input type="checkbox"/> Wood <input type="checkbox"/> Steel and/or Concrete		15. Total Area of the Lot(s) of the Inclusionary Development sq.ft.		16. Total Gross Bonus Density sq.ft.	
17. Total Net Residential Area sq.ft.		18. Total Gross Residential Area sq.ft.		19. Ratio of Net to Gross Residential Area	

**SECTION B - INCLUSIONARY UNITS INFORMATION (Attach additional pages if necessary)**

No.	Inclusionary Unit No.	Net Square Feet	Number of Bedrooms	Income Set-Aside 50% of AMI or 80% of AMI	Estimated Date of Notice of Availability	Right of Return (Y/N)	Off-site unit for another IZ Development? Attach BZA Order
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							
	Total Net Square Feet						

**SECTION C - PROJECT ARCHITECT'S OR PROJECT ENGINEER'S INCLUSIONARY UNIT CERTIFICATION**

1. Name:	2. D.C. Lic. No.	3. Address: (include Zip Code)	4. Phone
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I certify to the best of my knowledge that the size of each Inclusionary Unit is at least ninety-eight percent (98%) of the average size of the same type of Market Rate unit in the Inclusionary Development, or at least ninety-eight percent (98%) of the size indicated on the table found in 10 DCMR Chapter 22 Inclusionary Zoning Implementation §2202.4 (f)

Signature of Project Architect/Engineer: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION D - APPLICANT'S SIGNATURES**

**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, construction will conform to the D.C. construction Codes, the Zoning Regulations, and other applicable laws and regulations of the District of Columbia

Signature \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

**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, that if a permit (or permits) is issued, construction will conform to the D.C. construction Codes, the Zoning Regulations, and other applicable laws and regulations of the District of Columbia

Signature \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

**SECTION E - ZONING ADMINISTRATOR CHECK LIST  
(OFFICIAL USE ONLY)**

	NA	Yes	No	Comments
<b>Is the application complete?</b>				
1. Does information match the building permit application?	1. <input type="checkbox"/>	1. <input type="checkbox"/>	1. <input type="checkbox"/>	
2. Inclusionary Development Information	2. <input type="checkbox"/>	2. <input type="checkbox"/>	2. <input type="checkbox"/>	
3. Inclusionary Unit Information	3. <input type="checkbox"/>	3. <input type="checkbox"/>	3. <input type="checkbox"/>	
4. Copy of Floor and Elevation Plans	4. <input type="checkbox"/>	4. <input type="checkbox"/>	4. <input type="checkbox"/>	
5. Copy of the DC Surveyor's Plat	5. <input type="checkbox"/>	5. <input type="checkbox"/>	5. <input type="checkbox"/>	
6. Copy of Inclusionary Development Covenant	6. <input type="checkbox"/>	6. <input type="checkbox"/>	6. <input type="checkbox"/>	
7. Schedule of finishes, fixtures, equipment, and appliances for all units.	7. <input type="checkbox"/>	7. <input type="checkbox"/>	7. <input type="checkbox"/>	
8. Are all signatures present?	8. <input type="checkbox"/>	8. <input type="checkbox"/>	8. <input type="checkbox"/>	
9. Phased Development Plan	9. <input type="checkbox"/>	9. <input type="checkbox"/>	9. <input type="checkbox"/>	
10. \$250 Application Fee (made out to DC Treasurer)	10. <input type="checkbox"/>	10. <input type="checkbox"/>	10. <input type="checkbox"/>	
11. Is applicable BZA order attached?	11. <input type="checkbox"/>	11. <input type="checkbox"/>	11. <input type="checkbox"/>	
<b>Does the application demonstrate compliance?</b>				
1. Is the net square footage of Inclusionary Units sufficient?	1. <input type="checkbox"/>	1. <input type="checkbox"/>	1. <input type="checkbox"/>	
2. Are units split appropriately between 50% and 80% of the AMI?	2. <input type="checkbox"/>	2. <input type="checkbox"/>	2. <input type="checkbox"/>	
3. Is the proportion of studio and 1-bedroom Inclusionary Units less than the proportion of market rate studio and 1-bedroom units?	3. <input type="checkbox"/>	3. <input type="checkbox"/>	3. <input type="checkbox"/>	
4. Are the exterior design, materials and finishes of the Inclusionary Units comparable to the market rate units?	4. <input type="checkbox"/>	4. <input type="checkbox"/>	4. <input type="checkbox"/>	
5. Are interior finishes and appliances of the Inclusionary Units comparable to market rate units?	5. <input type="checkbox"/>	5. <input type="checkbox"/>	5. <input type="checkbox"/>	
6. Are the Inclusionary Units constructed at a proportional rate to the market rate units?	6. <input type="checkbox"/>	6. <input type="checkbox"/>	6. <input type="checkbox"/>	
7. Are Inclusionary Units overly concentrated on any floor?	7. <input type="checkbox"/>	7. <input type="checkbox"/>	7. <input type="checkbox"/>	
8. Are any Inclusionary Units located off-site?	8. <input type="checkbox"/>	8. <input type="checkbox"/>	8. <input type="checkbox"/>	
9. Are units of the appropriate minimum size?	9. <input type="checkbox"/>	9. <input type="checkbox"/>	9. <input type="checkbox"/>	

ZONING ADMINISTRATOR - The application for the Certificate of Inclusionary Zoning Compliance  does not represent compliance with the Inclusionary Zoning program and/or is  insufficient and requires further information according to the items identified on the above check list. The applicant shall have 45 business days from the date below to resubmit the required information or the application shall be denied and a new application required for approval.

Signed \_\_\_\_\_ Date \_\_\_\_\_

ZONING ADMINISTRATOR - This certifies that the Certificate of Inclusionary Zoning Compliance is hereby  Approved  Denied due to the items checked above.

Signed \_\_\_\_\_ Date \_\_\_\_\_