



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



Consult the Instructions Guide to complete this application

**SECTION A - BUILDING PERMIT AND PROJECT INFORMATION (All information must match building permit application, where applicable)**

1. Name of Inclusionary Development				2. Address(es) of Inclusionary Development			
3. Square/Suffix	4. Lot(s)	5. Ward	6. Overlay District / Zoning District	7. Zoning Commission or BZA Order (if applicable)	8. Building Permit Application Date: _____ Number: _____		
9. Owner of Building or Property			10. Owner Address (include ZIP code)		11. Owner Phone # & Email		
12. Agent for Owner			13. Agent Address (include ZIP code)		14. Agent Phone # & Email		
15. Is the development exempt from IZ per C-1001.6(a)? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Is the development an R-4 conversion? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. Is the development an IZ "opt in" per C-1001.8? <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Does the project involve construction of penthouse habitable space? <input type="checkbox"/> Yes. Fill out "Penthouse Affordable Housing Addendum" <input type="checkbox"/> No	19. Primary Construction Method <input type="checkbox"/> Steel and/or Concrete <input type="checkbox"/> Other (such as stick built)	20. Total Land Area of the Lot(s) of the Inclusionary Development: _____ sq. ft.	21. Total Gross Floor Area (all uses): _____ sq. ft.	22. Total Residential Gross Floor Area: _____ sq. ft.
23. Total Residential Gross Floor Area Including Residential Add-ons: Residential Gross Floor Area (Same as Box 22): _____ sq. ft. + Gross cellar area (when res. units are in cellar): _____ sq. ft. + Gross enclosed public space projections: _____ sq. ft. Total Residential Gross Floor Area for IZ Analysis (sum): _____ sq. ft.				24. Total Net Residential Floor Area Including Residential Add-ons: Net Residential Floor Area (Based on Box 22): _____ sq. ft. + Net cellar area (when res. units are in cellar): _____ sq. ft. + Net enclosed public space projections: _____ sq. ft. Total Net Residential Area for IZ Analysis (sum): _____ sq. ft.		25. Ratio of Box 24 ÷ Box 23 (totals): 0. _____ 26. Factor yielding greater IZ (per C-1003): <input type="checkbox"/> 8% or <input type="checkbox"/> 10% of GFA <input type="checkbox"/> 50% or <input type="checkbox"/> 75% of bonus density	
27. Preliminary IZ requirement within the Development (the greater IZ requirement yielded from Box 26 factor in gross and net terms):  (a) Residential Gross Floor Area: _____ sq. ft. (b) Net Residential Floor Area: _____ sq. ft.			28. Penthouse IZ Requirement within building (See Penthouse Affordable Housing Addendum): _____ sq. ft. 29. Is the Penthouse IZ Requirement fulfilled by payment to housing trust fund? <input type="checkbox"/> Yes <input type="checkbox"/> No		30. Total Net Residential IZ Required Within the Development:  (Box 27(b) + (Box 28 if provided within the Development)) _____ sq. ft.		

**SECTION B - IZ UNIT CLASSIFICATION**

Unit or Dwelling Type	All Units (#)	Market Rate Units (# and % of total Market Rate Units)	IZ Units (# and % of total IZ units)	IZ Income Set-Aside (#)	
				50% of AMI	80% of AMI
<b>Multiple Dwellings</b>	Studio units	#: _____ %: _____	#: _____ %: _____		
	1-bedroom units	#: _____ %: _____	#: _____ %: _____		
	2 or more bedroom units	#: _____ %: _____	#: _____ %: _____		
	<b>Total</b>	#: _____ %: _____	#: _____ %: _____		
<b>Single household dwellings and flats</b>	Single household dwellings	#: _____ %: _____	#: _____ %: _____		
	Flats	#: _____ %: _____	#: _____ %: _____		

**SECTION C - IZ ITEMIZATION (If more than 10 units, continue unit information on a supplemental page)**

No.	Inclusionary Unit Number, Dwelling Address, or Lot	Floor Number	Net Square Feet	Number of Bedrooms	Income Set-Aside 50% of AMI, 80% of AMI, or other	Tenure (Sale/Rental)	Estimated Date of Availability	Square feet added to Unit from Penthouse IZ Requirement
1.								
2.								
3.								

No.	Inclusionary Unit Number, Dwelling Address, or Lot	Floor Number	Net Square Feet	Number of Bedrooms	Income Set-Aside 50% of AMI, 80% of AMI, or other	Tenure (Sale/Rental)	Estimated Date of Availability	Square feet added to Unit from Penthouse IZ Requirement
4.								
5.								
6.								
7.								
8.								
9.								
10.								

**Total Net Residential IZ Proposed:** \_\_\_\_\_ sq. ft. **Total Added for Penthouse Requirement:** \_\_\_\_\_ sq. ft.

**SECTION D – OTHER IZ REQUIREMENTS**

- |   |   |  |
|---|---|--|
| 1. Do the bedrooms meet the definition provided in 14 DCMR § 2299.1? <input type="checkbox"/> Yes <input type="checkbox"/> No                     | 2. Will the construction be phased? <input type="checkbox"/> Yes (attach a phasing plan) <input type="checkbox"/> No  | 3. Review Section G and check the box to acknowledge that necessary information and materials for the <i>Information</i> and <i>Analysis</i> checklists have been provided: <input type="checkbox"/> |
| 4. Are any units reserved for tenant right of return?<br><input type="checkbox"/> Yes. If yes, list unit #s: _____<br><input type="checkbox"/> No | 5. Are any units “off-site units for another IZ development”?<br><input type="checkbox"/> Yes. If yes, provide BZA Order and list unit #s: _____<br><input type="checkbox"/> No |  |

**SECTION E – PROJECT ARCHITECT’S OR PROJECT ENGINEER’S INCLUSIONARY UNIT CERTIFICATION**

- |          |                  |                                |                      |
|----------|------------------|--------------------------------|----------------------|
| 1. Name: | 2. D.C. Lic. No. | 3. Address: (include ZIP code) | 4. Phone # and Email |
|----------|------------------|--------------------------------|----------------------|

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 14 DCMR Chapter 22 Inclusionary Zoning Implementation §2202.4(f).

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

**SECTION F - 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 G - ZONING ADMINISTRATOR CHECKLIST (OFFICIAL USE ONLY)**

	Yes	No	N/A	Comments
<b>Information: Is the application complete?</b>				
1. Does CIZC information match the building permit application?	1. <input type="checkbox"/>	1. <input type="checkbox"/>	1. <input type="checkbox"/>	
2. Floor plans and elevations (with IZ units identified in the floor plans)	2. <input type="checkbox"/>	2. <input type="checkbox"/>	2. <input type="checkbox"/>	
3. DC surveyor’s plat	3. <input type="checkbox"/>	3. <input type="checkbox"/>	3. <input type="checkbox"/>	
4. DHCD draft Inclusionary Development Covenant approval	4. <input type="checkbox"/>	4. <input type="checkbox"/>	4. <input type="checkbox"/>	
5. Schedule of interior finishes, fixtures, equipment, and appliances comparing market rate and IZ units	5. <input type="checkbox"/>	5. <input type="checkbox"/>	5. <input type="checkbox"/>	
6. Copy of phased development plan	6. <input type="checkbox"/>	6. <input type="checkbox"/>	6. <input type="checkbox"/>	
7. Copy of Board of Zoning Adjustment or Zoning Commission Order	7. <input type="checkbox"/>	7. <input type="checkbox"/>	7. <input type="checkbox"/>	
8. DHCD letter of exemption from IZ	8. <input type="checkbox"/>	8. <input type="checkbox"/>	8. <input type="checkbox"/>	
9. \$250 application fee (made out to DC Treasurer)	9. <input type="checkbox"/>	9. <input type="checkbox"/>	9. <input type="checkbox"/>	
10. Penthouse IZ Addendum	10. <input type="checkbox"/>	10. <input type="checkbox"/>	10. <input type="checkbox"/>	
11. Are all signatures present?	11. <input type="checkbox"/>	11. <input type="checkbox"/>	11. <input type="checkbox"/>	
<b>Analysis: Does the application demonstrate compliance?</b>				
1. Is the net square footage of the Inclusionary Units sufficient?	1. <input type="checkbox"/>	1. <input type="checkbox"/>	1. <input type="checkbox"/>	
2. Are the exterior design, materials and finishes of the Inclusionary Units comparable to the market rate units?	2. <input type="checkbox"/>	2. <input type="checkbox"/>	2. <input type="checkbox"/>	
3. Are interior finishes and appliances of the Inclusionary Units comparable to market rate units?	3. <input type="checkbox"/>	3. <input type="checkbox"/>	3. <input type="checkbox"/>	
4. Are the Inclusionary Units of the appropriate minimum size?	4. <input type="checkbox"/>	4. <input type="checkbox"/>	4. <input type="checkbox"/>	
5. Is the proportion of Inclusionary studio and 1-bedroom Units less than the proportion of market rate studio and 1-bedroom units?	5. <input type="checkbox"/>	5. <input type="checkbox"/>	5. <input type="checkbox"/>	
6. Are Inclusionary Units overly concentrated on any floor?	6. <input type="checkbox"/>	6. <input type="checkbox"/>	6. <input type="checkbox"/>	
7. Are Inclusionary Units split appropriately between 50% and 80% of AMI?	7. <input type="checkbox"/>	7. <input type="checkbox"/>	7. <input type="checkbox"/>	
8. Will the Inclusionary Units be constructed at a proportional rate to the market rate units?	8. <input type="checkbox"/>	8. <input type="checkbox"/>	8. <input type="checkbox"/>	
9. Are any Inclusionary Units located off-site?	9. <input type="checkbox"/>	9. <input type="checkbox"/>	9. <input type="checkbox"/>	

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

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