



INCLUSIONARY ZONING (IZ) AND THE *NEW* CERTIFICATE OF INCLUSIONARY ZONING COMPLIANCE (CIZC) APPLICATION

April 1, 2015

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Presentation Outline

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- **Background**
- **Rules**
- **IZ review process**
- **CIZC application**
- **General tips**
- **Q&A will proceed after both presentations have concluded**

Background

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- **What is IZ? – DC’s Mandatory affordable housing program**
 - ▣ Leverages new private sector residential development to generate affordable housing in return for bonus density.
 - Creates a stock of housing affordable to low- and moderate-income households.
 - IZ units must be maintained for the life of the project.
 - IZ continues to apply even when there is a change of project ownership.

▣ **Tip:** even if the project does not use the bonus density, the affordable housing still must be provided.

Background

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- The Council passed IZ in 2007
 - ▣ Chapter 22 entitled “Inclusionary Zoning Implementation” of Title 14 (Housing) and new Chapter 26 entitled “Inclusionary Zoning” of Title 11 (Zoning).
 - ▣ IZ regulations were implemented in 2009.

Inclusionary Zoning Annual Report | 2013

Through the first quarter of 2014 a total of 1,285 units were issued above grade construction permits, which is 39 percent above the last quarter of 2013 when 925 units were issued permits. However, seven large projects totaling over 860 units were also issued sheeting and shoring permits. IZ is applicable to five of these of these seven.

Projects Involving IZ

The Office of Planning (OP) is tracking approximately 99 IZ applicable projects totaling over 10,800 units of housing and 1,124 Inclusionary Units. There are 19 projects with CIZCs that started construction in 2013.

When Does IZ Apply?

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1. **Geography**

- ▣ The property is mapped within the R-2 through R-5-D, C-1 through C-3-C, USN, CR, SP, StE, and W-1 through W-3 Zone Districts *and*

2. **Number of Units**

- ▣ The project has ten (10) or more dwelling units (including off-site inclusionary units); *and*

When Does IZ Apply?

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3. Is your project either:

(1) New multiple-dwellings;

(2) New one-family dwellings, row dwellings, or flats constructed concurrently or in phases on contiguous lots or lots divided by an alley, if such lots were under common ownership at the time of construction; or

(3) An existing development described in subparagraph (i) or (ii) for which a new addition will increase the gross floor area of the entire development by fifty percent (50%) or more.

When Does IZ Apply?

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4. **Timing**

- ▣ A new development with less than ten (10) dwelling units shall become subject to IZ upon the filing of an application for a building permit to add one or more dwelling units to the development within a **two-year period** after the issuance of the last certificate of occupancy, if the construction for which application has been filed would result in the development having ten (10) or more dwelling units.

IZ Does Not Apply When...

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- Timing
- Geography
- Use
- Size
- Exemption

2602.3

This chapter shall not apply to:

- (a) Hotels, motels, inns, or dormitories;
- (b) Housing developed by or on behalf of a local college or university exclusively for its students, faculty, or staff;
- (c) Housing that is owned or leased by foreign missions exclusively for diplomatic staff;
- (d) Rooming houses, boarding houses, community-based residential facilities, single room occupancy developments; or
- (e) Properties located in any of the following areas:

Tip: Consult Chapter 26 of the Zoning Regulations for additional details

Overall IZ Roadmap

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Does IZ
Apply?

- **If YES**, fill out and provide CIZC application to DCRA and submit a draft IZ Covenant to DHCD.
- **If NO**, what is the basis for the exclusion? A CIZC may still be required for certain exempt projects.

Overall IZ Roadmap

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“Categorically” Exempt

- Examples: the project predates IZ, is fewer than 10 units, is located in a zone not subject to IZ ... part of a category that IZ does not apply to.
- **No CIYC is required**

“Affordable Housing” Exempt

- Federal or District Funding for affordable dwelling units. But for the funding, the project would otherwise be subject to IZ.
- **Requires a DHCD letter of exemption.**
- **A CIYC is required, but a scaled down version. Only fill out Sections A, C & F.**

Overall IZ Roadmap

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Does IZ
Apply?

If a CIZC is required, then...

DCRA
Review

- DCRA will review the CIZC and compare it to the building permit plans and zoning data summary sheet.
- DHCD must communicate to DCRA that the draft IZ Covenant is sufficient.
- If the CIZC is correct, the Zoning Administrator will sign the form and the original will be returned to the Applicant. No building permit can be issued until this occurs.

Overall IZ Roadmap

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Does IZ
Apply?

If no CIZC is required, then the building permit process proceeds as normal.

Focus on the CIZC Application

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Does IZ
Apply?

- **YES** (for purposes of this presentation)

- ▣ Provide a CIZC application along with the building permit.
- ▣ The CIZC is intended to:
 - Provide a roadmap to determine the project's IZ commitment.
 - Create a record for DCRA, DHCD, and the Applicant.
- ▣ You can find the CIZC application on the DCRA website.

<http://dcra.dc.gov/publication/certificate-inclusionary-zoning-compliance-cizc-application>

Other IZ Resources

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- **What other resources do you have to assist filling out the form?**
 - Chapter 26 of the IZ Regulations and Chapter 22 of the Housing Regulations
(<http://www.dcregs.dc.gov/Search/DCMRSearchByTitle.aspx>)
 - CIZC Instruction Guide (on the DCRA website)
(<http://dcra.dc.gov/publication/certificate-inclusionary-zoning-compliance-cizc-application>)
 - Zoning Technician

Let's Go Through the Form

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DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
CERTIFICATE OF INCLUSIONARY ZONING COMPLIANCE (CIZC) 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. Zoning District/Overlay 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?
 Yes
 No

16. Primary Construction Method
 Steel and/or Concrete
 Other (such as stick built)

17. Total Land Area of the Lot(s) of the Inclusionary Development _____ sq. ft.
 18. Total Gross Floor Area (all uses) _____ sq. ft.
 19. Total Residential Gross Floor Area _____ sq. ft.

20. Total Residential Floor Area located in:
 Cellar: _____ sq. ft.
 Enclosed public space projections: _____ sq. ft.

21. Total Residential Gross Floor Area + Total Residential Cellar and Projection Area (if applicable) _____ sq. ft.
 22. Total Net Residential Area _____ sq. ft.
 23. Ratio of Box 22 + Box 21 _____
 24. Total Net Residential IZ Required _____ sq. ft.

SECTION B - IZ UNIT CHARACTERISTICS

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
Multiple Dwellings	Studio and 1-bedroom units	#: _____ %: _____	#: _____ %: _____		
	2 or more bedroom units	#: _____ %: _____	#: _____ %: _____		
	Total	#: _____ %: _____	#: _____ %: _____		
Single household dwellings and flats	Single household dwellings	#: _____ %: _____	#: _____ %: _____		
	Flats	#: _____ %: _____	#: _____ %: _____		
	Total	#: _____ %: _____	#: _____ %: _____		

SECTION C - IZ UNIT 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 or 80% of AMI	Tenure (Sale/Rental)	Estimated Date 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.									

Total Net Residential IZ Proposed: _____ sq. ft.

(rev. 12/18/14)

SECTION D - OTHER REQUIREMENTS

1. Do the bedrooms meet the definition provided in 14 DCMR § 2299.1? Yes No
 2. Will the construction be phased? Yes (attach a phasing plan) No
 3. Review Section G and check the box to acknowledge that necessary information and materials for the *Information and Analysis* checklists have been provided:

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: _____

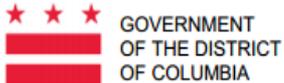
SECTION G - ZONING ADMINISTRATOR CHECKLIST
OFFICIAL USE ONLY

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

Let's Go Through the Form: Section A



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. Zoning District/Overlay 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Primary Construction Method <input type="checkbox"/> Steel and/or Concrete <input type="checkbox"/> Other (such as stick built)	17. Total Land Area of the Lot(s) of the Inclusionary Development _____ sq. ft.	18. Total Gross Floor Area (all uses) _____ sq. ft.	19. Total Residential Gross Floor Area _____ sq. ft.	
20. Total Residential Floor Area located in: Cellar: _____ sq. ft. Enclosed public space projections: _____ sq. ft.	21. Total Residential Gross Floor Area + Total Residential Cellar and Projection Area (if applicable) _____ sq. ft.	22. Total Net Residential Area _____ sq. ft.	23. Ratio of Box 22 ÷ Box 21 _____	24. Total Net Residential IZ Required _____ sq. ft.	

Let's Go Through the Form: Section A

<p>15. Is the development exempt from IZ?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>16. Primary Construction Method</p> <p><input type="checkbox"/> Steel and/or Concrete</p> <p><input type="checkbox"/> Other (such as stick built)</p>	<p>17. Total Land Area of the Lot(s) of the Inclusionary Development</p> <p>_____ sq. ft.</p>	<p>18. Total Gross Floor Area (all uses)</p> <p>_____ sq. ft.</p>	<p>19. Total Residential Gross Floor Area</p> <p>_____ sq. ft.</p>
<p>20. Total Residential Floor Area located in:</p> <p>Cellar: _____ sq. ft.</p> <p>Enclosed public space projections: _____ sq. ft.</p>	<p>21. Total Residential Gross Floor Area + Total Residential Cellar and Projection Area (if applicable)</p> <p>_____ sq. ft.</p>	<p>22. Total Net Residential Area</p> <p>_____ sq. ft.</p>	<p>23. Ratio of Box 22 ÷ Box 21</p> <p>_____</p>	<p>24. Total Net Residential IZ Required</p> <p>_____ sq. ft.</p>

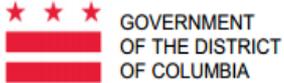
In multiple dwelling developments, include when residential units are located in the cellar

Box 19 + Box 20 = Box 21

Occupiable space

Also called the Efficiency Factor

Path to Box 24



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12. Agent for Owner		13. Agent Address (include ZIP code)		14. Agent Phone # & Email	
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Calculating IZ: An Example

ZONE: **R-5-B**

CONSTRUCTION TYPE: **Stick**

LAND AREA: **10,000** sq. ft.

TOTAL GROSS FLOOR AREA:

21,600 sq. ft. or 2.16 FAR

(the full 20% bonus density has been used)

TOTAL RESIDENTIAL GFA +

CELLAR & PROJECTION:

22,100 sq. ft.

NET RESIDENTIAL FLOOR AREA:

20,500 sq. ft.

RATIO (efficiency factor): **0.93**

Zone	Framing Material	IZ Set Aside
R-2, R-3, R-4, R-5-A, R-5-B, C-1, C-2-A, W-0, or W-1	Steel & Concrete Other, such as stick built	Greater of 8% of the gross floor area being devoted to residential use, or 50% of the bonus density Greater of 10% of the gross floor area being devoted to residential use, or 75% of the bonus density
C-2-B, C-2-C, C-3, CR, R-5-C, R-5-D, SP-1, SP-2, USN, W-2, or W-3	All	Greater of 8% of the gross floor area being devoted to residential use, or 50% of the bonus density

Which is Greater?

Greater of **10%** of the gross floor area being devoted to residential use, or **75%** of the bonus density

ZONE: **R-5-B**

CONSTRUCTION TYPE: **Stick**

LAND AREA: **10,000** sq. ft.

TOTAL GROSS FLOOR AREA:

21,600 sq. ft. or 2.16 FAR
(the full 20% bonus density has been used)

TOTAL RESIDENTIAL GFA +
CELLAR & PROJECTION:
22,100 sq. ft.

NET RESIDENTIAL FLOOR AREA:

20,500 sq. ft.

RATIO (efficiency factor): **0.93**

Calculation 1: "Floor Area Calculation"

Net residential floor area: 20,500 sq. ft.

$$20,500 * 10\% = \mathbf{2,050 \text{ sq. ft. (net)}}$$

Calculation 2: "Bonus Density Calculation"

Total Gross Floor Area proposed: 21,600 sq. ft.
(2.16 FAR)

Matter of Right in the zone: 18,000 sq. ft. (1.8 FAR)

$$21,600 - 18,000 = 3,600 \text{ sq. ft.}$$

$$3,600 * 75\% = 2,700 \text{ sq. ft. (gross)}$$

$$2,700 * 0.93 \text{ (efficiency factor)} = \mathbf{2,511 \text{ sq. ft. (net)}}$$

RESULT

The larger number (**Calculation 2**) = **2,511 sq. ft.** is the minimum IZ required.

24. Total Net Residential
IZ Required

_____ sq. ft.

Common Mistakes in Filling it Out

22

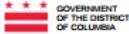
SECTION A - BUILDING PERMIT AND PROJECT INFORMATION (All information must match building permit application, where applicable)									
1. Name of Inclusionary Development <i>Demonstration</i>					2. Address(es) of Inclusionary Development <i>1102 4th Street SW, Washington, D.C. 20024</i>				
3. Square/Suffix <i>Pending</i>	4. Lot(s) <i>30</i>	5. Ward <i>6</i>	6. Zoning District/Overlay District <i>2</i>	7. Zoning Commission or BZA Order (if applicable)	8. Building Permit Application Date: _____ Number: _____				
9. Owner of Building or Property <i>John Smith</i>			10. Owner Address (include ZIP code) <i>421 M Street SW, Washington, D.C. 20024</i>			11. Owner Phone # & Email <i>202-442-4400; dcra@dc.gov</i>			
12. Agent for Owner <i>Mary Johnson</i>			13. Agent Address (include ZIP code) <i>2 I Street SW, Washington, D.C. 20024</i>			14. Agent Phone # & Email <i>202-442-4400; dcra@dc.gov</i>			
15. Is the development exempt from IZ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Primary Construction Method <input checked="" type="checkbox"/> Steel and/or Concrete <input checked="" type="checkbox"/> Other (such as stick built)		17. Total Land Area of the Lot(s) of the Inclusionary Development <i>10,000</i> sq. ft.		18. Total Gross Floor Area (all uses) <i>2,500 underground parking</i> <i>50,000</i> sq. ft.		19. Total Residential Gross Floor Area <i>35,000</i> sq. ft.
20. Total Residential Floor Area located in: Cellar: <i>100</i> sq. ft. Enclosed public space projections: <i>50</i> sq. ft.			21. Total Residential Gross Floor Area + Total Residential Cellar and Projection Area (if applicable) <i>35,000</i> sq. ft.		22. Total Net Residential Area <i>29,750</i> sq. ft.		23. Ratio of Box 22 ÷ Box 21 <i>1.18</i>		24. Total Net Residential IZ Required <i>3,099</i> sq. ft.

Common Mistakes in Filling it Out

23

SECTION A - BUILDING PERMIT AND PROJECT INFORMATION (All information must match building permit application, where applicable)				
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3. Square/Suffix <i>Pending</i>	4. Lot(s) <i>30</i>	5. Ward <i>6</i>	6. Zoning District/Overlay District <i>2</i>	7. Zoning Commission or BZA Order (if applicable)
9. Owner of Building or Property <i>John Smith</i>			10. Owner Address (include ZIP code) <i>421 M Street SW, Washington, D.C. 20024</i>	8. Building Permit Application Date: _____ Number: _____
12. Agent for Owner <i>Mary Johnson</i>			13. Agent Address (include ZIP code) <i>2 I Street SW, Washington, D.C. 20024</i>	11. Owner Phone # & Email <i>202-442-4400; dcra@dc.gov</i>
15. Is the development exempt from IZ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Primary Construction Method <input checked="" type="checkbox"/> Steel and/or Concrete <input checked="" type="checkbox"/> Other (such as stick built)	14. Agent Phone # & Email <i>202-442-4400; dcra@dc.gov</i>
20. Total Residential Floor Area located in: Cellar: <i>100</i> sq. ft. Enclosed public space projections: <i>50</i> sq. ft.			17. Total Land Area of the Lot(s) of the Inclusionary Development <i>10,000</i> sq. ft.	18. Total Gross Floor Area (all uses) <i>(2,500 underground parking)</i> <i>50,000</i> sq. ft.
			19. Total Residential Gross Floor Area <i>35,000</i> sq. ft.	21. Total Residential Gross Floor Area + Total Residential Cellar and Projection Area (if applicable) <i>35,000</i> sq. ft. →
			22. Total Net Residential Area <i>29,750</i> sq. ft.	23. Ratio of Box 22 ÷ Box 21 <i>1.18</i>
			24. Total Net Residential IZ Required <i>3,099</i> sq. ft.	

Let's Go Through the Form: Section B



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. Zoning District/Overlay 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?
 Yes
 No

16. Primary Construction Method
 Steel and/or Concrete
 Other (such as stick built)

17. Total Land Area of the Lot(s) of the Inclusionary Development _____ sq. ft.
 18. Total Gross Floor Area (all uses) _____ sq. ft.
 19. Total Residential Gross Floor Area _____ sq. ft.

20. Total Residential Floor Area located in:
 Cellar: _____ sq. ft.
 Enclosed public space projections: _____ sq. ft.

21. Total Residential Gross Floor Area + Total Residential Cellar and Projection Area (if applicable) _____ sq. ft.
 22. Total Net Residential Area _____ sq. ft.
 23. Ratio of Box 22 + Box 21 _____
 24. Total Net Residential IZ Required _____ sq. ft.

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

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
Multiple Dwellings	Studio and 1-bedroom units	#: _____	%: _____	#: _____	%: _____		
	2 or more bedroom units	#: _____	%: _____	#: _____	%: _____		
	Total	#: _____	%: _____	#: _____	%: _____		
Single household dwellings and flats	Single household dwellings	#: _____	%: _____	#: _____	%: _____		
	Flats	#: _____	%: _____	#: _____	%: _____		
Total	#: _____	%: _____	#: _____	%: _____			

SECTION C - IZ UNIT 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 or 80% of AMI	Tenure (Sale/Rental)	Estimated Date 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.									

Total Net Residential IZ Proposed: _____ sq. ft.

SECTION D - OTHER REQUIREMENTS

1. Do the bedrooms meet the definition provided in 14 DCMR § 2299.1? Yes No
 2. Will the construction be phased? Yes (attach a phasing plan) No
 3. Review Section G and check the box to acknowledge that necessary information and materials for the Information and Analysis checklists have been provided:

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

Information: Is the application complete?	Yes		No		N/A		Comments
	1.	2.	3.	4.	5.	6.	
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 match the building permit application?	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. Copy of draft Inclusionary Development Covenant	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. Are all signatures present?	10.	<input type="checkbox"/>	10.	<input type="checkbox"/>	10.	<input type="checkbox"/>	
Analysis: Does the application demonstrate compliance?							
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: _____

Let's Go Through the Form: Section B

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
Multiple Dwellings	Studio and 1-bedroom units		#: _____ %: _____	#: _____ %: _____		
	2 or more bedroom units		#: _____ %: _____	#: _____ %: _____		
	Total		#: _____ %: _____	#: _____ %: _____		
Single household dwellings and flats	Single household dwellings		#: _____ %: _____	#: _____ %: _____		
	Flats		#: _____ %: _____	#: _____ %: _____		
	Total		#: _____ %: _____	#: _____ %: _____		

Let's Go Through the Form: Section B

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
Multiple Dwellings	Studio and 1-bedroom units	#: _____ %: _____	#: _____ %: _____		
	2 or more bedroom units	#: _____ %: _____	#: _____ %: _____		
	Total	#: _____ %: _____	#: _____ %: _____		
Single household dwellings and flats	Single household dwellings	#: _____ %: _____	#: _____ %: _____		
	Flats	#: _____ %: _____	#: _____ %: _____		
	Total	#: _____ %: _____	#: _____ %: _____		

2605.2 The proportion of studio, efficiency, and one-bedroom inclusionary units to all inclusionary units shall not exceed the proportion of market-rate studio, efficiency, and one-bedroom units to all market-rate units.

Let's Go Through the Form: Section B

Zone	IZ Income Set Aside
R-3, R-4, R-5-A, R-5-B, R-5-C, R-5-D, R-5-E, C-1, C-2-A, StE, W-0, and W-1	Set-aside 50% of IZ units for eligible low-income households and 50% of IZ units for eligible moderate-income households. The first IZ unit and each additional odd number unit shall be set aside for low-income households.
CR, C-2-B, C-2-C, C-3-A, C-3-B, C-3-C, USN, W-2, W-3, SP-1, and SP-2	Set aside 100% of IZ units for eligible moderate-income households.

IZ Income Set-Aside (#)	
50% of AMI	80% of AMI

Low-income household – “a household of one or more individuals with a total annual income adjusted for household size equal to less than fifty percent (50%) of the Metropolitan Statistical Area median as certified by the Mayor pursuant to the Act.”

Moderate-income household – “a household of one or more individuals with a total annual income adjusted for household size equal to between fifty-one percent (51%) and eighty percent (80%) of the Metropolitan Statistical Area median as certified by the Mayor pursuant to the Act.”

Common Mistakes in Filling it Out

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SECTION B - IZ UNIT CLASSIFICATION

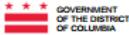
Unit or Dwelling Type		All Units (#)	Market Rate Units (# and % of total Market Rate Units)		IZ Units (# and % of total IZ units)		IZ Income Set-Aside (#)	
							50% of AMI	80% of AMI
Multiple Dwellings	Studio and 1-bedroom units	7	#: 6	%: 37.5	#: 1	%: 50	1	
	2 or more bedroom units	11	#: 10	%: 62.5	#: 1	%: 50		1
	Total		#: _____	%: _____	#: _____	%: _____		
Single household dwellings and flats	Single household dwellings		#: _____	%: _____	#: _____	%: _____		
	Flats		#: _____	%: _____	#: _____	%: _____		
	Total	18	#: 16	%: 100	#: 2	%: 100		

Common Mistakes in Filling it Out

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
Multiple Dwellings	Studio and 1-bedroom units	7	#: 6	%: 37.5	#: X	%: 50	1	
	2 or more bedroom units	11	#: 10	%: 62.5	#: 1	%: 50		1
	Total		#: _____	%: _____	#: _____	%: _____	6	
Single household dwellings and flats	Single household dwellings		#: _____	%: _____	#: _____	%: _____		
	Flats		#: _____	%: _____	#: _____	%: _____		
	Total	18	#: 16	%: 100	#: 2	%: 100		

Let's Go Through the Form: Section C

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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. Zoning District/Overlay 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?
 Yes
 No

16. Primary Construction Method
 Steel and/or Concrete
 Other (such as stick built)

17. Total Land Area of the Lot(s) of the Inclusionary Development _____ sq. ft.
 18. Total Gross Floor Area (all uses) _____ sq. ft.
 19. Total Residential Gross Floor Area _____ sq. ft.

20. Total Residential Floor Area located in:
 Cellar: _____ sq. ft.
 Enclosed public space projections: _____ sq. ft.

21. Total Residential Gross Floor Area + Total Residential Cellar and Projection Area (if applicable) _____ sq. ft.
 22. Total Net Residential Area _____ sq. ft.
 23. Ratio of Box 22 + Box 21 _____
 24. Total Net Residential IZ Required _____ 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
Multiple Dwellings	Studio and 1-bedroom units	#: _____ %: _____	#: _____ %: _____		
	2 or more bedroom units	#: _____ %: _____	#: _____ %: _____		
	Total	#: _____ %: _____	#: _____ %: _____		
Single household dwellings and flats	Single household dwellings	#: _____ %: _____	#: _____ %: _____		
	Flats	#: _____ %: _____	#: _____ %: _____		
	Total	#: _____ %: _____	#: _____ %: _____		

SECTION C - IZ UNIT 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 or 80% of AMI	Tenure (Sale/Rental)	Estimated Date 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.									
Total Net Residential IZ Proposed:			_____ sq. ft.						

SECTION D - OTHER REQUIREMENTS

1. Do the bedrooms meet the definition provided in 14 DCMR § 2299.1? Yes No
 2. Will the construction be phased? Yes (attach a phasing plan) No
 3. Review Section G and check the box to acknowledge that necessary information and materials for the Information and Analysis checklists have been provided:

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

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

Let's Go Through the Form: Section C

SECTION C - IZ UNIT 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 or 80% of AMI	Tenure (Sale/Rental)	Estimated Date 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.									

Total Net Residential IZ Proposed: _____ sq. ft.

Common Mistakes in Filling it Out

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SECTION C – IZ UNIT 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 or 80% of AMI	Tenure (Sale/Rental)	Estimated Date of Availability	Right of Return (Y/N)	Off-site unit for another IZ Development? (Attach BZA Order)
1.	101	1	325	0	50	R			
2.	102	1	405	0	80	R			
3.	103	1	551	1bed+den	80	R			
4.	203	2	1,130	3	80	R			
5.									
6.									
7.									
8.									
9.									
10.									

Total Net Residential IZ Proposed: _____ sq. ft.

Common Mistakes in Filling it Out

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SECTION C – IZ UNIT 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 or 80% of AMI	Tenure (Sale/Rental)	Estimated Date of Availability	Right of Return (Y/N)	Off-site unit for another IZ Development? (Attach BZA Order)
1.	101	1	325	0	50	R			
2.	102	1	405	0	80	R			
3.	103	1	551	1bed+den	80	R			
4.	203	2	1,130	3	80	R			

2605.6 Inclusionary units shall not be overly concentrated on any floor of a project.

8.									
9.									
10.									

Total Net Residential IZ Proposed: _____ sq. ft.

Common Mistakes in Filling it Out

SECTION C – IZ UNIT 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 or 80% of AMI	Tenure (Sale/Rental)	Estimated Date of Availability	Right of Return (Y/N)	Off-site unit for another IZ Development? (Attach BZA Order)																																																																																																													
1.	101	1	325						<p>“A certification from the Inclusionary Development’s architect or engineer 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 development or at least ninety-eight percent (98%) of the size indicated in the following table, whichever is lesser”:</p> <table border="1"> <thead> <tr> <th>Types of Dwelling</th> <th>Type of Unit</th> <th>Minimum Unit Size (square feet)</th> </tr> </thead> <tbody> <tr> <td rowspan="4">Multiple Family Dwelling</td> <td>Studio/ Efficiency</td> <td>400</td> </tr> <tr> <td>One Bedroom</td> <td>550</td> </tr> <tr> <td>Two Bedroom</td> <td>800</td> </tr> <tr> <td>Three Bedroom</td> <td>1000</td> </tr> <tr> <td rowspan="3">One or Two Household Dwellings</td> <td>Four Bedroom</td> <td>1050</td> </tr> <tr> <td>Two Bedroom</td> <td>1000</td> </tr> <tr> <td>Three Bedroom</td> <td>1200</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td>102</td> <td>1</td> <td>405</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td>103</td> <td>1</td> <td>551</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td>203</td> <td>2</td> <td>1,130</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>7.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>8.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Types of Dwelling	Type of Unit	Minimum Unit Size (square feet)	Multiple Family Dwelling	Studio/ Efficiency	400	One Bedroom	550	Two Bedroom	800	Three Bedroom	1000	One or Two Household Dwellings	Four Bedroom	1050	Two Bedroom	1000	Three Bedroom	1200										2.	102	1	405						3.	103	1	551						4.	203	2	1,130						5.									6.									7.									8.									9.									10.								
Types of Dwelling	Type of Unit	Minimum Unit Size (square feet)																																																																																																																				
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10.																																																																																																																						

Total Net Residential IZ Proposed: _____ sq. ft.

Common Mistakes in Filling it Out

35

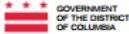
SECTION C – IZ UNIT ITEMIZATION (If more than 10 units, continue unit information on a supplemental page)

No.	Inclusionary Unit Number, Dwelling Address, or Lot	Floor Number	Net Square Feet	Number of Bedrooms	Income Set-Aside 50% of AMI or 80% of AMI	Tenure (Sale/Rental)	Estimated Date of Availability	Right of Return (Y/N)	Off-site unit for another IZ Development? (Attach BZA Order)
1.	101	1	325	0	50	R			
2.	102	1	405	0	80	R			
3.	103	1	551	1bed+den	80	R			
4.	203	2	1,130	3	80	R			
5.									
6.									
7.									
8.									
9.									
10.									

If there are more than 10 IZ units or ADUs, use a supplemental sheet.

Total Net Residential IZ Proposed: _____ sq. ft.

Let's Go Through the Form: Section D



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. Zoning District/Overlay 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?
 Yes
 No

16. Primary Construction Method
 Steel and/or Concrete
 Other (such as stick built)

17. Total Land Area of the Lot(s) of the Inclusionary Development _____ sq. ft.
 18. Total Gross Floor Area (all uses) _____ sq. ft.
 19. Total Residential Gross Floor Area _____ sq. ft.

20. Total Residential Floor Area located in:
 Cellar: _____ sq. ft.
 Enclosed public space projections: _____ sq. ft.

21. Total Residential Gross Floor Area + Total Residential Cellar and Projection Area (if applicable) _____ sq. ft.
 22. Total Net Residential Area _____ sq. ft.
 23. Ratio of Box 22 + Box 21 _____
 24. Total Net Residential IZ Required _____ 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
Multiple Dwellings	Studio and 1-bedroom units	#: _____ %: _____	#: _____ %: _____		
	2 or more bedroom units	#: _____ %: _____	#: _____ %: _____		
	Total	#: _____ %: _____	#: _____ %: _____		
Single household dwellings and flats	Single household dwellings	#: _____ %: _____	#: _____ %: _____		
	Flats	#: _____ %: _____	#: _____ %: _____		
	Total	#: _____ %: _____	#: _____ %: _____		

SECTION C - IZ UNIT 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 or 80% of AMI	Tenure (Sale/Rental)	Estimated Date 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.									

Total Net Residential IZ Proposed: _____ sq. ft.

SECTION D - OTHER REQUIREMENTS

1. Do the bedrooms meet the definition provided in 14 DCMR § 2299.1? Yes No
 2. Will the construction be phased? Yes (attach a phasing plan) No
 3. Review Section G and check the box to acknowledge that necessary information and materials for the Information and Analysis checklists have been provided:

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 E - 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

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

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

Signed: _____ Date: _____

Let's Go Through the Form: Section D

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SECTION D – OTHER REQUIREMENTS

1. Do the bedrooms meet the definition provided in 14 DCMR § 2299.1? Yes No

2. Will the construction be phased?
 Yes (attach a phasing plan) No

3. Review Section G and check the box to acknowledge that necessary information and materials for the *Information* and *Analysis* checklists have been provided:

Bedroom – a room with immediate access to an exterior window and a closet that is designated as a “bedroom” or “sleeping room” on construction plans submitted in an application for a building permit for an Inclusionary Development.

This must be applied to all units so that there is an apples to apples comparison

Let's Go Through the Form: Sections E & F

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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. Zoning District/Overlay 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?
 Yes No

16. Primary Construction Method
 Steel and/or Concrete Other (such as stick built)

17. Total Land Area of the Lot(s) of the Inclusionary Development _____ sq. ft.

18. Total Gross Floor Area (all uses) _____ sq. ft.

19. Total Residential Gross Floor Area _____ sq. ft.

20. Total Residential Floor Area located in:
 Cellar: _____ sq. ft.
 Enclosed public space projections: _____ sq. ft.

21. Total Residential Gross Floor Area + Total Residential Cellar and Projection Area (if applicable) _____ sq. ft.

22. Total Net Residential Area _____ sq. ft.

23. Ratio of Box 22 + Box 21 _____

24. Total Net Residential IZ Required _____ 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
Multiple Dwellings	Studio and 1-bedroom units	#	%	#	%		
	2 or more bedroom units	#	%	#	%		
	Total	#	%	#	%		
Single household dwellings and flats	Single household dwellings	#	%	#	%		
	Flats	#	%	#	%		
	Total	#	%	#	%		

SECTION C - IZ UNIT 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 or 80% of AMI	Tenure (Sale/Rental)	Estimated Date 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.									

Total Net Residential IZ Proposed: _____ sq. ft.

SECTION D - OTHER REQUIREMENTS

1. Do the bedrooms meet the definition provided in 14 DCMR § 2299.1? Yes No

2. Will the construction be phased? Yes (attach a phasing plan) No

3. Review Section G and check the box to acknowledge that necessary information and materials for the Information and Analysis checklists have been provided:

SECTION E - PROJECT ARCHITECT/ENGINEER'S CERTIFICATION BY THE PROJECT ARCHITECT/ENGINEER

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

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

Let's Go Through the Form: Sections E & F

SECTION E - PROJECT ARCHITECT'S OR PROJECT ENGINEER'S INCLUSIONARY UNIT CERTIFICATION			
1. Name:	2. D.C. Lic. No.	3. Address: <i>(include ZIP code)</i>	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: _____	

Let's Go Through the Form: Section G

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**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. Zoning District/Overlay 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?
 Yes
 No

16. Primary Construction Method
 Steel and/or Concrete
 Other (such as stick built)

17. Total Land Area of the Lot(s) of the Inclusionary Development _____ sq. ft.
 18. Total Gross Floor Area (all uses) _____ sq. ft.
 19. Total Residential Gross Floor Area _____ sq. ft.

20. Total Residential Floor Area located in:
 Cellar: _____ sq. ft.
 Enclosed public space projections: _____ sq. ft.

21. Total Residential Gross Floor Area + Total Residential Cellar and Projection Area (if applicable) _____ sq. ft.
 22. Total Net Residential Area _____ sq. ft.
 23. Ratio of Box 22 + Box 21 _____
 24. Total Net Residential IZ Required _____ 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
Multiple Dwellings	Studio and 1-bedroom units	#: _____	%: _____	#: _____	%: _____		
	2 or more bedroom units	#: _____	%: _____	#: _____	%: _____		
	Total	#: _____	%: _____	#: _____	%: _____		
Single household dwellings and flats	Single household dwellings	#: _____	%: _____	#: _____	%: _____		
	Flats	#: _____	%: _____	#: _____	%: _____		
	Total	#: _____	%: _____	#: _____	%: _____		

SECTION C - IZ UNIT 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 or 80% of AMI	Tenure (Sale/Rental)	Estimated Date 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.									

Total Net Residential IZ Proposed: _____ sq. ft.

SECTION D - OTHER REQUIREMENTS

1. Do the bedrooms meet the definition provided in 14 DCMR § 2299.1? Yes No
 2. Will the construction be phased? Yes (attach a phasing plan) No
 3. Review Section G and check the box to acknowledge that necessary information and materials for the Information and Analysis checklists have been provided:

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

Information:	Yes			No			N/A			Comments
	1	2	3	1	2	3	1	2	3	
Information: Is the application complete?										
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. Copy of draft Inclusionary Development Covenant	4.	<input type="checkbox"/>		4.	<input type="checkbox"/>		4.	<input type="checkbox"/>		
5. Schedule of interior finishes, fixtures, equipment, and appliances computing 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. Are all signatures present?	10.	<input type="checkbox"/>		10.	<input type="checkbox"/>		10.	<input type="checkbox"/>		
Analysis: Does the application demonstrate compliance?										
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: _____

Let's Go Through the Form: Section G (DCRA fills out)

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SECTION G - ZONING ADMINISTRATOR CHECKLIST OFFICIAL USE ONLY				
	Yes	No	N/A	Comments
Information: Is the application complete?				
1. Does CIZC information match the building permit application?				<div data-bbox="975 444 1769 594" style="border: 2px solid black; padding: 5px;"> <p>IZ units must be labeled on the floor plans.</p> </div> <div data-bbox="975 618 1769 1153" style="border: 2px solid black; padding: 5px;"> <p><u>Interior Finishes and Fixtures</u></p> <ul style="list-style-type: none"> • IZ units must be comparably outfitted. • Provide a chart comparing market rate v. IZ units. • If <u>all</u> units will be outfitted identically, document this for our records. </div> <div data-bbox="975 1189 1561 1275" style="border: 2px solid black; padding: 5px;"> <p>Make sure to pay the fee</p> </div>
2. Floor plans and elevations (with IZ units identified in the floor plans)				
3. DC surveyor's plat				
4. Copy of <u>draft</u> Inclusionary Development Covenant				
5. Schedule of interior finishes, fixtures, equipment and appliances comparing market rate and IZ units	<input type="checkbox"/>	5. <input type="checkbox"/>	5. <input type="checkbox"/>	
6. Copy of phased development plan				
7. Copy of Board of Zoning Adjustment or Zoning Commission Order				
8. DHCD letter of exemption from IZ				
9. \$250 application fee (made out to DC Treasurer)				
10. Are all signatures present?				
Analysis: Does the application demonstrate compliance?				
1. Is the net square footage of the Inclusionary Units sufficient?				
2. Are the exterior design, materials and finishes of the Inclusionary Units comparable to the market rate units?				
3. Are interior finishes and appliances of the Inclusionary Units comparable to market rate units?				
4. Are the Inclusionary Units of the appropriate minimum size?				
5. Is the proportion of Inclusionary studio and 1-bedroom Units less than the proportion of market rate studio and 1-bedroom units?				
6. Are Inclusionary Units overly concentrated on any floor?				
7. Are Inclusionary Units split appropriately between 50% and 80% of AMI?				
8. Will the Inclusionary Units be constructed at a proportional rate to the market rate units?	<input type="checkbox"/>	8. <input type="checkbox"/>	8. <input type="checkbox"/>	
9. Are any Inclusionary Units located off-site?				
ZONING ADMINISTRATOR – This certifies that the Certificate of Inclusionary Zoning Compliance is hereby: <input type="checkbox"/> Approved <input type="checkbox"/> Denied due to the items checked above.				
Signed: _____ Date: _____				

So the CIZC is Signed, Now What?

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- DCRA's building permit review will continue until completion.
- Changing the location of IZ units after a CIZC has been completed and a building permit issued will require a revised building permit.
- Down the road, the location of the IZ units will be listed on the the certificate of occupancy.

So the CIZC is Signed, Now What?

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- The Applicant must complete and record the IZ Covenant -- with the original CIZC included -- in coordination with DHCD.
- Evidence of a recorded IZ Covenant must be presented to DCRA prior to issuing a CofO or the final inspection (for single family homes).
- DCRA will inspect the IZ units for compliance prior to the issuance of the CofO.

Final Tip

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Tip: Always check the DCRA website to locate the latest versions of the application and instruction guide. The current CIZC has a date of 12/18/14.

Contact Information

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Paul W. Goldstein

Program Analyst

Office of the Zoning Administrator

Department of Consumer and Regulatory Affairs

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