DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

GOVERNMENT OF THE DISTRICT OF COLUMBIA

One Family Dwelling Basic Business License Self-Certification Form

ADDRESS: _____ UNIT #: _____

BBL CAP No.: _____ Is property occupied? ☐ YES ☐ NO

No *Certificate of Occupancy (C of O)* is required for one-family rental licenses.

All forms must be completed and included in the Rental Housing License application package for submittal to the DCRA Business License Center.

By signing this Self-Certification Form, I hereby affirm that I:

1. recognize that non-compliance with all applicable laws and regulations of the District of Columbia may lead to personal liability for the violations,
2. recognize that non-compliance with all applicable laws and regulations may be grounds for legal liability from my tenants,
3. certify that my ceiling height is 7 feet in required spaces,
4. certify that all exit doors are readily open able from the inside without the need for keys, tools, special knowledge or effort,
5. certify that all required emergency escape and rescue openings are operational from the inside of the room without the use of keys or tools, (Bars, grilles, gates or similar devices must be releasable or removable from the inside without the use of a key, tool, or force greater than that which is required for normal operation of the escape and rescue opening.)
6. certify that hardwired smoke detectors are installed in the immediate vicinity of the sleeping areas and are functional,
7. agree to provide access for any and all subsequent regulatory/compliance inspections within 30 days of the issuance of this license including obtaining signed consent from the legal occupant,
8. understand that if I do not provide access for the inspections, the agency will secure a search warrant to complete the inspection and my license may be revoked,
9. agree to have any cited code violations corrected, re-inspected, and approved by DCRA within the time specified in the notification.
10. each bedroom is provided with an escape or rescue window having:
    - -A minimum net clear opening of 5.7sq. ft. (or 5 sq. ft. if unit is at grade level)
    - -A minimum net clear opening height dimension of 24 inches.
    - -A minimum net clear opening width dimension of 20 inches.
    - -A finished sill height of not more than 44 inches above the floor.
11. By signing this document, I attest that I will be in compliance with the Self Certification form and the Post Licensure Inspection Report requirements.

I declare that the information provided is accurate, true and complete to the best of my knowledge and belief. I further declare that I have the authority to represent the property owner to complete this application and sign on behalf of the company and/or persons listed as owners.
I understand that if such information and/or claims contained in this application are false, I am subject to the penalty provisions of DC Law 22-2405.
Any fraud or misrepresentation on an application shall be grounds for automatic rejection of the application and/or civil administrative penalties. I understand t-hat failure to provide full disclosure of any of the requested or required information may result in rejection of this application for approval.

Owner/Agent Name: _____ Phone: _____

Owner/Agent Signature: _____ Date: _____

The landlord/operator is required to be aware of Lead Based Paint notification requirements. Go to www.epa.gov/lead & www.hud.gov/offices/lead for more information.

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS
Inspections and Compliance Administration

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Basic Business License
Post Licensure Inspection Report
One Family Dwellings

ADDRESS: _____ UNIT #: _____

BBL CAP No.: _____ Inspection Date: _____ Inspector Name: _____

Is property occupied? ☐ YES ☐ NO NOV CAP No.: _____

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1. Condition of Unit		PASS	FAIL
A.	Are there HARDWIRED smoke detectors in THE VICINITY OF SLEEPING AREAS (14 DCMR §904.4; DC Official Code §6-751)		
B.	Does unit meet space requirements for occupancy? (2006 IPMC §404.2; §404.4; §404.6)		
C.	Does ceiling height meet minimum requirements in all habitable spaces (2006 IPMC §404.3)		
D.	Does unit meet light and ventilation requirements? (2006 IPMC §402; §403)		
E.	Are all exit doors readily openable without the need for keys, special knowledge or effort? (2006 IPMC §702.3) [1 DAY]		
F.	Are sleeping rooms free from gas meters and fuel burning appliances? (14 DCMR §402.4)		
G.	Do all sleeping rooms have adequate emergency escape and rescue openings? (IPMC §702.4)		
H.	Are walls, ceilings, doors and windows free of peeling paint, cracks and holes? (2006 IPMC §305.3)		
I.	Are windows & doors (including hardware) in good repair & weather tight? (2006 IPMC §304.13; §304.15)		
J.	Are floors, steps and walking surfaces sound and reasonably level? (2006 IPMC §304.10; §305.4)		
K.	Are electrical outlets, switches and fixtures in good repair and working properly? (2006 IPMC §605.1)		
L.	Are the required number of electrical receptacles and light fixtures present? (2006 IPMC §605.2; §605.3)		
M.	Does dwelling unit contain the required plumbing fixtures in good repair? (2006 IPMC §502.1; §504.1)		
N.	Is the heating system operational and in good repair? (2006 IPMC §602.2)		
O.	Is the water heating equipment operational and in good repair? (2006 IPMC §505.1)		
P.	Are all appliances installed properly and maintained in safe and good working condition? (14 DCMR §400.5)		
Q	Is fire extinguisher placed properly in the condominium building? (12H DCMR §F906.1)		

I _____ (Owner/Agent Name) hereby affirm that I:

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Today your property:

[ ] **Passed Inspection.** Inspector's Signature_____ Badge#:_____

[ ] **Failed Inspection.** Correct the failed items and call (202) 442-9557 option 6 to schedule a re-inspection.

Inspection report received by:

Owner / Agent Signature: _____ Phone #: _____

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