



GOVERNMENT OF THE DISTRICT OF COLUMBIA

Two Family Dwelling Basic Business License Self-Certification Form

ADDRESS: _____

UNIT #: _____

BBL CAP No.: _____

Is property occupied? YES NO

Approval by the Office of Zoning Administration is required before applying for the BBL, to confirm the location does not conflict with the zoning codes.

Approved

Disapproved

Zoning Administrator Signature _____.

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 openable 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. the dwelling units shall be separated by a minimum of one (1) hour fire separation both horizontally and vertically.
12. enclosed usable space under stairs must be protected on the underside and sidewalls with 5/8 inch type "X" gypsum board. The one (1) hour fire separation between dwelling units shall be maintained per UL or ICC standards.
13. the 2 family dwelling shall comply with the 2006 IRC dwelling unit separation section R317, in its entirety.
14. 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 that 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.



GOVERNMENT OF THE DISTRICT OF COLUMBIA

Basic Business License

Post Licensure Inspection Requirement

Two Family Dwellings

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS
Inspections and Compliance Administration

ADDRESS: _____

UNIT #: _____

BBL CAP No.: _____ Inspection Date: _____

Inspector Name: _____

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

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)		

Notes: _____

Pass Inspection: Obtain **Certificate of Occupancy (CofO)** at DCRA and update license to reflect the change.

Fail Inspection: Correct the failed items and call (202) 442-9557 option 6 to schedule a follow-up inspection.

NOTE: Failed items are subject to the issuance of a notice of violation and a \$90 re-inspection fee. Failure to pay the re-inspection fee may result in a lien being placed on the property and other administrative and civil penalties.

Failure to meet all requirements within **forty-five (45) days** from the date of license issuance may result in your Basic Business License being revoked, loss of paid fees and additional administrative and civil penalties.

Violations of the code that are not listed on this checklist are subject to the issuance of a notice of violation.

Inspection requirement received by:

Owner / Agent Name: _____

Phone #: _____

Owner / Agent Signature: _____

Date: _____