

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 of Inclusionary Development		
3. Square/Suffix	4. Lot(s)	5. Zoning District/Overlay District	6. Zoning Commission or BZA Order (if applicable)	7. Building Permit Application Date: _____ Number: _____	
8. Owner of Building or Property		9. Owner Address (include ZIP code)		10. Owner Phone # & Email	
11. Agent for Owner		12. Agent Address (include ZIP code)		13. Agent Phone # & Email	
14. Is the development exempt from IZ? <input type="checkbox"/> Yes (attach a detailed explanation, including DHCD certification pursuant to 11 DCMR § 2602.8). <input type="checkbox"/> No		15. Primary Construction Method <input type="checkbox"/> Steel and/or Concrete <input type="checkbox"/> Other (such as stick built)	16. Total Area of the Lot(s) of the Inclusionary Development _____ sq. ft.	17. Total Gross Floor Area (all uses) _____ sq. ft.	
18. Total Residential Floor Area located in: Cellar: _____ sq. ft. Enclosed public space projections: _____ sq. ft.		19. Total Residential Gross Floor Area (including Cellar and Projection Area if applicable) _____ sq. ft.	20. Ratio of Total Net Residential Area to Total Residential Gross Floor Area _____	21. Total Net Residential Area _____ sq. ft.	22. 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	Net Square Feet	Number of Bedrooms	Income Set-Aside 50% of AMI or 80% of AMI	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? <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"/> |
|---|---|--|

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
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 <u>draft</u> 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: _____