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

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Consult the Instructions Guide to complete this application

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

1. Name of Inclusionary Development	2. Address(es) of Inclusionary Development

3. Square/Suffix	4. Lot(s)	5. Ward	6. Overlay District / Zoning District	7. Zoning Commission or BZA Order (if applicable)	8. Building Permit Application Date: _____ Number: _____

9. Owner of Building or Property	10. Owner Address (*include ZIP code)*	11. Owner Phone # & Email
12. Agent for Owner	13. Agent Address (*include ZIP code)*	14. Agent Phone # & Email

15. Is the development exempt from IZ per C-1001.6(a)?	16. Is the development an RF zone conversion?	17. Is the development an IZ "opt in" per C-1001.8?	18. Does the project involve construction of penthouse habitable space?	19. Primary Construction Method	20. Total Land Area of the Lot(s) of the Inclusionary Development:	21. Total Gross Floor Area (all uses):	22. Total Residential Gross Floor Area:
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes. Fill out Penthouse Affordable Housing Addendum ☐ No	☐ Steel and/or Concrete ☐ Other (such as stick built)	_____ sq. ft.	_____ sq. ft.	_____ sq. ft.

23. Total *Residential* Gross Floor Area Including Residential Add-ons:	24. Total Net *Residential* Floor Area Including Residential Add-ons:	25. Ratio of Box 24 ÷ Box 23 (totals):
Residential Gross Floor Area (Same as Box 22): _____ sq. ft.	Net Residential Floor Area (Based on Box 22): _____ sq. ft.	0._____
+ Gross cellar area (when res. units are in cellar): _____ sq. ft.	+ Net cellar area (when res. units are in cellar): _____ sq. ft.	26. Factor yielding greater IZ (per C-1003):
+ Gross enclosed public space projections: _____ sq. ft.	+ Net enclosed public space projections: _____ sq. ft.	☐ 8% or ☐ 10% of GFA ☐ 50% or ☐ 75% of bonus density
Total Residential Gross Floor Area for IZ Analysis (sum): _____ sq. ft.	Total Net Residential Area for IZ Analysis (sum): _____ sq. ft.	

27. Preliminary IZ requirement within the Development (the greater IZ requirement yielded from Box 26 factor in *gross* and *net* terms):	28. Penthouse IZ Requirement within building (See Penthouse Affordable Housing Addendum):	30. Total Net Residential IZ Required Within the Development:
(a) Residential *Gross* Floor Area: _____ sq. ft.	_____ sq. ft.	(Box 27(b) + (Box 28 if provided within the Development)) _____ sq. ft.
(b) *Net* Residential Floor Area: _____ sq. ft.	29. Is the Penthouse IZ Requirement fulfilled by payment to housing trust fund? ☐ Yes ☐ No	

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

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

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

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

SECTION D – OTHER IZ REQUIREMENTS

1. Do the bedrooms meet the definition provided in 14 DCMR § 2299.1? ☐ 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: ☐

4. Are any units reserved for tenant right of return?
☐ Yes. If yes, list unit #s: _____
☐ No

5. Are any units "off-site units for another IZ development"?
☐ Yes. If yes, provide BZA Order and list unit #s: _____
☐ No

SECTION E – PROJECT ARCHITECT'S OR PROJECT ENGINEER'S INCLUSIONARY UNIT CERTIFICATION

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

I certify to the best of my knowledge that the size of each Inclusionary Unit is at least ninety-eight percent (98%) of the average size of the same type of Market Rate unit in the Inclusionary Development, or at least ninety-eight percent (98%) of the size indicated on the table found in 14 DCMR Chapter 22 Inclusionary Zoning Implementation §2202.4(f).

Signature of Project Architect/Engineer:_____ Date:_____

SECTION F - APPLICANT'S SIGNATURES

Owner: I hereby certify that I am the owner of the property, that the application and plans are complete and correct to the best of my knowledge, that if a permit (or permits) is issued, construction will conform to the D.C. construction codes, the Zoning Regulations, and other applicable laws and regulations of the District of Columbia.

Signature:_____ Address:_____ Date:_____

Agent: I hereby certify that I have the authority of the owner to make this application. I declare that the application and plans are complete and correct to the best of my knowledge, that if a permit (or permits) is issued, construction will conform to the D.C. construction codes, the Zoning Regulations, and other applicable laws and regulations of the District of Columbia.

Signature:_____ Address:_____ Date:_____

SECTION G - ZONING ADMINISTRATOR CHECKLIST (OFFICIAL USE ONLY)

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

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

Signed: _____ Date:_____