

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
OFFICE OF THE ZONING ADMINISTRATOR**



April 1, 2013

Mr. Cary Kadlecek, Esq.  
Goulston & Storrs, P.C.  
1999 K Street NW, Suite 500  
Washington, DC 20006

Re: Use of Existing Building as a Rooming House at 1300 Florida Avenue NW (Square 234, Lot 822)

Dear Mr. Kadlecek:

This letter confirms the issues we discussed at our meeting on February 28, 2013 regarding the use and renovation of an existing residential building at the above-referenced address. As I explain below, the use of the building will qualify as a rooming house.

The subject property is zoned R-5-B and is improved with a building used to house women living with HIV and AIDS and their children. This building was once operated as a community-based residence facility (CBRF) for 20 residents pursuant to BZA Order 16207.

I understand that you plan to renovate the building and expand the number of residents to 25. However, as I explain below, because the nature of the use has changed, this facility will not be a CBRF and is permitted as a matter-of-right as a rooming house.

The planned facility does not meet the criteria for a CBRF. Because the nature of treatment for HIV and AIDS has dramatically improved since this facility was established, residents no longer need constant on-site treatment, rehabilitation, assistance, or supervision in their daily living. The facility was once a community residence facility (CRF) licensed by the Department of Health (DOH); this use qualified as a CBRF. However, in October 2011, the facility's owner, N Street Village, received confirmation from the DOH that this facility no longer qualifies as CRF and does not require a license, as it did previously. The planned facility will not be licensed as a CRF or any other health care facility.

Case workers, medical treatment providers, and supportive service providers may occasionally visit residents – as could occur in any residential building – but these visitors are not part of any regular operation of the facility. However, residents access nearly all of their services at another location. Residents generally will come and go from the building as they please. They typically will leave during the day for medical treatment, supportive services, and jobs. They do not have a common need for a particular type of treatment or service.

The only staff continuously present at the facility will be program assistants, who are similar to concierges or managers. The primary role of these staff is to provide crisis

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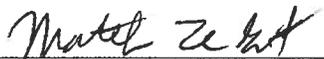
management and security. They are not licensed professionals, case workers, or health care providers.

Residents will live in rooms with individual or shared bathrooms. Individual rooms will not have any kitchen facilities. There will be two kitchens in the building for residents to prepare meals. Residents will purchase all of their own groceries and will prepare all meals themselves.

Residents will not have short-term stays. Depending on the funding source, they will typically stay either two years or indefinitely. Residents will stay a minimum of at least 90 days. Furthermore, if they have income, then residents will pay rent, and they must follow house rules.

Based on the above considerations, I have determined that the planned use of the facility will be a rooming house and not a CBRF. A rooming house is a matter-of-right use in this zone, so you may expand the number of residents to 25 without approval from the Board of Zoning Adjustment (BZA). Furthermore, you may operate this boarding house without providing any parking. As the BZA determined in Case No. 16207, the building has nine "grandfathered" parking spaces. The planned rooming house will have a parking requirement of six spaces, so it will be below the number of grandfathered spaces.

Sincerely,

  
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Matthew Le Grant