



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

Consult the Instructions  
Guide to complete this  
application

<b>SECTION A - BUILDING PERMIT AND PROJECT INFORMATION</b> (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. 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No		16. Is the development an RF conversion? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. Is the development an IZ "opt in" per C-1001.2(e)? <input type="checkbox"/> Yes <input type="checkbox"/> No		18. Does the project involve construction of penthouse habitable space? <input type="checkbox"/> Yes. Fill out Penthouse Affordable Housing Addendum <input type="checkbox"/> No		19. Construction Type (for Majority of Residential Units) <input type="checkbox"/> Type I <input type="checkbox"/> Other			
20. Total Land Area of the Lot(s) of the Inclusionary Development: _____ sq. ft.		21. Total Gross Floor Area (all uses) (for FAR calculation): _____ sq. ft. _____ FAR		22. IZ bonus density used (leave blank if it is a PUD): _____ sq. ft. _____ FAR		23. Total Residential Gross Floor Area (for FAR calculation): _____ sq. ft. _____ FAR		24. If the IZ requirement applies only to an addition per C-1001.4, the Total Residential Gross Floor Area of addition (if applicable or leave blank): _____ sq. ft. _____ FAR			
25. Total Residential Gross Floor Area Including Residential Add-ons: Residential Gross Floor Area (Same as Box 23): _____ sq. ft. + Gross cellar area (only when res. units are in cellar): _____ sq. ft. + Gross enclosed public space projections: _____ sq. ft. Total Res. Gross Floor Area for IZ Analysis (sum): _____ sq. ft.				26. Total Net Residential Floor Area Including Residential Add-ons: Net Residential Floor Area (Based on Box 22 or 23): _____ sq. ft. + Net cellar area (only when res. units are in cellar): _____ sq. ft. + Net enclosed public space projections: _____ sq. ft. Total Net Res. Area for IZ Analysis (sum): _____ sq. ft.				27. Ratio of Box 26 ÷ Box 25 (totals): _____		28. Factor yielding greater IZ (per C-1003) (may require multiple clicks): <input type="checkbox"/> 8% or <input type="checkbox"/> 10% of GFA <input type="checkbox"/> 50% or <input type="checkbox"/> 75% of bonus density	
29. Preliminary IZ requirement within the Development (the greater IZ requirement yielded from Box 28 factor in gross and net terms):  (a) Residential Gross Floor Area: _____ sq. ft.  (b) Net Residential Floor Area: _____ sq. ft.			30. If the Development is exclusively ownership units and will devote all IZ units to 60% of MFI, then a 20% reduction to Box 29(b) per C-1003.10 (or leave blank):  _____ sq. ft.			31. Penthouse IZ requirement satisfied within building's square footage (See Penthouse Affordable Housing Addendum) or leave blank:  _____ sq. ft.		32. Is the Penthouse IZ Requirement fulfilled by payment to housing trust fund?  <input type="checkbox"/> Yes <input type="checkbox"/> No			
					33. Total Net Residential IZ Required Within the Development: (Box 29(b) or Box 30) + (Box 31 if provided within the Development) _____ sq. ft.						

**SECTION B IZ UNIT CLASSIFICATION** (\*If Section A, Box 33 is less than or equal to 850 sq. ft., C-1005.1 "proportionality rule" does not apply)

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 MFI	60% of MFI	80% of MFI
<b>Multiple Dwellings</b>	<b>Studio units</b>	#: _____ %: _____	#: _____ %: _____			
	<b>1-bedroom units</b>	#: _____ %: _____	#: _____ %: _____			
	<b>2 or more bedroom units</b>	#: _____ %: _____	#: _____ %: _____			
	<b>Total</b>	#: _____ %: _____	#: _____ %: _____			
<b>Single household dwellings and flats</b>	<b>Single household dwellings</b>	#: _____ %: _____	#: _____ %: _____			
	<b>Flats</b>	#: _____ %: _____	#: _____ %: _____			

**SECTION C 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%, 60%, or 80% of MFI, or other	Tenure (Sale/Rental)	Estimated Date of Availability	Square feet added to Unit from Penthouse IZ Requirement
1.								
2.								

No.	Inclusionary Unit Number, Dwelling Address, or Lot	Floor Number	Net Square Feet	Number of Bedrooms	Income Set-Aside 50%, 60%, or 80% of MFI, or other	Tenure (Sale/Rental)	Estimated Date of Availability	Square feet added to Unit from Penthouse IZ Requirement
3.								
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 (per B-100.2)? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Tenure of all market rate units: <input type="checkbox"/> Sale <input type="checkbox"/> Rental	3. Will the construction be phased? <input type="checkbox"/> Yes (attach a phasing plan) <input type="checkbox"/> No
4. Are any units reserved for tenant right of return? <input type="checkbox"/> Yes. If yes, list unit #s: _____ <input type="checkbox"/> No	5. Are any units “off-site units for another IZ development”? <input type="checkbox"/> Yes. If yes, provide BZA Order and list unit #s: _____ <input type="checkbox"/> No	6. 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
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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
<b>Information: Is the application complete?</b>				
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. DHCD draft Inclusionary Development Covenant approval	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. Penthouse <del>IZ</del> Addendum	10. <input type="checkbox"/>	10. <input type="checkbox"/>	10. <input type="checkbox"/>	
11. Are all signatures present?	11. <input type="checkbox"/>	11. <input type="checkbox"/>	11. <input type="checkbox"/>	
<b>Analysis: Does the application demonstrate compliance?</b>				
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. Do the bedrooms meet the definition of a “bedroom” per B-100.2?	5. <input type="checkbox"/>	5. <input type="checkbox"/>	5. <input type="checkbox"/>	
6. Does the project satisfy the proportionality requirement?	6. <input type="checkbox"/>	6. <input type="checkbox"/>	6. <input type="checkbox"/>	
7. Are Inclusionary Units overly concentrated on any floor?	7. <input type="checkbox"/>	7. <input type="checkbox"/>	7. <input type="checkbox"/>	
8. Are Inclusionary Units allocated appropriately to 50%, 60%, and 80% of MFI?	8. <input type="checkbox"/>	8. <input type="checkbox"/>	8. <input type="checkbox"/>	
9. Will the Inclusionary Units be constructed at a proportional rate to the market rate units?	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: \_\_\_\_\_

**DIRECTIONS**

- All developments constructing penthouse habitable space must execute this form at the time of the building permit review for the penthouse. Do not execute this form if no penthouse habitable space is constructed.
- Where penthouse habitable space is constructed in association with: (1) a new Inclusionary Zoning (IZ) development, or (2) an addition to an existing development that itself would trigger new or expanded IZ requirements within the building, then execute **both** the “Penthouse Affordable Housing Addendum” (“Addendum”) and a “Certificate of Inclusionary Zoning Compliance (CIZC)” Application. Ensure that data matches between the two forms.
- Where penthouse habitable space is constructed in association with a new building or addition (residential or non-residential) which is: (1) not otherwise subject to IZ requirements, *and* (2) any penthouse generated IZ or affordable housing square footage would *not* be provided within the building, then execute an Addendum **only** and **not** a CIZC application.

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

1. Name of the Development 4865 MacArthur				2. Address(es) of the Development 4865 MacArthur Boulevard, NW			
3. Square/Suffix 1389	4. Lot(s) 0025	5. Ward 3	6. Zoning District MU-4	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		

**SECTION B – RESIDENTIAL BUILDINGS CONSTRUCTING PENTHOUSE HABITABLE SPACE**

<p>1. Would penthouse habitable space be provided in the following circumstances:</p> <p><b>A. <u>Both a CIZC application and an Addendum must be executed when:</u></b></p> <p><input checked="" type="checkbox"/> The new penthouse habitable space is being provided as part of a new building or as an addition to an existing building which itself is subject to a new or expanded IZ requirement within the building.</p> <p><input type="checkbox"/> New penthouse generated IZ square footage is being satisfied <i>within</i> a new or existing building or addition <u>not</u> otherwise subject to IZ.</p> <p><b>B. <u>Only Addendum must be executed when:</u></b></p> <p>The new penthouse habitable space is being provided as part of a new building or addition <i>not</i> otherwise subject to IZ <u>and</u> either:</p> <p><input type="checkbox"/> The affordable housing requirement is satisfied through a contribution to a housing trust fund; or</p> <p><input type="checkbox"/> There is no Penthouse Habitable Space subject to IZ set-aside provisions per C-1500.11 (still complete first 2 entries of Box 2).</p>	<p>2. Provide the following Penthouse Habitable Space information (references shown to CIZC Boxes, if applicable).</p> <p>(a) Total Penthouse Habitable Space: _____ 14484 sq. ft.</p> <p>(b) Penthouse Habitable Space subject to IZ set-aside provisions per C-1500.11: _____ 813 sq. ft.</p> <p>(c) Primary construction type for majority of residential units in building as a whole (CIZC Box 19): <input checked="" type="checkbox"/> Type I <input type="checkbox"/> Other</p> <p>(d) Factor used (CIZC Box 27): <input checked="" type="checkbox"/> 8% or <input type="checkbox"/> 10%</p> <p>(e) Penthouse IZ Requirement within building (CIZC Box 30): _____ 813 sq. ft.</p> <p>3. How is the penthouse affordable housing requirement being satisfied?</p> <p><input checked="" type="checkbox"/> The penthouse generated IZ square footage is being provided within the building generating the penthouse IZ requirement at units: _____</p> <p><input type="checkbox"/> The affordable housing requirement is being satisfied through a contribution to a housing trust fund (per C-1006.10(a)-(c))</p>
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4. Total contribution to housing trust fund (if applicable):

C = PHS \* ((AV/LA) / FAR) \* 50% ZA confirmation of contribution calculation: \_\_\_\_\_ (official use only)

C = Contribution

PHS = Penthouse Habitable Space subject to IZ set-aside provisions per C-1500.11 [same as Section B, Box 2(b) above]: \_\_\_\_\_ sq. ft. Total contribution required: \$ \_\_\_\_\_

AV = Assessed Value of property (land): \$ \_\_\_\_\_ Amount paid at time of building permit: \$ \_\_\_\_\_

LA = Square feet of land area of property: \_\_\_\_\_ sq. ft. Amount remaining to be paid no later than CofO: \$ \_\_\_\_\_

FAR = Max permitted residential FAR: \_\_\_\_\_

**SECTION C – NON-RESIDENTIAL BUILDINGS CONSTRUCTING HABITABLE PENTHOUSE SPACE**

<p>1. Amount of penthouse habitable space provided per C-1500.12:</p> <p>_____ sq. ft.</p>	<p>2. Is the penthouse generated affordable housing requirement being satisfied as follows?</p> <p><input type="checkbox"/> Exempt because penthouse habitable space provided does not exceed 1,000 square feet; or</p> <p><input type="checkbox"/> Construction or rehabilitation of the required affordable housing; or</p> <p><input type="checkbox"/> A housing trust fund contribution</p>	<p>3. If satisfied through construction or rehabilitation of required housing, provide the location (including unit numbers) and average square footage size of the dwellings or units (and any additional information needed):</p> <p>_____</p> <p>_____</p>
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4. Total contribution to housing trust fund (if applicable):

$C = PHS * ((AV/LA) / FAR) * 50\%$

ZA confirmation of contribution calculation: \_\_\_\_\_ (official use only)

C = Contribution

PHS = Penthouse Habitable Space: \_\_\_\_\_ sq. ft.

Total contribution required: \$ \_\_\_\_\_

AV = Assessed Value of the property (land): \$ \_\_\_\_\_

Amount paid at time of building permit: \$ \_\_\_\_\_

LA = Square feet of land area of property: \_\_\_\_\_ sq. ft.

Amount remaining to be paid no later than CofO: \$ \_\_\_\_\_

FAR = Max permitted non-residential FAR: \_\_\_\_\_

**SECTION D – PROJECT ARCHITECT’S OR PROJECT ENGINEER’S CERTIFICATION**

1. Name:	2. D.C. Lic. No.	3. Address: (include ZIP code)	4. Phone # and Email
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Signature of Project Architect/Engineer: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION E - 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 F - ZONING ADMINISTRATOR CHECKLIST (OFFICIAL USE ONLY)**

	Yes	No	N/A	Comments
<b>Information: Is the application complete?</b>				
1. Penthouse floor plans and elevations	1. <input type="checkbox"/>	1. <input type="checkbox"/>	1. <input type="checkbox"/>	
2. Penthouse financial contribution to a housing trust fund (at least 50% of the amount owed must be paid at the time of permit)	2. <input type="checkbox"/>	2. <input type="checkbox"/>	2. <input type="checkbox"/>	
3. Remaining balance of financial contribution to a housing trust fund must be listed on building permit for payment prior to C of O.	3. <input type="checkbox"/>	3. <input type="checkbox"/>	3. <input type="checkbox"/>	
4. Off-site assistance documentation	4. <input type="checkbox"/>	4. <input type="checkbox"/>	4. <input type="checkbox"/>	
5. Are all signatures present?	5. <input type="checkbox"/>	5. <input type="checkbox"/>	5. <input type="checkbox"/>	
<b>Analysis: Does the application demonstrate compliance?</b>				
1. Is the penthouse generated IZ square feet set aside, contribution, or affordable housing production sufficient?	1. <input type="checkbox"/>	1. <input type="checkbox"/>	1. <input type="checkbox"/>	

ZONING ADMINISTRATOR – This certifies that the Addendum is hereby:  Approved  Denied due to the items checked above

Signed: \_\_\_\_\_ Date: \_\_\_\_\_