



**DEPARTMENT OF BUILDINGS**  
**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(s) (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. Does the development provide Temporarily Exempt Inclusionary Units (TEIU) per C-1001.6(a)? Yes <input type="checkbox"/> No <input type="checkbox"/>		16. Is the development an: RF conversion?   change of use? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. Per C-1001.2, is the development a: Mandatory IZ   Voluntary IZ Yes <input type="checkbox"/> No <input type="checkbox"/>		18. Does the project involve construction of penthouse habitable space? 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. For existing buildings, if the IZ requirement applies only to a limited area per C-1001.4, the Total Residential Gross Floor Area (if not applicable leave blank): _____ sq. ft. _____ FAR		Reserved			
24. Total <u>Residential</u> Gross Floor Area Including Residential Add-ons: Residential Gross Floor Area (for FAR calc. or Box 23): _____ sq. ft. + Gross cellar area (only when dwelling units in cellar): _____ sq. ft. + Gross enclosed building projections in public space: _____ sq. ft. Total Res. Gross Floor Area for IZ Analysis (sum): _____ sq. ft.				25. Total <u>Net Residential</u> Floor Area Including Residential Add-ons: Net Residential Floor Area: _____ sq. ft. + Net cellar area (only when dwelling units in cellar): _____ sq. ft. + Net enclosed building projections in public space: _____ sq. ft. Total Net Res. Area for IZ Analysis (sum): _____ sq. ft.				26. Ratio of Box 25 ÷ Box 24 (totals): _____		27. Factor yielding greater IZ (per C-1003) (may require multiple clicks): 8% or 10% of GFA 50% or 75% of bonus density Other: _____ % GFA or _____ % of bonus den	
28. Preliminary IZ requirement within the Development (the greater IZ requirement yielded from Box 27 factor in gross and net terms):  (a) Residential Gross Floor Area: _____ sq. ft.  (b) Net Residential Floor Area: _____ sq. ft.			29. If the Development qualifies for a 20% reduction to the amount in Box 28(b) per C-1003.9 (or leave blank): _____ sq. ft.		30. Penthouse IZ requirement satisfied within building's square footage (See Penthouse Affordable Housing Addendum) or leave blank: _____ sq. ft.		31. Is the Penthouse IZ Requirement fulfilled by payment to housing trust fund? Yes <input type="checkbox"/> No <input type="checkbox"/>				
					32. Total Net Residential IZ Required Within the Development: (Box 28(b) or Box 29 + Box 30) _____ sq. ft.						

<b>SECTION B IZ UNIT CLASSIFICATION</b> (*If Section A, Box 32 is 850 sq. ft. or more, C-1005.1 unit allocation rules 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		
Multiple Dwellings	Studio units		#: _____ %: _____	#: _____ %: _____					
	1-bedroom units		#: _____ %: _____	#: _____ %: _____					
	2 or more bedroom units		#: _____ %: _____	#: _____ %: _____					
	<b>Total</b>		#: _____ %: _____	#: _____ %: _____					
Single household dwellings and flats	Single household dwellings		#: _____ %: _____	#: _____ %: _____					
	Flats		#: _____ %: _____	#: _____ %: _____					

<b>SECTION C ITEMIZATION</b> (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. (check if a supplemental page is attached) **Total Added for Penthouse Requirement:** \_\_\_\_\_ sq. ft.

**SECTION D – OTHER IZ REQUIREMENTS**

1. Do the bedrooms meet the definition (per C-1005.8)? <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 CIIZC 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 <u>draft</u> 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 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 C-1005.8?	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: \_\_\_\_\_