



**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.						

**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.								

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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 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 <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: \_\_\_\_\_