



DEPARTMENT OF BUILDINGS
Housing in Downtown (HID) Certificate

SECTION A: INSTRUCTIONS

- Developments applying for HID tax abatements must fill out a HID Certificate.
- Developments applying for HID tax abatements that are *also* Inclusionary Zoning (IZ) Developments are required to fill out a Certificate of Inclusionary Zoning Compliance (CIZC) *and* HID Certificate.
- Is this Development also an Inclusionary Zoning Development? Yes (fill out CIZC too) No (fill out HID Certificate only)

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

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

SECTION C –HID INFORMATION

<p>(1) Number of Housing Units proposed in total:</p> <p>At least ten percent (10%) of the housing units developed on the parcel shall be affordable to, and set aside for, households earning sixty percent (60%) or less of the median family income for a period of at least twenty (20) years; or</p> <p>At least eighteen percent (18%) of the housing units developed on the parcel shall be affordable to, and set aside for, households earning eighty percent (80%) or less of the median family income for a period of at least twenty (20) years;</p>	<p>(2) HID Unit Compliance</p> <p>Number of HID Units Minimum:</p> <p>Number of HID Units Proposed:</p>
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SECTION D – HID UNIT CLASSIFICATION

Unit	All Units (#)	Non-HID Units (# and % of total Non-HID Units)	HID Units (# and % of total HID units)	HID Income Set-Aside (#)		
				60% of MFI	80% of MFI	___ % of MFI
Multiple Dwellings	Studio units	#: _____ %: _____	#: _____ %: _____			
	1-bedroom units	#: _____ %: _____	#: _____ %: _____			
	2 or more bedroom units	#: _____ %: _____	#: _____ %: _____			
	Total	#: _____ %: _____	#: _____ %: _____			

SECTION E – HID ITEMIZATION (If more than 20 units, continue unit information on a supplemental page)

No.	HID Unit Number, Dwelling Address, or Lot	Floor Number	Number of Bedrooms	Tenure (Sale/Rental)	Income Set-Aside 60% or 80% of MFI, or other*	Estimated Date of Availability	Also an Inclusionary Zoning Unit? ('X' if Yes)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							

12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

SECTION F – OTHER REQUIREMENTS

1. Do the bedrooms meet the definition (per B-100.2)? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Tenure of all non-HID units: <input type="checkbox"/> Sale <input type="checkbox"/> Rental
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SECTION G – 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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I certify to the best of my knowledge that the size of each HID Unit is at least ninety-eight percent (98%) of the average size of the same type of non-HID unit in the HID 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 G - 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 I- ZONING ADMINISTRATOR CHECKLIST (OFFICIAL USE ONLY)

	Yes	No	N/A	Comments
Information: Is the application complete?				
1. Does HID information match the building permit application?	1. <input type="checkbox"/>	1. <input type="checkbox"/>	1. <input type="checkbox"/>	
2. Floor plans and elevations (with HID 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. Schedule of interior finishes, fixtures, equipment, and appliances comparing market rate and HID units	4. <input type="checkbox"/>	4. <input type="checkbox"/>	4. <input type="checkbox"/>	
5. DHCD draft HID Covenant approval	5. <input type="checkbox"/>	5. <input type="checkbox"/>	5. <input type="checkbox"/>	
6. Copy of Board of Zoning Adjustment or Zoning Commission Order	6. <input type="checkbox"/>	6. <input type="checkbox"/>	6. <input type="checkbox"/>	
7. Are all signatures present?	7. <input type="checkbox"/>	7. <input type="checkbox"/>	7. <input type="checkbox"/>	
Analysis: Does the application demonstrate compliance?				
1. Are the exterior design, materials and finishes of the HID Units comparable to the market rate units?	8.	8.	8.	
2. Are the interior finishes and appliances of the HID units comparable to market rate units?	9.	9.	9.	
3. Do the bedrooms meet the definition of a “bedroom” per B-100.2?	10.	10.	10.	
4. Does the project satisfy the proportionality requirement?	11.	11.	11.	
5. Are HID Units overly concentrated on any floor?	12.	12.	12.	
6. Are Units allocated appropriately by MFI?	13.	13.	13.	
7. Will the HID Units be constructed at a proportional rate to the market rate units?	14.	14.	14.	

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

Signed: _____ Date: _____