



## Certificate of Occupancy (C of O) Application Requirements

The Certificate of Occupancy (C of O) aims to ensure that the use of building, structure, or land in the District of Columbia conforms to the Zoning Regulations, DCMR Title 11, and the provisions of the DC Building Code, DCMR Title 12A. In most cases, no person can use a building, structure, or land in the District of Columbia for any purpose other than a single-family dwelling until a valid C of O has been issued.

**The purpose of this document is to ensure your application complies with the preliminary submission requirements. Failing to provide all necessary documents as specified along with the application will result in rejection of your application.**

**Applications must be submitted through our digital platforms.  
DOB does not accept mailed applications.**

**Ownership Change:** For the purpose of a New Owner, New Tenant, or simply a Name Change with NO changes to the square footage, layout or use (type of business or structure) of the space occupied requiring a building permit. Submit a fully completed application online ([Citizens Access Portal](#)) using a registered [Access DC](#) account with the following supporting documentation:

1. Copy of the most recent Certificate of Occupancy. You can view our [eRecords system](#). (If the most recent CO was issued 10 or more years ago, a Zoning Inspection will be required.)
2. The Executed Lease if you are the new Tenant. For cases where there is a sub-lease, we will require the original lease agreement along with the sub-lease agreement. We must have confirmation of the original owner. *(We may accept a signed letter from the property owner authorizing the applicant to secure a C of O to facilitate the transfer of the business on company letterhead.)*
3. The Recorded Deed if you are the new owner of the space.
4. If you are submitting an application on behalf of the new tenant or property owner, please complete and provide the [Certificate of Occupancy Authorization Form](#).

**New Construction, Occupant Load Change, Use Change, Ownership Change WITH a Building Permit, Core and Shell, No Prior Certificate of Occupancy: A BUILDING PERMIT IS REQUIRED PRIOR TO SUBMISSION OF A CERTIFICATE OF OCCUPANCY.** For the above CO applications, a building permit is required. All permits must be issued and have final inspections before you can apply for a Certificate of Occupancy. (For Conditional or Temporary CO's, please view the following [Guidelines](#)). Submit a fully completed application (pages 2-3) along with all with the following supporting documentation to [coapp@dc.gov](mailto:coapp@dc.gov): **(Please include the address for the CO in the subject of your email submission)**

1. Copy of the most recent Certificate of Occupancy. (Does not apply to New Construction or Core and Shell)
2. The Executed Lease if you are the new Tenant. For cases where there is a sub-lease, we will require the original lease agreement along with the sub-lease agreement. We must have confirmation of the original owner. *(We may accept a signed letter from the property owner authorizing the applicant to secure a C of O to facilitate the transfer of the business on company letterhead.)*
3. The Recorded Deed if you are the new owner of the space.
4. A Building Permit must be accompanied with this application to confirm the use, occupant load and that the space is compliant with the applicable zoning and building codes.
5. All permits must have an approved final inspection, with the exception of requests for a Conditional CO. (If the inspections were completed by an 3rd Party Agency, please ensure the 3rd Party Agency has submitted the reports prior to submission of this application.)
6. Conditional or Temporary CO applications must include a letter for the request and fire/life safety plans.
7. If you are submitting an application on behalf of the new tenant or property owner, please complete and provide the [Certificate of Occupancy Authorization Form](#).

### IMPORTANT INFORMATION

1. For Eating Establishments (e.g., fast food restaurants, prepared food shops or restaurants), please include a completed [Eating Establishment Questionnaire](#).
2. The agency does not issue Certificates of Occupancy for Single Family Dwellings, Individual Condo Units or Accessory Apartments, sometimes called Accessory Dwelling Units. If you have an Accessory Dwelling Unit, please apply for a building permit and obtain a business license prior to renting out the unit.
3. For buildings subject to a Zoning Commission (ZC) or Board of Zoning Adjustment (BZA) approval, the applicant must submit a letter, a matrix, and attach related documents that demonstrate compliance with the conditions of the Order. The Office of Zoning Administrator will verify the applicant's compliance with the conditions of the Order prior to the approval of a C of O.
4. Once your application is accepted, you can track the status using [Scout](#), our online consolidated database. Enter the address or permit number (C of O#), select the "More" option and then "Occupancy and Use".



# Certificate of Occupancy (C of O) Application

What is a C of O? A document that certifies your building/structure/land is safe to occupy in accordance with local Zoning regulations and building codes. All buildings/structures/land in the District of Columbia that are not single-family homes, require a C of O to legally use them. One is needed every time a change occurs (e.g., new construction and changes to use, ownership, and occupancy load).

A. Tell us about the property.					
Property address:		Unit:	ZIP:		
Square Suffix#	Lot #		Total # of Building floors:		
Is there a prior C of O for the property?		<input type="checkbox"/> No <input type="checkbox"/> Yes, Certificate of Occupancy : _____			
B. Who owns the property?					
Property Owner Name					
Property Owner Business Name:					
Property Owner Email:			Property Owner Phone:		
Property Owner Address:		Unit:	City:	State: ZIP:	
C. Who is applying for occupancy?					
<input type="checkbox"/>	Applicant Name:				
	Applicant Business Name:				
	Trade Name of Business (if applicable):				
	Applicant Email:		Applicant Phone:		
	Applicant Address:		Unit:	City:	State: ZIP:
TThe Ssame as Property Owner					
D. What type C of O are you requesting? <i>Check only one. If applying for more than one, complete separate applications.</i>					
<input type="checkbox"/> Permanent		<i>Does not expire until a change to the space is made</i>			
<input type="checkbox"/> Temporary; date/date range _____ - _____		<i>Non-permanent use for one or multi-day events (e.g., farmers' market; movie night)</i>			
<input type="checkbox"/> Core and Shell		<i>Does not grant occupancy; must be obtained before seeking conditional C of O</i>			
<input type="checkbox"/> Conditional/Partial for _____ days		<i>Short-term occupancy based on specific conditions My Core and Shell C of O # for this property is: _____</i>			
E. Tell us about your proposed use of the property. <i>(Responses must ONLY be for the space occupied)</i>					
Proposed use (e.g., retail, eating establishment, public facility, two-family flat):			Which exact floors will be occupied? (1 <sup>st</sup> FL etc.,)		
Proposed # of occupants: _____		# of dwelling units or rooms (if applicable): _____		Total Sq. ft. occupied: _____	
Are you renting any portion of the property?		<input type="checkbox"/> No <input type="checkbox"/> Yes, rented		Not a two-family dwelling	
Are you proposing to change the use?		<input type="checkbox"/> No <input type="checkbox"/> Yes		N/A, there is no prior C of O	
Are you changing ownership?		<input type="checkbox"/> No <input type="checkbox"/> Yes		N/A, there is no prior C of O	
Are you proposing to change the amount of space currently occupied?		<input type="checkbox"/> No <input type="checkbox"/> Yes		N/A, there is no prior C of O	
Are you proposing to change the occupancy load?		<input type="checkbox"/> No <input type="checkbox"/> Yes		N/A, there is no prior C of O	
Does your business sell or rent any goods or provide services that could be described as sexually oriented?		<input type="checkbox"/> No <input type="checkbox"/> Yes, Attach <a href="#">Sexually-Oriented Business Establishment Questionnaire</a>			
Is your business a medical marijuana dispensary or production facility?		<input type="checkbox"/> No <input type="checkbox"/> Yes			
Is off-street parking on the property provided?		<input type="checkbox"/> No <input type="checkbox"/> Yes, # of spaces: _____			
Was your proposed use approved by an order of the Board of Zoning Adjustment or Zoning Commission? <i>Along with the C of O application, provide a letter or matrix, with attachments as necessary, from the property owner to DOB that documents compliance with the conditions of the Order.</i>		<input type="checkbox"/> No <input type="checkbox"/> Yes, Order #: _____ Approval date: _____			
Are there building permits associated with this application that may support Use, Load or any Structural changes made? <input type="checkbox"/> No <input type="checkbox"/> Yes, Permit #(s) _____					
What was the date of the final building inspection and who completed it?					
DOB:	Third-Party Agency:	Date of Inspection:			
In order for DOB to schedule inspections, please provide the point of contact that will be present on site at the time of inspection:					
Name:		Phone:			

**F. If applicable, tell us about your proposed occupancy load.**

**ONLY for Day Time Care/Schools** *Please provide additional information on how individuals will occupy the property*

	Basement	1 <sup>st</sup> Floor	2 <sup>nd</sup> Floor	3 <sup>rd</sup> . Floor	Trailer(s)	Total
# Of children 0 – 30 months						
# Of children 30 months 1 day – 47 months						
# Of children 4 years – 18 years						
# Of staff/faculty						

**ONLY for Assembly Uses and Eating/Drinking Establishments**

*Please provide information on how individuals will occupy the property and complete an [Eating Establishment Questionnaire](#)*

	Cellar/ Basement	Mezzanine	1 <sup>st</sup> Floor	2 <sup>nd</sup> Floor	3 <sup>rd</sup> . Floor	Roof	Summer Garden (private outdoor space)	Outdoor Café (public space)	Total
# of guests seated									
# of guests standing									
# of staff									

**ONLY Inclusionary Zoning/Affordable Dwelling Units** *Attach a separate sheet for additional units*

	Unit Number	Floor #	Net Square Ft.	# of Bedrooms
1.				
2.				
3.				

**G. Certification.**

Making a false statement on this application can result in the denial or cancellation of my C of O and criminal penalties including a fine of up to \$1,000 and/or imprisonment of up to **180** days (D.C. Official Code § 22-2405). I certify that all statements on this application are true to the best of my knowledge. I agree to comply with all applicable District laws and regulations and certify that I have resolved any violations on the property.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are applying as a hired agent to act on behalf of the applicant, you must provide your agent information and the [Authorization Form](#).

Hired Agent First Name:	Hired Agent Last Name:
Hired Agent Email:	Hired Agent Phone:

**H. Email the application and all the supporting documents to [coapp@dc.gov](mailto:coapp@dc.gov).**

- ▽ k )
- ❖ Zoning
- ❖ Structural
- ❖ Green
- ❖ Inspection
- ❖ DOEE (Department of Energy & Environment)

**I. Process and Review Time frames.**

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Service Level Agreement (SLA)  
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DOB will complete the review and issue the certificate upon payment by the following business day.

**For all other applications:** DOB will review the application and supporting documents within 7 business days.