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(PRINT OR TYPE WITH BLACK INK ONLY — DO NOT WRITE IN SHADED AREAS)

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Consumer and Regulatory Affairs
APPLICATION FOR CERTIFICATE OF OCCUPANCY

Date Feb. 2, 1984

CRA-5
Rev 8/20/83

(22) Receipt # 10553 ✓
(23) Treas. # 005 9285

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|----------------------------------|--|
| INFORMATION ON PROPOSED BUSINESS | (1) Address of Business <u>1201 K Street, N.W.</u> Suite/Room # <u>NA</u> |
| | (2) Telephone No. of Business <u>842-1020</u> Lot <u>800, 801, 817, 818, 819</u> Square <u>284</u> |
| | (3) Trade Name of Business <u>Convention Center Inn</u> |
| | (4) Is Business Incorporated? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Attach Letter of Good Standing and complete Line 5) |
| | (5) President <u>NA</u> Vice President <u>NA</u> Secretary/Treasurer _____ |
| | (6) Is Business a Partnership? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| | (7) Business Owner <u>1201 K Street Associates</u> <u>842-1020</u> |
| | (8) Business Owner's Home Address <u>1201 K Street, N.W.</u> Tel. No. (days) _____ Zip Code <u>20005</u> |
| INFORMATION ON OCCUPANCY | (9) <input checked="" type="checkbox"/> Ownership Change <input type="checkbox"/> Partial Occupancy <input type="checkbox"/> New Bldg. <input type="checkbox"/> Use Change <input type="checkbox"/> Load Change BZA No. <input type="checkbox"/> |
| | (10) Proposed Use of Business <u>Hotel - 220 rooms plus kitchen</u> |
| | (11) Is Business Sexually Oriented According to D.C. Zoning Regulations? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | (12) Proposed Occupancy Load <u>800 persons</u> Square Feet Occupied <u>140,529</u> |
| INFORMATION ON ENTIRE BUILDING | (13) Which Floors to be Occupied <u>1st - 9th</u> Basement? <u>none</u> |
| | (14) Prior Use <u>Hotel - 220 rooms plus kitchen</u> |
| | (15) Building Owner <u>1201 K Street Associates</u> Tel. No. (days) <u>842-1020</u> |
| | (16) Building Owner's Address <u>1201 K Street, N.W.</u> Zip Code <u>20005</u> |
| ATTESTATION AND SIGNATURE | (17) Materials of Building <u>Reinforced concrete structure; brick facade</u> |
| | (18) Square Feet Occupied <u>140,529</u> No. of Floors <u>9</u> Basement? <u>none</u> |
| | I certify that all of the statements on this application are true to the best of my knowledge and belief. I agree to comply with all applicable laws and regulations of the District of Columbia. |
| | (19) IF OWNER OF BUSINESS <u>Marion Corley</u> General Partner <u>1-31-84</u> Signature Date |
| OFFICE USE ONLY | (20) Name of Agent <u>Phyllis M. Levinson</u> <u>Phyllis M. Levinson</u> <u>Feb. 2, 1984</u> PRINT CLEARLY Signature Date |
| | (21) Address of Agent <u>2623 Connecticut Avenue, N.W.</u> Zip Code <u>20008</u> |
| | (24) Premises Condemned <input type="checkbox"/> No <input type="checkbox"/> Yes Cleared By <u>Manuf. Assoc.</u> Date <u>2/2/84</u> |
| INFORMATION DESK | (25) Building in RLA Zone <input type="checkbox"/> No <input type="checkbox"/> Yes Cleared By <u>Manuf. Assoc.</u> Date <u>2/2/84</u> |
| | (26) Residential <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Smoke Det. Info. Given By <u>Robert Polange</u> Date <u>2/2/84</u> |
| LICENSE BRANCH | (27) Licenses Required <u>Hotel - 220 Rooms</u> |
| ZONING OFFICE | (28) Reviewed By <u>J. Spencer</u> Date <u>2/2/84</u> |
| | (29) Zone <u>H.R. C-3-C</u> BZA No. <u>N/A</u> |
| | (30) Prior Use <u>Hotel - 221 Rooms</u> |
| EXAMINER'S USE | (31) Certificate # <u>B82680</u> Date Issued <u>7/26/72</u> BZA No. _____ <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved |
| | (32) Accepted for Filing by <u>Manuf.</u> Date <u>2/2/84</u> |
| | (33) Prior Use Code <u>L-15</u> Proposed Use Code <u>L-15</u> |
| | (34) Use Change <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Inspect. Required <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By _____ Date _____ |
| INSPECTION BRANCH | (35) Inspection Fee \$ _____ Issuance Fee \$ <u>409.69</u> |
| | (36) Approved for Issuance by <u>Manuf.</u> Date <u>2/2/84</u> |
| | (37) Date of Scheduled C/O Inspections _____ AM/PM |
| OCCUPANCY PERSONNEL | (38) Inspection Status <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> By _____ Branch _____ Date _____ |
| | (39) Inspector's Signature _____ Printed Name _____ |
| | (40) Reason for Disapproval _____ |
| | (41) <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Cancelled By _____ |
| OCCUPANCY PERSONNEL | (42) Reason for Cancellation/Denial _____ |
| | (43) Certificate of Occupancy No. <u>B137598/9306</u> Date of Issuance <u>2-2-84</u> |
| | (44) Bldg. _____ Elec. _____ Plumb. _____ Fire _____ Zoning _____ |

Form LII-P-601
(Rev. 2/82)

CERTIFICATE OF OCCUPANCY

No. B137598

Washington, D.C., 2-2-, 19 84

Permission is hereby granted to 1201 K Street Associates

to use the 1st thru 9th floor(s) of the building located on Lot 800, 801, 817 Square 284

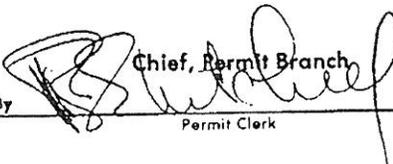
known as premises 1201 K Street, N.W. 818, 819 for the following

purpose(s): Hotel - 220 rooms plus kitchen.

THIS CERTIFICATE SHALL BE POSTED CONSPICUOUSLY ON THE ABOVE PREMISES AT ALL TIMES. IT IS VALID INDEFINITELY, unless an expiration date is stated, ONLY for the premises, or part thereof, and for the purpose(s), indicated above, and IS NOT TRANSFERABLE to another person or premises under ANY conditions. ANY CHANGE in the type of business, ownership of business, or part of premises used therefor, will render this Certificate VOID and a NEW Certificate must be obtained.

ZONE HR C3C

FEE \$ 409.69

By  Chief, Permit Branch
Permit Clerk

DEPARTMENT OF LICENSES, INVESTIGATIONS AND INSPECTIONS GOVT. OF DIST. OF COL.
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