



Government of the District of Columbia
Department of Consumer and Regulatory Affairs



Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557

Date: February 04, 2015

Cap Id: R1500020

D.C. Historic Preservation Office
1100 4th Street S.W. , Rm E650
Washington, DC 20024

Re: Request for clearance of premises subject to razing operations

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Operations Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office, in order to release the subject permit.

Address:
50 FLORIDA AVE NE

LOT: **0819** SQUARE: **3516** TYPE: VACANT: **No**

Please notify our office of the satisfactory completion of your inspection of the premises, by filling out the clearance section below and returning this form to the D.C.R.A. Permit Operations Division, 1100 4th Street S.W., Washington D.C. 20024.

CLEARANCE

This is to inform you that we researched our records concerning the structure identified above and we have no objections to proceeding with the proposed razing of said structure.

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide detailed information. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any entered information will void this application. The owner of record must sign the application with an original signature.

Applicable code sections are in the 2008 DC Building Code Supplement Chapter I § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

R15 000 20

Application Date:

11/10/14

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
50 Florida Ave NE (44 Porter Street NE)	NE	One	3516		0138

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
B&B 50 Florida Ave, LLC	6917 Arlington Rd Suite 203 Bethesda, MD 20814	301-469-3900	dbralove@bbrealtyinvest.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Bush Construction Corporation	4029 Ironbound Rd, Suite 200 Williamsburg, VA 23188	703-812-3800	aviola@bushcos.com

3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

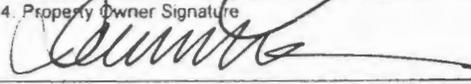
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
3 Story warehouse		3	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
warehouse		concrete/block	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
200'	70'	30'	420,000 C.F.

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Bush Construction Corporation		24. Contractor's Address (including zip code) 4029 Ironbound Rd., Suite 200 Williamsburg, VA 23188		25. Contractor's Phone 703-812-3800	
26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. Raze Contractor Signature 			
27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. Property Owner Signature 			
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30b. If yes, adjacent property owner signature is required. 30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.			
29. Building Condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
31. Building Vacant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Building must be vacant before Raze Permit issuance.			
32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Official Use Only			
		Fee	By	Date	

33. Plumber's Name Gaines Plumbing & Heating		34. Plumber's License Number DC #885		35. Raze Method (ball, bulldozer, by hand, etc.) Excavator / Bulldozer	
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1. You must submit a Certificate of Insurance covering the raze operation/contractor, unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

- Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024.
- Include a 30-day advance notice cancellation clause.
- Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.
- State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage.
- If the insurance is for one specific address only, state that, "Razing Operations at (address of raze operation)." (address of raze operation)

36. Insurance Company Various, see attached Certificate		37. Policy or Certificate No. See attached Certificate		38. Expiration Date 01/01/2015	
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39. Asbestos in Building? If yes, indicate location: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Official Use Only			
		Fee	By	Date	



DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

Environmental Intake Form

Owner & Contact Information

Complete address of proposed work

Square	Suffix (if any)	Lot	Application date (4 numbers for year)
3 5 1 6		0 8 1 9	0 3 0 6 2 0 1 4

Number	Ext	Official street name	Quadrant	Unit/Suite
0 0 5 0		F l o r i d a A v e n u e	N E	

Project name 50 Florida Avenue	Filed Job Application number (if applicable) Z.C. Order No. 11-02	Project Description Construction of Residential Building		
6. Owner 50 Florida Ave Assoc. LLLP	7. Complete mailing address (include zip) 4550 Montgomery Ave. Suite 230N Bethesda, MD 20814	8. Phone	9. Email, if you prefer e-notice aviola@bushcos.com	
10. Agent for owner, if applicable Wiles Mensch Corporation	11. Complete mailing address (include zip) 11960 Sunrise Valley Drive Reston, VA 20191	12. Phone +1 (703) 391-7600	13. Email, if you prefer e-notice jrickard@wilesmensch.com	

Project Scope

Scope (Check all that this project involves)	No	Yes	If You Answer "Yes"
1. Is this project a residential structure within R-1 through R-5-A zoning districts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Is this project a single-family structure <i>not</i> built in conjunction with 2 or more units?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Is this project an accessory structure, such as a garage, patio, pool, or fence?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is this project only an interior renovation with no building use or capacity change?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is this project in an Economic Development Zone, as defined in DC Official Code § 6-1501 et seq (DC Law 7-177)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Skip to the signature line.
6. Is this project in the Central Employment Area, defined in DC Zoning Regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Does the project involve <i>only</i> operation, repair, maintenance, or minor alteration of public structures, facilities, mechanical equipment, or topographical features, with <i>negligible or no</i> expansion of use beyond its current use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Does the owner of this site own adjacent or abutting property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Do you plan to develop adjacent/abutting property in next 3 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attach a site plan. If there is no plan, attach a written explanation.
10. Do you plan more development that requires permit(s) on any site in this square in next 3 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Is this project a solid waste facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See EIS Coordinator.
12. Have you prepared an Environmental Impact Statement (EIS) or a functional equivalent, as required by the National Environmental Policy Act of 1969 (NEPA)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attach the EIS or equivalent.
13. Are you claiming an exemption, other than those listed in this form, from the requirement to submit an Environmental Screening Form, under Title 20 § 7202.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attach an explanation; cite relevant section of regulations.
14. Is the total project cost more than \$1.51 million, including site preparation and construction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If you're not claiming an exemption, attach an EISF.
15. For projects with a total cost of \$1.51 million or less, check all that apply: <input type="checkbox"/> Contains threatened or endangered plant or animal species. <input type="checkbox"/> Is within 100 feet of a pond, stream, lake, spring, or wetland. <input type="checkbox"/> Project will produce emission of odorous or other air pollutants (from any source, including VOCs). <input type="checkbox"/> Project produce, use, or dispose of hazardous substances, as defined in 20 DCMR 7299. <input type="checkbox"/> Will be built on land where the water table depth is less than 3 feet. <input type="checkbox"/> Will require blasting. <input type="checkbox"/> Will generate medical, infectious, radioactive, or hazardous waste.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If you check any item, attach EISF or equivalent.

I certify that all statements on this application are true and complete to the best of my knowledge and belief. I agree to comply with all applicable DC laws and regulations. The making of false statements on this application is punishable by criminal penalties. (DC Code Sec. 22-2514)

Signature of Owner/Authorized Agent

[Handwritten Signature]

Date

3/6/2014

OFFICIAL USE ONLY

Environmental Impact Screening Form Required

Yes. Referred to EIS Coordinator No

DCRA Reviewer

[Handwritten Signature]

Date

3-16-14

NOTE: Building permit approval is not the same as approval of an action or entire project under the Environmental Policy Act of 1989. If you build on the same, adjacent, or abutting property, or expand on work covered by this Environmental Intake Form within 3 years, you may be required to file an EISF for the whole project, including the part covered by this application and permit approval. If the action violates any federal or DC environmental laws, an EISF can be required.

To report waste, fraud, or abuse by any DC government office or official, call the Inspector General: 1-800-521-1639

GOVERNMENT OF THE DISTRICT OF COLUMBIA
**CERTIFICATION FOR
RAZE PERMIT APPLICATION**

This certifies that B & B 50 Florida Ave, LLC (referred to as Owner) owns the property at
(Legal Name of Property Owner)

50 Florida Ave NE and that the person signing below has the legal authority to execute this Certification
(Property Address)

and to make the representations and certifications below on behalf of the Owner:

I am applying for a Raze Permit for the subject property.

I understand that the Raze Permit must be issued prior to any raze activity or operations.

If I do not have a Raze Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.



(Initial here to certify that you have read and understand this paragraph)

A. Use of Property as Housing Accommodation

I hereby certify that the structure to be razed IS NOT a housing accommodation.
(is/is not)

If the structure is a housing accommodation, complete Section B. If the structure is *not* a housing accommodation, skip to Section C and the signature block.

B. Additional Provisions Applicable to Razing of "Housing Accommodations"

I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:

Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.

Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.

(Initial here to certify that you have read and understand this paragraph)

I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, *et seq.*, and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:

Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, **before** issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.

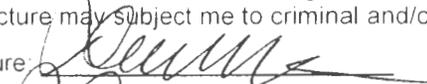
Providing tenants with a 180-day Notice to Vacate that complies with and notifies each tenant of his/her potential right to relocation assistance.

(Initial here to certify that you have read and understand this paragraph)

C. Execution and Certification Applicable to All Applicants

I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.

Name of Owner: B & B 50 Florida Ave, LLC
(Print Name of Owner)

Signature: 

Name of Agent: B & B 50 Florida Ave Manager, LLC, Manager
(Print Name of Authorized Agent)

Signature: 

By: Bob Realty Investments, LLC, Manager
By: David H. Bralove, Manager

7



Government of the District of Columbia
Department of Consumer and Regulatory Affairs

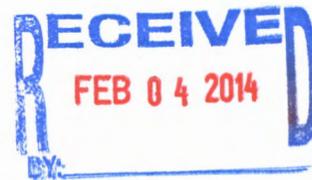
Permit Operations Division

1100 4th Street SW

Washington DC 20024

Tel. (202) 442 - 4589 Fax (202) 442 - 4862

TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557



Date: November 25, 2014

Cap Id: R1500030

D.C. Historic Preservation Office

1100 4th Street S.W. , Rm E650

Washington, DC 20024

Re: Request for clearance of premises subject to razing operations

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Operations Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office, in order to release the subject permit.

Address:

401 K ST NW

LOT: 0157 SQUARE: 0515 TYPE:

VACANT: No

Please notify our office of the satisfactory completion of your inspection of the premises, by filling out the clearance section below and returning this form to the D.C.R.A. Permit Operations Division, 1100 4th Street S.W., Washington D.C. 20024.

CLEARANCE

This is to inform you that we researched our records concerning the structure identified above and we have no objections to proceeding with the proposed razing of said structure.

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whitening out, or otherwise altering any entered information will void this application. The owner of record must sign the application with an original signature.

Applicable code sections are in the 2008 DC Building Code Supplement Chapter 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

R1500030

Application Date 11/25/14

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
401 K Street	NW	One	515		157

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Parcel One Phase I Associates, LLLP	4029 Ironbound Road Suite 300 Williamsburg, VA 23188	757-220-2874	mdigges@bushcos.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Bush Construction Corporation	4029 Ironbound Road Suite 200 Williamsburg, VA 23188	703-812-3800	aviola@bushcos.com

3. TYPE OF PERMIT

14. Check all that apply:
 Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
10-Story - 303 unit apartment bldg		10	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Residential		Concrete / Precast / Metal Studs	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
400 L.F.	65'	90'	2,632,500 C.F.

OFFICIAL USE ONLY

CONDITIONS/COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Bush Construction Corporation		24. Contractor's Address (including zip code) 4029 Ironbound Road Suite 200 Warrsburg VA 23188		25. Contractor's Phone 703-812-3800	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>Mary L. Digges</i> By Mary L. Digges, President, Bush Development Corporation, Managing General Partner			
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature By Andrew A. Viola, Vice President			
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.			
31. Building Vacant?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.			
32. Public Space Vault?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance			
Official Use Only					
Fee		By		Date	

33. Plumber's Name Gaines Plumbing & Heating	34. Plumber's License Number DC #885	35. Raze Method (ball, bulldozer, by hand, etc.) Ball / Excavator
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1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

- Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024.
- Include a 30-day advance notice cancellation clause.
- Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.
- State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage.
- If the insurance is for one specific address only, state that, "Razing Operations at _____ (address of raze operation)"

36. Insurance Company Various, see attached	37. Policy or Certificate No. See attached	38. Expiration Date 01/01/2015
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39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
Fee		By		Date	



Environmental Intake Form

Owner & Contact Information

Complete address of proposed work

Square 0 5 1 5	Suffix (if any)	Lot 0 1 5 7	Application date (4 numbers for year)
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Number 0 4 0 1	Ext	Official street name K S t r e e t	Quadrant N W	Unit/Suite
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Project name Museum Square Apartments	Application number (if applicable)	Project Description 10 Story - 303 Unit apartment bldg
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6. Owner Parcel One Phase I Associates, LLLP	7. Complete mailing address (include zip) 4029 Ironbound Road, Suite 300 Williamsburg, VA 23188	8. Phone 757-2202874	9. Email, if you prefer e-notice mball@bushcos.com
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10. Agent for owner, if applicable Bush Construction Corporation	11. Complete mailing address (include zip) 4029 Ironbound Road, Suite 200 Williamsburg, VA 23188	12. Phone 703-812-3800	13. Email, if you prefer e-notice aviola@bushcos.com
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Project Scope

Scope (Check all that this project involves.)	No	Yes	If You Answer "Yes"
1. Is this project a residential structure within R-1 through R-5-A zoning districts?		X	Skip to the signature line.
2. Is this project a single-family structure <i>not</i> built in conjunction with 2 or more units?	X		
3. Is this project an accessory structure, such as a garage, patio, pool, or fence?	X		
4. Is this project only an interior renovation with no building use or capacity change?	X		
5. Is this project in an Economic Development Zone, as defined in DC Official Code § 6-1501 et seq (DC Law 7-177)?	X		
6. Is this project in the Central Employment Area, defined in DC Zoning Regulations?	X		
7. Does the project involve <i>only</i> operation, repair, maintenance, or minor alteration of public structures, facilities, mechanical equipment, or topographical features with <i>negligible or no</i> expansion of use beyond its current use?	X		Attach a site plan. If there is no plan, attach a written explanation
8. Does the owner of this site own adjacent or abutting property?	X		
9. Do you plan to develop adjacent/abutting property in next 3 years?	X		X
10. Do you plan more development that requires permit(s) on any site in this square in next 3 years?		X	
11. Is this project a solid waste facility?	X		See EIS Coordinator
12. Have you prepared an Environmental Impact Statement (EIS) or a functional equivalent, as required by the National Environmental Policy Act of 1969 (NEPA)?	X		Attach the EIS or equivalent.
13. Are you claiming an exemption, other than those listed in this form, from the requirement to submit an Environmental Screening Form, under Title 20 § 7202.	X		Attach an explanation, cite relevant section of regulations.
14. Is the total project cost more than \$1.51 million, including site preparation and construction?	X		If you're not claiming an exemption, attach an EISF.
15. For projects with a total cost of \$1.51 million or less, check all that apply: <input type="checkbox"/> Contains threatened or endangered plant or animal species. <input type="checkbox"/> Is within 100 feet of a pond, stream, lake, spring, or wetland. <input type="checkbox"/> Project will produce emission of odorous or other air pollutants (from any source, including VOCs). <input type="checkbox"/> Project produce, use, or dispose of hazardous substances, as defined in 20 DCMR 7299 <input type="checkbox"/> Will be built on land where the water table depth is less than 3 feet. <input type="checkbox"/> Will require blasting. <input type="checkbox"/> Will generate medical, infectious, radioactive, or hazardous waste	X		If you check any item, attach EISF or equivalent

I certify that all statements on this application are true and complete to the best of my knowledge and belief. I agree to comply with all applicable DC laws and regulations. The making of false statements on this application is punishable by criminal penalties. (DC Code Sec. 22-2514)
 Mary L. Digges, President, Bush Development Corporation, Managing General Partner

Signature of Owner/Authorized Agent

Date

OFFICIAL USE ONLY

Environmental Impact Screening Form Required

Yes. Referred to EIS Coordinator No

DCRA Reviewer _____

Date _____

NOTE: Building permit approval is not the same as approval of an action or entire project under the Environmental Policy Act of 1989. If you build on the same, adjacent, or abutting property, or expand on work covered by this Environmental Intake Form within 3 years, you may be required to file an EISF for the whole project, including the part covered by this application and permit approval. If the action violates any federal or DC environmental laws, an EISF can be required.

To report waste, fraud, or abuse by any DC government office or official, call the Inspector General: 1-800-521-1639

GOVERNMENT OF THE DISTRICT OF COLUMBIA
**CERTIFICATION FOR
RAZE PERMIT APPLICATION**

This certifies that Parcel One Phase I Associates, LLLP (referred to as Owner) owns the property at
(Legal Name of Property Owner)

401 K Street, N.W. and that the person signing below has the legal authority to execute this Certification
(Property Address)

and to make the representations and certifications below, on behalf of the Owner:

I am applying for a Raze Permit for the subject property.

I understand that the Raze Permit must be issued prior to any raze activity or operations.

If I do not have a Raze Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.

(Initial here to certify that you have read and understand this paragraph)

A. Use of Property as Housing Accommodation

I hereby certify that the structure to be razed IS a housing accommodation.
(is/is not)

If the structure is a housing accommodation, complete Section B. If the structure is *not* a housing accommodation, skip to Section C and the signature block.

B. Additional Provisions Applicable to Razing of "Housing Accommodations"

I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2 not to use the permits to:

Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.

Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.

(Initial here to certify that you have read and understand this paragraph)

I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, *et seq.*, and in subchapter VII of the "Rental Housing Act" codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:

Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, **before** issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.

Providing tenants with a 180-day Notice to Vacate that complies with and notifies each tenant of his/her potential right to relocation assistance.

(Initial here to certify that you have read and understand this paragraph)

C. Execution and Certification Applicable to All Applicants

I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.

Name of Owner: Parcel One Phase I Associates, LLLP
(Print Name of Owner)

Signature:
By: Mary L. Digges, President, Bush Development Corporation, Managing General Partner

Name of Agent: Bush Construction Corporation
(Print Name of Authorized Agent)

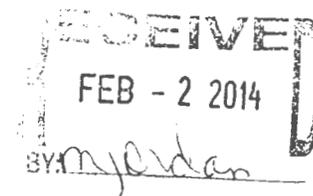
Signature: _____
By: Andrew A. Viola, Vice President



Government of the District of Columbia
 Department of Consumer and Regulatory Affairs

Permit Operations Division
 1100 4th Street SW
 Washington DC 20024

Tel. (202) 442 - 4589 Fax (202) 442 - 4862
 TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557



Date: December 05, 2014

Cap Id R1500035

D.C. Historic Preservation Office

1100 4th Street S.W., Rm E650

Washington, DC 20024

Re: Request for clearance of premises subject to razing operations

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Operations Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office, in order to release the subject permit.

Address
 4019 1ST ST SE

LOT 0807 SQUARE: 6170 TYPE Single Family Dwelling - R-3 VACANT

Please notify our office of the satisfactory completion of your inspection of the premises, by filling out the clearance section below and returning this form to the D.C.R.A. Permit Operations Division, 1100 4th Street S.W. Washington DC 20024

CLEARANCE

This is to inform you that we researched our records concerning the structure identified above and we have no objections to proceeding with the proposed razing of said structure.

Date: 2-3-15 Signature: [Signature]

Name of releasing HPO Official. (print) CMU (OT)

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS



NOTICE TO PROCEED

Address: 4019 1ST STREET SE
Square: 6170 LOT: 0807
Control # VSA14-00003

TO : MARGNI INCORPORATED
603 GALLATIN STREET NW
WASHINGTON DC 20011

FROM : ROBERT SPRIGGS
ENFORCEMENT PROGRAM MANAGER

SUBJECT : IMMEDIATE RAZE

THE PROPERTY IDENTIFIED ABOVE HAS BEEN DECLARED UNSAFE AND AN IMMINENT DANGER TO CITIZENS IN AND AROUND THIS LOT BY THE DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS. IMMEDIATE REMOVAL HAS BEEN ORDERED UNDER DC CODE 42-3131.01.

- ACCORDINGLY, you are directed to remove the structure immediately. The Department of Consumer and Regulatory Affairs will coordinate the removal of utility services to this structure, but per statement of work, you are required to confirm the cut-offs.

BECAUSE OF THE EXISTING DANGER POSED BY THIS STRUCTURE, WORK MUST COMMENCE WITHIN 2 DAYS OF PERMIT ISSUANCE.

Contract Award: \$19,975.00

- Any questions regarding this NOTICE may be directed to Robert Spriggs, Enforcement Program Manager on (202) 442-4406

By: Robert Spriggs Date: 11/13/14
Robert Spriggs, Enforcement and Legislative Affairs

Contractor Signature: Verrick Ingram Date: 11-13-14

Buildings on 1st Street SE Between 4010 and 4020

This project has been funded in part by a U.S. Department of the Interior, National Park Service Historic Preservation Fund grant administered by the District of Columbia's Historic Preservation Office.

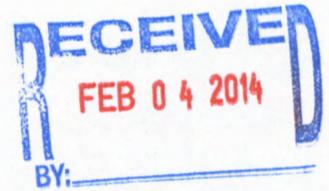
<i>Square-Lot</i>	<i>Address</i>	<i>Material</i>	<i>Purpose</i>	<i>Permit</i>	<i>Date</i>	<i>Cost</i>
6170 0807	4019 1st Street SE	26 x 26 frame	dwelling	3892	11/17/1921	\$4,000
	<i>Owner</i> Hungerford, Mrs. E. P.	<i>Architect</i>		<i>Builder</i> Carmord?, G. M.		
	<i>Updated?</i> Yes	<i>Extant?</i> Yes				



Government of the District of Columbia
Department of Consumer and Regulatory Affairs

Permit Operations Division
1100 4th Street SW
Washington DC 20024

Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557



Date: February 02, 2015

Cap Id: R1500058

D.C. Historic Preservation Office
1100 4th Street S.W. , Rm E650
Washington, DC 20024

Re: Request for clearance of premises subject to razing operations

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Operations Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office, in order to release the subject permit.

Address:
1720 NEW JERSEY AVE NW

LOT: 0008 SQUARE: 0508 TYPE: VACANT:

Please notify our office of the satisfactory completion of your inspection of the premises, by filling out the clearance section below and returning this form to the D.C.R.A. Permit Operations Division, 1100 4th Street S.W., Washington D.C. 20024.

CLEARANCE

This is to inform you that we researched our records concerning the structure identified above and we have no objections to proceeding with the proposed razing of said structure.

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

12500058

Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any entered information will void this application. The owner of record must sign the application with an original signature.

Applicable code sections are in the 2008 DC Building Code Supplement Chapter 15 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

Application Date: _____

1. INFORMATION ON PROPERTY

1. Address of Proposed Work 1720 New Jersey Avenue	2. Quad NW	3. Ward 6	4a. Square 0508	4b. Suffix	5. Lot 0008
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2. APPLICANT INFORMATION

6. Property Owner Genoa Development LLC	7. Complete mailing address (include zip) 1869 3rd St, NW Unit 2, DC 20001	8. Phone Number(s) 202 805 0418	9. Email aseqmar@ezuracapital.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email

3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling) 2 story family building		16. Existing Number of Stories of Bldg: 2	
17. Use(s) of Property (specifically indicate if any use is residential.) Residential		18. Materials of Building (brick, wood, etc.) Brick	
19. Bldg Length (ft) 45 ft	20. Bldg Width (ft) 20 ft	21. Bldg Height (ft) 22 ft	22. Bldg Volume (cu ft) (L x W x H) 19,800 cu ft

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name	24. Contractor's Address (including zip code)	25. Contractor's Phone
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26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature
27. CFA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

30a. Party Wall?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.

31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.
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32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only		
		Fee	By	Date

33. Plumber's Name	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.)
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1. You must submit a Certificate of Insurance covering the raze operation/contractor—unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises

2. The Certificate should:

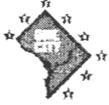
- Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024
- Include a 30-day advance notice cancellation clause
- Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000
- State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage
- If the insurance is for one specific address only, state that, "Razing Operations at _____"
(address of raze operation)

36. Insurance Company	37. Policy or Certificate No.	38. Expiration Date
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39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only		
		Fee	By	Date

Chronological List of surveyed buildings in Square 508:

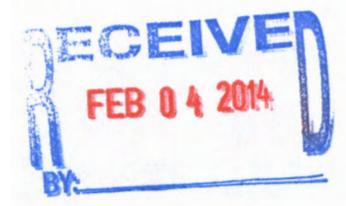
Square	Bld #	Building Address	Lot	Architect	Builder	Built	
0508	1722	New Jersey Avenue	0035			prior to	1877
0508	445	R Street	0055			prior to	1877
0508	1716	New Jersey Avenue	0067			prior to	1879
0508	1724	New Jersey Avenue	0034			prior to	1880
0508	1712	New Jersey Avenue	0800			prior to	1880
0508	1720	New Jersey Avenue	0008			prior to	1880
0508	446	Rhode Island Avenue	0065			prior to	1880
0508	434	Rhode Island Avenue	0063	Unknown	Unknown	in	1882
0508	436	Rhode Island Avenue	0062	Unknown	Unknown	in	1882
0508	438	Rhode Island Avenue	0061	Unknown	Unknown	in	1882
0508	440	Rhode Island Avenue	0060	Unknown	Unknown	in	1882
0508	1714	New Jersey Avenue	0801	Unknown	Keohler, John	in	1883
0508	1702	New Jersey Avenue	0040	Groff, Diller B.	Groff, Diller B.	in	1884
0508	1704	New Jersey Avenue	0039	Groff, Diller B.	Groff, Diller B.	in	1884
0508	1706	New Jersey Avenue	0038	Groff, Diller B.	Groff, Diller B.	in	1884
0508	1708	New Jersey Avenue	0037	Groff, Diller B.	Groff, Diller B.	in	1884
0508	1710	New Jersey Avenue	0036	Groff, Diller B.	Groff, Diller B.	in	1884
0508	427	R Street	0044	Groff, Diller B.	Groff, Diller B.	in	1886
0508	429	R Street	0045	Groff, Diller B.	Groff, Diller B.	in	1886
0508	435	R Street	0049			after	1887
0508	431	R Street	0016			prior to	1887
0508	431 1/2	R Street	0048			prior to	1887
0508	433	R Street	0049			prior to	1887
0508	443	R Street	0054			prior to	1887
0508	1718	New Jersey Avenue	0802			prior to	1887
0508	1700	New Jersey Avenue	0041	Davis, H. B.	Unknown	in	1899
0508	447	R Street	0056	Unknown	Vollard, Edward	in	1923
0508	432	Rhode Island Avenue	0068			c.	1995



Government of the District of Columbia
Department of Consumer and Regulatory Affairs

Permit Operations Division
1100 4th Street SW
Washington DC 20024

Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557



Date: February 02, 2015

Cap Id: R1500059

D.C. Historic Preservation Office
1100 4th Street S.W. , Rm E650
Washington, DC 20024

Re: Request for clearance of premises subject to razing operations

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Operations Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office, in order to release the subject permit.

Address:
1722 NEW JERSEY AVE NW

LOT: 0035 SQUARE: 0508 TYPE: VACANT:

Please notify our office of the satisfactory completion of your inspection of the premises, by filling out the clearance section below and returning this form to the D.C.R.A. Permit Operations Division, 1100 4th Street S.W., Washington D.C. 20024.

CLEARANCE

This is to inform you that we researched our records concerning the structure identified above and we have no objections to proceeding with the proposed razing of said structure.

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

R1500059

Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whitening out, or otherwise altering any entered information will void this application. The owner of record must sign the application with an original signature.

Applicable code sections are in the 2008 DC Building Code Supplement Chapter 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

Application Date: _____

1. INFORMATION ON PROPERTY

1. Address of Proposed Work 1722 New Jersey Avenue	2. Quad NW	3. Ward 6	4a. Square 0508	4b. Suffix	5. Lot 0035
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2. APPLICANT INFORMATION

6. Property Owner K Street LLC	7. Complete mailing address (include zip) 907 N Street NW Unit C2, DC 20001	8. Phone Number(s) 202 352 0831	9. Email sequerh@ yahoo.com
10. Agent/Contractor for Owner (if applicable) Abraham Sequer	11. Complete mailing address (include zip) 1610 11th St NW, Apt 4A, DC 20001	12. Phone Number(s) 202 805 0418	13. Email asequer@ ezanacapital.com

3. TYPE OF PERMIT

14. Check all that apply: <input checked="" type="checkbox"/> Raze Permit
--

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling) 2 Story Family Dwelling		16. Existing Number of Stories of Bldg: 2	
17. Use(s) of Property (specifically indicate if any use is residential.) Residential		18. Materials of Building (brick, wood, etc.) Brick	
19. Bldg Length (ft) 55ft	20. Bldg Width (ft) 19 ft	21. Bldg Height (ft) 26ft	22. Bldg Volume (cu ft) (L x W x H) 27,170 cuft

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name	24. Contractor's Address (including zip code)	25. Contractor's Phone
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26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature
27. CFA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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2. The Certificate should:

- Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024
- Include a 30-day advance notice cancellation clause
- Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000
- State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage
- If the insurance is for one specific address only, state that, "Razing Operations at _____ (address of raze operation)"

36. Insurance Company	37. Policy or Certificate No.	38. Expiration Date
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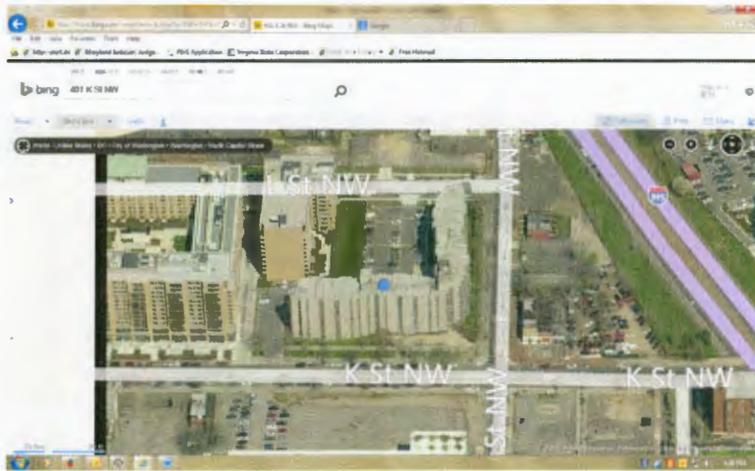
39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only		
		Fee	By	Date

Chronological List of surveyed buildings in Square 508:

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0508	445	R Street	0055			prior to	1877
0508	1716	New Jersey Avenue	0067			prior to	1879
0508	1724	New Jersey Avenue	0034			prior to	1880
0508	1712	New Jersey Avenue	0800			prior to	1880
0508	1720	New Jersey Avenue	0008			prior to	1880
0508	446	Rhode Island Avenue	0065			prior to	1880
0508	434	Rhode Island Avenue	0063	Unknown	Unknown	in	1882
0508	436	Rhode Island Avenue	0062	Unknown	Unknown	in	1882
0508	438	Rhode Island Avenue	0061	Unknown	Unknown	in	1882
0508	440	Rhode Island Avenue	0060	Unknown	Unknown	in	1882
0508	1714	New Jersey Avenue	0801	Unknown	Keohler, John	in	1883
0508	1702	New Jersey Avenue	0040	Groff, Diller B.	Groff, Diller B.	in	1884
0508	1704	New Jersey Avenue	0039	Groff, Diller B.	Groff, Diller B.	in	1884
0508	1706	New Jersey Avenue	0038	Groff, Diller B.	Groff, Diller B.	in	1884
0508	1708	New Jersey Avenue	0037	Groff, Diller B.	Groff, Diller B.	in	1884
0508	1710	New Jersey Avenue	0036	Groff, Diller B.	Groff, Diller B.	in	1884
0508	427	R Street	0044	Groff, Diller B.	Groff, Diller B.	in	1886
0508	429	R Street	0045	Groff, Diller B.	Groff, Diller B.	in	1886
0508	435	R Street	0049			after	1887
0508	431	R Street	0016			prior to	1887
0508	431 1/2	R Street	0048			prior to	1887
0508	433	R Street	0049			prior to	1887
0508	443	R Street	0054			prior to	1887
0508	1718	New Jersey Avenue	0802			prior to	1887
0508	1700	New Jersey Avenue	0041	Davis, H. B.	Unknown	in	1899
0508	447	R Street	0056	Unknown	Vollard, Edward	in	1923
0508	432	Rhode Island Avenue	0068			c.	1995



50 Florida Avenue NE



401 K Street NW



4019 1st Street NE



0508 0008 07/01/2004

1720 New Jersey Avenue NW



0508 0035 07/01/2004

1722 New Jersey Avenue NW