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 May 01, 2015 Cap Id R1500109

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
4845 HUTCHINS PL NW

LOT 0823 SQUARE: 1387 TYPE: VACANT Yes

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) _____

Print Form

Government of the District of Columbia

APPLICATION FOR RAZE PERMIT 15-020

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 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.

R1500 109

Application Date: 5.1.15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4845 Hutchins Place	NW	Three	1387		0823

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Douglas H.S. Owens and Family Trust	4644 Carl Han Dines Dr. Fernandina Beach, FL 32034	904-310-9170	greenemilt@gmail.com
10. Agent/Contractor for Owner (if applicable)	**11. Complete mailing address (include zip)**	**12. Phone Number(s)**	**13. Email**
Stephanie Erwin, CAS Engineering	1001 Conn. Ave., NW, #401, 20036	202-815-4002	dcpermits@casengineering

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
One-story brick single-family dwelling and one-story concrete block detached garage	1

17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)
Single-family residential	Brick, concrete block and wood

19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
54	28	15	22680

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
Don Murphy Excavating	18019 Shaffers Mill Rd., Mt Airy, MD 21771	(240) 691-6372 Cell (443)277-6920 Office

26. Historic District?	☐ Yes ☒ No	33. Raze Contractor Signature
27. CFA?	☐ Yes ☒ No	
28. Raze Entire Building?	☒ Yes ☐ No	34. Property Owner Signature
29. Building Condemned?	☐ Yes ☒ No	X
30a. Party Wall?	☐ Yes ☒ 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?	☒ Yes ☐ No	Building must be vacant before Raze Permit issuance.
32. Public Space Vault?	☐ Yes ☒ No	**Official Use Only**

Fee	By	Date

33. Plumber's Name	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.)
Acker & Sons, Inc	PML 44	Excavator, and by hand

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
Liberty Mutual/Builders Mutual	See attached	8/12/2015 & 4/1/2015

39. Asbestos in Building? If yes, indicate location:	☐ Yes ☒ No	**Official Use Only**

Fee	By	Date

CERIFICATION FOR
RAZE PERMIT APPLICATION

This certifies that Douglas H. S. Greene Jr. Family Trust (referred to as Owner) owns the property at
(Legal Name of Property Owner)

4845 Hutchins Place, NW 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: Douglas H. Greene (Print Name of Owner) Signature: _____

Name of Agent: Stephanie Erwin (Print Name of Authorized Agent) Signature: Stephanie Erwin

DAVID CRAIG LANDSMAN
NOTARY PUBLIC
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES OCT. 31, 2015
Registration No. 7507752

April 27, 2015

REV 11/11

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.

Permit Number	*180371*	***Date***	*5/15/1935*
Owner	*Hickman, Jessie*	***Roll of Microfilm***	*533*
Architect	*Cobb, John D.*		
Builder	*Cobb, John D.*		
Quantity	*1*		
Stories	*1*	***Material***	*brick*
Width	*27*	***Depth***	*50*
Purpose	*dwelling*	***Number of Families***	*0*
Store?	☐		
Solid/Filled		***Material of Foundation***	*brick*
Front Material		***Type of Stone***	
Type of Roof	*pitch*	***Roof Material***	*comp shing*
Heat	*hot water*	***No Plumbing or Gasfitting***	☐
No Electric	☐	***Roughing In Only***	☐
Estimated Cost	*$5,000*	***No Sewer Available***	☐
Notes			

Updated	*Extant*	*Square*	*Lot*	*Address*				*House Type*
☑	☑	1387	0823	4845	Hutchins	Place	NW	Detached

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 May 01, 2015 Cap Id R1500110

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
3115 44TH ST NW

LOT 0807 SQUARE: 1625 TYPE VACANT Yes

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) _____

23 Raze Contractor's Name	24 Contractor's Address (including zip code)	25 Contractor's Phone
MAUCK, ZANTZINGER & ASSOC. INC.	5141 MACARTHUR BLVD, NW WASHINGTON, D.C. 20016	202-363-8501

26 Historic District?	☐ Yes ☒ No	32 Raze Contractor Signature	
27 CFA?	☐ Yes ☒ No		
28 Raze Entire Building?	☒ Yes ☐ No	34 Property Owner Signature	
29 Building Condemned?	☐ Yes ☒ No		
30a Party Wall?	☐ Yes ☒ 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?	☒ Yes ☐ No	Building must be vacant before Raze Permit issuance	
32 Public Space Vault?	☐ Yes ☒ No	**Official Use Only**	
		Fee	By / Date

33 Plumber's Name	34 Plumber's License Number	35 Raze Method (ball, bulldozer, by hand, etc.)
PIPE DREAMS	1202	Bulldozer

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
Selective Way Insurance Co	S1980873	01/01/2016

39 Asbestos in Building? If yes, indicate location		**Official Use Only**		
	☐ Yes ☒ No	Fee	By	Date

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 May 08, 2015 Cap Id R1500112

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:
4304 FORESTER N NW

LOT 0078 SQUARE: 1619 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) _____

Print Form

Government of the District of Columbia

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 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

R15 CC 112

Application Date 5/7/15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4304 Forest Lane	NW	Three	1619		0078

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
MICHAEL SICOLI / KIRSTEN ALBERS	6726 25TH ST N ARLINGTON, VA 22213	703-536-5512	msicoli19@gmail.com
10. Agent/Contractor for Owner (if applicable)	**11. Complete mailing address (include zip)**	**12. Phone Number(s)**	**13. Email**
Stephanie Erwin, CAS Engineering	1001 Conn. Ave., NW, #401, 20036	202-815-4002	dcpermits@casengineering

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
Two-story brick single-family dwelling	2

17. Use of Property (specifically indicate if any use is residential)	18. Materials of Building (brick, wood, etc.)
Single-family residential	Brick, concrete block and wood

19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft: L x W x H)
55	45	20	49500

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
Mauck Zantzinger and Associates, Inc.	5141 MacArthur Blvd NW, Washington, DC 20016	202-363-8501

26. Historic District?	☐ Yes ☒ No	27. Property Owner's Signature
27. SHPO	☐ Yes ☒ No	Mauck Zantzinger per phone
28. Raze Entire Building?	☒ Yes ☐ No	28. Property Owner's Signature
29. Building Condemned?	☐ Yes ☒ No	
30a. Party Wall?	☐ Yes ☒ No	30b. If yes, adjacent property owner signature is required
		30c. Any raze permit application for a building with a party wall must include copies of plans that show how the party wall(s) will be protected
31. Building Vacant?	☒ Yes ☐ No	31. Applicant must obtain Future Raze Permit, if any
32. Public Space Vault?	☐ Yes ☒ No	

Official Use Only

Fee	By	Date

33. Demolition Firm	34. Permit Holder's License Number	35. Raze Method (Implosion, Bulldozer, By Hand, etc.)
Michael Johnson, Pipe Dreams	1202	Bulldozer

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
Selective Ins Insurance Co	S1980873	01/01/2016

39. Asbestos in Building? ☐ Yes ☒ No

If yes, indicate location

Official Use Only

Fee	By	Date

CERIFICATION FOR
RAZE PERMIT APPLICATION

This certifies that [MICHAEL SIGEL & KRISTEN MORRIS] (referred to as Owner) owns the property at
(Legal Name of Property Owner)

[4304 Forest Lane NW] and that the person signing below has the legal authority to execute this Certification
(Property Address)

and to make the representations and certifications contained 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

[illegible] (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 [S 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)-(c) 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 [MICHAEL SIGEL / KRISTEN MORRIS] (Print Name of Owner) Signature [signature]

Name of Agent [CASSIDY INGRAM] (Print Name of Authorized Agent) Signature [signature]

[signature]

DAVID CRAIG LANDSMAN
NOTARY PUBLIC
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES OCT 31 2015
Registration No 7507752

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.

Permit Number	*141434*	*Date*	*4/9/1931*
Owner	*Miller, W. C. & A. N.*	*Roll of Microfilm*	*443*
Architect	*MacNeil, G. E.*		
Builder	*Miller, W. C. & A. N.*		
Quantity	*1*		
Stories	*3*	*Material*	*brick & fram*
Width	*45*	*Depth*	*37*
Purpose	*dwelling*	*Number of Families*	*0*
Store?	☐		
Solid/Filled		*Material of Foundation*	*brick*
Front Material		*Type of Stone*	
Type of Roof	*pitch*	*Roof Material*	*slate*
Heat	*gas*	*No Plumbing or Gasfitting*	☐
No Electric	☐	*Roughing In Only*	☐
Estimated Cost	*$13,200*	*No Sewer Available*	☐
Notes			

Updated	*Extant*	*Square*	*Lot*	*Address*				*House Type*
☑	☑	1619	0078	4304	Forest	Lane	NW	Detached

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

RECEIVED
MAY 12 2015
BY:

Date: May 08, 2015 Cap Id R1500111

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:
1333 M ST SE

LOT: **0001** SQUARE: **1048** 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: 5/13/2015 **Signature:**

Name of releasing HPO Official. (print) Maloney

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: **May 08, 2015** Cap Id: **R1500111**

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:
1333 M ST SE

LOT: **0001** SQUARE: **1048** 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) _____

Print Form

Government of the District of Columbia

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

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.

R1500 111

Application Date: 5/5/15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1333 M Street	~~NW~~ SE	~~One~~ Six	1048		0001

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Skanska / Facchina	295 Bendix Road Suite 400, VA 23452	2024842330	Stephen.Skippen@skanska.com
10. Agent/Contractor for Owner (if applicable)	**11. Complete mailing address (include zip)**	**12. Phone Number(s)**	**13. Email**
Stephen Skippen	102 centennial Street La Plata, MD 20646	3012523605	SSkippen@facchina.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:
18 interconnecting office trailers	1

17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)
Construction Office Trailers	Wood Trailer

19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
216' 151'	35' 59'	12' 12'	197,628

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
Skanska / Facchina JV	295 Bendix Road, Suite 400, VA 23452	301 252 3605

26. Historic District?	☐ Yes ☑ No	33. Raze Contractor Signature
27. CFA?	☐ Yes ☑ No	
28. Raze Entire Building?	☑ Yes ☐ No	34. Property Owner Signature
29. Building Condemned?	☐ Yes ☑ No	
30a. Party Wall?	☐ Yes ☑ 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?	☐ Yes ☑ No	Building must be vacant before Raze Permit issuance.
32. Public Space Vault?	☐ Yes ☐ No	**Official Use Only**

Fee	By	Date

33. Plumber's Name	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.)
Joseph Magnolia	PC#1000297	Trailers will be disconnected and lifted out by crane

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 1333 M Street, SE, DC 20003 (address of raze operation)

36. Insurance Company	37. Policy or Certificate No.	38. Expiration Date

39. Asbestos in Building? If yes, indicate location:	☐ Yes ☑ No	**Official Use Only**

Fee	By	Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA

CERIFICATION FOR
RAZE PERMIT APPLICATION

This certifies that Skonska Facchina JV (Legal Name of Property Owner) (referred to as Owner) owns the property at 1333 M Street, SE, DC 2003 (Property Address) and that the person signing below has the legal authority to execute this Certification 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 (is/is not) a housing accommodation.

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.

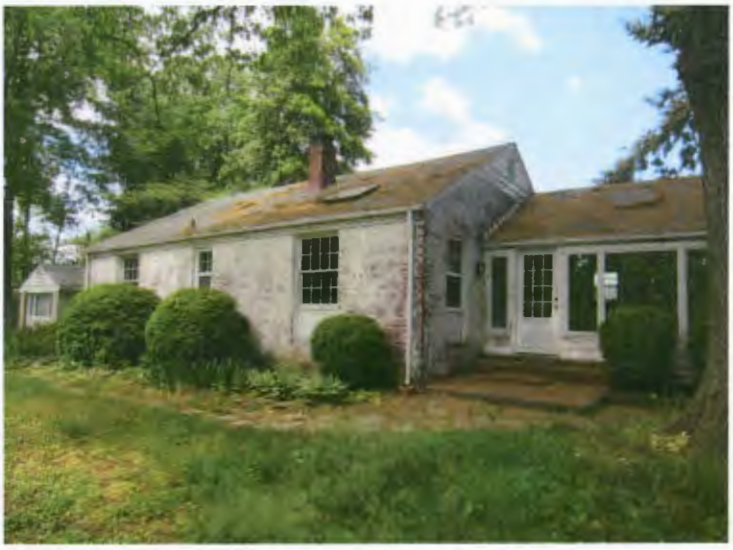
_____ (Initial here to certify that you have read and understand this paragraph)

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: STEPHEN SKIPPEN (Print Name of Owner) Signature: _____

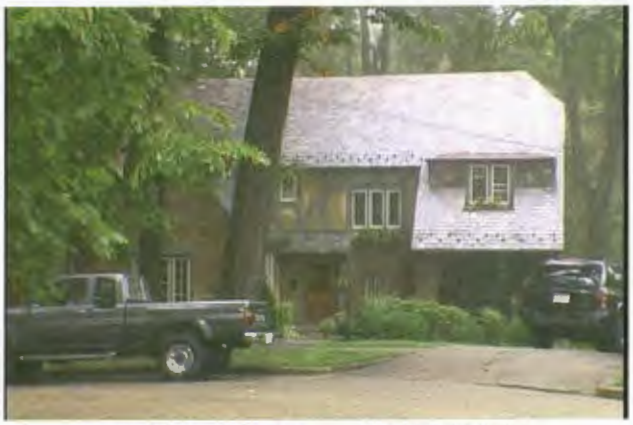
Name of Agent: STEPHEN SKIPPEN (Print Name of Authorized Agent) Signature: _____



4845 Hutchins Place NW

1625 0807 07/27/2004

3115 44th Street NW



1619 0078 07/28/2004

4304 Forest Lane NW

1333 M Street SE