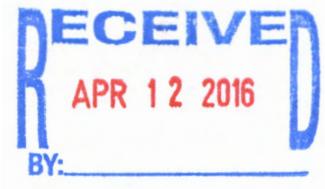


## Raze Applications Applied for March 21, 2016 through April 8, 2016

ISSUED DATE	ID	Address	TYPE	STATUS	DCRA Notice	ANC Review Expiration	SSL	Ward	AN C	Zoning	Applicant	Owner Name	Description of Work
4/5/2016	R1600143	1114 MONROE ST NW	Raze	New Application	April 11, 2016	May 26, 2016	2839 0072	1	1A	R-4	AKINSON	OMER BUYUKBAYRAK	ONE STORY GARAGE
3/25/2016	R1600105	1403 CRITTENDEN ST NW	Raze	New Application	April 11, 2016	May 26, 2016	2706 0028	4	4C	R-4	HAROLD HOFFMAN-LOGSDON	JOSEPH E MALONEY	To Raze Garage
4/5/2016	R1600141	1344 MARYLAND AVE NE	Raze	New Application	April 11, 2016	May 26, 2016	1027 0804	6	6A	C-3-A	ASSET	CAROL MATHURA	one story brick building
3/31/2016	R1600116	1433 PENNSYLVANIA AVE SE	Raze	New Application	April 11, 2016	May 26, 2016	1065 0820	6	6B	C-2-A	JESSEE	J RIVER 1433 PENNSYLVANIA AVENUE LLC	THREE STORY BRICK MULTI FAMILY BUILDING
3/31/2016	R1600117	1401 PENNSYLVANIA AVE SE	Raze	New Application	April 11, 2016	May 26, 2016	1065 0142	6	6B	C-2-A	JESSEE	AMERICA SECURITY & TRUST	ONE STORY BRICK RETAIL BUILDING
3/25/2016	R1600114	595 3RD ST NW	Raze	New Application	April 11, 2016	May 26, 2016	0566 0855	2	2C	HR/C-3-C	LDS CPH LLC	ARCHBISHOP OF WASHINGTON	PARTIAL RAZE OF A TWO STORY BRICK RECTORY AND EDUCATIONAL FACILITY AT HOLY ROSARY CHURCH
3/21/2016	R1600111	1200 SOUTH CAPITOL ST SE	Raze	New Application	April 11, 2016	May 26, 2016	0700 0043	6	6D	CG/CR	MITCHELL	SQ700 TRUST LLC	
3/21/2016	R1600110	1200 SOUTH CAPITOL ST SE	Raze	New Application	April 11, 2016	May 26, 2016	0700 0043	6	6D	CG/CR	MITCHELL	SQ700 TRUST LLC	RAZE A METAL BUILDING
3/21/2016	R1600112	4248 FOOTE ST NE	Raze	New Application	April 11, 2016	May 26, 2016	5092 0831	7	7D	R-5-A	BARNES	JEANNE E JOHNSON	ONE STORY WOOD SINGLE FAMILY DWELLING
3/24/2016	R1600113	5212 B ST SE	Raze	New Application	April 11, 2016	May 26, 2016	5309 0802	7	7E	R-5-A	DERESSO	MENTROTONE BAPTIST CHURCH	TO RAZE A SINGLE FAMILY DWELLING
4/4/2016	R1600124	4019 SOUTH CAPITOL ST SW	Raze	New Application	April 11, 2016	May 26, 2016	6172 0807	8	8D		FOSTER	SOUTH CAPITOL CENTER LLC	SINGLE STORY MASONRY BUILDING
4/4/2016	R1600125	4021 SOUTH CAPITOL ST SW	Raze	New Application	April 11, 2016	May 26, 2016	6172 0807	8	8D		FOSTER	SOUTH CAPITOL CENTER LLC	SINGLE STORY MASONRY BUILDING
4/4/2016	R1600118	4001 SOUTH CAPITOL ST SW	Raze	New Application	April 11, 2016	May 26, 2016	6172 0807	8	8D		FOSTER	SOUTH CAPITOL CENTER LLC	single story building masonry building
4/4/2016	R1600119	4009 SOUTH CAPITOL ST SW	Raze	New Application	April 11, 2016	May 26, 2016	6172 0807	8	8D		FOSTER	SOUTH CAPITOL CENTER LLC	single story masonry building
4/4/2016	R1600120	4011 SOUTH CAPITOL ST SW	Raze	New Application	April 11, 2016	May 26, 2016	6172 0807	8	8D		FOSTER	SOUTH CAPITOL CENTER LLC	single story masonry building
4/4/2016	R1600121	4013 SOUTH CAPITOL ST SW	Raze	New Application	April 11, 2016	May 26, 2016	6172 0807	8	8D		FOSTER	SOUTH CAPITOL CENTER LLC	SINGLE STORY MASONRY BUILDING
4/4/2016	R1600122	4015 SOUTH CAPITOL ST SW	Raze	New Application	April 11, 2016	May 26, 2016	6172 0807	8	8D		FOSTER	SOUTH CAPITOL CENTER LLC	ONE STORY MASONRY BUILDING
4/4/2016	R1600123	4017 SOUTH CAPITOL ST SW	Raze	New Application	April 11, 2016	May 26, 2016	6172 0807	8	8D		FOSTER	SOUTH CAPITOL CENTER LLC	SINGLE STORY MASONRY BUILDING
4/4/2016	R1600126	4025 SOUTH CAPITOL ST SW	Raze	New Application	April 11, 2016	May 26, 2016	6172 0807	8	8D		FOSTER	SOUTH CAPITOL CENTER LLC	SINGLE STORY MASONRY BUILDING
4/4/2016	R1600127	4031 SOUTH CAPITOL ST SW	Raze	New Application	April 11, 2016	May 26, 2016	6172 0807	8	8D		FOSTER	SOUTH CAPITOL CENTER LLC	SINGLE STORY MASONRY BUILDING



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: April 12, 2016

Cap Id: R1600141

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:
1344 MARYLAND AVE NE

LOT: 0804 SQUARE: 1027 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 forms downloaded and is fillable except for signature area. Do not fill out on computer. Use a type of print friendly font. Please provide detailed information. Write N/A (not applicable) if items do not apply. Existing structures on lot must be fully demolished, or otherwise alter in way entered information will void this application. The owner of record must sign this application with an original signature.

Applicable code sections are in the 2005 DC Building Code Supplement, Chapters 15-205.2, 106.1-106.1.2, 105.2-105.2.1, 105.3-105.3.2, 106.1-106.1.2, and Section 2301.

R 16 00 141

Application Date: \_\_\_\_\_

## 1. INFORMATION ON PROPERTY

1. Address of Proposed Work <i>1344 Maryland Ave</i>	2. Quad <i>NE</i>	3. Ward <i>6</i>	4a. Square <i>1027</i>	4b. Suffix	5. Lot <i>804</i>
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## 2. APPLICANT INFORMATION

6. Property Owner <i>1344 Maryland Ave LLC</i>	7. Complete mailing address (include zip) <i>4612 Chase Ave Bethesda, MD 20814</i>	8. Phone Number(s) <i>301-674-2160</i>	9. Email <i>MHOLAHAN@gmail.com</i>
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) <i>1 story Brick Building</i>		16. Existing Number of Stories of Bldg: <i>1</i>	
17. Use(s) of Property (specifically indicate if any use is residential.) <i>Office</i>		18. Materials of Building (brick, wood, etc.) <i>Brick</i>	
19. Bldg Length (ft) <i>55</i>	20. Bldg Width (ft) <i>19 20</i>	21. Bldg Height (ft) <i>16</i>	22. Bldg Volume (cu ft) (L x W x H) <i>17,600</i>





1027 0804 08/16/2004

13 44 Maryland Ave. NE



1065 0820 09/02/2004

1433 Pennsylvania Ave. SE



1065 0142 09/02/2004

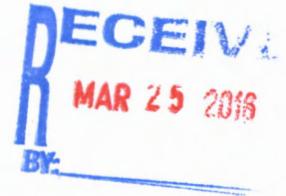
1401 Pennsylvania Ave. SE



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: March 25, 2016

Cap Id: R1600114

**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:  
595 3RD ST NW

LOT: **0855** SQUARE: **0566** 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.

Application Date:

## 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
595 3rd Street NW	NW	One	566		0858

## 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
LDS CPH LLC	1101 New York Ave NW WDC 20005	202-470-4900	bcarter@pgp.us.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Interagency Consultants	24 1/2 Q St NW Suite 100 WDC 20001	202-550-3405	ad@interagencyconsultants

## 3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

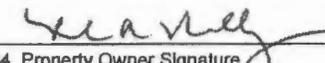
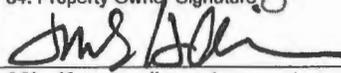
## 4. DESCRIPTION OF BUILDING

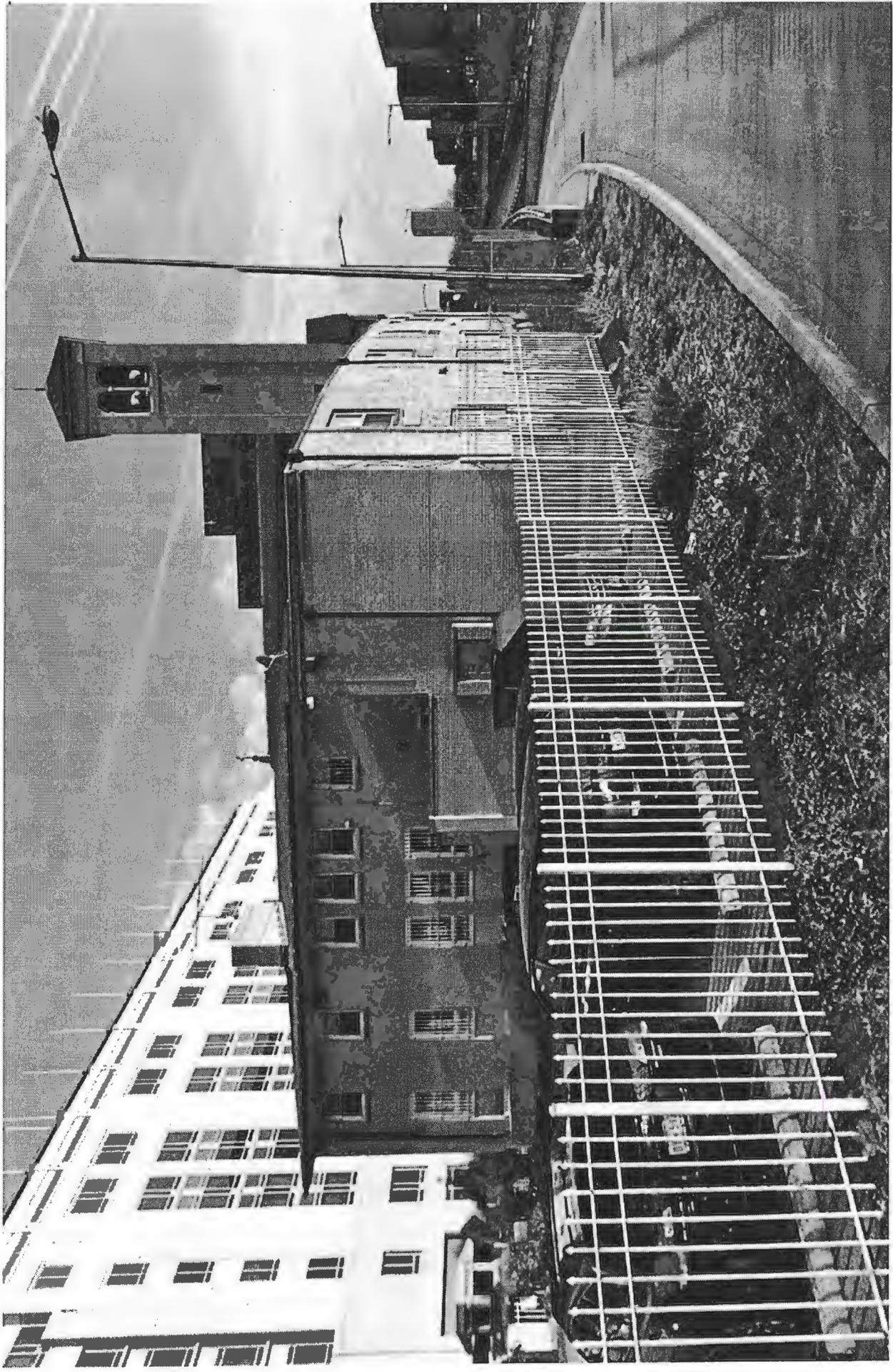
15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
Partial raze of two-story brick rectory and educational facility at Holy Rosary Church		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Rectory		Brick and Block	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
120	60	25	180,000

## OFFICIAL USE ONLY

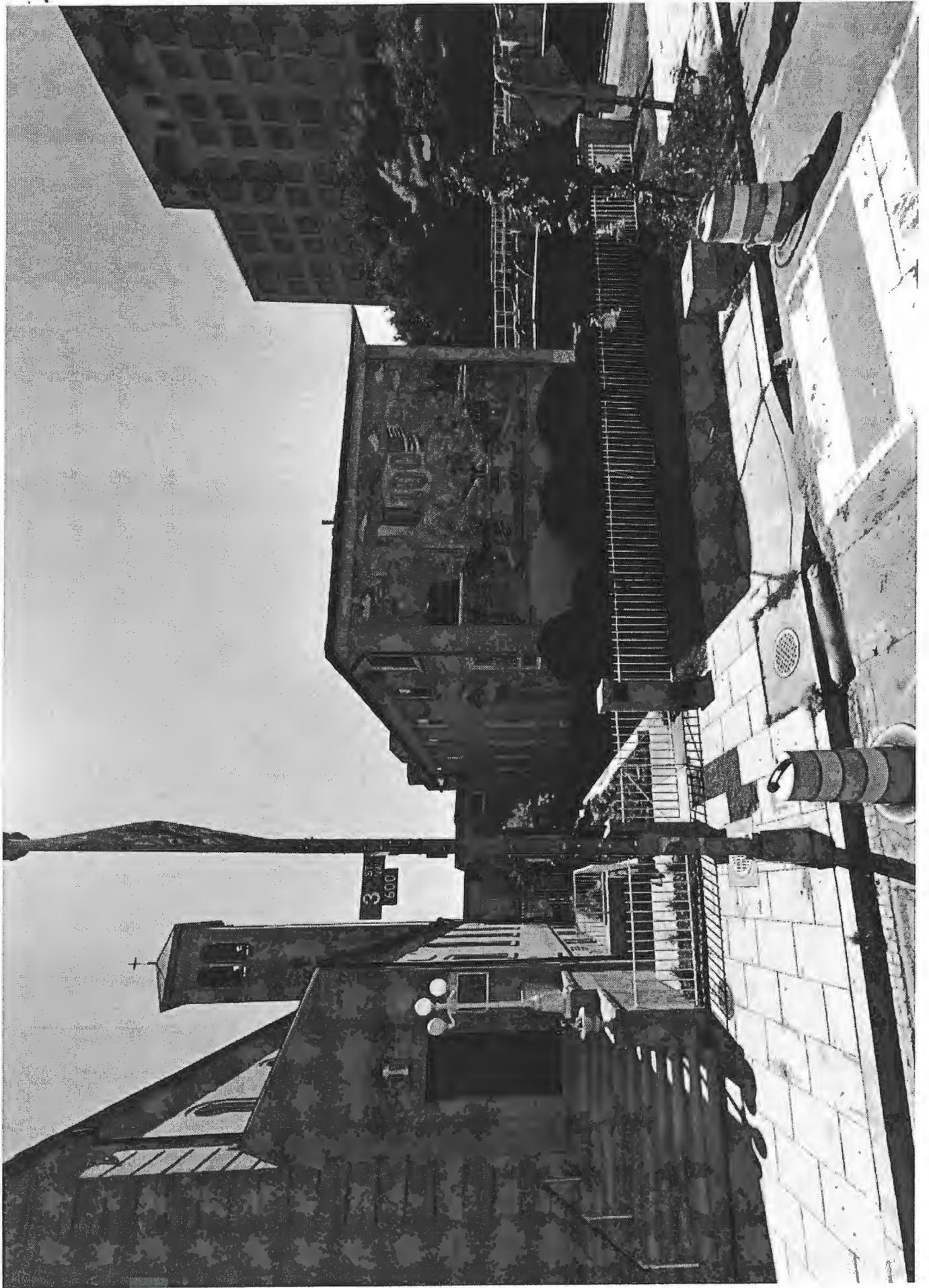
CONDITIONS/ COMMENTS:

**SECTION A: RAZE PERMIT**

23. Raze Contractor's Name		24. Contractor's Address (including zip code)	25. Contractor's Phone	
Balfour Beatty Construction DC		222 Mass Ave NW WDC 20002	202-289-0182	
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			
28. Raze Entire Building?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature 		
		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 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	<b>Official Use Only</b>		
		Fee	By	Date
33. Plumber's Name		34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.)	
Magnolia Plumbing		1000672	bulldozer	
<p>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.</p> <p>2. The Certificate should:</p> <ul style="list-style-type: none"> <li>• Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024</li> <li>• Include a 30-day advance notice cancellation clause.</li> <li>• Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.</li> <li>• State that the insurance covers "Razing Operations In the District of Columbia," if the scope of the insurance is for blanket coverage.</li> <li>• If the nsurance is for one specific address only, state that, "Razing Operations at _____" <span style="float: right;">(address of raze operation)</span></li> </ul>				
36. Insurance Company		37. Policy or Certificate No.	38. Expiration Date	
Willis of Tennessee		GLO6476684-02	October 1, 2016	
39. Asbestos in Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Official Use Only</b>		
If yes, indicate location:		Fee	By	Date

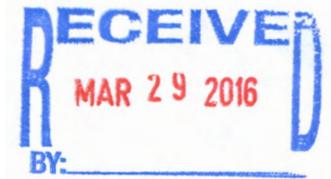








Government of the District of Columbia  
Department of Consumer and Regulatory Affairs



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: March 21, 2016

Cap Id: R1600110

**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:  
1200 SOUTH CAPITOL ST SE

LOT: 0043 SQUARE: 0700 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) \_\_\_\_\_

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.

*R16 00 110*

Application Date: **March 3, 2016**

### 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1200 S. Capitol Street	SE	Six	700		48

### 2. APPLICANT INFORMATION

6. Property Owner SQ 700 Trust LLC on behalf of AG/ MR SQ 700 Residential Owner LLC	7. Complete mailing address (include zip) c/o Monument Realty LLC 1700 K Street NW, Suite 600 Washington, DC 20006	8. Phone Number(s) 202-777-2018	9. Email amphillips@monumentrealty.com
10. Agent/Contractor for Owner (if applicable) Kim Mitchell	11. Complete mailing address (include zip) CDKM Consulting, LLC 1615 New Hampshire Ave NW, 4th Floor Washington, DC 20009	12. Phone Number(s) 202-777-0160	13. Email kim@cdkmconsulting.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) Fence, shed and curbs from former one story structure.			16. Existing Number of Stories of Bldg: N/A
17. Use(s) of Property (specifically indicate if any use is residential.) Currently used for baseball parking. Lot to be redeveloped.		18. Materials of Building (brick, wood, etc.) Concrete, metal.	
19. Bldg Length (ft) N/A <i>17.5</i>	20. Bldg Width (ft) N/A <i>12'</i>	21. Bldg Height (ft) <del>N/A</del> <i>12'</i>	22. Bldg Volume (cu ft) (L x W x H) N/A <i>2,520</i>

### OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

Kadcon	1053 31st Street NW, WDC 20007	202-944-9400
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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 checked="" type="checkbox"/> No			
28. Raze Entire Building?	<input 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 type="checkbox"/> Yes <input checked="" 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.		
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Official Use Only</b>		
		Fee	By	Date

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

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
Erie & Colony	Q47-1250616	11/12/16

39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Official Use Only</b>		
		Fee	By	Date





5092 0831 07/08/2004

4248 Foote St. NE

Ousmane 202-5380025



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: March 24, 2016

Cap Id: R1600113

**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:  
5212 B ST SE

LOT: **0802** SQUARE: **5309** 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) \_\_\_\_\_



# 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.

*R1600113*

Application Date: 02/15/2016

### 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
5212 B Street	SE	Sever	5309		26

### 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Frehiwot Deresso	5405 Tuckerman Ln B-230, Rockville MD	2404231566	bdebde@ymail.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
<i>Ousmane BA</i>	<i>318 I St # 222 DC 20002</i>	<i>202-5380025</i>	<i>ousmane39a@valverde.com</i>

### 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 single family dwelling			2
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
vacant		wood	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
39	16.5	20	12,870 CF

### OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name <b>Frehiwot Deresso</b>	24. Contractor's Address (including zip code) <b>5405 Tuckerman Ln-B230 Rockville MD, 208</b>	25. Contractor's Phone <b>2404231566</b>
---	--	---

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	
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. Building Condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature 
31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.
32. Public Space Vault? <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.
	Building must be vacant before Raze Permit issuance.

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)

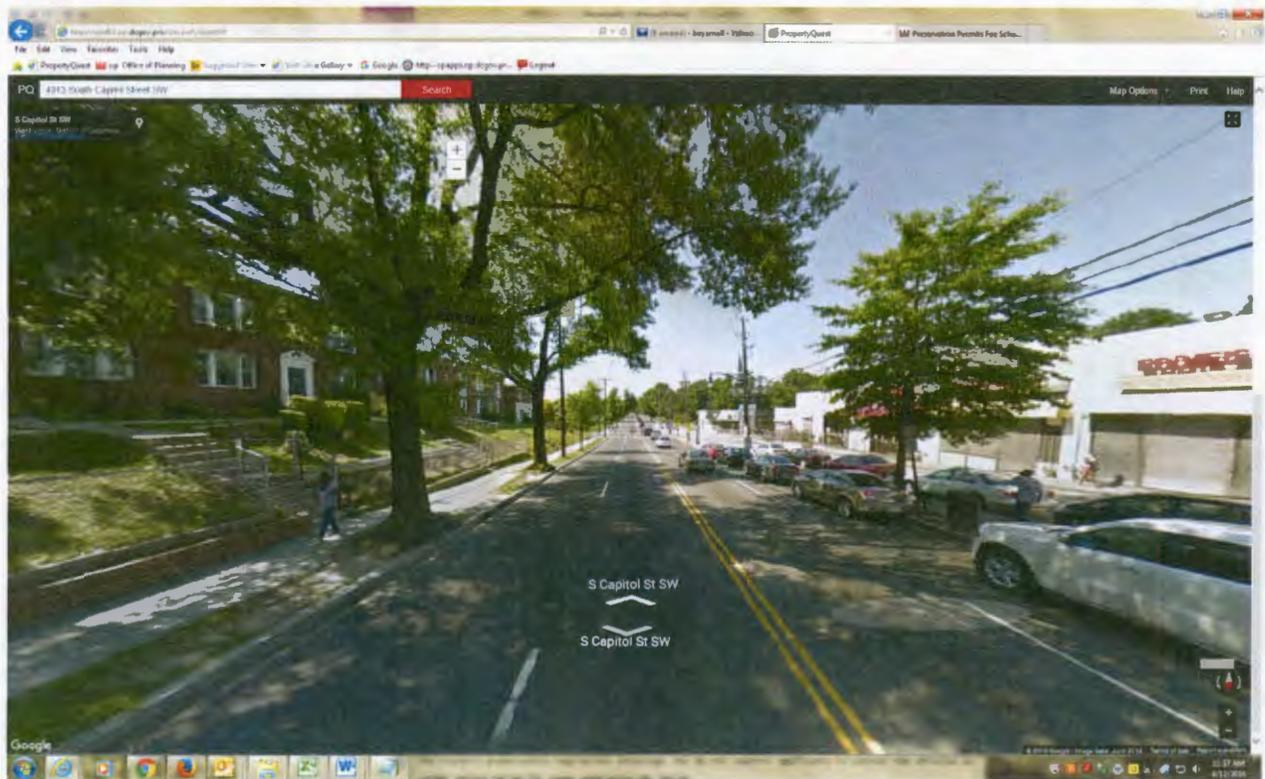
36. Insurance Company <b>ACORD</b>	37. Policy or Certificate No.  	38. Expiration Date  
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39. Asbestos in Building? If yes, indicate location:  	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only		
		Fee	By	Date



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4001, 4009, 4011, 4013, 4015, 4017, 4019, 4021, 4025, 4031 South Capitol Street SW

