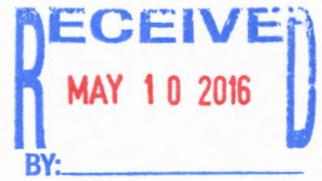


Application Date	Raze No. ID	Address	Description of Work	DCRA Notice Date	DCRA Expiration Date	SSL	Ward	ANC	Zoning	Applicant	Owner Name
4/26/2016	R1600151	734 3RD ST NE, WASHINGTON, DC 20002	to raze a brick garage	May 12, 2016	June 24, 2016	0752 0832	6	6C	R-4	DIXON	832-30 LLC
4/27/2016	R1600152	3 DC VILLAGE LN SW, WASHINGTON, DC 20032	RAZE A 2 STORY BRICK BOILER BUILDING	May 12, 2016	June 24, 2016	6264 0800	8	8D		CHANEY	WASHINGTON METROPOLITAN AREA TRANSIT AUTHORITY
4/28/2016	R1600153	2100 K ST NW, WASHINGTON, DC 20427	RAZE A OFFICE BUILDING	May 12, 2016	June 24, 2016	0074 0832	2	2A	C-3-C	CARLOS ROJAS	THE PROFESSIONAL ASSOCIATES
4/29/2016	R1600154	2800 SHERMAN AVE NW, WASHINGTON, DC 20001	RAZE A DETACHED GARAGE	May 12, 2016	June 24, 2016	2857 0818	1	1B	R-4	REESE	2800 SHERMAN AVENUE LLC
5/2/2016	R1600155	1317 ALLISON ST NW, WASHINGTON, DC 20011	RAZE OF ACCESSORY STRUCTURE- DETACHED REAR GARAGE	May 12, 2016	June 24, 2016	2817 0039	4	4C	R-4		GWENDOLYN C PRESSLEY
5/4/2016	R1600156	1240 MOUNT OLIVET RD NE, WASHINGTON, DC 20002	ONE STORY MASONRY METAL COMMERCIAL STRUCTURE	May 12, 2016	June 24, 2016	PAR 01410079	5	5C		NORMAN WASHINGTON	CONGRESSIONAL JCR LLC
5/4/2016	R1600157	508 K ST NW, WASHINGTON, DC 20001	RAZE A SINGLE STORY COMMERCIAL	May 12, 2016	June 24, 2016	0484 0023	6	6E	DD/C-2-C	STEVEN MANAS	JEMALS AUTO MARKET LLC
5/4/2016	R1600158	4306 FESSENDEN ST NW, WASHINGTON, DC 20016	2 STORY WOOD FRAME SINGLE FAMILY DWELLING	May 12, 2016	June 24, 2016	1654E 0009	3	3E	R-2	ALICE HARRINGTON	HAI-ANH H DANG
5/6/2016	R1600159	1904 IRVING ST NE, WASHINGTON, DC 20018	RAZE A TWO STORY SINGLE FAMILY DWELLING WITH A BASEMENT	May 12, 2016	June 24, 2016	4207 0015	5	5C	R-5-A	AUSET BYRD	ADELENE C TELESFORD
5/6/2016	R1600160	5329 D ST SE, WASHINGTON, DC 20019	RAZE A SINGLE FAMILY DWELLING	May 12, 2016	June 24, 2016	5300 0008	7	7E	R-5-A	BAHIR	CLARENCE CADE



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 29, 2016

Cap Id: R1600154

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:
2800 SHERMAN AVE NW

LOT: **0818** SQUARE: **2857** 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 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.

R/16 00 154

Application Date: 4/29/14

1. INFORMATION ON PROPERTY

1. Address of Proposed Work 2800 SHERMAN AVE	2. Quad	3. Ward	4a. Square 2857	4b. Suffix	5. Lot 818
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2. APPLICANT INFORMATION

6. Property Owner 2800 SHERMAN AVENUE LLC	7. Complete mailing address (include zip) PO BOX 96503 #38430 DC	8. Phone Number(s) 202-754 1660	9. Email jerry@capacityre.com
10. Agent/Contractor for Owner (if applicable) EMILY REESE	11. Complete mailing address (include zip) 320A TOWER OAKS BLVD #200A 20352	12. Phone Number(s) 201 762 9001 x20	13. Email ereese@madeaxinc.com

3. TYPE OF PERMIT

14. Check all that apply: Raze Permit

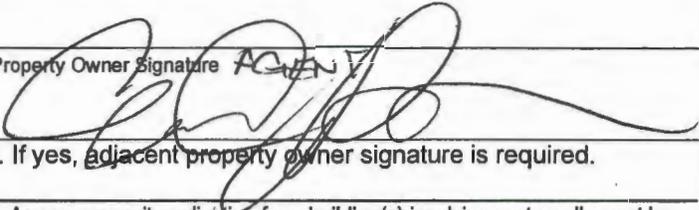
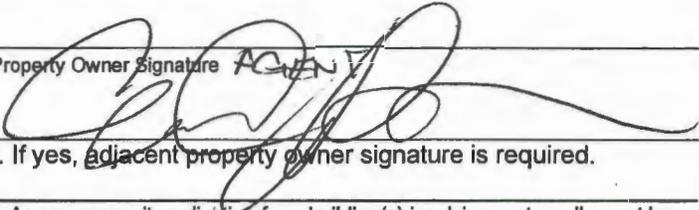
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling) 1 story detached garage		16. Existing Number of Stories of Bldg: 1	
17. Use(s) of Property (specifically indicate if any use is residential.) commercial		18. Materials of Building (brick, wood, etc.) brick / block	
19. Bldg Length (ft) 140'	20. Bldg Width (ft) 23'	21. Bldg Height (ft) 15'	22. Bldg Volume (cu ft) (L x W x H) 48,300 CF

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	
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?		30b. If yes, adjacent property owner signature is required.		
32. Public Space Vault?		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.		
		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 type="checkbox"/> No	Official Use Only		
		Fee	By	Date



**5/13/2016 - Formal application for
2100 K Street NW, filed at DCRA on
4/28/2016 has not yet been submitted to
HPO.**



0074 0832 07/25/2004

2100 K Street NW

**5/13/2016 - Formal application for
4306 Fessenden Street NW – dwelling raze,
filed at DCRA on 5/4/2016 has not yet
been submitted to HPO.**

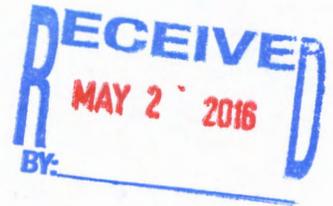


1654E 0009 06/29/2004

4306 Fessenden St
NW



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 02, 2016

Cap Id: R1600155

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:
1317 ALLISON ST NW

LOT: 0039 SQUARE: 2817 TYPE: Private Garages - U 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

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.

Application Date: 5/2/16

1. INFORMATION ON PROPERTY

1. Address of Proposed Work <u>1317 Allison St. NW</u>	2. Quad	3. Ward	4a. Square <u>2817</u>	4b. Suffix	5. Lot <u>0039</u>
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2. APPLICANT INFORMATION

6. Property Owner <u>Betty Weiss, owner KES Realty LLC</u>	7. Complete mailing address (include zip) <u>5233 KANSAS AVE DC 20016</u>	8. Phone Number(s) <u>(202) 441-4931</u>	9. Email <u>KESREALTY@ GMAIL.COM</u>
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) <u>1 STORY GARAGE</u>			16. Existing Number of Stories of Bldg: <u>1</u>
17. Use(s) of Property (specifically indicate if any use is residential.) <u>VACANT</u>		18. Materials of Building (brick, wood, etc.) <u>WOOD</u>	
19. Bldg Length (ft) <u>19 Feet</u>	20. Bldg Width (ft) <u>12 Feet</u>	21. Bldg Height (ft) <u>11 Feet</u>	22. Bldg Volume (cu ft) (L x W x H) <u>2508 CF</u>

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 <i>[Signature]</i>
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. <i>N/A</i>
		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 <i>N/A</i>	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 <i>(N/A)</i>	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





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 06, 2016

Cap Id: R1600159

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:
1904 IRVING ST NE

LOT: 0015 SQUARE: 4207 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, 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.

R/6 00 159

Application Date: 5/5/2016

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1904 IRVING STREET	NE	5	4207		15

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
DIAN INVESTMENTS	1399 Park Lake Drive Reston, VA 20190	703.424.4791	im@dianinvestments.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Tiffany Byrd	761 19th Street NE WDC 20002	(202)304-9602	aset2 consulting@gmail.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:		
SINGLE FAMILY, SIDING 2 story with Basement	2		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Residential	SIDING / Wood Framed		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
40 ft.	35 ft.	50 ft.	70,000

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	
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.)
Jesse Whiterspoon	1197	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, widely 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
Integrated Insurance	QA1-1657854	05/16/2017

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

at this time. Some Has Been ordered



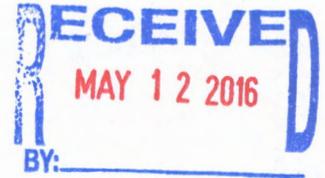
4207 0015 09/01/2004

**5/13/2016 - Formal application for
734 3rd Street NE – garage raze, filed at
DCRA on 4/26/2016 has not yet been
submitted to HPO.**



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 04, 2016

Cap Id: R1600157

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:
508 K ST NW

LOT: 0023 SQUARE: 0484 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 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.

R1600157

Application Date: 5/2/16

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
508 K Street	NW	Six	0484	-	0023

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Jermal's Auto Market LLC	702 H Street NW, Wash DC, 20001	202-638-6300	dtuner@douglasdev.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Steven Mans/William Dwyer	7528 Republic Ct	703-967-8489	smansii@gmail.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:	
Single story commercial		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Commercial auto shop/garage		CMU	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
30	20	12	7200

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
James G. Davis	12530 Parklawn Drive Rockville, MD, 20857	301-881-2990

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	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	Official Use Only		
		Fee	By	Date

33. Plumber's Name	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.)
Kalos Construction Co., Inc	PC 100064	Bulldozer

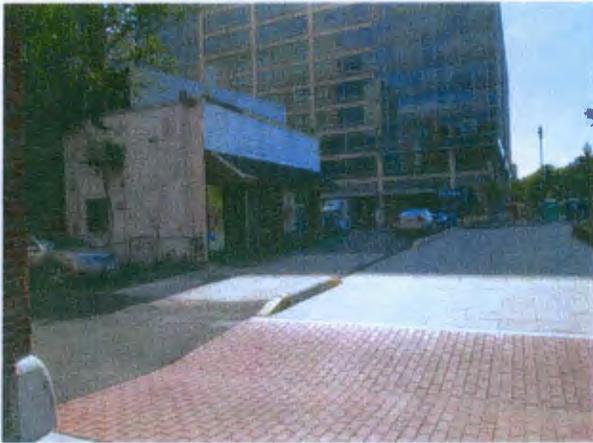
1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

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
Insurance Associates, Inc	NY15CGL116460IC	10/01/16

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



VIEW FROM K STREET-SIDEWALK LOOKING SOUTHWEST



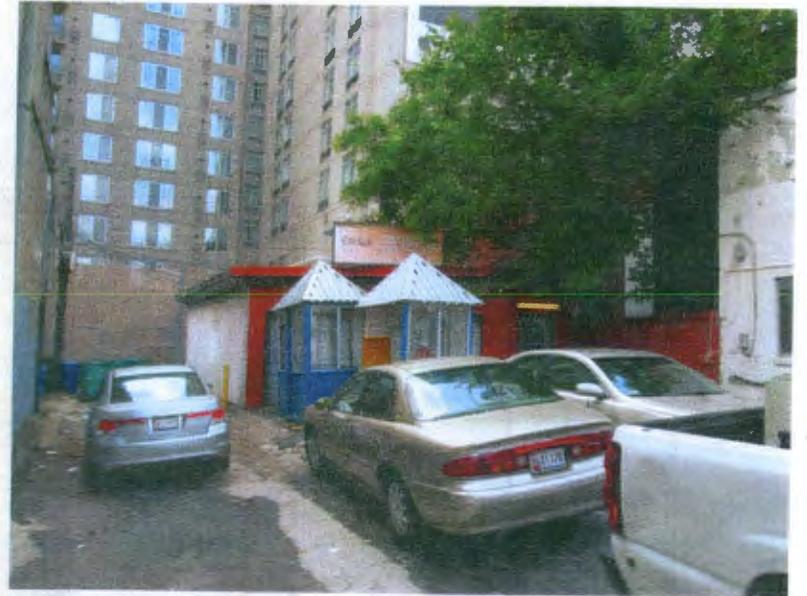
VIEW FROM K STREET LOOKING SOUTH

Square 484 Historic Buildings

WASHINGTON, D.C. | 2015 SEPTEMBER 01 | 1001 484 SQUARE BUILDING | 1001 484 2015

STREET VIEWS AS

shafiq baranes associates architects



VIEW FROM ALLEY LOOKING SOUTH

Square 484 Historic Buildings

WASHINGTON, D.C. | 2015-2016

STREET VIEWS | A6

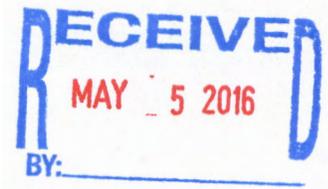
shalom baranes associates | architects



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 04, 2016

Cap Id: R1600156

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:
1240 MOUNT OLIVET RD NE

LOT: 0079 SQUARE: PAR 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.

R16 00 156

Application Date: *4/29/10*

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
<i>1240 MLY OliveT Rd NE</i>					

2. APPLICANT INFORMATION

6. Property Owner <i>Congressional JCR, LLC</i>	7. Complete mailing address (include zip) <i>1003 ELM AVENUE TAKOMA PARK, Md. 20912</i>	8. Phone Number(s) <i>202-450-3579</i>	9. Email <i>langdon@congressionalcommercial.com</i>
10. Agent/Contractor for Owner (if applicable) <i>W.G.C. Entorp Norman Washington</i>	11. Complete mailing address (include zip) <i>312 Rollins Ave. Capital Hqts ML 20743</i>	12. Phone Number(s) <i>(202)391-3837</i>	13. Email <i>nwash1954@yahoo.com</i>

3. TYPE OF PERMIT

14. Check all that apply: <input checked="" type="checkbox"/> Raze Permit
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4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling) <i>1 Story Masonry & Metal Commercial Structure</i>	16. Existing Number of Stories of Bldg: <i>#1</i>		
17. Use(s) of Property (specifically indicate if any use is residential.) <i>Commercial Photo Shop</i>	18. Materials of Building (brick, wood, etc.) <i>Block, Brick - wood</i>		
19. Bldg Length (ft) <i>120'</i>	20. Bldg Width (ft) <i>40'</i>	21. Bldg Height (ft) <i>10'</i>	22. Bldg Volume (cu ft) (L x W x H) <i>48,000</i>

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name <i>W.G. C. Norman Washington</i>		24. Contractor's Address (including zip code) <i>312 Rollins Ave Capitol Hts Md 20743</i>		25. Contractor's Phone <i>(202) 391-3837</i>	
26. Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No	33. Raze Contractor Signature <i>[Signature]</i>			
27. CFA?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
28. Raze Entire Building?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature <i>W. Taylor Apple.</i>			
29. Building Condemned?	<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.			
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
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	Official Use Only			
		Fee	By	Date	
33. Plumber's Name <i>TKC Solutions</i>		34. Plumber's License Number <i>0895</i>		35. Raze Method (ball, bulldozer, by hand, etc.) <i>By Hand & Machine</i>	
<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"> • 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 <i>Erie Insurance</i>		37. Policy or Certificate No. <i>Q43-1950683</i>		38. Expiration Date <i>1/30/17</i>	
39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only			
		Fee	By	Date	

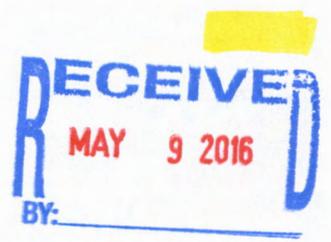


PAR 01410079 08/12/2004



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 06, 2016

Cap Id: R1600160

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:
5329 D ST SE

LOT: **0008** SQUARE: **5300** 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, 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 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.

R/16 00/160

Application Date: _____

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
5329 D St. S.E Washington DC-20019	SE	6	5300		897

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Muhammad Bashir	3235 Apex Circle Falls Church VA-22044	202-832-8930 571-358-5811	freedomcity@yahoo.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Mohammad Salheen	3002 Lawrence Drive Falls Church VA-22042	703-269-7022	salheen@gmail.com

3. TYPE OF PERMIT

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

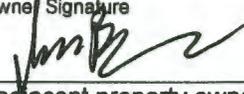
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling) ✓	16. Existing Number of Stories of Bldg:		
SFD	Existing		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.) ✓		
SFD #2	Brick wood		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
39'-0"	24'-0"	19'-5" 20'-0"	18,720 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	
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 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		Official Use Only	
				Fee	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	Date



**5/13/2016 - Formal application for
3 DC Village Lane SW – boiler building raze,
filed at DCRA on 4/27/2016 has not yet
been submitted to HPO.**