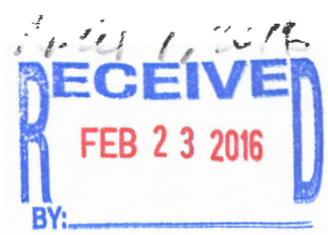


## Raze Applications Applied for February 6, 2016 through February 25, 2016

ISSUED DATE	ID	Address	TYPE	STATUS	DCRA Notice	ANC Review Expiration	SSL	ANC	Zoning	Applicant	Owner Name	Description of Work
2/10/2016	R1600079	3560 14TH ST NW	Raze	New Application		April 7, 2016	2688 0020	1A	C-2-A	MADDOX	TEOFILO AYALA	two story brick single family dwelling
2/18/2016	R1600088	3110-3112 GEORGIA AVE NW	Raze	New Application	Feb. 25, 2016	April 7, 2016	2891 0113	1A	C-2-A		GEORGIA LLC	To Raze 1 story attached retail buildings
2/23/2016	R1600089	2002 11TH ST NW	Raze	New Application	Feb. 25, 2016	April 7, 2016	0304 0027	1B	ARTS/CR		2002 11TH STREET LLC	
2/17/2016	R1600084	1726 M ST NW	Raze	New Application	Feb. 25, 2016	April 7, 2016	0162 0077	2B	C-4	GIUSEPPE	VORNADO 1726 M ST LLC	11 STORY CONCRETE AND OFFICE BUILDING
2/17/2016	R1600085	1150 17TH ST NW	Raze	New Application	Feb. 25, 2016	April 7, 2016	0162 0095	2B	C-4	GUISEPPE	1150 17TH STREET ASSOCIATES	12 STORY CONCRETE AND BRICK OFFICE BUILDING
2/9/2016	R1600078	3310 CONNECTICUT AVE NW	Raze	New Application	Feb. 25, 2016	April 7, 2016	2082 0868	3C	CP/C-2-A	KIM MITCHELL	DISTRICT OF COLUMBIA	To Raze 2 Story Brick Library Building with partial below grade level.
2/24/2016	R1600090	5532 HAWTHORNE PL NW	Raze	New Application	Feb. 25, 2016	April 7, 2016	1438 0019	3D	R-1-B	CAS	JANICE SHATTON	two story frame single family dwelling with basement
2/11/2016	R1600080	3823 ALBEMARLE ST NW	Raze	New Application	Feb. 25, 2016	April 7, 2016	1838 0011	3E	R-1-B	ESTORIL CONSTRUCTION INC.	VICTORIA AED	single family dwelling
2/18/2016	R1600087	4521 GEORGIA AVE NW	Raze	New Application	Feb. 25, 2016	April 7, 2016	3016 0044	4C	R-4		DONNA M LOVE	To Raze a Single Family Two Story Brick Home
2/17/2016	R1600086	5907 EADS ST NE	Raze	New Application	Feb. 25, 2016	April 7, 2016	5262 0823	7C	R-2	JACKSON	EADS STREET LLC	1single story masonry block and stucco single family dwelling
2/12/2016	R1600081	4631 MARTIN LUTHER KING JR AVE SW	Raze	New Application	Feb. 25, 2016	April 7, 2016	0252 0093	8D		BOSTON	BRIDGE POINT HEALTH CARE LLC	one story brick single family dwelling
2/16/2016	R1600083	2700 MARTIN LUTHER KING JR AVE SE	Raze	New Application	Feb. 25, 2016	April 7, 2016	5868S 0830	8C		DOUG FOSTER	DISTRICT OF COLUMBIA	RAZE BUILDING 119
2/16/2016	R1600082	2700 MARTIN LUTHER KING JR AVE SE	Raze	New Application	Feb. 25, 2016	April 7, 2016	5868S 0830	8C		DOUG FOSTER	DISTRICT OF COLUMBIA	RAZE FOR ST. ELIABETH'S EAST CAMPUS 2700 MARTIN LUTHER KING JR. AVE. SE WASHINGTON DC 20032 RAZE BUILDINGS 124 SEE PLANS FOR CONNECTOR(S) / ARMS TO BE RAZED ACCORDING TO PLANS



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



Permit Operations Division  
1100 4th Street SW  
Washington DC 20024

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

Date: February 10, 2016

Cap Id: R1600079

**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:  
3560 14TH ST NW

LOT: 0020 SQUARE: 2688 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/16 000 79

Application Date: 1.11.16

### 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3560 14th STREET	NW	One	2688		0020

### 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
3560 14th STREET LLC	3501 14th STREET, NW 20010	202-667-9473	NAYALA@AYALAPA.COM
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
MADDOX ENGINEERS & SURVEYORS	3204 TOWER OAKS BLVD #200A 20852	301-762-9001	PERMITS@MADDOXINC.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:
TWO STORY BRICK SINGLE FAMILY DWELLING			2
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
RESIDENTIAL		BRICK	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
39.1	27.2	27.4	29,140.4 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	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.)	

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	

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	



2688 0020 08/15/2004

3560 14th Street NW



2891 0110 09/01/2004

*3110 Georgia Ave. NW*



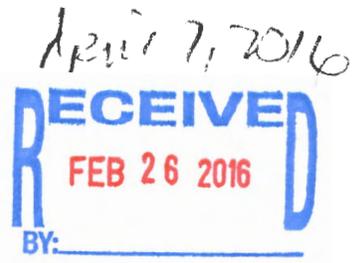
2891 0109 09/01/2004

3112 Georgia Ave. 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: February 23, 2016

Cap Id: R1600089

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:
2002 11TH ST NW

LOT: 0027 SQUARE: 0304 TYPE: VACANT:

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

CLEARANCE

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

Date: Signature:

Name of releasing HPO Official. (print)



# APPLICATION FOR RAZE PERMIT

**R1600089**

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
2002 11th Street	NW	One	0304	-	0027

## 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
2002 11th Street LLC	3232 Georgia Ave NW, Suite 100 WDC, 20010	202-567-3201	jpowell@neighborhooddevelopment.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
CDKM Consulting, LLC	1615 New Hampshire Ave NW, 4th Flr. WDC, 20009	202-332-0090	kim@cdkmconsulting.com

## 3. TYPE OF PERMIT

14. Check all that apply:  Raze Permit

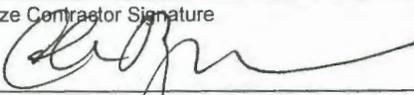
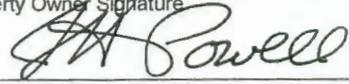
## 4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)			16. Existing Number of Stories of Bldg:
Two story brick office building with no cellar.			2
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Office (Former use, now vacant)		Brick, wood, and some structural steel.	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
65	36	28	65,520

## OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name NDC Builders, LLC		24. Contractor's Address (including zip code) 3232 Georgia Ave. NW, # 100, WDC, 20010		25. Contractor's Phone 202-722-6002	
26. Historic District?	<input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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.	
<b>Official Use Only</b>					
Fee		By		Date	

33. Plumber's Name To be determined.	34. Plumber's License Number To be determined.	35. Raze Method (ball, bulldozer, by hand, etc.) Mechanical disassembly (i.e., backhoe with grappler)
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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 Liberty Mutual Group	37. Policy or Certificate No. BKS55712925 & USO (15) 55 71 29 25	38. Expiration Date 09/16/2016
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39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Official Use Only</b>			
Asbestos was detected in Residual Brown Floor Tile Debris on Ground on the First Floor and in Residual ceiling tile glue dots on the 1st Floor (North side).		Fee		By	
				Date	

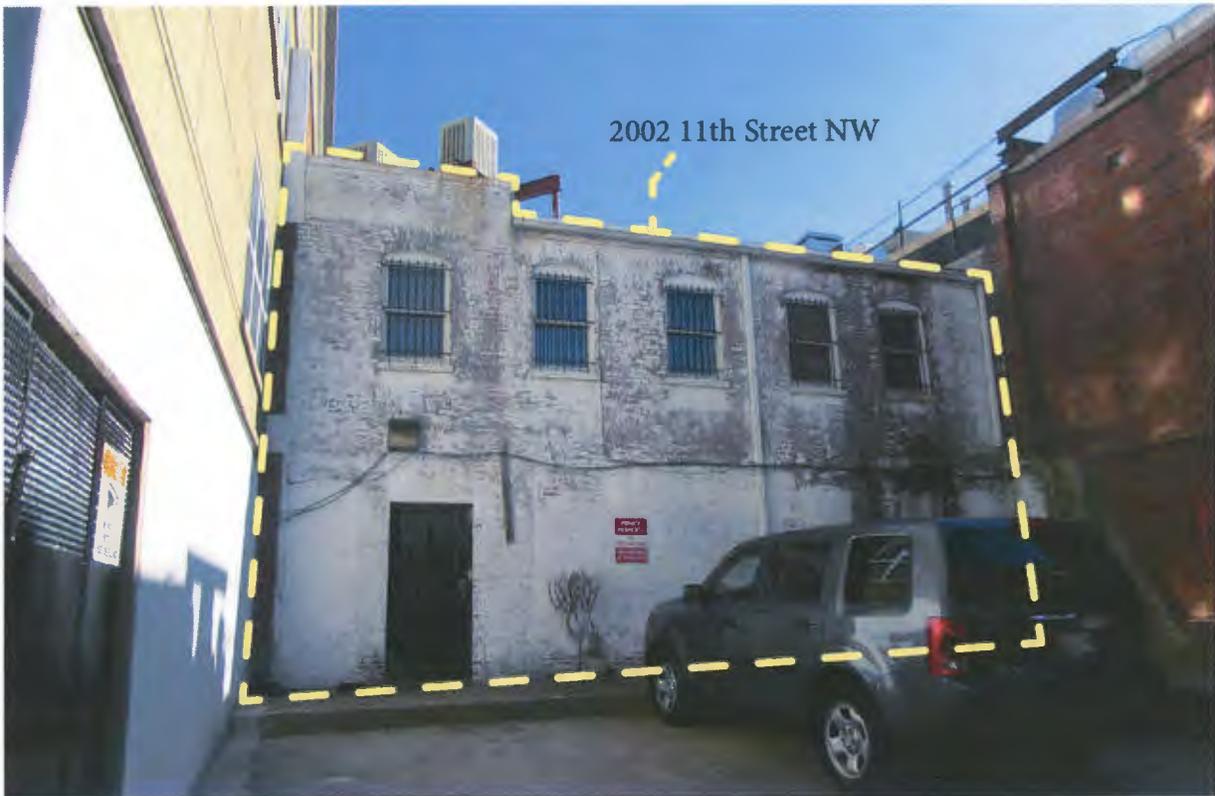
Identified asbestos was removed in accordance with federal and DC asbestos regulations. Documentation of required abatement has been completed by International Academy, Inc. (dated February 12, 2016) in partnership with Icor Ltd. and has been included as a part of this raze application.

2002 11th Street NW - Raze Permit Application Photos  
Square and Lot No.: 0304-0027

Building Front View



Building Rear View # 1



2002 11th Street NW - Raze Permit Application Photos  
Square and Lot No.: 0304-0027

Building Rear View # 2





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

APW 7/2016  
**RECEIVED**  
FEB 10 2016  
BY: V.P.  
16-0197

Date: February 09, 2016

Cap Id: R1600078

**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:  
3310 CONNECTICUT AVE NW

LOT: **0868** SQUARE: **2082** TYPE: VACANT:

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

**CLEARANCE**

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of releasing HPO Official. (print) \_\_\_\_\_



# APPLICATION FOR RAZE PERMIT

## R1600078

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: 2-9-16

### 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3310 CONNECTICUT AVE	NW	2	2082		0868

### 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
DC PUBLIC LIBRARIES	901 G STREET NW, SUITE 400	202-727-4913	RAUZIA.ALLY@DC.GOV
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
KIM MITCHELL	1615 NEW HAMPSHIRE AVENUE, NW, 4TH FLOOR	202-332-0090	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)		16. Existing Number of Stories of Bldg:	
2 STORY BRICK LIBRARY BUILDING WITH PARTIAL BELOW GRADE LEVE		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
PUBLIC LIBRARY		BRICK, PRECAST, LIMESTONE, GLASS, METAL	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
161'	92'	20'-40'	456,000CF

### OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

23. Raze Contractor's Name		24. Contractor's Address (including zip code)		25. Contractor's Phone	
TBD					
26. Historic District?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		33. Raze Contractor Signature	
27. CFA?		<input checked="" type="checkbox"/> Yes <input 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		34. Property Owner Signature	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Building must be vacant before Raze Permit issuance. <b>YES</b>	
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		TBD		TBD	
<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 insurance 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	
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	





April 7, 2016  
RECEIVED  
FEB 29 2016  
BY: \_\_\_\_\_



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

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

Date: February 24, 2016

Cap Id: R1600090

**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:  
5532 HAWTHORNE PL. NW

LOT: 0019 SQUARE: 1438 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.

R16 000 90

Application Date:

2.24.16

**1. INFORMATION ON PROPERTY**

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
5532 Hawthorne Place	NW	Three	1438		0019

**2. APPLICANT INFORMATION**

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Phillip Long, CAS Engineering	1001 Conn. Ave., NW, #401, 20036	202-393-7200	dcpermits@casengineering.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:		
Two-story frame single family dwelling with basement	2		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Single-family residential	30		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
28	38	20	21,280

**OFFICIAL USE ONLY**

CONDITIONS/ COMMENTS:

**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name <b>PATRICK K KEATINGE CO.</b>	24. Contractor's Address (including zip code) <b>PO. Box 58 GARRETT PARK MD</b>	25. Contractor's Phone <b>301-370-4081</b>
---	--	---

26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>Patrick Keatinge</i>
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 <i>Patrick Keatinge</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.
31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.
32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Building must be vacant before Raze Permit issuance.
<b>Official Use Only</b>	
Fee	By
	Date

33. Plumber's Name <b>ACKER + SONS</b>	34. Plumber's License Number <b>PM 1144</b>	35. Raze Method (ball, bulldozer, by hand, etc.) <b>Bulldozer</b>
---	--	--

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>FIREMEN'S INS. Co.</b>	37. Policy or Certificate No. <b>CPA 0016264</b>	38. Expiration Date <b>03/01/2016</b>
--	---	--

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

GOVERNMENT OF THE DISTRICT OF COLUMBIA

CERTIFICATION FOR  
RAZE PERMIT APPLICATION

This certifies that 5532 HAWTHORNE PL. LLC (referred to as Owner) owns the property at

(Legal Name of Property Owner)

5532 Hawthorne 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.

PKK

(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.

PKK

(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.

PKK

(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: PATRICK K. KEATINGE

(Print Name of Owner)

Signature: [Signature]

Name of Agent: Phillip Long, CAS Engineering

(Print Name of Authorized Agent)

Signature: [Signature]

DAVID CRAIG LANDSMAN  
NOTARY PUBLIC  
REG. #7507752  
COMMONWEALTH OF VIRGINIA  
MY COMMISSION EXPIRES OCT. 31, 2019

**DCPropertyQuest report for 5532 hawthorne place, nw - Tue Feb 23 2016**

SSL	1438 0019
Lot type	record lot
Property type	RESIDENTIAL-SINGLE FAMILY
Use code	012 Residential-Detached-Single-Fa
Land area	9598 square feet
Premise address	5532 HAWTHORNE PL NW
Owner	JANICE SHATTON
Care of	
Mailing address 1	5532 HAWTHORNE PL NW
Mailing address 2	
City, state, zip	WASHINGTON, DC 20016-2669
Vacant land use	N
Class type	001
Homestead tax deduction	(owner occupied with exemption)
Tax rate	0.85
Mixed use	N
Mixed use 1 tax type	TX
New land	\$513,280
New improvements	\$239,830
New total	\$753,110
Sale price	\$0
Sale date	1/1/2001



1438 0019 09/28/2004

5532 Hawthorne Place NW

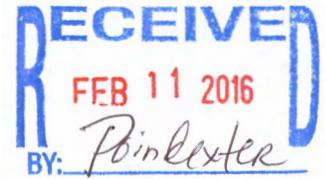


Government of the District of Columbia  
Department of Consumer and Regulatory Affairs

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

1st  
April 7, 2016



Date: February 11, 2016

Cap Id: R1600080

**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:  
3823 ALBEMARLE ST NW

LOT: 0011 SQUARE: 1838 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 000 80

Application Date: 2/9/2016

## 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3823 Albemarle Street	NW	One	1838		11

## 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
VRE, III, LLC	7220 Wisconsin Ave Ste 402 Bethesda MA 20814	301-652-2737	J.Assuncao@ecb-group.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Estoril Construction, Inc.	7220 Wisconsin Ave Ste 402 Bethesda MA 20814	240-417-2824	B.Rambo@ecb-group.com

## 3. TYPE OF PERMIT

14. Check all that apply:  
 Raze Permit

## 4. DESCRIPTION OF BUILDING

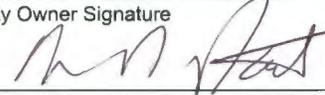
15. Description of Building to be Razed (e.g., two story brick single family dwelling)			16. Existing Number of Stories of Bldg:
Single Family Residence			1 & 1/2 stories
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Residential Use		Brick Veneer, Wood Frame	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
36.0 Max	36.0 Max	18.7	24,235

## OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name Estoril Construction, Inc.	24. Contractor's Address (including zip code) 7220 Wisconsin Ave Ste 402 Bethesda MD 20814	25. Contractor's Phone 301-652-2775
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26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature  , PRESIDENT
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.
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Building must be vacant before Raze Permit issuance.

Official Use Only		
Fee	By	Date

33. Plumber's Name Acker & Sons Inc	34. Plumber's License Number 2701006577	35. Raze Method (ball, bulldozer, by hand, etc.) Bulldozer/Excavator
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1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

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

36. Insurance Company FirstLine Nat'l. Insurance Co.	37. Policy or Certificate No. 9146758	38. Expiration Date 11/8/2016
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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





3016 0805 07/26/2004

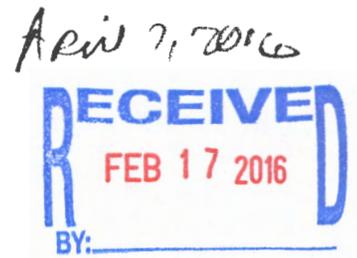
4521 Georgia Ave. NW



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 - 4569 Fax (202) 442 - 4862  
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557



Date: February 17, 2016

Cap Id: R1600086

**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:  
5907 EADS ST NE

LOT: 0823 SQUARE: 5262 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: 2/17/2016 Signature: [Signature]

Name of releasing HPO Official. (print) Maloney

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



NOTICE TO PROCEED

Address: 5907 EADS STREET NE  
Square: 5262 LOT: 0823  
Control # 15-01005

TO : MIRACLE CLEANING & MAINTENANCE  
439 10<sup>TH</sup> STREET NE  
WASHINGTON DC 20002

FROM : ROBERT SPRIGGS  
ENFORCEMENT PROGRAM MANAGER

SUBJECT : RAZE

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

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

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

Contract Award:

- Any questions regarding this NOTICE may be directed to Marcia Smith, Manager for Enforcement Division on (202) 442-4475 or Robert Spriggs, Deputy Director for Enforcement and Legislative Affairs on (202) 442-4406

By: Robert Spriggs Date: 2.1.16  
Robert Spriggs Enforcement Program Manager, Enforcement and Legislative Affairs

Contractor Signature: Robert & Joshua Date: 2-1-16



# 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/00086

Application Date: 2-17-16

## 1. INFORMATION ON PROPERTY

1. Address of Proposed Work 5907 Eads ST, N.E.	2. Quad	3. Ward	4a. Square 5262	4b. Suffix	5. Lot 0823
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## 2. APPLICANT INFORMATION

6. Property Owner D.C. GOVT.	7. Complete mailing address (include zip) DCRA 1100 4TH ST N.W.	8. Phone Number(s) 202- 442-8929	9. Email
10. Agent/Contractor for Owner (if applicable) Robert E. Jackson MCM CORP.	11. Complete mailing address (include zip) 439 10TH ST N.E. WASH. D.C. 20002	12. Phone Number(s) 202-550- 4709	13. Email rejacksonjt@ msn.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-SINGLE STORY MASONRY + STUCCO BLACK Single Family		16. Existing Number of Stories of Bldg: 1	
17. Use(s) of Property (specifically indicate if any use is residential.) Residential		18. Materials of Building (brick, wood, etc.) Brick, Block, Stucco	
19. Bldg Length (ft) 30	20. Bldg Width (ft) 20	21. Bldg Height (ft) 20	22. Bldg Volume (cu ft) (L x W x H) 18,880

## OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name <b>MIRREK CLEANING + MAINTENANCE CORP.</b>		24. Contractor's Address (including zip code) <b>439 10TH ST N.E. WASH. D.C. 20002</b>		25. Contractor's Phone <b>202 550-4709</b>	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>Robert E. Jackson</i>			
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 <b>D.C. GOVT.</b>			
29. Building Condemned?	<input checked="" type="checkbox"/> Yes <input 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	

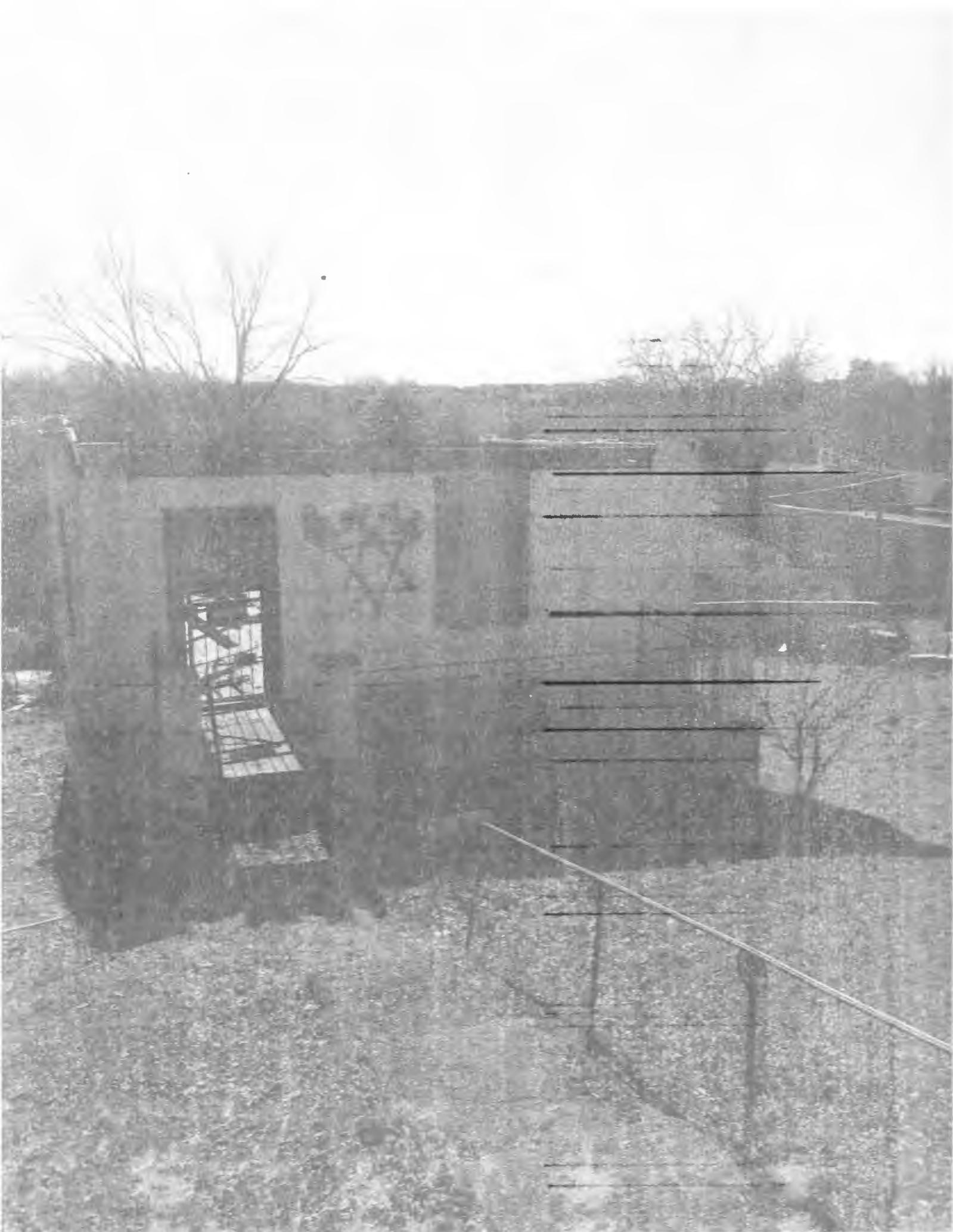
33. Plumber's Name <b>JAMES S. LYNN</b>		34. Plumber's License Number <b>DPM 079</b>		35. Raze Method (ball, bulldozer, by hand, etc.) <b>HAND + HAMMER</b>	
--	--	--	--	--	--

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>COLONY INS. CO.</b>		37. Policy or Certificate No. <b>APP88102113</b>		38. Expiration Date <b>7-17-16</b>	
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	

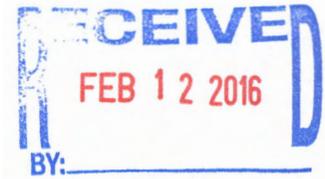




5262 0823 08/01/2004



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: February 12, 2016

Cap Id: R1600081

**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:

4631 MARTIN LUTHER KING JR AVE SW

LOT: 0093 SQUARE: 0252 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/16 000 8/

Application Date: 2/9/16

### 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4631 Martin Luther King Jr. Ave SW Washington, DC 20032	SW	Eight	0252	n/a	0093

### 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
BridgePoint Healthcare, LLC	4601 MLK Jr. Ave SW Washington, DC	202-741-4170	mferrell@bridgepointhealth
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Boston Environmental and Contracting	1818 New York Avenue, NE, Suite 207	202-526-4045	jlynch@bostonenvinc.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:	
one story brick single family dwelling		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
residential		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)
35	55	17	32,725

### OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name <b>Jennifer Lynch</b>		24. Contractor's Address (including zip code) <b>1818 New York Avenue, NE, Suite 202 Wash</b>		25. Contractor's Phone <b>571-455-2043</b>	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>Jennifer Lynch</i>			
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 <i>[Signature]</i>			
29. Building Condemned?	<input checked="" type="checkbox"/> Yes <input 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 <b>Moris Ochoa Pineda</b>		34. Plumber's License Number <b>DPM1000997</b>		35. Raze Method (ball, bulldozer, by hand, etc.) <b>heavy equipment, hydraulic excavator</b>	
<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 insurance is for one specific address only, state that "Razing Operations at _____ (address of site location)."</li> </ul>					
36. Insurance Company <b>Dana Insurance and Risk Management Inc</b>		37. Policy or Certificate No. <b>G27562784001</b>		38. Expiration Date <b>2/17/16</b>	
39. Asbestos in Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Official Use Only</b>			
If yes, indicate location: <i>See report Attached.</i>		Fee	By	Date	

