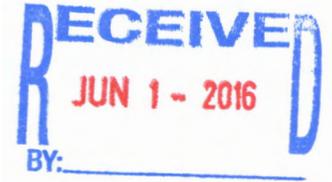


**Raze Applications Applied for May 12 through June 7, 2016**

Application Date	Raze Number	Address	Description of Work	DCRA Notice Date	DCRA Expiration Date	PER SUB TYPE	SSL	Ward	ANC	Zoning	Applicant	Owner Name
6/1/2016	R1600167	1460 Belmont ST NW, WASHINGTON, DC 20009	raze 3 STORY TWO FAMILY FLAT - 2 UNITS	June 8, 2016	July 25, 2016	Raze	2660 0195	1	1B	R-5-B	ERWIN	HIG 1460 Belmont Street LLC
6/1/2016	R1600166	1458 BELMONT ST NW, WASHINGTON, DC 20009	raze 3 STORY TWO FAMILY FLAT - 2 UNITS	June 8, 2016	July 25, 2016	Raze	2660 0196	1	1B	R-5-B	ERWIN	STEVEN C GANTNER
6/3/2016	R1600170	1522 FOXHALL RD NW, WASHINGTON, DC 20007	Raze Entire Structure TWO STORY DETACHED Single Family Dwelling	June 8, 2016	July 25, 2016	Raze	1363 0978	3	3D	R-1-B	JOHN DISTRICT PROPERTIES LLC; ASHLEY AB CONSULTING; ASHLEY	John District Properties LLC
6/3/2016	R1600171	1516 FOXHALL RD NW, WASHINGTON, DC 20007	Raze Entire Structure TWO STORY DETACHED WOOD Single Family Dwelling	June 8, 2016	July 25, 2016	Raze	1363 0938	3	3D	R-1-B	JOHN DISTRICT PROPERTIES LLC; ASHLEY	John District Properties LLC
5/19/2016	R1600162	6517 BARNABY ST NW, WASHINGTON, DC 20015	Raze TWO STORY BRICK Single Family Dwelling	June 8, 2016	July 25, 2016	Raze	2350 0088	4	3G	R-1-B	HOLMAN	JAMES H PORTER
5/24/2016	R1600165	3831 GEORGIA AVE NW, WASHINGTON, DC 20011	Raze Three Story Brick Masonry Commercial Building	June 8, 2016	July 25, 2016	Raze	3028 0809	4	4C	GA/C-3-A	MURILLO MALNATI; NONE	CAROL LATNEY-SOLOMON
6/3/2016	R1600168	3819 14TH ST NW, WASHINGTON, DC 20011	TWO STORY Single Family Dwelling	June 8, 2016	July 25, 2016	Raze	2825 0012	4	4C	C-2-A	ERWIN	THOMAS E HALLEWELL
5/23/2016	R1600164	301 FLORIDA AVE NE, WASHINGTON, DC 20002	1 STORY BRICK MASONARY COMMERCIAL BUILDING	June 8, 2016	July 25, 2016	Raze	0772N 0803	6	6C	C-M-1	KIM MITCHELL	JOHN A BOOKER JR
6/3/2016	R1600169	301 G ST SW, WASHINGTON, DC 20024	2 STORY PARKING STRUCTURE	June 8, 2016	July 25, 2016	Raze	0540 0110	6	6D	R-5-C	MCKEVER	CAPITOL PARK TOWER LLC
5/23/2016	R1600163	6201 BANKS PL NE, WASHINGTON, DC 20019	RAZE THE MARVIN GAYE RECREATION CENTER	June 8, 2016	July 25, 5026	Raze	PAR 01890022	7	7C		LEON SWAIN	UNITED STATES OF AMERICA



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: June 01, 2016

Cap Id: R1600167

**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:  
1460 BELMONT ST NW

LOT: 0195 SQUARE: 2660 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.

*R1600167*

Application Date: 6.1.2016

## 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1460 Belmont Street	NW	One	2660		0195

## 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
HIG 1460 Belmont Street LLC	1010 Wisconsin Avenue NW, Suite 1010	(202) 506-5595	adam@casriegler.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Stephanie Erwin	9413 Gamba Ct Vienna VA 22182	202.815.4002	stephanie@primepermits.com

## 3. TYPE OF PERMIT

14. Check all that apply:  
 Raze Permit

## 4. DESCRIPTION OF BUILDING

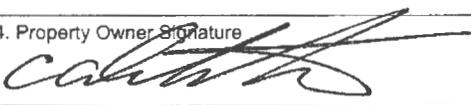
15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
3 story single family residential dwelling with cellar <i>flat (2 units)</i>		3	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of 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)
55	17	32	29,920

## OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name <b>RS Snead Construction</b>	24. Contractor's Address (including zip code) <b>1010 Wisconsin Avenue NW, Suite 600</b>	25. Contractor's Phone <b>202-506-2721</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	34. Property Owner Signature 						
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
30a. Party Wall?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.						
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.						
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.						
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Official Use Only</b>						
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Fee</td> <td style="width:33%;">By</td> <td style="width:33%;">Date</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Fee	By	Date			
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)

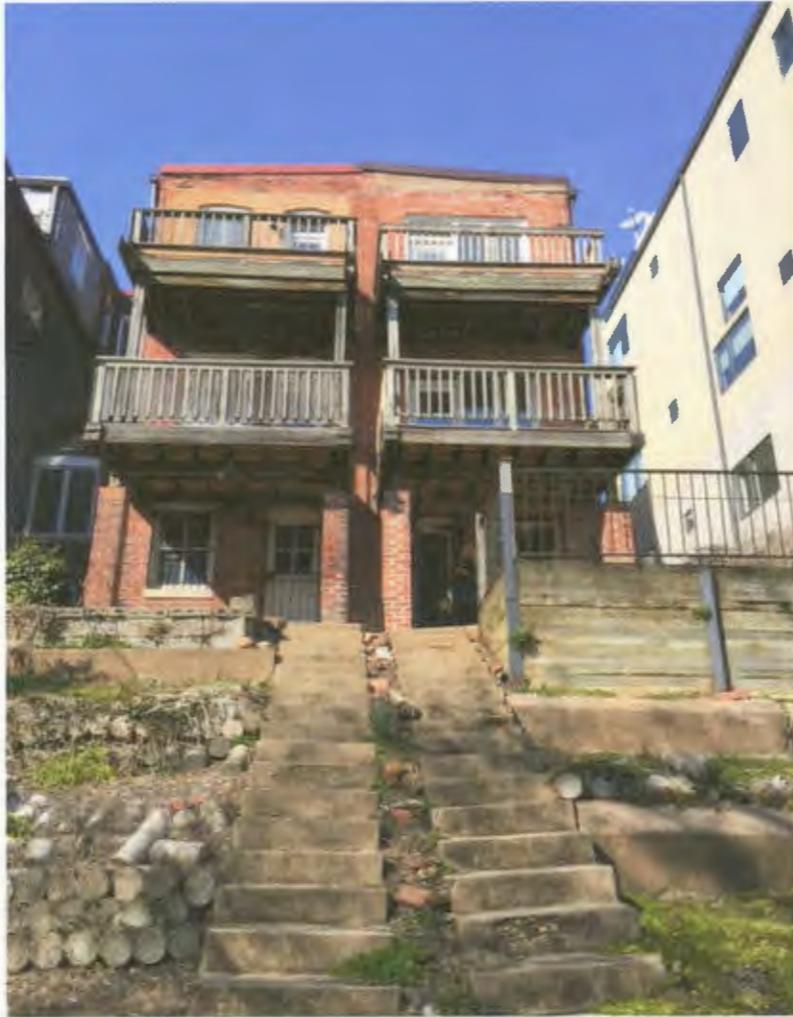
36. Insurance Company	37. Policy or Certificate No.	38. Expiration Date

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

# 1460 Belmont

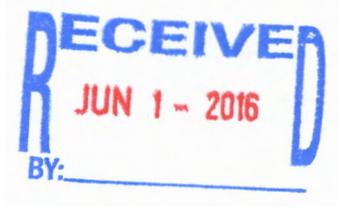


1460 Belmont





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: June 01, 2016

Cap Id: R1600166

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:  
1458 BELMONT ST NW

LOT: 0196 SQUARE: 2660 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.

*RIC 00/66*

Application Date: 6.1.2016

## 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1458 Belmont Street	NW	One	2660		0196

## 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
HIG 1460 Belmont Street LLC	1010 Wisconsin Avenue NW, Suite 1010	(202) 506-5595	adam@casriegler.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Stephanie Erwin	9413 Gamba Ct Vienna VA 22182	202.815.4002	stephanie@primepermits.com

## 3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

## 4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)			16. Existing Number of Stories of Bldg:
3 story single family residential dwelling with cellar <i>flat (2 units)</i>			3
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)
55	17	32	29,920

## 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
RS Snead Construction	1010 Wisconsin Avenue NW, Suite 600	202-506-2721

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner signature is required. 
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.
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 type="checkbox"/> No	<b>Official Use Only</b>		
		Fee _____	By _____	Date _____



# APPLICATION FOR RAZE PERMIT INSTRUCTIONS

## GENERAL INFORMATION

- In order to raze a building, the Property Owner or Contractor must first get a **Raze Permit**, which starts the process of utility disconnections and further regulatory approvals.
- The Owner or Contractor must get a **Raze Permit**, which approves the razing method and certifies that the utilities have been properly disconnected.
- Razing a building before you get a **Raze Permit** is a violation of the Construction Code (DCMR 12) -- and can result in significant fines and penalties.
- **Raze Permit** fees are assessed based on information you provide; any fee adjustment necessary after field inspection will be assessed on issuance of the **Raze Permit**.
- Sidewalk deposits and/or tap bills may be required before Raze Permit issuance. Contact DDOT's Public Space Management Administration at 202 442 4670 to get more information.
- Get the soil erosion package for Raze Contractors from DDOE's Soil Erosion Unit, located in the Permit Center, to prepare your raze operation plan.
- A plumbing supplemental permit, obtained by a plumber Registered and Licensed in the District of Columbia, is required for any water/sewer line cap.
- Fees are required for abandonment of the water/sewer services in the public easement (paved road).
- You must pay any outstanding water bills before a Raze Permit can be issued.
- You are required to obtain a sign-off by any adjacent property owners when the raze involves party walls.

## RAZE PERMIT APPLICATION PROCESS

### Raze Permit

1. Complete Areas 1-4 and Section A of the application and submit:
  - a. Certification for Raze Permit Application
  - b. Current Certificate of Insurance – General Liability
  - c. Environmental Intake Form (EIF)
  - d. Photo(s) accurately depicting premises
2. For residential property, DCRA staff will prepare and forward clearance letters to the Rent Administrator for review and approval.
3. DCRA staff will prepare and give letters to the applicant for the Historic Preservation Review Board and/or the US Commission of Fine Arts, if applicable. The applicant must get the necessary approvals and submit them to the Permit Division.
4. Payment of the Raze Permit fee is required. Fee calculation is based upon the volume of the structure in cubic feet times .02.
5. DCRA staff will prepare and issue clearance letters to the applicant for these agency approvals/sign-offs:

DCRA Construction Inspection	DOH Vector Control	Washington Gas - Utility cut off
DCRA Plumbing Inspection	DDOT Public Space	WASA - Sewer/water line cut
DDOE Asbestos Abatement	PEPCO - Utility cut off	DCRA Zoning Administrator - Overlay impacts on site
DDOE Soil Erosion Control	Verizon Telephone Co - Utility cut off	
6. The applicant is responsible for submitting clearance letters to required agencies, paying any required fees to the agencies, getting written approvals, and returning the originals to DCRA.
7. Before DCRA will issue a Raze Permit, the building(s) must be unoccupied. If the building is still occupied, DCRA will accept and process the Permit Application, but will not issue the Permit until the applicant notifies the Permit Division that the building is vacant.
8. After the applicant has provided all required approved clearance letters, vacated the property, and paid any additional fees as determined by the field inspection, DCRA will issue a Raze Permit granting the applicant the authority to raze the structure by the razing method specified in the Application.

**NOTE: DCRA will not issue any Raze Permits before the end of the applicable 30-day Advisory Neighborhood Commission (ANC) notification period.**

# 1458 Belmont



# 1458 Belmont

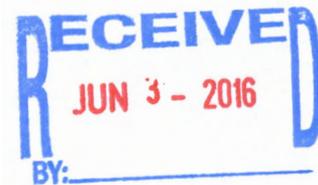




Government of the District of Columbia  
Department of Consumer and Regulatory Affairs

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: June 03, 2016

Cap Id: R1600170

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:  
1522 FOXHALL RD NW

LOT: 0978 SQUARE: 1363 TYPE: Single Family 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

R1600170

FJ-264154

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.

R1600170

Application Date: 6.3.2014

## 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1522 Foxhall Rd	NW	Three	1363		0978

## 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
District Properties LLC	11614 Ivystone Ct Apt 200, 20191		
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
AB Consulting, A. Brown	4802 Fort Totten Drive NE, 20011	202.415.1424	anbconsults@gmail.com

## 3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

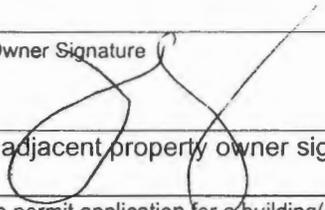
## 4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg	
Two story detached shingle single family dwelling		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Residential		Wood, shingle	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
20	45	25	22,500

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

33. Plumber's Name	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.)
		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
American Zurich Insurance	ER09225063	5/19/2017

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	



1363 0978 09/26/2004



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: June 03, 2016

Cap Id: R1600171

**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:  
1516 FOXHALL RD NW

LOT: 0938 SQUARE: 1363 TYPE: **Single Family** 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) \_\_\_\_\_

8



# APPLICATION FOR RAZE PERMIT

R1600171

FJ-707865

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.

R1600171

Application Date: 6.3.2014

## 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1516 Foxhall Rd	NW	Three	1363		0938

## 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
District Properties LLC	11614 Ivystone Ct Apt 200, 20191		
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
AB Consulting, A. Brown	4802 Fort Totten Drive NE, 20011	202.415.1424	anbconsults@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:	
Two story detached wood single family dwelling		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Residential		Wood	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
20	45	25	22,500

## 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  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.  Building must be vacant before Raze Permit issuance.			
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				
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
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.)	
				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	
American Zurich Insurance		ER09225063		5/19/2017	

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



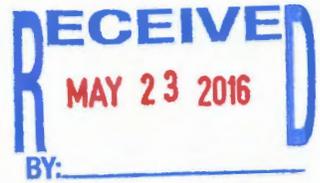
1363 0938 09/26/2004



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 19, 2016

Cap Id: R1600162

**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:  
6517 BARNABY ST NW

LOT: 0088 SQUARE: 2350 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.

*R/G 00 162*

Application Date:

### 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
<i>6517 BARNABY ST</i>	<i>NW</i>	<i>One</i>			

### 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
<i>ROBERT E HOLMAN</i>	<i>6104 29TH ST NW WASH DC 20015</i>	<i>202-669-0343</i>	<i>RHOLES8218@GMAIL.COM</i>
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
<i>OWNER</i>			

### 3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

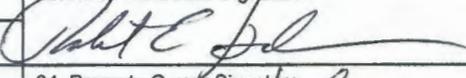
### 4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:		
<i>TWO STORY BRICK SINGLE FAMILY DWELLING</i>	<i>2</i>		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
<i>RESIDENTIAL</i>	<i>BRICK &amp; WOOD</i>		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
<i>34'</i>	<i>32'</i>	<i>35'</i>	<i>38,080</i>

### OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name <b>HOLMAN &amp; CO</b>		24. Contractor's Address (including zip code) <b>6104 29TH ST NW WASH, DC 20015</b>		25. Contractor's Phone <b>202-669-0343</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		34. Property Owner Signature 			
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30b. If yes, adjacent property owner signature is required.  30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.			
29. Building Condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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>CRESCENT PLUMBING</b>		34. Plumber's License Number <b>1015</b>		35. Raze Method (ball, bulldozer, by hand, etc.) <b>BULLDOZER</b>	
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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:

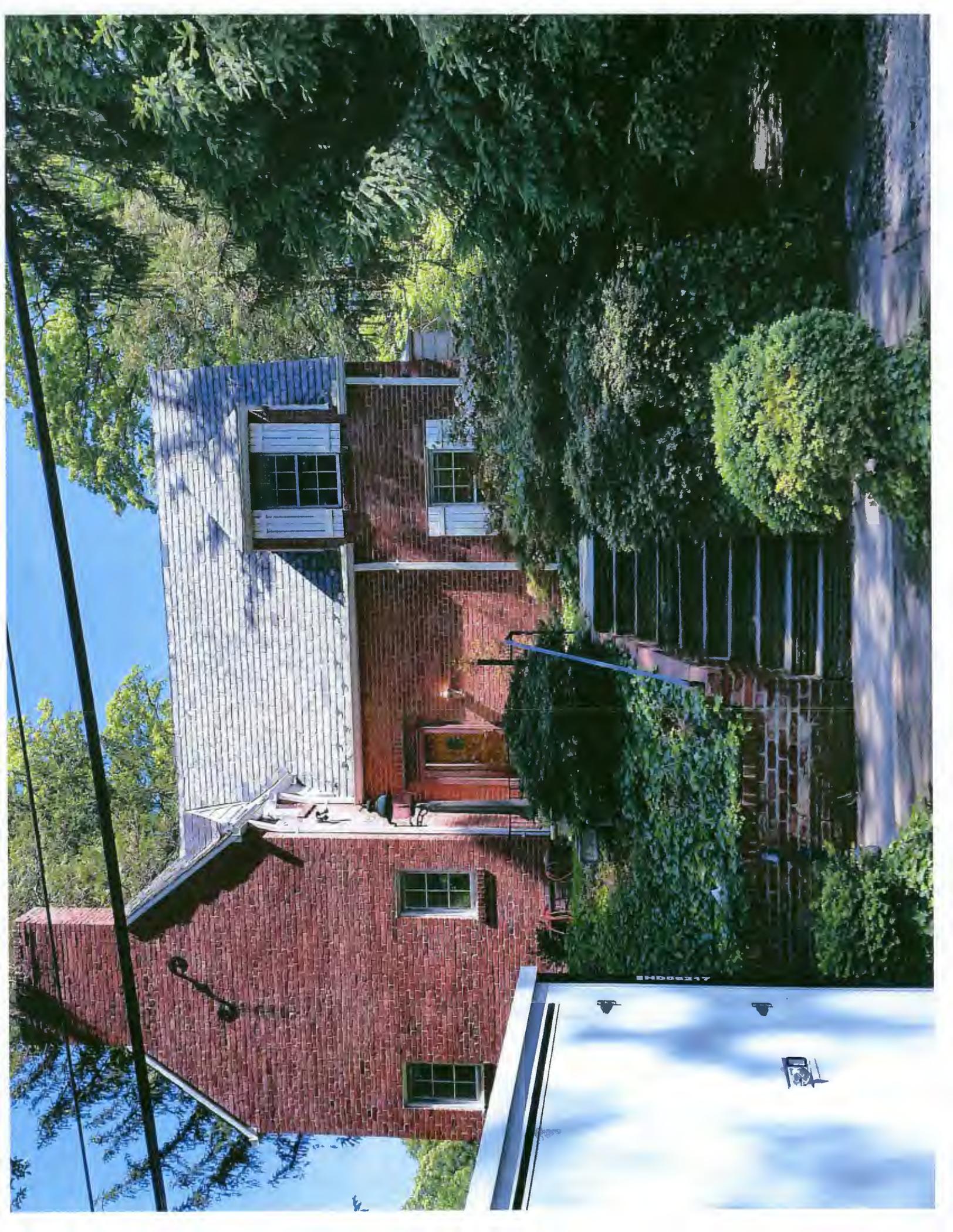
- Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024
- Include a 30-day advance notice cancellation clause.
- Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.
- State that 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>BUILDERS MUTUAL</b>		37. Policy or Certificate No. <b>CDP0055482</b>		38. Expiration Date <b>9/5/16</b>	
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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>					
Fee		By		Date	

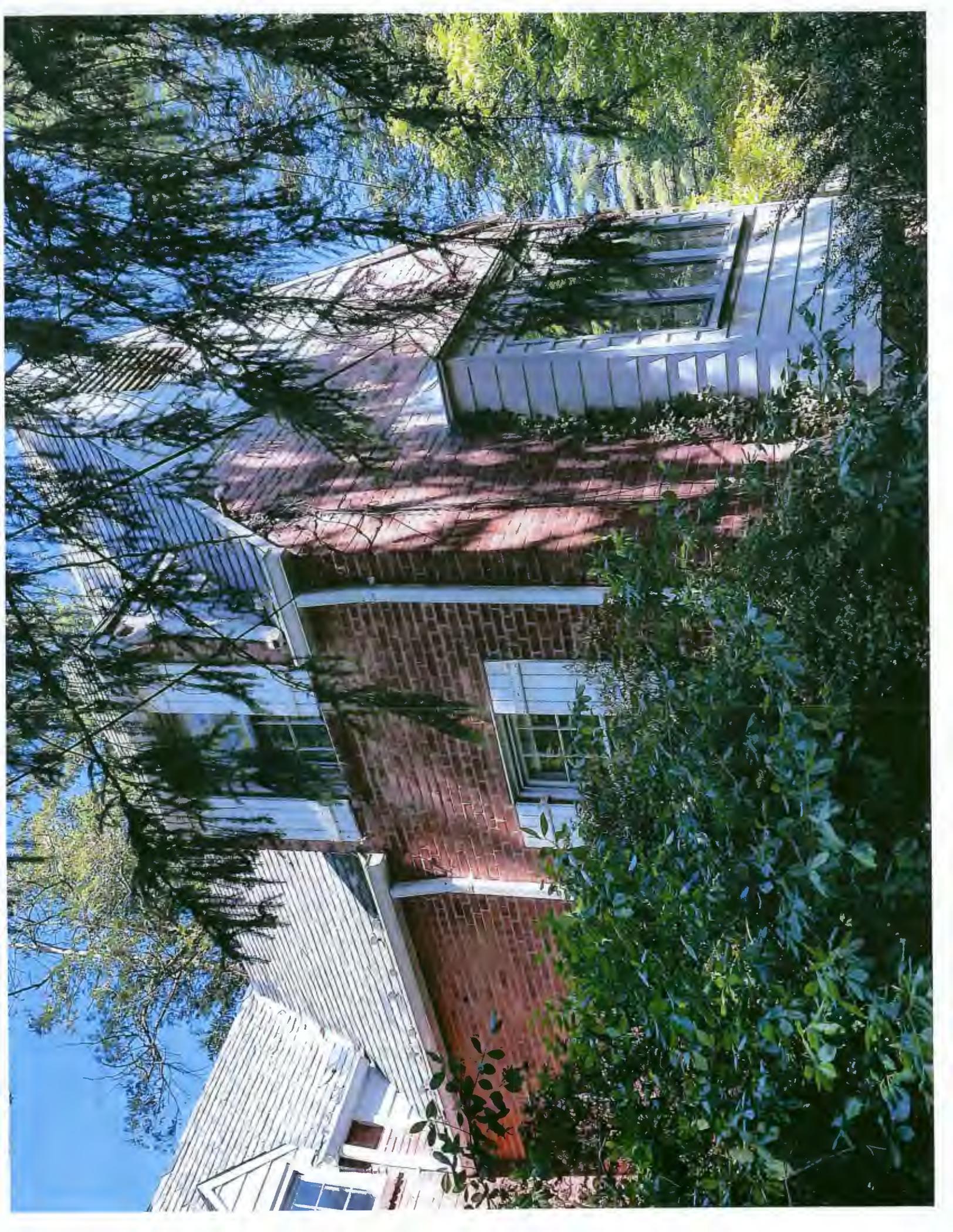


2350 0088 06/29/2004



END06217



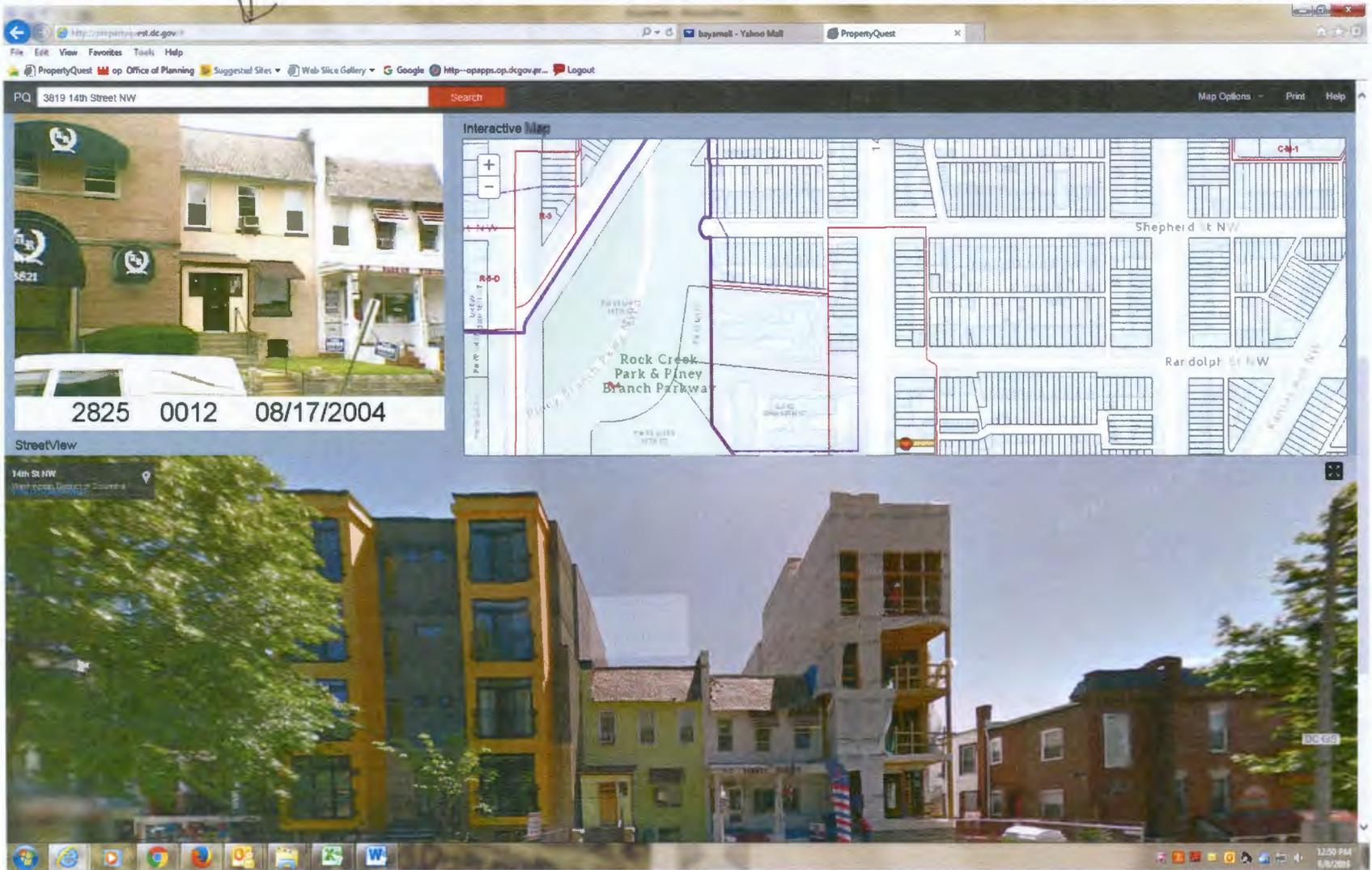




3028 0809 07/26/2004

38 31 Georgia Ave. NW

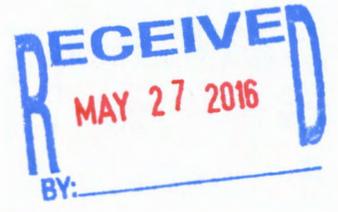
3819 14th St NW  
2004



↑  
3819 14th St NW  
2010



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 23, 2016

Cap Id: R1600164

**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:  
301 FLORIDA AVE NE

LOT: **0803** SQUARE: **0772** 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) \_\_\_\_\_

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
APPLICATION FOR  
RAZE PERMIT AND/OR SUPPLEMENTAL RAZING OPERATIONS PERMIT

Please type or print legibly in ink. 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 2003 DC Building Code Supplement Chapter I § 107.2.4 107.2.10 (5), and 110.1.

R1600164

Application Date: May 23, 2016

### 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
301 Florida Ave NE	NE	6	0772N		0803

### 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
301 FL Manager LLC	2217 14th Street NW, 3rd Floor	(202) 417-3937	dan@dittodc.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Kim Mitchell, CDKM Consulting LLC	1615 New Hampshire Ave, 4th Fir Washington, DC 20009	(202) 332-0090 (202) 420-0091 (202) 796-1197	kim@cdkmconsulting.com

### 3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit       Supplemental Razing Operations 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:
1-story brick/masonry commercial building			One
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
041 Store-Small 1-Story		Brick/masonry	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
44' - 6"	28' - 10"	12' - 6"	16,039

### OFFICIAL USE ONLY

**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name TBD		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. Fine Arts District?	<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	Building must be vacant before Supplemental Raze Operations Permit issuance.	
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Official Use Only</b>	
		Fee	By

**SECTION B. SUPPLEMENTAL RAZE OPERATIONS PERMIT**

35. Raze Contractor's Name TBD		36. Contractor's Address (including zip code)	37. Contractor's Phone
38. Plumber's Name TBD	39. Plumber's License Number	40. 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, 941 North Capitol St NE, Washington, DC 20002
- 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)

41. Insurance Company		42. Policy or Certificate No.	43. Expiration Date	
44. Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No	52. Raze Contractor Signature		
45. Fine Arts District?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
46. Raze Entire Building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	53. Property Owner Signature		
47. Building Condemned?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
48a. Party Wall?	<input type="checkbox"/> Yes <input type="checkbox"/> No	47b. If you answer yes, adjacent property owner must sign here. _____		
		47c. Any raze permit application for a building(s) involving party walls must include 2 copies of a plan that shows how the party wall(s) will be protected.		
49. Building Vacant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Supplemental Raze Operations Permit issuance.		
50. Public Space Vault?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Official Use Only</b>		
51. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fee	By	Date



0772N 0803 08/22/2004





PAR 01890022 08/01/2004

MARVIN GAYE RECREATION CTR.  
6201 Banks Place NE,