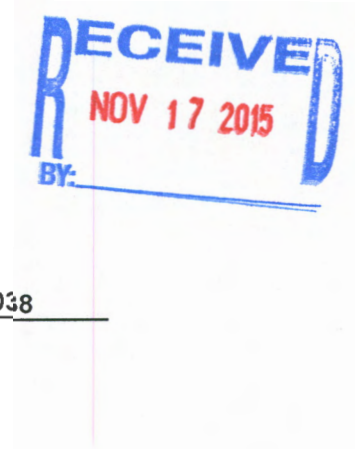


	A	B	C	D	E	F	G	H	I	J
1	Raze Permits Applied for at DCRA October 23 - November 16, 2015									
2										
3	<u>Issue Date</u>	<u>ID</u>	<u>Address</u>	<u>DCRA Notice to ANC</u>	<u>ANC Review Expiration</u>	<u>ANC</u>	<u>Historic District</u>	<u>Applicant</u>	<u>Owner</u>	<u>Building</u>
4	10/22/2015	R1600025	2816 Military Road NW	11/16/2015	12/30/2015	3G		Alice Harrington	District Properties LLC	two story single family home
5	11/9/2015	R1600036	4635 Yuma Street NW	11/16/2015	12/30/2015	3E			Jennifer O'Flanagan and Mark Morelli	wood automobile garage
6	11/17/2015	R1600038	714 Madison Street NW			4B		WT Construction LLC	Madison LLC	two story house with basement
7	10/23/2015	R1600026	607 New York Avenue NW	11/16/2015	12/30/2015	6E	Mt. Vernon Sq. HD	Dunham	Jemals A VS LLC	two story brick and wood framed commercial building
8	11/10/2015	R1600034	3515 Woodley Road NW		12/30/2015	3C	Cleveland Pk. HD	3515 Woodley Ventures LLC		emergency raze of single family dwelling
9	11/13/2015	R1600037	3422 36th Street NW	11/16/2015	12/30/2015	3C	Cleveland Pk. HD	Willis Builders	Scott and Kelsie Corigan	raze single car garage
10	11/2/2015	R1600033	525 Longfellow Street NW	11/16/2015	12/30/2015	4D		Nettieback	525 Longfellow LLC	two story wood frame dwelling
11	10/29/2015	R1600082	2900 12th Street NE	11/16/2015	12/30/2015	5B			Aramko Development LLC	one story brick commercial building
12	11/6/2015	R1600035	6600 Harlan Place NW	11/16/2015	12/30/2015	4B		Harrington	MYS Land Investment LLC	one story frame single family dwelling



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: November 17, 2015

Cap Id: R1600038

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:
714 MADISON ST NW

LOT: 0814 SQUARE: 3154 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 2009 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 38

Application Date 11/12/2015

1. INFORMATION ON PROPERTY					
1 Address of Proposed Work	2 Quad	3 Ward	4a. Square	4b. Suffix	5 Lot
714 Madison Street NW	NW	One	3154	N/A	814

2. APPLICANT INFORMATION			
6 Property Owner	7 Complete mailing address (include zip)	8 Phone Number(s)	9 Email
Madison LLC - Susan Co	2125 14th St. NW 200	301-466-3459	susan.cowan@55signals.com
10 Agent/Contractor for Owner (if applicable)	11 Complete mailing address (include zip)	12 Phone Number(s)	13 Email
WIT Construction LLC	6115 North Dakota Ave 2000	202-664-4242	witconstruction@gmail.com

3. TYPE OF PERMIT	
14. Check all that apply.	<input checked="" type="checkbox"/> Raze Permit Adam@2plys.com

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 house w/ basement, single family	2		
17. Use(s) of Property (specifically indicate if any use is residential)	18. Materials of Building (brick, wood, etc.)		
Single family, residential	Wood		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
45 feet	20 feet	30 feet	27,000 cu ft

OFFICIAL USE ONLY	
CONDITIONS/COMMENTS:	

SECTION A RAZE PERMIT

Contractor's Name Tom Tithington		24 Contractor's Address (including zip code) 615 North Dakota Ave NW		25 Contractor's Phone 202-664-4242	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>[Signature]</i>			
27. CFA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature <i>[Signature]</i>			
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.			
29. Building Condemned?	<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			
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Building must be vacant before Raze Permit issuance			
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only			
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fee	By	Date	
33. Plumber's Name Ralph E. Jackson		34. Plumber's License Number DPM1116		35. Raze Method (ball, bulldozer, by hand, etc.) Hand	
<p>1 You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one-story, wholly detached from any other building on the same or adjoining premises.</p> <p>2 The Certificate should:</p> <ul style="list-style-type: none"> • Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 • Include a 30-day advance notice cancellation clause. • Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000. • State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage. • If the insurance is for one specific address only, state that, "Razing Operations at _____ (address of raze operation)" 					
36. Insurance Company Eric		37. Policy or Certificate No. Q3112163		38. Expiration Date 9/11/16	
39. Asbestos in Building? If yes indicate location	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
		Fee	By	Date	

CERTIFICATION FOR RAZE PERMIT APPLICATION

This certifies that Susan Crown (referred to as Owner) owns the property at
(Legal Name of Property Owner)

714 Madison St. 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

SC

(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 a housing accommodation
(Name 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.

S

(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

S

(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.

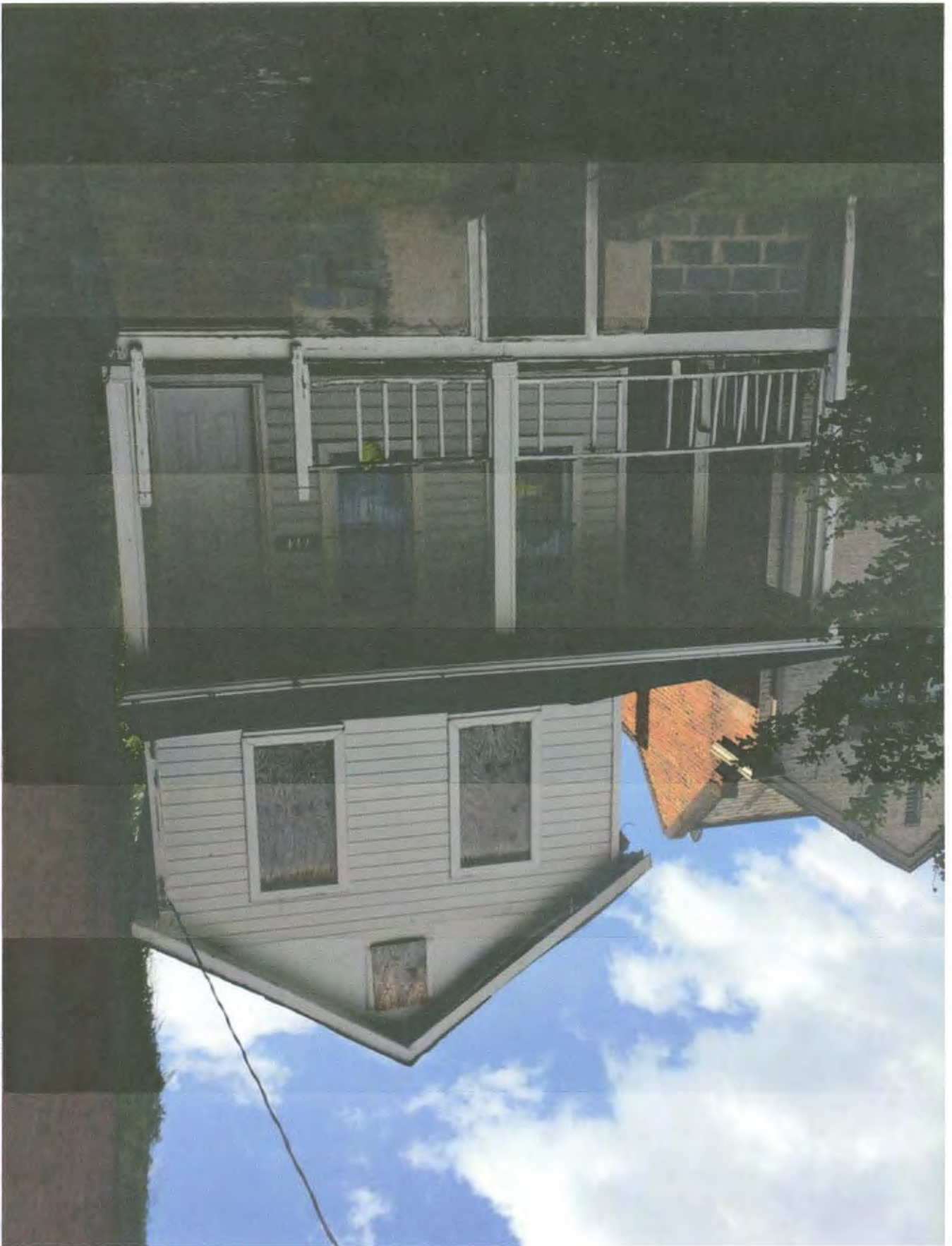
Name of Owner Susan Crown
(Print Name of Owner)

Signature: Susan Crown

Name of Agent 2plys LLC (ADAM CRAIP)
(Print Name of Authorized Agent)

Signature: [Signature]

adam@2plys.com



walk



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: October 22, 2015

Cap Id: R1600025

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:
2816 MILITARY RD NW

LOT: **0826** SQUARE: **2291** 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 25

Application Date:

10.22.15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
2816 Military Road		4	2291		0826

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
DISTRICT PROPERTIES COM LLC	6500 CHILLUM PLACE NE 20012	(2) 723-6020	palacedesigns@comcast.net
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Alice Harrington	36 Longfellow Street NW	202-723-6020	palacedesigns@comcast.net

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 home	2		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
residential	brick, wood		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
35'	35'	35'	42,875

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name DISTRICT PROPERTIES COM LLC	24. Contractor's Address (including zip code) 6500 CHILLUM PLACE NE	25. Contractor's Phone 202-526-8664
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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				
Official Use Only					
<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Fee</td> <td style="width:33%; border: none;">By</td> <td style="width:33%; border: none;">Date</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.) BY HAND, BULLDOZER
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1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

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

36. Insurance Company 	37. Policy or Certificate No. 	38. Expiration Date
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39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Fee</td> <td style="width:33%; border: none;">By</td> <td style="width:33%; border: none;">Date</td> </tr> </table>			Fee	By	Date
Fee	By	Date			

CERTIFICATION FOR RAZE PERMIT APPLICATION

This certifies that DISTRICT PROPERTIES COM LLC (referred to as Owner) owns the property at
(Legal Name of Property Owner)
2816 MILITARY ROAD NW and that the person signing below has the legal authority to execute this Certification
(Property Address)

and to make the representations and certifications below, on behalf of the Owner:

I am applying for a Raze Permit for the subject property.

I understand that the Raze Permit must be issued prior to any raze activity or operations.

If I do not have a Raze Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.

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

A. Use of Property as Housing Accommodation

I hereby certify that the structure to be razed IS NOT a housing accommodation.
(is/is not)

If the structure is a housing accommodation, complete Section B. If the structure is *not* a housing accommodation, skip to Section C and the signature block.

B. Additional Provisions Applicable to Razing of "Housing Accommodations"

I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:

Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.

Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.

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

I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, *et seq.*, and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:

Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, **before** issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.

Providing tenants with a 180-day Notice to Vacate that complies with and notifies each tenant of his/her potential right to relocation assistance.

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

C. Execution and Certification Applicable to All Applicants

I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.

Name of Owner: DISTRICT PROPERTIES COMM LLC
(Print Name of Owner)

Signature: _____

Name of Agent: Alice Harrington
(Print Name of Authorized Agent)

Signature: Alice Harrington



I witnessed the signature
of Ms. Harrington 10/29/15
Flori Taylor

emailed 10/27



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: October 22, 2015

Cap Id: R1600025

Department of Housing and Community Development
Housing Regulation Administration (HRA)
1800 Martin Luther King, Jr. Avenue, SE
Washington, DC 20020 (202) 442-7200

Re: Request for clearance to issue Raze Permit
2816 MILITARY RD NW

LOT: 0826 SQUARE: 2291 TYPE: VACANT: Yes

An application to raze the structure located at the above-referenced address was filed on this date with the Department of Consumer and Regulatory Affairs, Permit Operations Division. The applicant certifies that it the structure is a housing accommodation or rental unit, (1) the structure will not be razed for the purpose of constructing or expanding a hotel, motel, inn, or other structure used for transient, residential occupancy; and (2) the applicant shall complete and serve on each tenant a 180-Day Notice to Vacate for Demolition, on a form provided by the Housing Regulation Administration, Rental Accommodations Division, in advance of any action to recover possession of the housing accommodation or rental unit occupied by the tenant.

The applicant further certifies that if the structure is a housing accommodation or rental unit, the tenant(s) have been provided the opportunity to purchase the housing accommodation or rental unit, but failed to exercise their rights, in accordance with the tenant opportunity to purchase requirements codified in the Rental Housing Conversion and Sale Act of 1980, as amended (D.C. Official Code 42-3401.01 et.seq.) and Subchapter VII of the Rental Housing Act of 1985, as amended (D.C. Official Code 42-3501.01 et. seq.), including all relevant regulations in Title 14, Sections 4401 and 4700 of the District of Columbia Municipal Regulations.

A complete copy of the raze permit application and applicant's certifications are attached. Please notify our office of the satisfactory completion of your processing of this permit by filling out the clearance section below and returning this form to the Permit Operations Division, D.C.R.A., 1100 4th Street S.W., Washington D.C. 20024

CLEARANCE

This is to inform you that the applicant for the proposed razing of the structure identified above has completed all RACD elements of the Raze Permit process and satisfied all of our requirements. We have no objections to proceeding with the proposed razing of said structure.

Date: _____ Signature: _____

Name of releasing RACD Official. (print) _____







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: November 09, 2015

Cap Id: R1600036

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:
4635 YUMA ST NW

LOT: **0046** SQUARE: **1551** 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.

R14 000 36

Application Date: 11.9.15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work 4635 Yuma St NW	2. Quad NW	3. Ward 3	4a. Square 1551	4b. Suffix	5. Lot 46
--	---------------	--------------	--------------------	------------	--------------

2. APPLICANT INFORMATION

6. Property Owner Jennie O'Flanagan Mark Morelli	7. Complete mailing address (include zip) 4635 Yuma St NW Washington DC 20006	8. Phone Number(s) 202-265-8775 home	9. Email joflanagan@yahoo.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email

3. TYPE OF PERMIT

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

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling) Garage - wood	16. Existing Number of Stories of Bldg: 1		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.) wood		
19. Bldg Length (ft) 20	20. Bldg Width (ft) 9.6	21. Bldg Height (ft) 11.33 11.33	22. Bldg Volume (cu ft) (L x W x H) 2175.36

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	Official Use Only		
		Fee	By	Date
33. Plumber's Name		34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.)	
<p>1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.</p> <p>2. The Certificate should:</p> <ul style="list-style-type: none"> • Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 • Include a 30-day advance notice cancellation clause. • Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000. • State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage. • If the insurance is for one specific address only, state that, "Razing Operations at _____" (address of raze operation) 				
36. Insurance Company		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	Official Use Only		
		Fee	By	Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA
**CERTIFICATION FOR
RAZE PERMIT APPLICATION**

This certifies that Jennie O'Flanagan (referred to as Owner) owns the property at
4635 Yuma St NW and that the person signing below has the legal authority to execute this Certification
(Legal Name of Property Owner)
(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.

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

A. Use of Property as Housing Accommodation

I hereby certify that the structure to be razed is not a housing accommodation.
(is/is not)

If the structure is a housing accommodation, complete Section B. If the structure is *not* a housing accommodation, skip to Section C and the signature block.

B. Additional Provisions Applicable to Razing of "Housing Accommodations"

I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:

Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.

Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.

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

I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, *et seq.*, and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:

Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, **before** issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.

Providing tenants with a 180-day Notice to Vacate that complies with and notifies each tenant of his/her potential right to relocation assistance.

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

C. Execution and Certification Applicable to All Applicants

I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.

Name of Owner: JENNIE O'FLANAGAN
(Print Name of Owner)

Signature: _____

Name of Agent: _____
(Print Name of Authorized Agent)

Signature: _____

