

Recd.
12/30/2013



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: December 23, 2013

Cap Id: R1400052

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:
5060 MACARTHUR BLVD NW

LOT: 0824 SQUARE: 1414 TYPE: Single Family Dwelling - R-3 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 52

Application Date: 12-16-13

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot s
5060 MAC ARTHUR BLVD, NW	NW		1414		822 824 825

2. APPLICANT INFORMATION

6. Property Owner KMN-MD, LLC KMN-MD LLC	7. Complete mailing address (include zip) MAC ARTHUR 5201 NORWAY DR CHEVY CHASE MD 20815	8. Phone Number(s) 240 460 5947	9. Email DJKREIN@
10. Agent/Contractor for Owner (if applicable) DAVID Allen Double "D"	11. Complete mailing address (include zip) 1633 WEST VA. AVE NE #1	12. Phone Number(s) 202 320 9428	13. Email PARA@GMAIL. COM.

3. TYPE OF PERMIT

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

15. Description of Building to be Razed (e.g., two story brick single family dwelling) Two story ^{5 stories} brick single family dwelling (16. Existing Number of Stories of Bldg: 2-B
17. Use(s) of Property (specifically indicate if any use is residential.) SFD		18. Materials of Building (brick, wood, etc.) BRICK & WOOD	
19. Bldg Length (ft) 49'	20. Bldg Width (ft) 18'	21. Bldg Height (ft) 27'	22. Bldg Volume (cu ft) (L x W x H) 23,814 cu ft.

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name JUENEMANKI		24. Contractor's Address (including zip code) 9341 FRASER AVE Silver Spring md 20910	25. Contractor's Phone 2404605947
26. Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No	33. Raze Contractor Signature <i>John Juene Manki</i>	
27. CFA?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature <i>David Allen</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. N/A	
		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. VACANT	
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only	
		Fee	By
			Date

33. Plumber's Name JACKSON PLUMBING	34. Plumber's License Number DM116	35. Raze Method (ball, bulldozer, by hand, etc.) 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 FRYE INSURANCE ASSOCIATES INC 21508 LAYTONSVILLE RD LAYTONSVILLE, MD 20882-1624	37. Policy or Certificate No. 0481650661	38. Expiration Date 12/16/14
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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

This project has been funded in part by a U.S. Department of the Interior, National Park Service Historic Preservation Fund grant administered by the District of Columbia's Historic Preservation Office.

<i>Permit Number</i>	<i>0716</i>	<i>Date</i>	<i>10/3/1904</i>
<i>Owner</i>	<i>Kaldenback, R. J.</i>	<i>Roll of Microfilm</i>	<i>0300</i>
<i>Architect</i>	<i>Gormley</i>		
<i>Builder</i>	<i>Kaldenback, R. J.</i>		
<i>Quantity</i>	<i>1</i>		
<i>Stories</i>	<i>2</i>	<i>Material</i>	<i>frame</i>
<i>Width</i>	<i>18</i>	<i>Depth</i>	<i>49</i>
<i>Purpose</i>	<i>dwelling</i>	<i>Number of Families</i>	<i>1</i>
<i>Store?</i>	<input type="checkbox"/>		
<i>Solid/Filled</i>	<i>solid</i>	<i>Material of Foundation</i>	<i>brick</i>
<i>Front Material</i>	<i>frame</i>	<i>Type of Stone</i>	
<i>Type of Roof</i>	<i>pitch</i>	<i>Roof Material</i>	<i>shingles</i>
<i>Heat</i>	<i>stove(s)</i>	<i>No Plumbing or Gasfitting</i>	<input type="checkbox"/>
<i>No Electric</i>	<input type="checkbox"/>	<i>Roughing In Only</i>	<input type="checkbox"/>
<i>Estimated Cost</i>	<i>\$1,000</i>	<i>No Sewer Available</i>	<input type="checkbox"/>

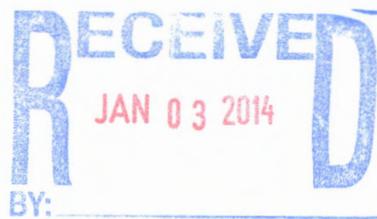
Notes

<i>Updated</i>	<i>Extant</i>	<i>Square</i>	<i>Lot</i>	<i>Address</i>			<i>House Type</i>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1414	0824	5060	MacArthur	Boulevard NW	Detached



**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: December 12, 2013

Cap Id: R1400044

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:
4414 BENNING RD NE

LOT: **0025** SQUARE: **5139** 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/A 00044

Application Date: 12/11/2013

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4414 Benning Road NE	NE	Seven	5139		25

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
SOME, Inc.	71 O Street NW, WDC 20001	202-797-8806	tswanda@some.org
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Scott Hammar	226 11th Street SE, WDC 20003	202-302-0342	slhkai@aol.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 1-story vacant commercial building		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Restaurant		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)
100'	61'	18' +/-	109,800cf

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name ACM Services, Inc.	24. Contractor's Address (including zip code) 12022 Parklawn Dr., Rockville, MD 20852	25. Contractor's Phone 301-230-2822
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26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature
27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. Raze Entire Building? <input 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 Crescent Plumbing	34. Plumber's License Number 1015	35. Raze Method (ball, bulldozer, by hand, etc.) excavator/skid steer
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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 Starr Surplus Lines Insurance Company	37. Policy or Certificate No. SLSLEIL72019913	38. Expiration Date 6/30/2014
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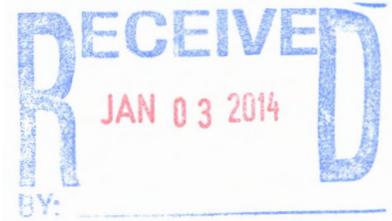
39. Asbestos in Building? If yes, indicate location: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only	
Fee	By	Date



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

Permit Operations Division
1100 4th Street SW
Washington DC 20024

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



Date: December 12, 2013

Cap Id: R1400045

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:

4430 BENNING RD NE

LOT: **0807** SQUARE: **5139** 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/4 000 45

Application Date: 12/5/2013

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4430 Benning Road NE	NE	Seven	5139		807

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
SOME, Inc.	71 O Street NW, WDC 20001	202-797-8806	tswanda@some.org
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Scott Hammar	226 11th Street SE, WDC 20003	202-302-0342	slhkai@aol.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 1-story vacant commercial building		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Child care center		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)
94'	54'	18' +/-	91,368cf

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A: RAZE PERMIT

23. Raze Contractor's Name ACM Services, Inc.	24. Contractor's Address (including zip code) 12022 Parklawn Dr., Rockville, MD 20852	25. Contractor's Phone 301-230-2822
---	---	---

26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature
27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. Building Condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature
32. Public Space Vault? <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.
	Building must be vacant before Raze Permit issuance.
	Official Use Only
	Fee By Date

33. Plumber's Name Crescent Plumbing	34. Plumber's License Number 1015	35. Raze Method (ball, bulldozer, by hand, etc.) excavator/skid steer
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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:

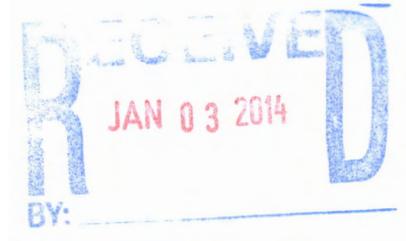
- Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024
- Include a 30-day advance notice cancellation clause.
- Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.
- State that 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 Starr Surplus Lines Insurance Company	37. Policy or Certificate No. SLSLEIL72019913	38. Expiration Date 6/30/2014
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39. Asbestos in Building? If yes, indicate location: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only		
	Fee	By	Date



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



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

Date: January 03, 2014

Cap Id: R1400039

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:
 1726 LANIER PL NW

LOT: 0441 SQUARE: 2581 TYPE: **Single Family Dwelling - R-3** VACANT: **Yes**

Garage Raze Only

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any entered information will void this application. The owner of record must sign the application with an original signature.

Applicable code sections are in the 2008 DC Building Code Supplement Chapter I § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

Application Date: 11/18/2013

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1726 Lanier Place NW	NW	One	2581		0241

2. APPLICANT INFORMATION

6. Property Owner Brian Papke <i>Capital City Realty</i>	7. Complete mailing address (include zip) 1515 14th St NW Wash DC 20005	8. Phone Number(s) <i>202 360-5647</i> 66-648-0518	9. Email
10. Agent/Contractor for Owner (if applicable) Phillip Pittinger-Dunham	11. Complete mailing address (include zip) 490 M ST SW W103 WDC 20024	12. Phone Number(s) 232-387-6669	13. Email phil@capitolpermits.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) Raze of single story freestanding accessory garage		16. Existing Number of Stories of Bldg: one	
17. Use(s) of Property (specifically indicate if any use is residential.) garage		18. Materials of Building (brick, wood, etc.) masonry	
19. Bldg Length (ft) 21.5	20. Bldg Width (ft) 18	21. Bldg Height (ft) 11.5	22. Bldg Volume (cu ft) (L x W x H) 4450.5

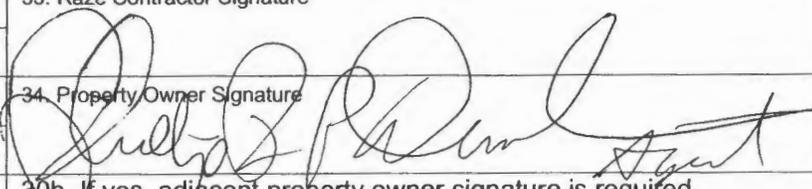
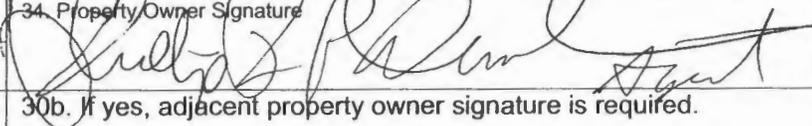
OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

R14 02038

con inspect on party/initials

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. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. Property Owner Signature 			
28. Raze Entire Building? <input type="checkbox"/> Yes <input checked="" 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 NA		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 NA		37. Policy or Certificate No.		38. Expiration Date	

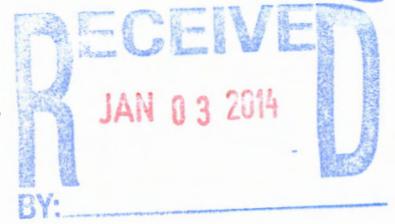
39. Asbestos in Building? If yes, indicate location:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Official Use Only	
				Date	
		Fee		By	



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: December 19, 2013

Cap Id: R1400048

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:
16 M ST NE

LOT: **0858** SQUARE: **0672** 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.

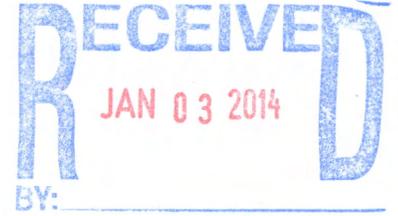
Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



Government of the District of Columbia
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 15, 2013

Cap Id: R1400036

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:
1312 1316 12TH ST NW

LOT: 0830 SQUARE: 0280 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

Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whitening out, or otherwise altering any entered information will void this application. The owner of record must sign the application with an original signature.

Applicable code sections are in the 2008 DC Building Code Supplement Chapter I § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

R/400036

Application Date:

11	8	13
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1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1312-1316 12th Street	NW	Two	0280		830

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Logan 13 LLC	3400 Idaho Ave, NW Wash, DC 20016	202-362-2400	sweatherby@holladaycorp.
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Holladay Construction LLC	3400 Idaho Ave, NW Wash, DC 20016	202-362-2400	sweatherby@holladaycorp.

3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

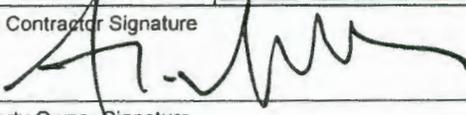
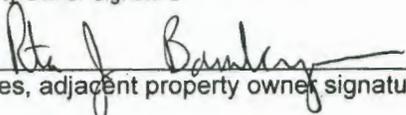
4. DESCRIPTION OF BUILDING

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 Commercial Structure		ONE	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Support Building for Car Wash		Brick with Wood Structure	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
45'	59'	15'	39,825 Cubic Feet

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Holladay Construction LLC		24. Contractor's Address (including zip code) 3400 Idaho Ave, NW Washington, DC 20011		25. Contractor's Phone 202-362-2400	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Building must be vacant before Raze Permit issuance.			
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
		Fee	By	Date	

33. Plumber's Name Acker and Sons Inc.		34. Plumber's License Number PC77		35. Raze Method (ball, bulldozer, by hand, etc.) MECHANICAL / BY HAND	
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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 HARTFORD CASUALTY		37. Policy or Certificate No. 42UUNDF4342		38. Expiration Date 3-1-2014	
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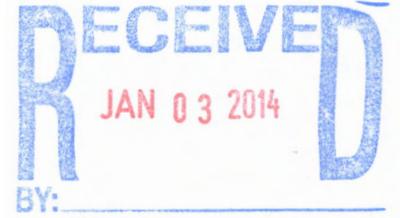
39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
		Fee	By	Date	



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

Permit Operations Division
1100 4th Street SW
Washington DC 20024

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



Date: November 15, 2013

Cap Id: R1400033

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:
1309 1311 13TH ST NW

LOT: **0847** SQUARE: **0280** TYPE: VACANT: **No**

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any entered information will void this application. The owner of record must sign the application with an original signature.

Applicable code sections are in the 2008 DC Building Code Supplement Chapter I § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

Application Date:

11/8/13

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1309-1311 13th Street	NW	Two	0280		3

2. APPLICANT INFORMATION

6. Property Owner Logan 13 LLC	7. Complete mailing address (include zip) 3400 Idaho Ave, NW Wash, DC 20016	8. Phone Number(s) 202-362-2400	9. Email sweatherby@holladaycorp.
10. Agent/Contractor for Owner (if applicable) Holladay Construction LLC	11. Complete mailing address (include zip) 3400 Idaho Ave, NW Wash, DC 20016	12. Phone Number(s) 202-362-2400	13. Email sweatherby@holladaycorp.

3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

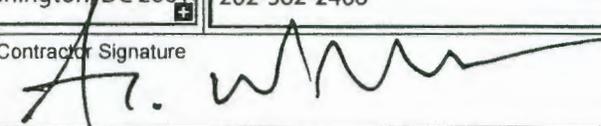
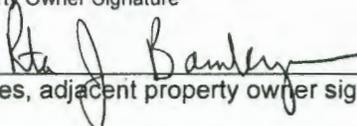
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling) One Story Brick Commercial Structure			16. Existing Number of Stories of Bldg: ONE
17. Use(s) of Property (specifically indicate if any use is residential.) Car Wash		18. Materials of Building (brick, wood, etc.) Brick with Wood Structure	
19. Bldg Length (ft) 109'	20. Bldg Width (ft) 27'	21. Bldg Height (ft) 15'	22. Bldg Volume (cu ft) (L x W x H) 44,145 Cubic Feet

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Holladay Construction LLC		24. Contractor's Address (including zip code) 3400 Idaho Ave, NW Washington, DC 20011	25. Contractor's Phone 202-362-2400
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Building must be vacant before Raze Permit issuance.	
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only	
		Fee	By
			Date

33. Plumber's Name Acker and Sons Inc.	34. Plumber's License Number PC77	35. Raze Method (ball, bulldozer, by hand, etc.) Mechanical / By hand
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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 HARTFORD CASUALTY	37. Policy or Certificate No. 42 UUNDF4342	38. Expiration Date 3-1-2014
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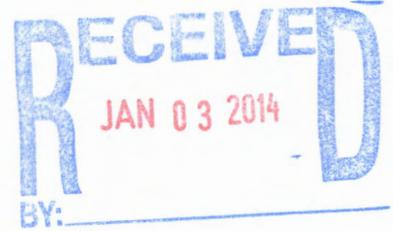
39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only	
		Fee	By
			Date



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

Permit Operations Division
1100 4th Street SW
Washington DC 20024

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



Date: November 15, 2013

Cap Id: R1400034

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:
1313 13TH ST NW

LOT: 0002 SQUARE: 0280 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

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.

R1400034

Application Date:

11	8	13
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1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1313 13th Street	NW	Two	0280		2

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Logan 13 LLC	3400 Idaho Ave, NW Wash, DC 20016	202-362-2400	sweatherby@holladaycorp.
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Holladay Construction LLC	3400 Idaho Ave, NW Wash, DC 20016	202-362-2400	sweatherby@holladaycorp.

3. TYPE OF PERMIT

14. Check all that apply: Raze Permit

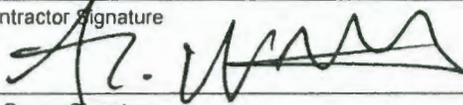
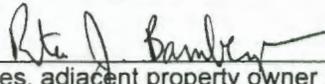
4. DESCRIPTION OF BUILDING

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 Commercial Structure		TWO	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Food Carry Out		Brick with Wood Structure	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
67'	22'	24'	35,376 Cubic Feet

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Holladay Construction LLC		24. Contractor's Address (including zip code) 3400 Idaho Ave, NW Washington, DC 20011		25. Contractor's Phone 202-362-2400	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Building must be vacant before Raze Permit issuance.			
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
		Fee	By	Date	

33. Plumber's Name Acker and Sons Inc.		34. Plumber's License Number PC77		35. Raze Method (ball, bulldozer, by hand, etc.) MECHANICAL : BY HAND	
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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 HARTFORD CASUALTY		37. Policy or Certificate No. 42 UUNDF 4342		38. Expiration Date 3-1-2013	
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39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
		Fee	By	Date	



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

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

Date: December 17, 2013

Cap Id: R1400050

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:
465 NEW YORK AVE NW

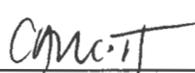
LOT: 0851 SQUARE: 0514 TYPE: VACANT: **Yes**

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: 1-6-14 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.

R1400050

Application Date: 12/017/13

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
465 New York Ave	NW	Six	514		851

2. APPLICANT INFORMATION

6. Property Owner MHF DC IV LLC	7. Complete mailing address (include zip) 300 Centerville Rd, Suite 300 East Warwick, RI 02886	8. Phone Number(s) 401-562-2204	9. Email len.grecco@magnahospitality
10. Agent/Contractor for Owner (if applicable) Phillip Pittinger-Dunham	11. Complete mailing address (include zip) 490 M ST SW W103 WDC 20024	12. Phone Number(s) 232-387-6669	13. Email phil@capitolpermits.com

3. TYPE OF PERMIT

14. Check all that apply:

 Raze Permit

4. DESCRIPTION OF BUILDING

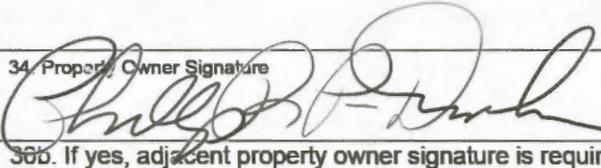
15. Description of Building to be Razed (e.g., two story brick single family dwelling) Three story brick single family townhouse, to be relocated on-site		16. Existing Number of Stories of Bldg: 3	
17. Use(s) of Property (specifically indicate if any use is residential.) Condemned Residential Townhouse		18. Materials of Building (brick, wood, etc.) Masonry, Wood	
19. Bldg Length (ft) 62'	20. Bldg Width (ft) 26'	21. Bldg Height (ft) 35'	22. Bldg Volume (cu ft) (L x W x H) 56,420 cf

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Donohoe	24. Contractor's Address (including zip code) 2101 Wisconsin Ave, NW, 20007	25. Contractor's Phone 202-333-0880
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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 checked="" type="checkbox"/> Yes <input 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	34. Property Owner Signature  Agent
32. Public Space Vault? <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.
	Building must be vacant before Raze Permit issuance.
	Official Use Only
	Fee By Date

33. Plumber's Name NA / Utilities Previously Capped	34. Plumber's License Number NA / Utilities Previously Capped	35. Raze Method (ball, bulldozer, by hand, etc.) Physical Move of Entire Ex. Townhouse
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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 Old Republic General Insurance Corp	37. Policy or Certificate No. A3CG41211309	38. Expiration Date June 1, 2014
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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

490 M Street SW W103, Washington, DC 20024

Friday, December 27, 2013

D.C. Historic Preservation Office
1100 4th Street SW Room E650
Washington, DC 20024

RE: R1400050, 465 New York Avenue NW Raze Application

Enclosed please find the raze application and release letter for your review. It is understood that HPO most likely will not sign off on the raze until we have obtained our DCRA bracing and move permit that will allow us to relocate the structure on the site. Please let us know if you have any questions or need more information.

When the release is ready for pickup please call us at 202-387-6669, email phil@capitolpermits.com or fax it to 866-565-8751.

Thanks.

Sincerely,



Phillip R. Pittinger-Dunham



1414 0824 09/26/2004

5060 MacArthur Blvd NW

(House and Garage)



4005105170 2500 0812

4414 Benning Road NE



5139 0807 07/20/2004

4430 Benning Road NE



1726 Lanier Place NW (Garage

only)



0672 0255 09/28/2004

33 Patterson Street NE



0672 0839 09/28/2004

16 M Street NE



0280 0830 08/24/2004

1312-1316 12th Street NW



0280 0847 08/24/2004

1309-1311 13th Street NW



0280 0002 08/24/2004

1313 13th Street NW



0514 0851 08/25/2004

465 New York Avenue NW –

building move from this location to L Street per HPRB approval 7/26/2012)