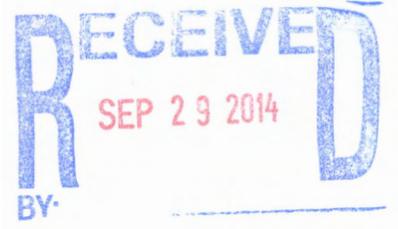




**Government of the District of Columbia  
Department of Consumer and Regulatory Affairs**

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: September 29, 2014

Cap Id: R1400180

**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:  
3070 PORTER ST NW

LOT: 0107 SQUARE: 2067 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: 10/1/14 Signature: [Signature]

Name of releasing HPO Official. (print) FRANCES McMillen



# 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: \_\_\_\_\_

## 1. INFORMATION ON PROPERTY

1. Address of Proposed Work 3070 Porter St. N.W DC 20008	2. Quad	3. Ward	4a. Square 2067	4b. Suffix	5. Lot 107
---	---------	---------	--------------------	------------	---------------

## 2. APPLICANT INFORMATION

6. Property Owner HAITHAM ARAFAT / ARWA KATTAN	7. Complete mailing address (include zip) 3070 Porter St. N.W Washington, DC 20008	8. Phone Number(s) 202-255-5522	9. Email TARAFAT@GMAIL.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) Split level 2 story single family		16. Existing Number of Stories of Bldg: 2	
17. Use(s) of Property (specifically indicate if any use is residential.) Residential		18. Materials of Building (brick, wood, etc.) brick	
19. Bldg Length (ft) 26.6	20. Bldg Width (ft) 37	21. Bldg Height (ft) 18	22. Bldg Volume (cu ft) (L x W x H) 17,715.6

## 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		33. Raze Contractor Signature	
27. CFA?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
28. Raze Entire Building?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		34. Property Owner Signature	
29. Building Condemned?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
30a. Party Wall?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30b. If yes, adjacent property owner signature is required.	
31. Building Vacant?		<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.	
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		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"> <li>• Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024</li> <li>• Include a 30-day advance notice cancellation clause.</li> <li>• Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.</li> <li>• State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage.</li> <li>• If the insurance is for one specific address only, state that, "Razing Operations at _____"</li> </ul> <p align="right"><i>(address of raze operation)</i></p>					
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.**

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

This certifies that HATHAM A ARAFAT / ARWA KATTAN (referred to as Owner) owns the property at  
(Legal Name of Property Owner)  
3070 Porter St N.W. 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.

H.A. (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.  
(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.

H.A. (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.

H.A. (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: HATHAM ARAFAT  
(Print Name of Owner)  
ARWA KATTAN

Signature: [Handwritten Signature]

Name of Agent: \_\_\_\_\_  
(Print Name of Authorized Agent)

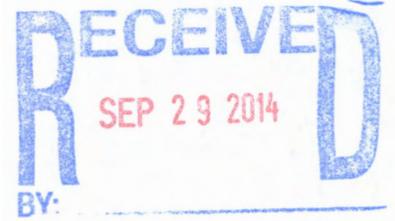
Signature: \_\_\_\_\_



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: September 29, 2014

Cap Id: R1400181

**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:  
3070 PORTER ST NW

LOT: 0107 SQUARE: 2067 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: 10/1/14 Signature: Frances McMillen

Name of releasing HPO Official. (print) Frances McMillen



# APPLICATION FOR RAZE PERMIT

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

Applicable code sections are in the 2008 DC Building Code Supplement Chapter 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

Application Date: \_\_\_\_\_

## 1. INFORMATION ON PROPERTY

1. Address of Proposed Work <b>3070 Porter St, N.W., Washington, DC 20008</b>	2. Quad	3. Ward	4a. Square <b>2067</b>	4b. Suffix	5. Lot <b>107</b>
--	---------	---------	---------------------------	------------	----------------------

## 2. APPLICANT INFORMATION

6. Property Owner <b>HAITHAM ARAFAT / ARWA KATTAN</b>	7. Complete mailing address (include zip) <b>3070 Porter St, N.W. Washington, DC 20008</b>	8. Phone Number(s) <b>202-255- 5512</b>	9. Email <b>TARAFAT@GMAIL. COM</b>
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email

## 3. TYPE OF PERMIT

14. Check all that apply:  
 Raze Permit

## 4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling) <b>CAR GARAGE</b>		16. Existing Number of Stories of Bldg: <b>1</b>	
17. Use(s) of Property (specifically indicate if any use is residential.) <b>CAR GARAGE</b>		18. Materials of Building (brick, wood, etc.) <b>Brick</b>	
19. Bldg Length (ft) <b>21.33</b>	20. Bldg Width (ft) <b>11.3</b>	21. Bldg Height (ft) <b>12</b>	22. Bldg Volume (cu ft) (L x W x H) <b>2,900</b>

## 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	33. Raze Contractor Signature		
27. CFA?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature		
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
30a. Party Wall?	<input type="checkbox"/> Yes <input 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.)	
<p>1. You must submit a Certificate of Insurance covering the raze operation/contractor- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.</p> <p>2. The Certificate should:</p> <ul style="list-style-type: none"> <li>• Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024</li> <li>• Include a 30-day advance notice cancellation clause.</li> <li>• Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.</li> <li>• State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage.</li> <li>• If the insurance is for one specific address only, state that, "Razing Operations at _____"</li> </ul> <p align="right">(address of raze operation)</p>				
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.**



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: September 24, 2014

Cap Id: R1400177

**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:

3726 MORRISON ST NW

*GARAGE ONLY @ REAR OF LOT \**

LOT: **0072** SQUARE: **1868** 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) \_\_\_\_\_

*\* ADDED BY ARCHITECT  
Thomas Ahm299, AIA  
9/24/2014  
201-864-1334*



# 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.

R1400177

Application Date: 9.24.14

### 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3726 Morrison St.	NW		186B		0072

### 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Brian Blum	3726 Morrison St. N.W. Washington, DC 20015	202- 663-8389	brian.blum@ pittsburylaw.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Thomas Ahmaza, AIA	4408 Beechwood Rd Univ. Pk, MD 20782	301- 864-1334	tahaza@ ahazanllc.com

### 3. TYPE OF PERMIT

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

### 4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
Private Garage		1 story	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Garage		Wood frame on conc. slab	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
20 ft.	18 ft	10 ft.	3,600 cu.ft.

### OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name	24. Contractor's Address (including zip code)	25. Contractor's Phone
----------------------------	---	------------------------

26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature <i>Brian Blum</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.
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.) <i>By Hand</i>
--------------------	------------------------------	--

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

2. The Certificate should:

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

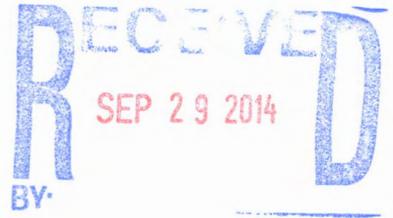
36. Insurance Company	37. Policy or Certificate No.	38. Expiration Date
-----------------------	-------------------------------	---------------------

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



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: September 24, 2014

Cap Id: R1400178

**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:  
**4310 GEORGIA AVE NW**

LOT: **0802** SQUARE: **2914** 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, 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 2003 DC Building Code Supplement Chapter I § 107.2.4 107.2.10 (5), and 110.1.

*R14 00 178*

Application Date: September 5, 2014

**1. INFORMATION ON PROPERTY**

1. Address of Proposed Work 4308, 4310 Georgia Avenue	2. Quad NW	3. Ward One	4a. Square 2914	4b. Suffix	5. Lot 22
--	---------------	----------------	--------------------	------------	--------------

**2. APPLICANT INFORMATION**

6. Property Owner 4308, 4310 Georgia LLC	7. Complete mailing address (include zip) 3232 Georgia Avenue, NW Suite100, Washington DC 20010	8. Phone Number(s) 202-779-6002 202-779-4091 cell	9. Email rbalfour@neighborhooddevelopm ent.com
10. Agent/Contractor for Owner (if applicable) <i>Kim Mitchell</i>	11. Complete mailing address (include zip) <i>1615 New Hampshire Ave NW - 4th Flr 20009</i>	12. Phone Number(s) <i>21420 0091</i>	13. Email <i>Kim@ cdkmeconsulting com</i>

**3. TYPE OF PERMIT**

14. Check all that apply:

D Raze Permit

D Supplemental Razing Operations Permit

**4. DESCRIPTION OF BUILDING**

15. Description of Building to be Razed (e.g., two story brick single family dwelling) Twin two story masonry duplex		16. Existing Number of Stories of Bldg: 2	
17. Use(s) of Property (specifically indicate if any use is residential.) Commercial		18. Materials of Building (brick, wood, etc.) Concrete footings & basement slab, masonry foundation walls, wood framing,	
19. Bldg Length (ft) 57.3	20. Bldg Width (ft) 38.2	21. Bldg Height (ft) 25	22. Bldg Volume (cu ft) (L x W x H) 54721.5

OFFICIAL USE ONLY

**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name To be determined (TBD)		24. Contractor's Address (including zip code) TBD		25. Contractor's Phone TBD	
26. Historic District?	<u>D Yes</u> <u>D No</u>	33. Raze Contractor Signature			
27. Fine Arts District?	<u>D Yes</u> <u>D No</u>				
28. Raze Entire Building?	<u>D Yes</u> <u>D No</u>	34. Property Owner Signature			
29. Building Condemned?	<u>D Yes</u> <u>D No</u>				
30a. Party Wall?	<u>D Yes</u> <u>D No</u>	30b. If yes, adjacent property owner signature is required. -----			
31. Building Vacant?	<u>D Yes</u> <u>D No</u>	Building must be vacant before Supplemental Raze Operations Permit issuance.			
32. Public Space Vault?	<u>D Yes</u> <u>D No</u>	<b>Official Use Only</b>			
		Fee	By	Date	

**SECTION B. SUPPLEMENTAL RAZE OPERATIONS PERMIT**

35. Raze Contractor's Name TBD		36. Contractor's Address (including zip code) TBD		37. Contractor's Phone TBD	
38. Plumber's Name Busy Services, Inc.		39. Plumber's License Number PC1187/DMP808		40. Raze Method (ball, bulldozer, by hand, etc.) Bulldozer and by hand	

1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, 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?	<u>D Yes</u> <u>D No</u>	52. Raze Contractor Signature			
45. Fine Arts District?	<u>D Yes</u> <u>D No</u>				
46. Raze Entire Building?	<u>D Yes</u> <u>D No</u>	53. Property Owner Signature			
47. Building Condemned?	<u>D Yes</u> <u>D No</u>				
48a. Party Wall?	<u>D Yes</u> <u>D No</u>	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?	<u>D Yes</u> <u>D No</u>	Building must be vacant before Supplemental Raze Operations Permit issuance.			
50. Public Space Vault?	<u>D Yes</u> <u>D No</u>	<b>Official Use Only</b>			
		Fee	By	Date	
51. Asbestos in Building? If yes, indicate location:					

*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>	382	<i>Date</i>	7/26/1915
<i>Owner</i>	Carr, Arthur	<i>Roll of Microfilm</i>	134
<i>Architect</i>	Carr, Arthur		
<i>Builder</i>	Carr, Arthur		
<i>Quantity</i>	1		
<i>Stories</i>	2	<i>Material</i>	brick
<i>Width</i>	19	<i>Depth</i>	35
<i>Purpose</i>	dwelling	<i>Number of Families</i>	2
<i>Store?</i>	<input type="checkbox"/>		
<i>Solid/Filled</i>	solid	<i>Material of Foundation</i>	concrete
<i>Front Material</i>	brick	<i>Type of Stone</i>	
<i>Type of Roof</i>	flat	<i>Roof Material</i>	tin
<i>Heat</i>	hot water	<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>	\$3,700	<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"/>	2914	0017	4310	Georgia	Avenue	NW



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

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



Date: September 26, 2014

Cap Id: R1400179

**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:  
129 Q ST SW

LOT: **0055** SQUARE: **0601** 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/1400179

Application Date: 9.26.14

### 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
129 QUE STREET SW			0601		0055

### 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
TIBER CREEK LLC	4057 HIGHWOOD CT NW WASHINGTON, DC 20009	202-342-0145	marie.p.carr@gmail.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)	16. Existing Number of Stories of Bldg:		
2 BAY GARAGE + ATTACHED OFFICE BUILDING			
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
CAB COMPANY HEADQUARTERS	BRICK, WOOD		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)

### OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name <b>ACECO LLC CO.</b>		24. Contractor's Address (including zip code) <b>901 STODDARD PL SILVER SPRING, MD 20910</b>	25. Contractor's Phone <b>301-588-0707</b>
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature	
27. CFA?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature <b>Maie Pinak Lou</b>	
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
30a. Party Wall?	<input 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 checked="" type="checkbox"/> No	<b>Official Use Only</b>	
		Fee	By
			Date



2067 0107 09/16/2004

3070 Porter Street NW (dwelling)



3070 Porter Street NW (garage)



3726 Morrison Street NW (garage)



2914 0017 07/28/2004

4310 Georgia Avenue NW



129 Q Street SW