



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

2013 MAR 21 AM 11:32
DISTRICT OF COLUMBIA
OFFICE OF PLANNING

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: March 21, 2013

Cap Id: R1300063

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:
4113 CONNECTICUT AVE NW

LOT: 0052 SQUARE: 2243 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.

R1300063

Application Date: 03/20/2013

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4113 Connecticut Ave	NW	One	2243		52

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Connecticut Yankee LLC	2817 BELLEVUE TER NW Washington DC 20007	202-518-0892	carmel@districtdesign.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
District Design. Carmel Green	1766 Florida Ave NW Washington DC 20009	202-518-0892	carmel@districtdesign.com

3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

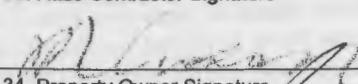
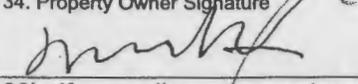
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
Two Story Brick single family dwelling + cellar		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Residential		Brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
60	22	25	33000

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Michael Loudon Construction		24. Contractor's Address (including zip code) 114 N Jackson St. Arlington, VA 22204		25. Contractor's Phone 202-365-0773	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature 			
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature 			
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
30a. Party Wall?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.			
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.			
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.			
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
		Fee	By	Date	

33. Plumber's Name Oliver Rocha	34. Plumber's License Number 2710 048 643	35. Raze Method (ball, bulldozer, by hand, etc.) 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 **4113 Conn Ave NW** (address of raze operation)

36. Insurance Company Erie Insurance Exchange	37. Policy or Certificate No. Q 34 0500760	38. Expiration Date Oct 5 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



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Department of Consumer and Regulatory Affairs

Permit Operations Division
1100 4th Street SW
Washington DC 20024
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2013 JAN 25 AM 11:18
DISTRICT OF COLUMBIA
OFFICE OF PERMITS

Date: January 15, 2013

Cap Id: R1300033

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:
1030 PERRY ST NE

LOT: 0024 SQUARE: 3884 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) _____

1030 Perry Street, LLC
PO Box 29589
Washington, DC 20017

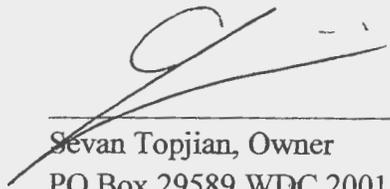
January 18, 2013

Re: 1030 Perry Street, NE; Square 3884, Lot 0024

To Whom It May Concern:

Please find attached the request from DCRA for clearance to issue a Raze Permit for the property located at 1030 Perry Street, NE DC 20017. As the sole owner of this property, I want to inform you that the property will be vacant on June 1, 2013 at which time all disconnections and terminations shall be scheduled. Please contact me directly for any information necessary to coordinate such scheduling and in returning the attached form to DCRA.

Very truly yours,



Sevan Topjian, Owner
PO Box 29589 WDC 20017
301-767-6524



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2013 MAR 28 PM 1:16

DISTRICT OF COLUMBIA
OFFICE OF PLANNING

Date: March 28, 2013

Cap Id: R1300069

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:
448 RIDGE ST NW

LOT: 0826 SQUARE: 0513 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 can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide detailed information. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whitening out, or otherwise altering any entered information will void this application. The owner of record must sign the application with an original signature.

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

R1300069.

Application Date: 3/27/2013

1. INFORMATION ON PROPERTY

1. Address of Proposed Work 448 Ridge Street	2. Quad NW	3. Ward 2	4a. Square 513	4b. Suffix	5. Lot 826-827
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2. APPLICANT INFORMATION

6. Property Owner Suzane Reatig	7. Complete mailing address (include zip) 1312 8th St NW, Washington DC 20001	8. Phone Number(s) 202-518-0260	9. Email suzane@reatig.com
10. Agent/Contractor for Owner (if applicable) Nooni Reatig	11. Complete mailing address (include zip) 1312 8th St NW, Washington DC 20001	12. Phone Number(s) 202-518-0260	13. Email nooni@reatig.com

3. TYPE OF PERMIT

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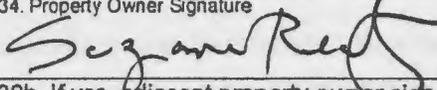
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling) 1-story concrete masonry building with concrete slab on grade		16. Existing Number of Stories of Bldg. 1	
17. Use(s) of Property (specifically indicate if any use is residential.) Childcare facility		18. Materials of Building (brick, wood, etc.) CMU, concrete	
19. Bldg Length (ft) 55'-0"	20. Bldg Width (ft) 40'-0"	21. Bldg Height (ft) 10'-0"	22. Bldg Volume (cu ft) (L x W x H) 22,000 cu.ft.

OFFICIAL USE ONLY

CONDITIONS/COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Celtic Demolition		24. Contractor's Address (including zip code) 2121 Eisenhower Ave, Suite 200, Alexandria, VA 22314		25. Contractor's Phone 703-739-9103	
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	34. Property Owner Signature 			
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.			
30a. Party Wall?	<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			
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.			
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
		Fee	By	Date	

33. Plumber's Name Tim Downs		34. Plumber's License Number 20676		35. Raze Method (baf, bulldozer, by hand, etc.) Bulldozer, 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, Permt 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 Brown & Brown Ins. Agency of VA, Inc		37. Policy or Certificate No. CL1292008899		38. Expiration Date 10/01/2013	
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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



2243 0052 10/06/2004

4113 Connecticut Avenue NW



3884 0015 06/15/2004

1030-1032 Perry Street NE



0513 0826 08/25/2004

448 Ridge Street NW