

2012 JUN 11 PM 3:37

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

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

Date: May 31, 2012

Cap Id: R1200127

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:
303 H ST NE

LOT: 0087 SQUARE: 0777 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 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 | 2001 27

Application Date: 30 MAY 12

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
303 H ST	NE	Six	0777		0087

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
301 H ST LLC	PO Box 96503 #38430 Washington, DC	202-557-9865	sheryl@capcityre.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Michele Miller	2529 Herrell Court Falls Church, VA, 22043	703-946-9512	mcmiller05@yahoo.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:	
Liquor Store		1	
17. Use(s) of Property (specifically indicate if any use is residential)		18. Materials of Building (brick, wood, etc.)	
		Brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
70'-1 1/8"	34'-3 1/2"	12'	28,968 cu ft

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

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					
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 TBD		34. Plumber's License Number		35. Raze Method (ball, bulldozer, by hand, etc.)	
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1. You must submit a Certificate of Insurance covering the raze operator/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate shall:

- Show the name of the insurance company: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024
- Include an advance notice cancellation clause
- Show the amount of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.
- Be written in "Razing Operations in the District of Columbia." If the scope of the insurance is for blanket coverage
- If the insurance is for one specific razing operation only, state that, "Razing Operations at _____ (address of raze operation)"

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

2012 JUN 11 PM 3:37

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

Permit Operations Division

1100 4th Street SW

Washington DC 20024

Tel. (202) 442 - 4589 Fax (202) 442 - 4862

TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557

Date: June 07, 2012

Cap Id: R1200129

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: *Sherrien*
4912 ~~SHERRIE~~ PL NW

LOT: 0829 SQUARE: 1412 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, 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.

Application Date:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4912 Sherrier Place	NW	Three	1412		0829

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Charles and Emily King	4918 Sherrier Place NW	202-625-1259	emily.king42@gmail.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Michele Miller	2529 Herrell Court, FaCh, VA 22043	(703) 946-9512	mamiller05@yahoo.com

3. TYPE OF PERMIT

14. Check all that apply:
 Raze Permit

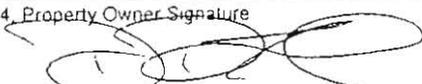
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)			16. Existing Number of Stories of Bldg:
One and a half story brick single family dwelling			1 1/2 + Basement
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc)	
Single Family residential		Brick and wood	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
57'	28'	9' (+ basmnt + 1/2 story)	+/- 30,324 CU FT

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A: RAZE PERMIT

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

33. Plumber's Name TBD		34. Plumber's License Number TBD		35. Raze Method (ball, bulldozer, by hand, etc.) TBD	
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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 Essex Ins Co.		37. Policy or Certificate No. 3DJ8989		38. Expiration Date 04/06/2013	
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39. Asbestos in Building? If yes, indicate location.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Official Use Only	
				Date	

2012 JUN 15 11:43:02

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

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

Date: June 14, 2012

Cap Id: R1200132

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:

4816 HUTCHINS PL NW

LOT: 0810 SQUARE: 1387 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.

Application Date: **JUNE 13, 2012**

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5 Lot
4816 HUTCHINS PLACE	NW	One	1387		0810

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
FOXHALL DEVELOPERS, LLC	PO BOX 40028 WASHINGTON DC 200	202-288-7908	
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
CATHIE HARRISON	707 BOXMERE CT WEST RIVER, MD 20	443-336-2745	PERMITRUNNER@COMCAST

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	
1 STORY BRICK SINGLE FAMILY DWELLING		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
SINGLE FAMILY DWELLING		BRICK	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
53	36	10	19080

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A - RAZE PERMIT

23. Raze Contractor's Name TBD	24. Contractor's Address (including zip code) 	25. Contractor's Phone
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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 <i>Mike Gray</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.	
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 TBD	34. Plumber's License Number 	35. Raze Method (ball, bulldozer, by hand, etc.)
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1. You must submit a Certificate of Insurance covering the raze operation/contractor-- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

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

36. Insurance Company 	37. Policy or Certificate No. 	38. Expiration Date
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39. Asbestos in Building? If yes, indicate location: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only		
Fee	By	Date	

2012 JUN 21 AM 11:46

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

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

Date: June 18, 2012

Cap Id: R1200133

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:

1350 BUCHANAN ST NW

LOT: 0006 SQUARE: 2816 TYPE: Churches - A-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 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

R1200133

Application Date: 6/15/2012

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1350 Buchanan Street N.W.	NW	One	2816		6

2. APPLICANT INFORMATION

6. Property Owner ADBARAT SKP Mariam Church	7. Complete mailing address (include zip) 1350 Buchanan St. NW, Washington, DC	8. Phone Number(s) 202-726-4115	9. Email
10. Agent/Contractor for Owner (if applicable) Ammka I. Inc.	11. Complete mailing address (include zip) 7600 Georgia Ave. NW, Washington, DC	12. Phone Number(s) 202-386-6101	13. Email ammka@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) Combination of one and Two story building		16. Existing Number of Stories of Bldg: 2	
17. Use(s) of Property (specifically indicate if any use is residential.) Church meetings		18. Materials of Building (brick, wood, etc.) Brick, CMU and wood framing	
19. Bldg Length (ft) 50 ft and 20 ft = 70 ft	20. Bldg Width (ft) 70 ft 20 ft.	21. Bldg Height (ft) 13 ft and 9 ft 24 ft	22. Bldg Volume (cu ft) (L x W x H) 830 cu ft.

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

4
4C
C-M-1

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Ammka Int. Inc.	24. Contractor's Address (including zip code) 7600 Georgia Ave. NW, Washington DC 200	25. Contractor's Phone 202-386-6101
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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.
		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 DPM	34. Plumber's License Number 954	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 Erie Insurance	37. Policy or Certificate No. 	38. Expiration Date 02/15/2013
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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	

2012 JUN 22 PM 3:00
DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

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

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

Date: June 19, 2012

Cap Id: R1200134

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:

4417 LOWELL ST NW

LOT: 0807 SQUARE: 1606 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) _____

PLEASE RETURN CLEARANCE TO:

Karen@casengineering.com
202-744-2375 (phone)
301-607-8045 (fax)



APPLICATION FOR RAZE PERMIT

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

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

Application Date:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4417 Lowell Lane	NW	Three	1606		0807

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
ZP Lowell, LLC	5505 Connecticut Avenue, NW, #269	202-437-1512	steven@zuckermanpartner
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
CAS Engineering (Karen Martino)	108 W. Ridgeville Blvd., #101, 21771	202-744-2375	karen@casengineering.com

3. TYPE OF PERMIT

14. Check all that apply:
 Raze Permit

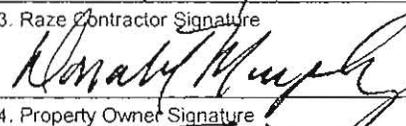
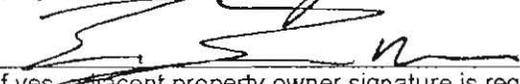
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)			16. Existing Number of Stories of Bldg:
Two-story stucco and frame single-family dwelling			2
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Single-family Residential		Stucco, wood	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
38.2	34.1	25.0	32,565

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Don Murphy Excavating		24. Contractor's Address (including zip code) 18019 Shaeffer Mill Rd, Mt Airy, MD	25. Contractor's Phone 443-277-6920
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature 	
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature 	
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.	
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.	
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.	
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only	
		Fee	By
			Date

33. Plumber's Name Crescent Plumbing	34. Plumber's License Number 1015	35. Raze Method (ball, bulldozer, by hand, etc.) Bulldozer, Excavator
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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 Ohio Casualty Insurance	37. Policy or Certificate No. BLW 5288 0128	38. Expiration Date 8/22/12
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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



0777 0087 08/15/2004

303 H Street NE

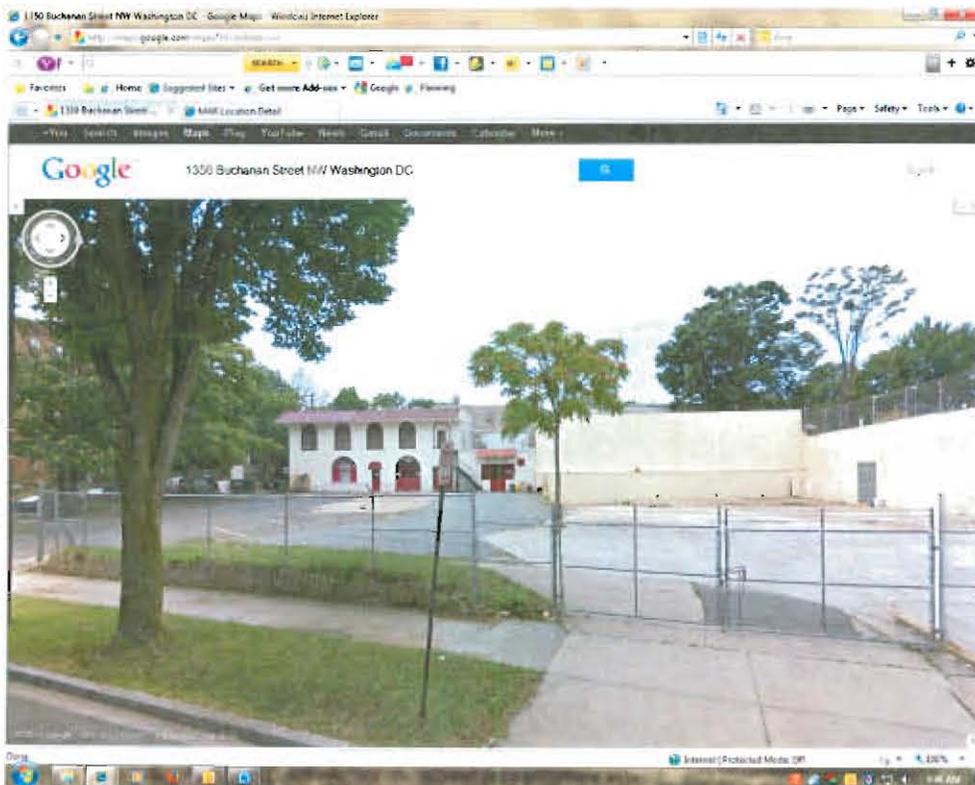


4912 Sherrier Place NW



1387 0810 09/23/2004

4816 Hutchins Place NW



Street NW

1350 Buchanan



1606 0807 07/27/2004

4417 Lowell Street NW