



**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

313 DEC 15 PM 1:21
DISTRICT OF COLUMBIA
OFFICE OF PLANNING

Date: December 12, 2012

Cap Id: R1300023

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:

1700 COLUMBIA RD NW

LOT: **0052** SQUARE: **2565** 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 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.

R1300023

Application Date: 12-12-12

1. INFORMATION ON PROPERTY

1. Address of Proposed Work 1700 Columbia Rd	2. Quad NW	3. Ward 1	4a. Square 2565	4b. Suffix	5. Lot 52
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2. APPLICANT INFORMATION

6. Property Owner 1700 Columbia Rd, LLC	7. Complete mailing address (include zip) 418 Brandywine St NW Washington, DC	8. Phone Number(s) 202-231-9100	9. Email GREDAS@CIRCLEMGT.COM
10. Agent/Contractor for Owner (if applicable) KIM MITCHELL CDRM CONSULTING LLC	11. Complete mailing address (include zip) 1250 24th ST NW #300 WASHINGTON, DC 20031	12. Phone Number(s) 202-420-0091	13. Email KIM@cdkmcconsulting.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) 1-LEVEL BRICK BUILDING		16. Existing Number of Stories of Bldg: 1	
17. Use(s) of Property (specifically indicate if any use is residential.) RETAIL		18. Materials of Building (brick, wood, etc.) BRICK + STEEL	
19. Bldg Length (ft) 1811	20. Bldg Width (ft) 159'	21. Bldg Height (ft) 38'-6"	22. Bldg Volume (cu ft) (L x W x H) 553,995

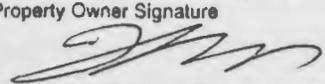
OFFICIAL USE ONLY

(TRIANGULAR SITE)

CONDITIONS/COMMENTS:

SECTION A RAZE PERMIT

23. Raze Contractor's Name 	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. Fine Arts District?	<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						
		<table style="width:100%; border: none;"> <tr> <td style="border: none; width:33%;">Fee</td> <td style="border: none; width:33%;">By</td> <td style="border: none; width:33%;">Date</td> </tr> <tr> <td style="border: none; height: 20px;"></td> <td style="border: none; height: 20px;"></td> <td style="border: none; height: 20px;"></td> </tr> </table>	Fee	By	Date			
Fee	By	Date						

33. Plumber's Name 	34. Plumber's License Number 	35. Raze Method (ball, bulldozer, by hand, etc.)
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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, 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)

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



APPLICATION FOR RAZE PERMIT

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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
1950-60 Montana Avenue	NE		PAR	0153	0083

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
1900 Bladensburg RD, LLC	C/O Metropolitan Investment CO 1801 Bladensburg RD, NE - 20002		
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Kim Mitchell	1250 24th ST NW # 300 W. DC 20037	2/420-0091	

3. TYPE OF PERMIT

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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		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Commercial		Brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
315'	25'	14'	110,250

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

DEMOLITION RAZE PERMIT

23. Raze Contractor's Name <div style="border: 1px solid black; padding: 5px; text-align: center;">TBD</div>		24. Contractor's Address (including zip code) <div style="border: 1px solid black; padding: 5px; text-align: center;">TBD</div>		25. Contractor's Phone <div style="border: 1px solid black; padding: 5px; text-align: center;">TBD</div>	
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 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 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 <div style="border: 1px solid black; padding: 5px; text-align: center;">TBD</div>		34. Plumber's License Number <div style="border: 1px solid black; padding: 5px; text-align: center;">TBD</div>		35. Raze Method (ball, bulldozer, by hand, etc.) <div style="border: 1px solid black; padding: 5px; text-align: center;">TBD</div>	
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- 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 <div style="border: 1px solid black; height: 20px;"></div>		37. Policy or Certificate No. <div style="border: 1px solid black; height: 20px;"></div>		38. Expiration Date <div style="border: 1px solid black; height: 20px;"></div>	
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39. Asbestos in Building? If yes, indicate location:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Official Use Only			
				Fee		By	
						Date	



2565 0052 09/22/2004

1700 Columbia Road NW



PAR 01530083 09/27/2004

1950 Montana Avenue NE