

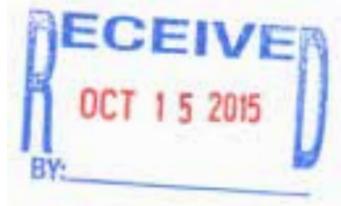
RAZE PERMIT APPLIED AT DCRA
OCTOBER 6 -22 2015

DCRA Issue Date	ID	Address	DCRA Notice to HPO	ANC Expiration Date	Sub Type	Status	Ward	ANC	Zoning	Applicant	Owner Name	Type of Work
10/15/2015	R1500206	3222 WARDER ST NW	10-22-2015	12-3-2015	Raze	Permit Issued	1	1A		PYNE	MH HOLAHAN	RAZE 11 GARAGES - GARAGES ARE ALREADY RAZED DUE TO FIRE
10/7/2015	R1400081	1773 COLUMBIA RD NW	10-22-2015	12-3-2015	Raze	Permit Issued	1	1C	C-2-B	FLACK	1777 BOND ST EQUITIES LLC	BRICK COMMERCIAL 3 STORY 10-22-2015 RAZE ACTIVITES TO EXCLUDE REMOVAL OF FRONT FACADE
10/6/2015	R1500012	2129-2133 I ST NW	10-22-2015	12-3-2015	Raze	Permit Issued	2	2A	R-5-D	FONTANA	GEORGE WASHINGTON UNIVERSITY	
10/9/2015	R1600011	923 16TH ST NW	10-22-2015	12-3-2015	Raze		2	2B		NA 16TH & K HOTEL LLC	NA 16th & K Hotel LLC	Renewal of expired permit R0800008. Raze 3 story 10-22-2015 while leaving subgrade foundation slab.
10/16/2015	R1600019	1515 L ST NW	10-22-2015	12-3-2015	Raze	New Application	2	2B		CLARK	COREY A GRIFFIN	7 seven story concrete/ brick office 10-22-2015
10/20/2015	R1600022	1528 K ST NW	10-22-2015	12-3-2015	Raze	New Application	2	2B		MSC /EVAN O'BRIEN	16TH & K HOTEL LLC	TO RAZE 3 STORY 10-22-2015
10/6/2015	R1400153	1801 6TH ST NW	10-22-2015	12-3-2015	Raze	Permit Issued	2	2C	R-4	STARIKA	E DAVID SAMUEL	TWO STORY BRICK SINGLE FAMILY DWELLING
10/13/2015	R1600012	608 T ST NW	10-22-2015	12-3-2015	Raze	New Application	2	2C	ARTS/C-2-B	MITCHELL	GEBREHANNA T DEMISSIE	one story commercial
10/13/2015	R1600015	612-614 T ST NW	10-22-2015	12-3-2015	Raze	New Application	2	2C		MITCHELL	ISAYAS K AGONAFER	TWO S TORY RESIDENTIAL AND COMMERCIAL 10-22-2015
10/13/2015	R1600014	618 T ST NW	10-22-2015	12-3-2015	Raze	New Application	2	2C	ARTS/C-2-B	MITCHELL	EVELYN S BOYD	ONE STORY COMMERICAL
10/13/2015	R1600016	610 T ST NW	10-22-2015	12-3-2015	Raze	New Application	2	2C	ARTS/C-2-B	MITCHELL	ISAYAS K AGONAFER	TWO STORY RESIDENTIAL
10/7/2015	R1500110	3115 44TH ST NW	10-22-2015	12-3-2015	Raze	Permit Issued	3	3D	WH/R-1-B	ERWIN	ANTONIO SIERRA	two story stucco SFD
10/7/2015	R1500133	4810 GLENBROOK RD NW	10-22-2015	12-3-2015	Raze	Permit Issued	3	3D	R-1-A	D.LANDSMAN	FREDERICK J KILLION	two and a half story brick SFD
10/15/2015	R1500112	4304 FOREST LN NW	10-22-2015	12-3-2015	Raze	Permit Issued	3	3D	WH/R-1-A	ERWIN	MARK J FITZGIBBONS TRUSTEE	two stroy brick single family dwelling
10/7/2015	R1500121	5411 POTOMAC AVE NW	10-22-2015	12-3-2015	Raze	Permit Issued	3	3D	R-1-B	CAS ENGINEERING	CHRISTOPHER R COOPER	TWO STORY FRAME AND SIDING SFD AND DETACHED GARAGE
10/19/2015	R1600021	7615 13TH ST NW	10-22-2015	12-3-2015	Raze	New Application	4	4A	R-1-B	HIRST	ROBERT W LYONS	ONE CAR GARAGE WIITH MANUAL SWINGING DOORS
10/19/2015	R1600020	7616 13TH ST NW	10-22-2015	12-3-2015	Raze	New Application	4	4A	R-1-B	HIRST	KUMAO TODA	ONE CAR GARAGE WITH MAUNAL SWING DOORS
10/15/2015	R1600017	1234 CRITTENDEN ST NW	10-22-2015	12-3-2015	Raze	New Application	4	4C	R-1-B	MAYA	LUIS F MAYA	free standing garage with cracked wall and missing roof
10/21/2015	R1600023	1017 BRENTWOOD RD NE	10-22-2015	12-3-2015	Raze	New Application	5	5B	M	JAN MARUT	1155 W STREET LC	one story brick and block cmu i ndustrial warehouse
10/13/2015	R1600013	1301 H ST NE	10-22-2015	12-3-2015	Raze	New Application	6	6A	HS/C-2-A		CARDEROCK 1301 H STREET NE LLC	1 story plus cellar church
10/9/2015	R1600008	1334 PENNSYLVANIA AVE SE	10-22-2015	12-3-2015	Raze	New Application	6	6B	C-2-A	BROWN	AMINTA LLC	two story brick w/ partial cellar commercial
10/9/2015	R1600009	1332 PENNSYLVANIA AVE SE	10-22-2015	12-3-2015	Raze	New Application	6	6B	C-2-A	BROWN	SAMMUEL F HERNANDEZ	two story brick w/ partial cellar residential
10/15/2015	R1600006	1512 K ST SE	10-22-2015	12-3-2015	Raze	New Application	6	6B		1512 K LLC 1512 K LLC; RUBIN	1512 K LLC 1512 K LLC	Remove existing 10-22-2015 and all improvements
10/9/2015	R1600007	1330 PENNSYLVANIA AVE SE	10-22-2015	12-3-2015	Raze	New Application	6	6B	C-2-A	BROWN	SAMMUEL F HERNANDEZ	two story brick w/ partial cellar commercial
10/9/2015	R1600010	1336 PENNSYLVANIA AVE SE	10-22-2015	12-3-2015	Raze	Open	6	6B	C-2-A	BROWN	AMINTA LLC	twos tory brick w/partial cellar comercial
10/15/2015	R1600018	16 M ST NE	10-22-2015	12-3-2015	Raze	New Application	6	6C		FLACK	22 M STR NOMA,LLC	1 story brick warehouse



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

Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel (202) 442-4559 Fax (202) 442-4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442-9957



Date October 15, 2015

Cap Id R1600017

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
1234 CRIFFENDEN SW

LOT 0026 SQUARE: 2920 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 HPD 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.

R16 000 17

Application Date: 10.15.15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1234 Crittenden Street	NW	Four	2920		0026

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Luis F Maya	1234 CRITTENDEN ST NW WASHINGTON DC	202-779-4226	lfmaya@yahoo.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:

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:		
Free standing garage with cracked walls and missing roof	1		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Garage not being used because its hazardous condition	cement block		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
15	14	9	1890

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

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

This certifies that Luis F Maya (referred to as Owner) owns the property at
1234 Crittenden Street NW and that the person signing below has the legal authority to execute this Certification
(Legal Name of Property Owner) (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.

LFM (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 NOT 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.

LFM (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.

LFM (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: Luis F Maya
(Print Name of Owner)

Signature: *Luis F Maya*

Name of Agent: _____
(Print Name of Authorized Agent)

Signature: _____

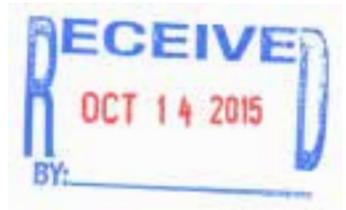








Government of the District of Columbia
 Department of Consumer and Regulatory Affairs



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 October 09, 2015

Cap Id R1600009

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

1332 PENNSYLVANIA AVENUE

LOT 0802 SQUARE: 1044 TYPE

VACANT Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official, (print) _____



APPLICATION FOR RAZE PERMIT

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

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

R14 0000 9

Application Date: 10/06/15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1332 PENNSYLVANIA AVE	SE	Six	1044		0802

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Aminta, LLC	1334 Pennsylvania Ave, SE 20003	202-5546-3016	
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Nicholas Brown	3204 Tower Oaks Blvd Rockville MD 2	301-762-9001	nsbrown@maddoxinc.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 w/partial cellar, residential			2.5
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)
20 Feet	30 Feet	27 feet	16,200 Cubic Feet

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		34. Property Owner Signature			
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30b. If yes, adjacent property owner signature is required.			
29. Building Condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.			
30a. Party Wall? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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 type="checkbox"/> No		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 TBD		37. Policy or Certificate No.		38. Expiration Date	
39. Asbestos in Building? If yes, indicate location:		Official Use Only			
		Fee	By	Date	

CERTIFICATION FOR RAZE PERMIT APPLICATION

This certifies that Aminta, LLC (referred to as Owner) owns the property at
(Legal Name of Property Owner)

1332 PENNSYLVANIA AVE, SE 20003 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.

SF (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.

SF (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.

S.F (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: Samuel Fuentes
(Print Name of Owner)

Signature: [Signature]

Name of Agent: Lesly Tomas
(Print Name of Authorized Agent)

Signature: [Signature]

My commission expires April 10, 2019

Tawana Mensah
202-506-3636

Tawana Mensah
Providing Insurance and Financial Services

NOW OPEN
TAWANA MENSAH
202-506-3636



State Farm
Tawana Mensah
202-506-3636

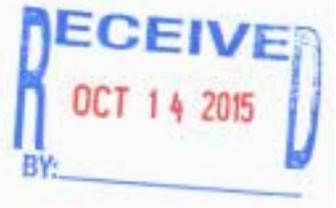




Government of the District of Columbia
 Department of Consumer and Regulatory Affairs

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 October 09, 2015

Cap Id R1600010

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 files on this property. We are hereby requesting confirmation from your office, in order to release the subject permit:

Address:

1356 PENNSYLVANIA AVENUE

LOT: 0029 SDIABF: 1044 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 DC CRA Permit Operations Division, 1100 4th Street S.W., Washington DC 20024.

CLEARANCE

It 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

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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.

RIC [Signature] 00010

Application Date: 10/06/15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1336 PENNSYLVANIA AVE	SE	Six	1044		0029

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Aminta, LLC	1334 Pennsylvania Ave, SE 20003	202-5546-3016	
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Nicholas Brown	3204 Tower Oaks Blvd Rockville MD 2	301-762-9001	nsbrown@maddoxinc.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 w/partial cellar commercial		2.5	
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)
20 Feet	30 Feet	27 Feet	16,200 Cubic Feet

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	24. Contractor's Address (including zip code) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	25. Contractor's Phone <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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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	

29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature
30a. Party Wall?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.
32. Public Space Vault?	<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.
Building must be vacant before Raze Permit issuance.		

33. Plumber's Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	34. Plumber's License Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	35. Raze Method (ball, bulldozer, by hand, etc.) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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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 <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	37. Policy or Certificate No. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	38. Expiration Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
--	--	--

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

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

This certifies that Aminta, LLC (referred to as Owner) owns the property at
(Legal Name of Property Owner)

1336 PENNSYLVANIA AVE, SE 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.

SF (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.

SF (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.

SF (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: Samuel Fuentes
(Print Name of Owner)

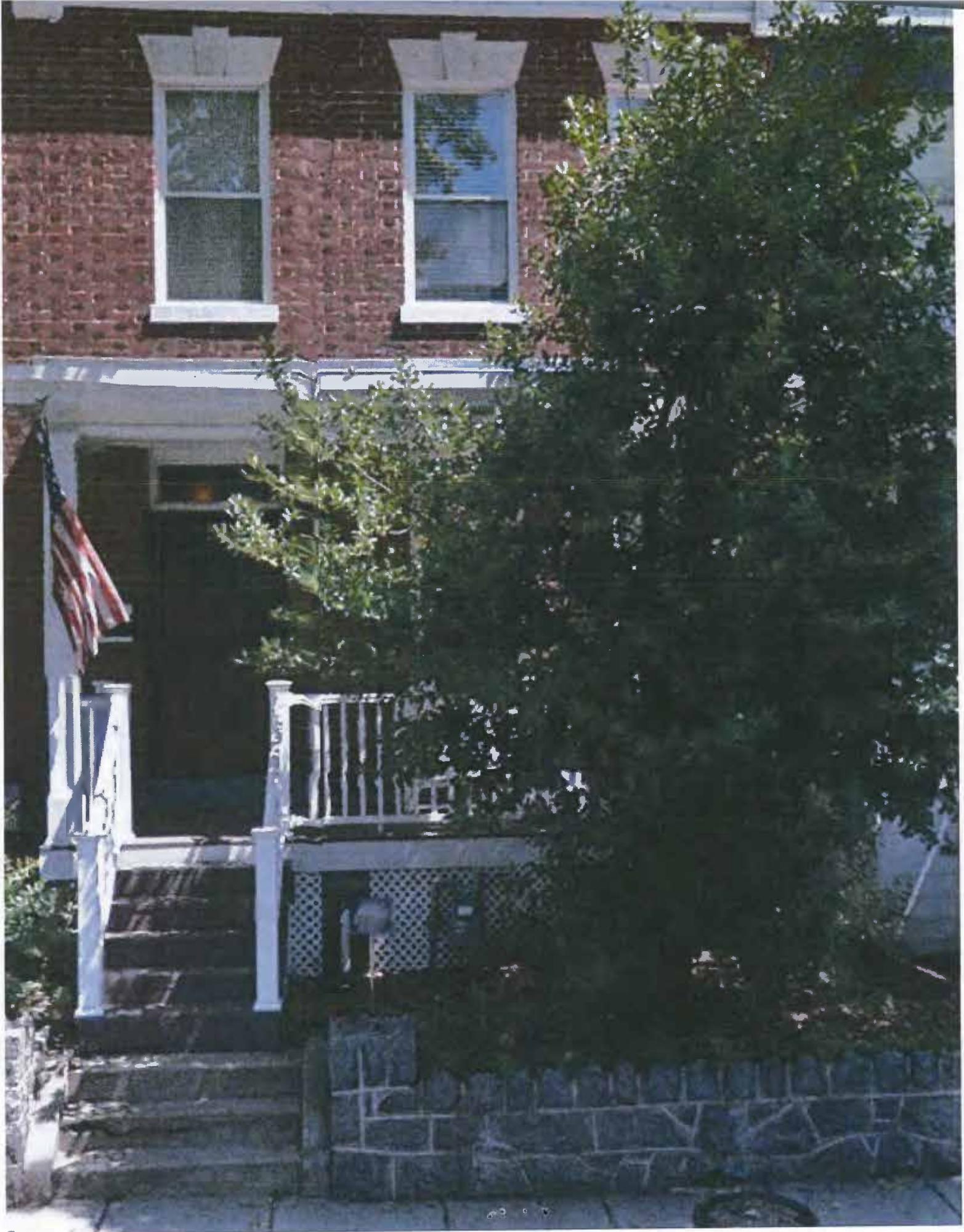
Signature: [Signature]

Name of Agent: Eboni Washington
(Print Name of Authorized Agent)

Signature: Eboni Washington



EBONI WASHINGTON
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires May 14, 2016





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 9357



Date September 24, 2015

Case ID R1500204

D.C. Historic Preservation Office
 1100 4th Street S.W., Rm E650
 Washington, DC 20024

Re: Request for clearance of premises subject to zoning operations.

An application to raze the structure identified below, located in the District of Columbia, was filed in accordance with the Permit Operations Division. Our records do not reveal any kind of conservation findings on this property. We are hereby requesting confirmation from your office, in order to release the subject permit.

Address
 140 IRVING ST NW

LOT 0052 SQUARE: 2880 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 DC 20024.

CLEARANCE

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

Date: _____ Signatures: _____

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.

Application Date:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
740 Irving St.	NW	One	2890		62

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Matt Medvene	2807 Sherman Ave NW, WDC 200	703-589-4832	mbmedvene@gmail.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Julian Hunt, AIA	1504 Swann St. NW, WDC 20009	202-986-1182	jhunt@huntlaudistudio.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:	
Small two story single family dwelling		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Abandoned residential dwelling		Brick exterior, wood joists	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
32	12	20	7680

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A, RAZE PERMIT

23. Raze Contractor's Name PalMar Construction		24. Contractor's Address (including zip code) 789 Grace St, Herndon, VA 20170	25. Contractor's Phone 703-589-4832
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature 34. Property Owner Signature 30b. If yes, adjacent property owner signature is required. 30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected. Building must be vacant before Raze Permit issuance.	
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
28. Raze Entire Building?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
30a. Party Wall?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only	
		Fee	By
		Date	

33. Plumber's Name	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.) By hand and loader
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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 Certificates 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 Cincinnati Insurance	37. Policy or Certificate No. EPP 016 83 60	38. Expiration Date 11/21/2015
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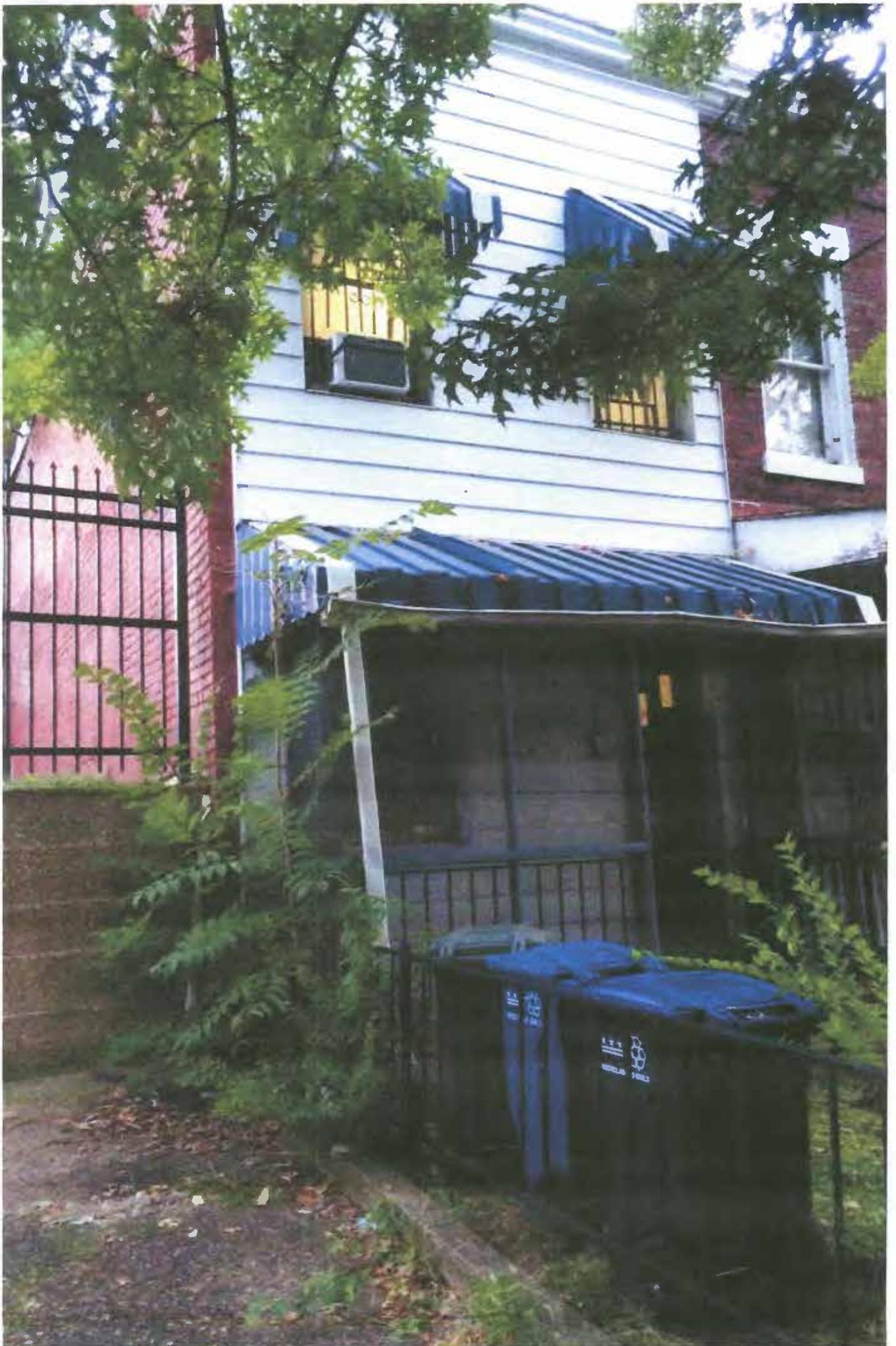
39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only	
		Fee	By
		Date	



10/12/2015

My Commission Expires January 31, 2016

10/12/15 *[Signature]*

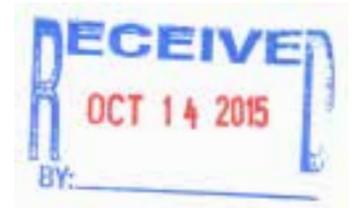








Government of the District of Columbia
 Department of Consumer and Regulatory Affairs



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 3557

Date October 09, 2015

Cap Id R1600007

D.C. Historic Preservation Office
 1100 4th Street S.W., Rm E650
 Washington, DC 20024

Re: Request for clearance of premises subject to zoning operations

An application to raze the structure identified below, located at the District of Columbia, was filed on this date with the Permit Operations Division. Our records do not reveal any kind of conservation easement on this property. We are hereby requesting confirmation from your office, in order to release the subject permit.

Address

1390 PENNSYLVANIA AVENUE

LOT 0802 SQUARE 1044 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, DC 20024.

CLEARANCE

It 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/G 0000 7

Application Date: 10/06/15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1330 PENNSYLVANIA AVE	SE	Six	1044		0802

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Aminta, LLC	1334 Pennsylvania Ave, SE 20003	202-5546-3016	
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Nicholas Brown	3204 Tower Oaks Blvd Rockville MD 2	301-762-9001	nsbrown@maddoxinc.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 w/partial cellar commercial			2.5
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Restaurant		Brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
29 Feet	30 Feet	27 feet	23,490 Cubic Feet

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		
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
30a. Party Wall?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature	
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.	
32. Public Space Vault?	<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.	
		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 TBD	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 type="checkbox"/> No	Official Use Only	
		Fee	By
			Date

CERTIFICATION FOR RAZE PERMIT APPLICATION

This certifies that Aminta, LLC (referred to as Owner) owns the property at
(Legal Name of Property Owner)

1330 PENNSYLVANIA AVE 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.

SF (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 NOT 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.

SF (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.

S.F (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: Samuel Fuentes
(Print Name of Owner)

Signature: [Signature]

Name of Agent: Lessly Tomas
(Print Name of Authorized Agent)

Signature: [Signature]

My commission expires Apr. 10, 2014



© 2015 Google

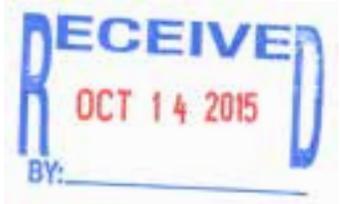
© 2015 Google



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 October 09, 2015

Cap Id R160000B

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 hold on this property. We are hereby requesting confirmation from your office in order to release the subject permit.

Address

1334 PENNSYLVANIA AVE SE

LOT 0029 SQUARE: 1044 TYPE

VACANT Yes

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

R16 0000 8

Application Date:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1334 PENNSYLVANIA AVE	SE	Six	1044		0033

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Aminta, LLC	1334 Pennsylvania Ave, SE 20003	202-5546-3016	
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Nicholas Brown	3204 Tower Oaks BLVD Rockville MD	301-762-9001	nsbrown@maddoxinc.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 w/partial cellar commercial		2.5	
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)
20 Feet	30 Feet	27 Feet	16,200 Cubic Feet

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	24. Contractor's Address (including zip code) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	25. Contractor's Phone <div style="border: 1px solid black; height: 20px; width: 100%;"></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	
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.
		Building must be vacant before Raze Permit issuance.
Official Use Only		
		Fee
		By
		Date

33. Plumber's Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	34. Plumber's License Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	35. Raze Method (ball, bulldozer, by hand, etc.) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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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 <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	37. Policy or Certificate No. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	38. Expiration Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
--	--	--

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

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

This certifies that Aminta, LLC (referred to as Owner) owns the property at
(Legal Name of Property Owner)

1334 Pennsylvania Ave, SE 20003 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.

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SF (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)

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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.

SF (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:

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Name of Owner: Samuel Fuentes
(Print Name of Owner)

Signature: [Signature]

Name of Agent: Jessly Tomas
(Print Name of Authorized Agent)

Signature: Jessly Tomas

My commission expires April 10, 2019

ensah
Financial Services

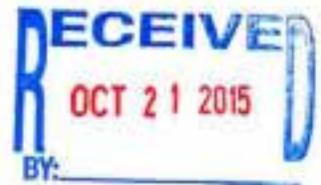


W. Main Farm
Phone Number
287-968-2638

FOR SALE
Call [unreadable] [unreadable]
[unreadable] [unreadable]



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: October 21, 2015

Cap Id: R1600023

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:

1017 BRENTWOOD RD NE

LOT: 0802 SQUARE: 3865 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 1600023

Application Date: September 30, 2015

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1017 Brentwood Road	NE	Five	3865		0802

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
1155 W Street, LLC	2237 33rd St. Washington DC 20018	202-636-9535	nbavolar@fortmyer.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Janice Marut, Permit Pushers	3540 N. Valley St. Arlington, VA 22207	703-929-7497	permitpushers@gmail.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 story, Brick & Block (CMU) Industrial Warehouse	One (1)		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Industrial	Concrete block and drywall		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
Sixty five (65)	Twenty five (25)	Ten (10)	1805 cu ft

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Fort Myer Construction Corp	24. Contractor's Address (including zip code) 2237 33rd St., NE, Washington, DC 20018	25. Contractor's Phone 202-437-1386
---	--	--

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

33. Plumber's Name John Barry Plumbing	34. Plumber's License Number #979	35. Raze Method (ball, bulldozer, by hand, etc.) Bulldozer, frontend loader, 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, 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 1017 Brentwood Rd Washington, DC (address of raze operation)

36. Insurance Company TRAVELERS PROPERTY/CASUALTY CO. OF AMERICA	37. Policy or Certificate No. VTC2JCO5786B55A-15	38. Expiration Date 09/30/2016
---	---	-----------------------------------

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

CERTIFICATION FOR RAZE PERMIT APPLICATION

This certifies that 1155 W Street, LLC (referred to as Owner) owns the property at 1017 Brentwood Road, NE, Washington, DC and that the person signing below has the legal authority to execute this Certification

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.

[Signature] (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 IS NOT a housing accommodation.

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.

[Signature] (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.

[Signature] (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: 1155 W Street, LLC

Signature: *[Signature]*

Name of Agent: Janice Marut, Permit Pushers

Signature: _____

District of Columbia

Subscribed and sworn to before me, in my presence,

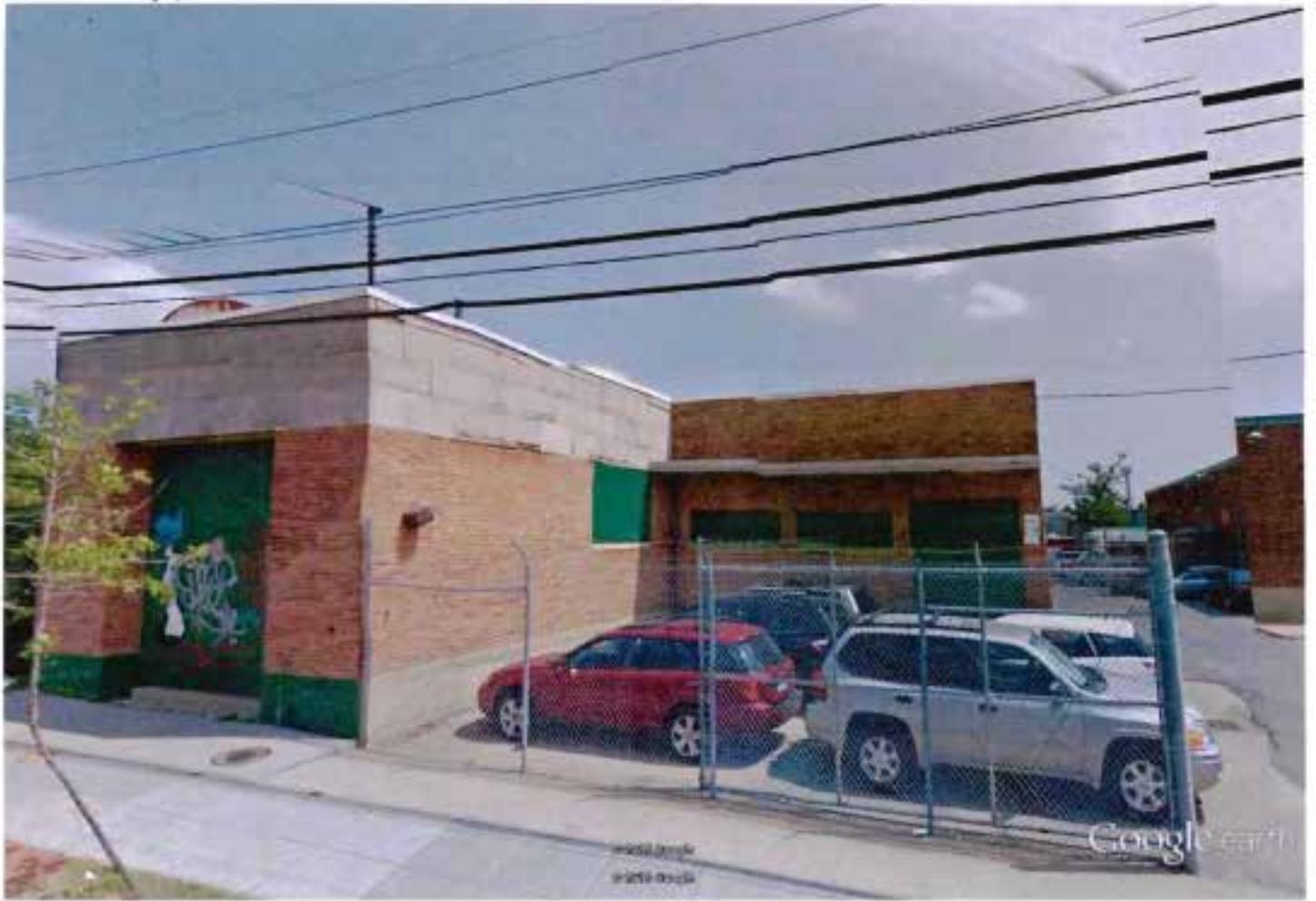
this 30th day of Sept, 2015

by Janice Marut

Carolyn Burns, Notary Public

My Commission Expires 9-30-18





Google earth





**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 - 4852
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9857

Date October 14, 2015

Cap ID R1600013

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
1301 HUSTON

LOT 0156 SQUARE: 1027 TYPE VACANT. Yes

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

R/G 0000 7

Application Date: 10/09/15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1301 H Street	NW	One	1027		156

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
3317 16th Street LLC	1509 Rhode Island Ave NE	(202) 506-5474	info@S2-Development.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Nicholas Brown	3204 Tower Oaks Blvd Rockville MD 2	301-762-9001	nstrown@maddoxinc.com

3. TYPE OF PERMIT

14. Check all that apply

Raze Permit

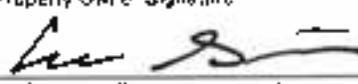
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg.	
1 story plus cellar church		1	
17. Use(s) of Property (specifically indicate if any use is residential)		18. Materials of Building (brick, wood, etc.)	
Vacant church		Wood framed brick building	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
80'	34'	21.33'	58,017 cu. ft.

OFFICIAL USE ONLY

CONDITIONS/COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name FEN Enterprises Inc		24. Contractor's Address (including zip code) 5206 E. Capitol Street NE, 20019		25. Contractor's Phone (240) 676-0139	
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 type="checkbox"/> Yes <input checked="" 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 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 Richard Plumley		34. Plumber's License Number DPM 699		35. Raze Method (ball, bulldozer, by hand, etc.) By hand with small power tools & small equipment	
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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		37. Policy or Certificate No. Q42-2350623		38. Expiration Date 6/23/16	
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39. Asbestos in Building? If yes, indicate location.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Official Use Only					
Fee		By		Date	

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

This certifies that 3317 16th Street LLC (referred to as Owner) owns the property at
(Legal Name of Property Owner)

1301 H Street NW 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.

LS (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 not 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.

_____ (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

_____ (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: Lee Simon
(Print Name of Owner)

Signature: [Signature]

Name of Agent: Nicholas Brown
(Print Name of Authorized Agent)

Signature: [Signature]

District of Columbia: SS

Sworn to and subscribed before me on the 6th day of October, 2015

[Signature]
Notary Public's Signature
My Commission Expires 2-14-2020





10/11/2017



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 9657

Date: October 20, 2015

Cap Id: R1600022

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.

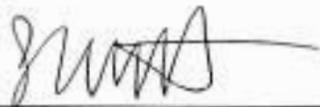
Address:
 1528 K ST NW

LOT: 063 SQUARE: 0199 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: 10-21-15 Signature: 

Name of releasing HPO Official, (print) CANNIST



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: 10/20/15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1528 K St NW	N.W		0199		0065

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
N/A 16 th & K Hotel LLC	712 5 th Ave 10019	410-337-5870	
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Evan O'Brien/MSC	10605 Judicial Dr #200	571-418-9397	

3. TYPE OF PERMIT

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

4. DESCRIPTION OF BUILDING

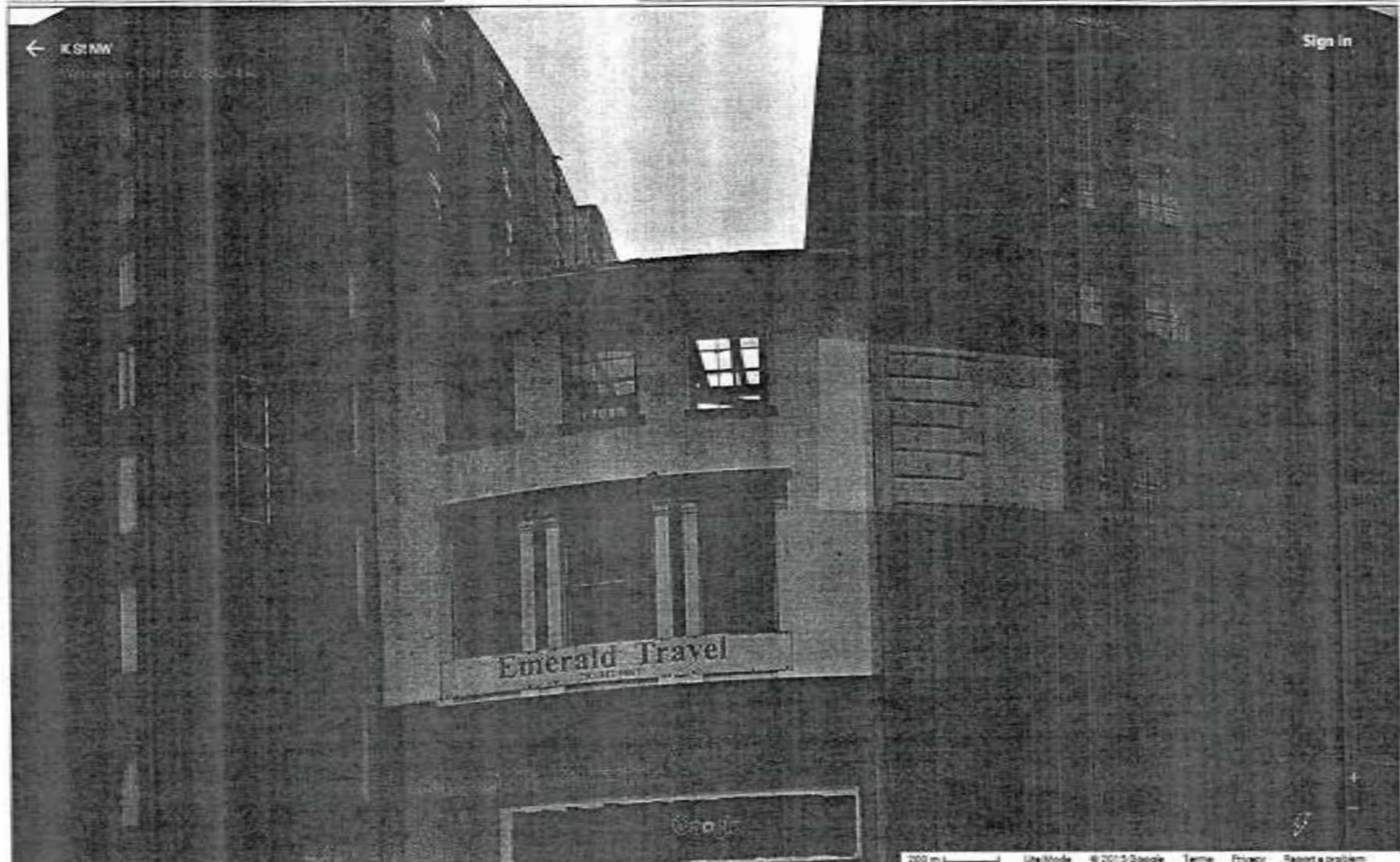
15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg.		
3 story townhouse	3		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
transient lodging	wood frame		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
90.5'	24'	36'	78,192.00

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 type="checkbox"/> No	33. Raze Contractor Signature		
27. CFA?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
28. Raze Entire Building?	<input type="checkbox"/> Yes <input checked="" 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. 30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.		
30a. Party Wall?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.		
32. Public Space Vault?		Official Use Only		
		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"> • 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 type="checkbox"/> No	Official Use Only	
		Fee	By	Date





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

Permit Operations Division
1100 4th Street SW
Washington DC 20024

Tel: (202) 442 - 4569 Fax: (202) 442 - 4567
TO SCHEDULE INSPECTIONS PLEASE CALL: (202) 442 9867

Date: September 09, 2015

Cap Id: R1500201

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
1711 31ST ST SE

LOT: 0165 SOLAR: 5862 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 DC 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.

R15 00 201

Application Date: 09-08-2015

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1711 31st Street SE	SE	Sever	5662		165

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Atlas L Street NE Associates LLC	P.O. Box 4208 Gaithersburg, MD 2087	240-388-0622	lmarsteller@gmail.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Lee Marsteller	Same address	Same	Same

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:		
Single Family Residence	Basement plus 1 story		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
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)
42.25	38.5	16	26026

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	
<input style="width:100%; height:20px;" type="text"/>		<input style="width:100%; height:20px;" type="text"/>		<input style="width:100%; height:20px;" type="text"/>	
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		34. Plumber's License Number		35. Raze Method (ball, bulldozer, by hand, etc.)	
<input style="width:100%; height:20px;" type="text"/>		<input style="width:100%; height:20px;" type="text"/>		<input style="width:100%; height:20px;" type="text"/>	
<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"> • 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	
<input style="width:100%; height:20px;" type="text"/>		<input style="width:100%; height:20px;" type="text"/>		<input style="width:100%; height:20px;" type="text"/>	
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 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.

CERTIFICATION FOR RAZE PERMIT APPLICATION

This certifies that Atlas L Street NE Associates LLC (referred to as Owner) owns the property at 1711 31st Street SE and that the person signing below has the legal authority to execute this Certification

(Legal Name of Property Owner)

(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.

_____ (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.

_____ (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.

_____ (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: Atlas L Street NE Associates LLC
(Print Name of Owner)

Signature: _____

Name of Agent: Richard Grodsky
(Print Name of Authorized Agent)

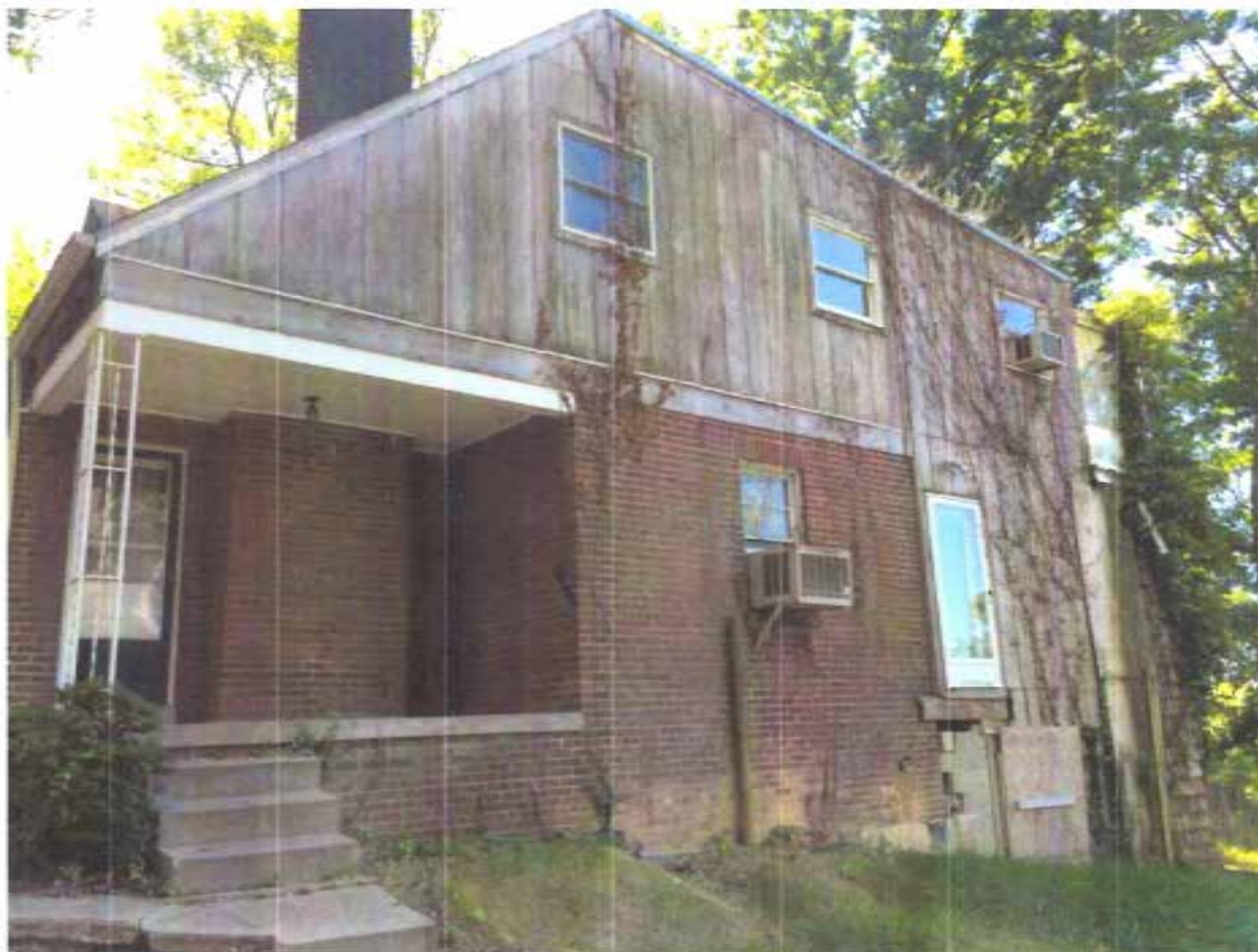
Signature: Richard Grodsky



1711 31st St SE Exterior (1)



1711 31st St SE Exterior (2)



1711 31st St SE Exterior (3)



1711 31st St SE Exterior (4)



1711 31st St SE Exterior (5)

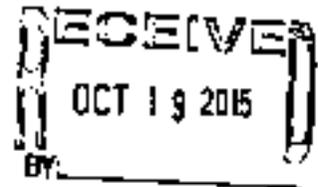


1711 31st St SE Exterior (6)



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

Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442-4588 Fax (202) 442-4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442-9957



Date: October 19, 2015

Cap Id R1600021

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:
7615 13TH ST NW

LOT **0005** SQUARE: **2958** 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, 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 § 105.1.2, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

R/6 000 2D

Application Date: 12 October 2015

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
7615 73th St.	NW	Four	2958		0005

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Robert W. Lyons	7615 13th St. NW Washington, D.C. 20015	202-256-4176	bob@lyonshome.net
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Emily Hirst	1516 Montana Ave. NE Washington, D.C. 20002	703-774-6472	emchirst@gmail.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 car garage with manual swinging doors	1		
17. Use(s) of Property (specifically indicate if any use is residential)	18. Materials of Building (brick, wood, etc.)		
Single Family Dwelling	wood		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
20	10	12	2,400

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	
Paul R Evans - Paul Evans Carpentry/Remod		805 Silver Spring Ave. Silver Spring, MD 209		301-537-6643	
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		<i>Paul R. Evans</i>	
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		<i>[Signature]</i>	
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 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		34. Plumber's License Number		35. Raze Method (Bell, bulldozer, by hand, etc.)	
N/A		N/A		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:					
<ul style="list-style-type: none"> 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	
N/A		N/A		N/A	
39. Asbestos in Building? If yes, indicate location.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Official Use Only	
		Fee		By	
				Date	

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

This certifies that Robert Wiltons (referred to as Owner) owns the property at
7615 13th St. NW and that the person signing below has the legal authority to execute this Certification
(Legal Name of Property Owner) (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.

RL (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 NOT 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) §§ 42-3505.02(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.

RL (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.

RL (Initial here to certify that you have read and understand this paragraph)

C. Execution and Certification Applicable to All Applicants

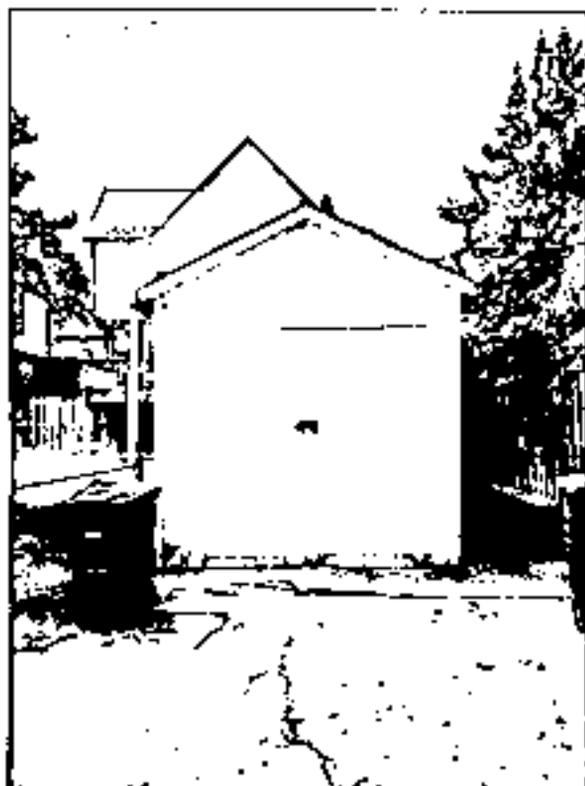
I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be 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: Robert W. Lyons
(Print Name of Owner)

Signature: [Signature]

Name of Agent: Emily C. Hirst
(Print Name of Authorized Agent)

Signature: [Signature]



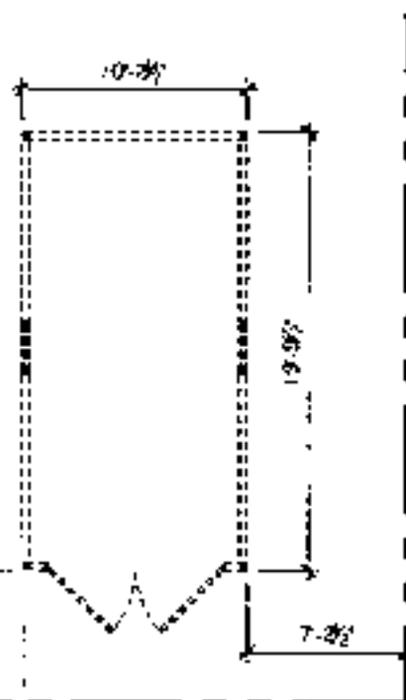
OWNER:
Robert Lyons
7615 13th St. NW
Washington, D.C. 20012

CONTRACTOR:
T&O

DESIGNER:
Emily Hirst
701 774 8473
emhirst@gmail.com

ENGINEER:
Norton Consulting
Engineering, LLC
George Norton
nortonengr@aol.com
703 293 3473

7615 13th St. NW
Washington, D.C. 20012



DEMO PLAN @ EXIST. GARAGE

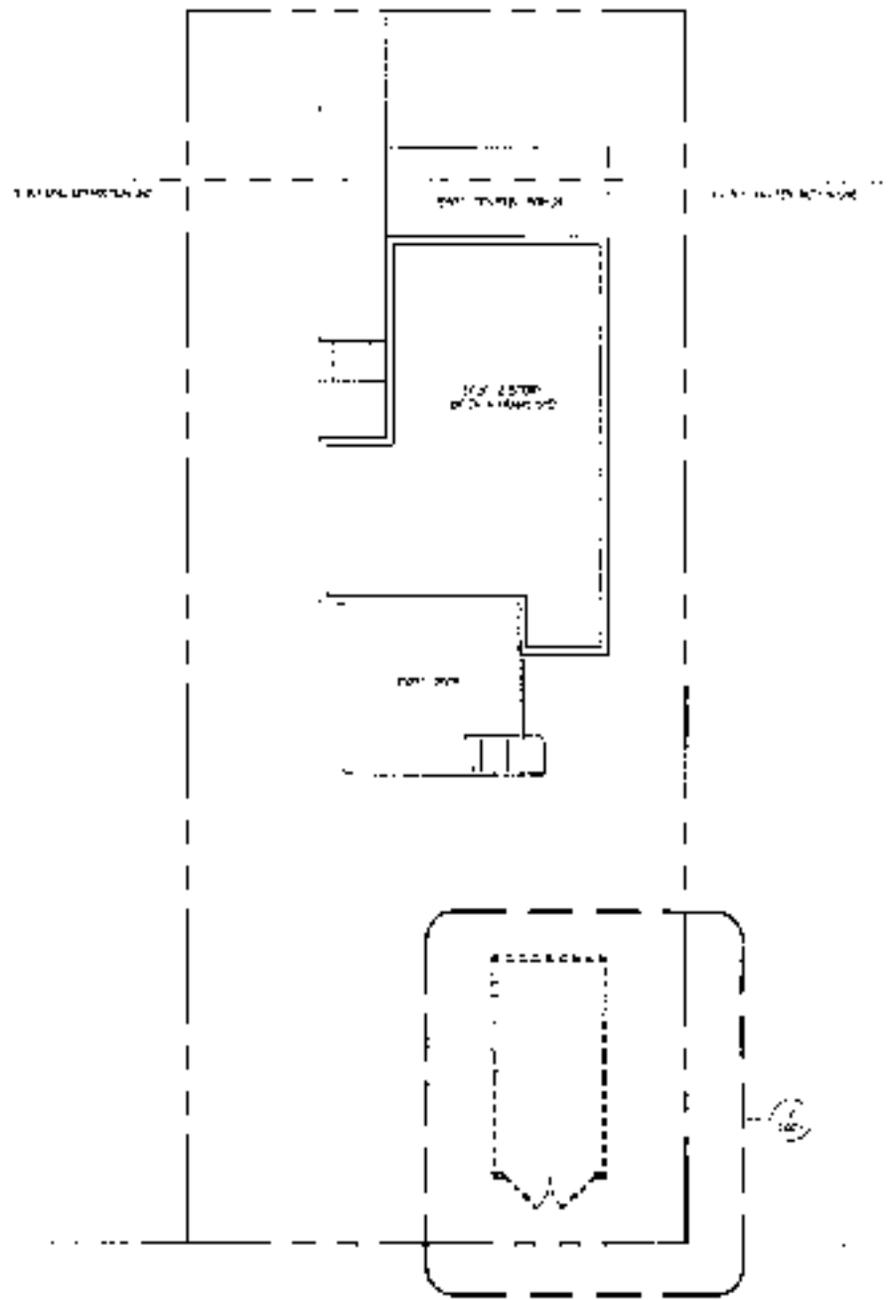


RAZE PERMIT: 11 OCT 2013

DEMO PLAN

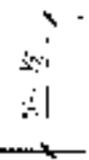
D001

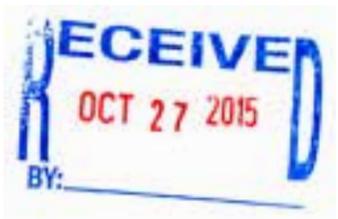
13TH ST. NW



PUBLIC ALLEY

⊕ EXISTING SITE PLAN





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 - 4562
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9657

Date October 27, 2015

Cap ID R1500213

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

3425 QUEBEC ST NW

ONE STORY GARAGE ^{TAT}
FREE STANDING VACANT

LOT 0101 SQUARE: 2063 TYPE Other (Specify) FREE STANDING 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 SW, Washington DC 20024

CLEARANCE

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

Date: _____ Signature: _____

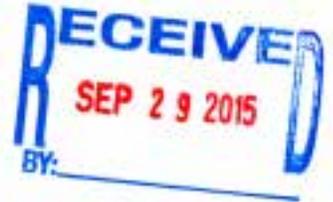
Name of releasing HPO Official: (print) _____



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

Permit Operations Division
1100 4th Street SW
Washington DC 20024

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



Date: September 29, 2015

Cap Id: R1500213

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:
3425 QUEBEC ST NW

LOT: 0101 SQUARE: 2063 TYPE: ~~Single Family Dwelling - R-3~~ 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: _____

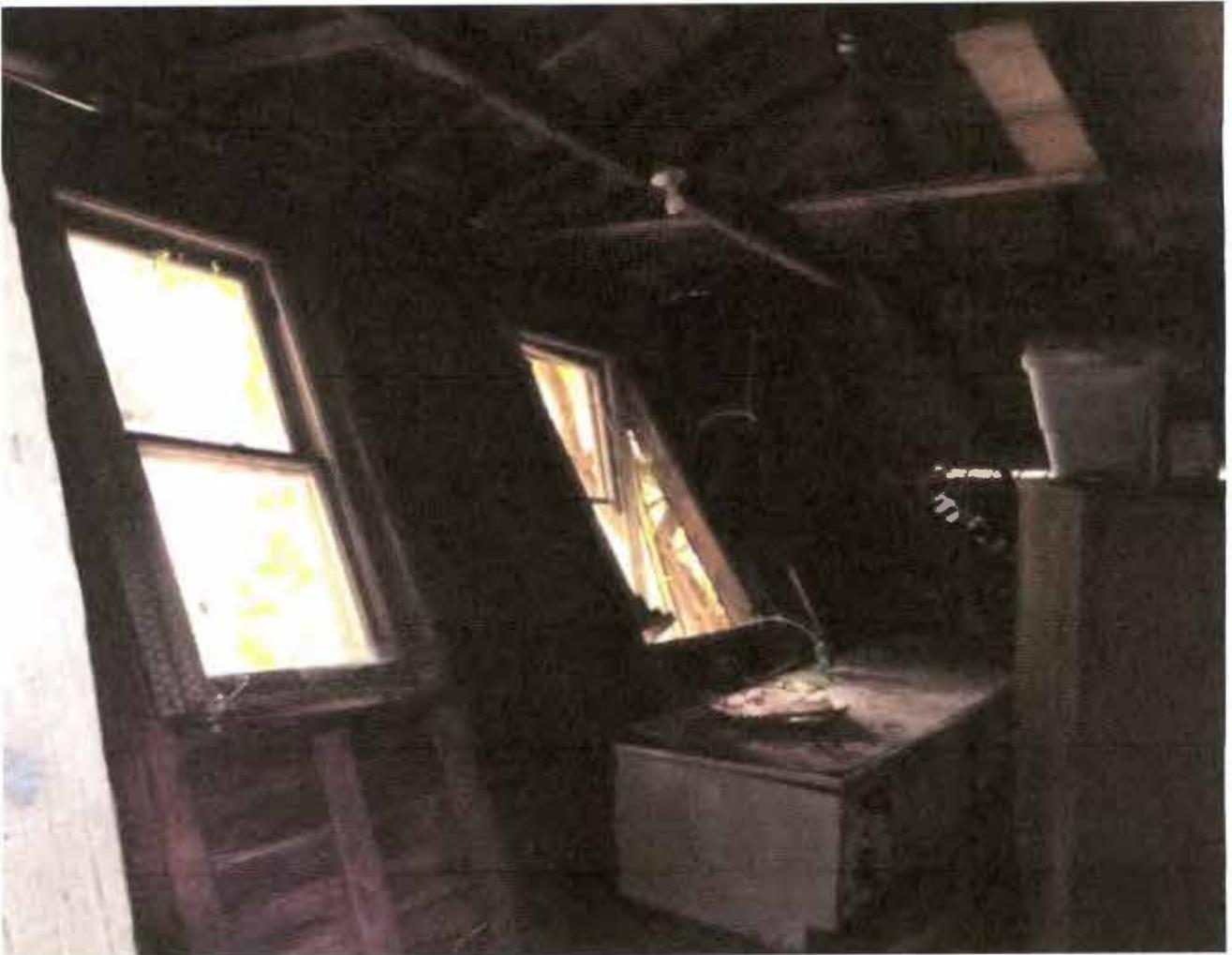
Name of releasing HPO Official. (print) _____

6TH Floor

From: **Christopher stern** sternopher@gmail.com
Subject: **More garage**
Date: **September 26, 2015 at 1:58 PM**
To: **Bettina @ Chaia** bettina@chaiadc.com







From: **Bettina @ Chaia** bettina@chaiadc.com 
Subject: **Garage**
Date: **September 26, 2015 at 1:50 PM**
To: bettina@chaiadc.com









APPLICATION FOR RAZE PERMIT

R1500213

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: 9/23/2015

1. INFORMATION ON PROPERTY

1 Address of Proposed Work	2 Quad	3 Word	4a Square	4b Suffix	5 Lot
3425 Quebec St NW		Three	2083		D101

2. APPLICANT INFORMATION

6 Property Owner	7 Complete mailing address (include zip)	8 Phone Number(s)	9 Email
Christopher and Berlina Stern	3425 Quebec St. NW	202-664-3481	sternopher@gmail.com
10 Agent/Contractor for Owner (if applicable)	11 Complete mailing address (include zip)	12 Phone Number(s)	13 Email
n/a	n/a		

3. TYPE OF PERMIT

14. Check all that apply: Raze Permit

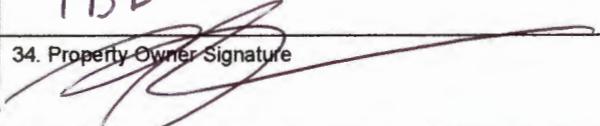
4. DESCRIPTION OF BUILDING

15 Description of Building to be Razed (e.g., two story brick single family dwelling)		16 Existing Number of Stories of Bldg	
Free standing, one story garage		1	
17 Use(s) of Property (specifically indicate if any use is residential)		18 Material of Building (brick, wood, etc.)	
garage/storage		wood, roofing shingles	
19 Bldg Length (ft)	20 Bldg Width (ft)	21 Bldg Height (ft)	22 Bldg Volume (cu ft) (L x W x H)
19 feet	20 feet	Approximately 12 feet	360

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS

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 TBD
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	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
State Farm	09-BC-6606-0	4/16/16

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