

STATUS DATE	ID	Address	Description of Work	DCRA Notice Date	ANC Expiration Date	PER SUB TYPE	SSL	ANC	Zoning	Applicant	Owner Name
5/10/2019	R1900113	2322 19TH ST NW, WASHINGTON, DC 20009	RAZE A ONE STORY GARAGE	May 17, 2019	June 28, 2019	Raze	25390214	1C	RA-2		SAPNA MEHTA
5/20/2019	R1900126	901 FLORIDA AVE NW, WASHINGTON, DC 20001	one story commercial building	May 24, 2019	July 5, 2019	Raze	28730874	1B	MU-10	MC KEVER	IT S MY CORNER LLC
6/4/2019	R1900131	1242 POTOMAC ST NW, WASHINGTON, DC 20007	RAZE A SINGLE STORY SHED	June 7, 2019	July 19, 2019	Raze	12190045	2E	R-20		CRETCHEN CAN NON AND JIM CANNON
5/22/2019	R1900128	3564 ALTON PL NW, WASHINGTON, DC 20008	RAZE A 3 STORY SINGLE FAMILY FAMILY	May 24, 2019	July 5, 2019	Raze	19700886	3F	R-1-B	CANDICE	MARK KREITMAN TRUSTEE
5/10/2019	R1900115	3927 14TH ST NW, WASHINGTON, DC 20011	RAZE OF 2-STORY BULDING + CELLAR ATTACHED STRUCTURE.	May 17, 2019	June 28, 2019	Raze	28240048	4C	MU-4	CITADEL ARCHITECTS LLC	3927 14TH ST NW LLC
5/31/2019	R1900130	1206 LONGFELLOW ST NW, WASHINGTON, DC 20011	TO RAZE CARPORT AND A SHED	June 1, 2019	July 12, 2019	Raze	29330047	4C	MU-4	CARLOS	FREDIS S MANZANO
5/16/2019	R1900118	5412 1ST ST NW, WASHINGTON, DC 20011	RAZE OF 2-STORY SINGLE FAMILY STRUCTURE	May 17, 2019	June 28, 2019	Raze	33910029	4B	MU-4	GERALD ROPER	5412 1ST ST HOLDINGS LLC
5/17/2019	R1900121	4328 GEORGIA AVE NW, WASHINGTON, DC 20011	Raze of -story building	May 17, 2019	June 28, 2019	Raze	29140010	4C	MU-4	GERALD ROPER	4328 GEORGIA LLC
5/17/2019	R1900122	1103 FERN ST NW, WASHINGTON, DC 20012	RAZE OF 1 STORY GARAGE	May 17, 2019	June 28, 2019	Raze	29540817	4A	RA-2	GERALD ROPER	1103 FERN ST LLC
6/5/2019	R1900132	4411 ILLINOIS AVE NW, WASHINGTON, DC 20011	RAZE A SINGLE FAMILY DETACHED DWELLING, DECK, REAR SHED, DRIVEWAY	June 7, 2019	July 19, 2019	Raze	32220010	4C	R-3		RK PROPERTIES LLC
5/13/2019	R1900116	3502 JOHN MCCORMACK RD NE, WASHINGTON, DC 20064	RAZE A 3 STORY BRICK DORM ROOM	May 17, 2019	June 28, 2019	Raze	38210044	5A	RA-1	InterAgency Inc	CATHOLIC UNIVERSITY OF AMERICA
5/16/2019	R1900117	3005 12TH ST NE, WASHINGTON, DC 20017	RAZE A EXISTING ONE STORY MASONRY / CONCRETE FRAME BUILDING (CURRENTLY FIRE DAMAGED)	May 17, 2019	June 28, 2019	Raze	39330045	5B	MU-3	TYLER GREENE	JOHN T RHINES FUNERAL HOME LLC
5/17/2019	R1900120	812 18th Street NW, Washington, DC	Raze end unit rowhouse	May 17, 2019	June 28, 2019	Raze	449460/61	5D	MU-7	Rose Knox	812 18th Street LLC
5/24/2019	R1900129	41 L ST SE, WASHINGTON, DC 20003	RAZE 1 STORY BRICK UTLITY BUILDING	May 24, 2019	July 5, 2019	Raze	06980030	6D	D-5	LEE	DISTRICT OF COLUMBIA - DEPT OF GENERAL SERVICES
5/17/2019	R1900123	1222 1ST ST NE, WASHINGTON, DC 20002	TO RAZE A COMMERCIAL THEATER BUILDING	May 17, 2019	June 28, 2019	Raze	06720844	6C	D-5	MELISSA DIAZ	OSIB WASHINGTON DC NOMA UNION MARKET PROPERTIES LLC
5/17/2019	R1900124	3451 BENNING RD NE, WASHINGTON, DC 20019	RAZE A SINGLE STORY COMMERICAL BUILDING: (TOW LOT).	May 17, 2019	June 28, 2019	Raze	50170136	7D	MU-4		SHIRLEY T JONES
5/10/2019	R1900114	4626 BROOKS ST NE, WASHINGTON, DC 20019	RAZE A SINGLE STORY WOOD FRAME HOUSE WITH CELLAR	May 17, 2019	June 28, 2019	Raze	51340887	7D	R-2		ANGLE3 DESIGN BUILD LLC

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



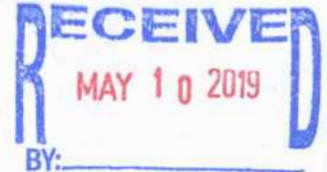
Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557

Date: May 10, 2019



Cap Id: R1900113

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:
2322 19TH ST NW

LOT: 0214 SQUARE: 2539 TYPE: Single Family Dwelling - R-3 VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____

Yarnall, Bruce (OP)

From: Marsalis Foster <marsalis@districtdesign.com>
Sent: Friday, May 10, 2019 1:36 PM
To: Yarnall, Bruce (OP)
Subject: Re: 2322 19th ST NW

CAUTION: This email originated from outside of the DC Government. Do not click on links or open attachments unless you recognize the sender and know that the content is safe. If you believe that this email is suspicious, please forward to phishing@dc.gov for additional analysis by OCTO Security Operations Center (SOC).

Only the garage.

On Fri, May 10, 2019 at 1:16 PM Yarnall, Bruce (OP) <bruce.yarnall@dc.gov> wrote:

Are you planning to raze the primary rowhouse structure at this location or a garage or accessory structure at the rear?

From: Marsalis Foster <marsalis@districtdesign.com>
Sent: Friday, May 10, 2019 1:04 PM
To: Yarnall, Bruce (OP) <bruce.yarnall@dc.gov>
Cc: Carmel Greer <carmel@districtdesign.com>
Subject: 2322 19th ST NW

CAUTION: This email originated from outside of the DC Government. Do not click on links or open attachments unless you recognize the sender and know that the content is safe. If you believe that this email is suspicious, please forward to phishing@dc.gov for additional analysis by OCTO Security Operations Center (SOC).

Good Afternoon,

I need to get a Raze Permit For 2322 19th ST NW (SQ: 2539 LOT: 0214)

Can you please tell me:

- What do I need to file in order to get sign off?
- Where do I file the items above?

Thank You,

Marsalis J. Foster



2873 0874 09/12/2004

901 Florida Avenue NW

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



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

Date: May 22, 2019



Cap Id: R1900128

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:
3564 ALTON PL NW

LOT: 0886 SQUARE: 1970 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 2013 DCMR 12 Building Code Supplement Chapter I § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

Application Date: 04/12/2019

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3564 Alton Pl	NW	Three	1970		0886

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
3564 Alton Pl, LLC	5806 Little Falls Road, Arlington VA 22207	7035084421	sunilsaxena3535@gmail.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
R. Michael Cross Design Group	2001 S St NW, Suite 230	202 536 3006	vgundrum@rmichaelcross.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:	
3-Story single-family dwelling		3	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Residential-Detached-Single-Family		Wood	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
37.6	29.8	24	26,892

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Protector Construction	24. Contractor's Address (including zip code) 1723 A BAYSIDE BEACH RD , PASADENA, M	25. Contractor's Phone 404-819-6061
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26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>Michael Adams</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	34. Property Owner Signature <i>[Signature]</i>
29. Building Condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction
	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 Magnolia	34. Plumber's License Number 1000672	35. Raze Method (ball, bulldozer, by hand, etc.) Bulldozer
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1. You must submit a Certificate of Insurance covering the raze operation/contractor- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

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

36. Insurance Company State Farm	37. Policy or Certificate No. 99-BG-M532-9	38. Expiration Date 12/31/2019
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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

Raze Application – 3564 Alton PI NW

Narrative:

Proposing to raze existing 3-story single family home over a cellar, subdivide the lot, and build two identical, mirrored buildings, one on each lot.

Contact Information:

Victoria Gundrum
R. Michael Cross Design Group
2001 S St NW, Washington, DC 20009
202-536-3006
VGundrum@RMichaelCross.com

Images:



Front Façade



Rear Façade



1970

0886

07/07/2004

3564 Alton Place NW

OULSMANE 202 538 0025

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



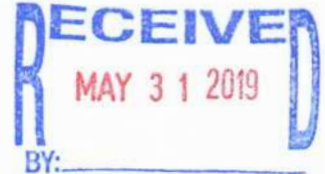
Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557

Date: May 10, 2019



Cap Id: R1900115

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:
3927 14TH ST NW

LOT: 0048 SQUARE: 2824 TYPE: Retail or Wholesale Store - M 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 2013 DCMR 12 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
3927 14th st	NW	Four	2824		0048

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
3927 147TH ST NW LLC	560 HERNDON PKWY HERNDON VA	(866) 936-1036	INFO@VALENTISCAPITAL.C
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
citadel architects	1212 Pennsylvania Ave SE Washingtc	202-723-0100	citadel@citadeldbd.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:	
a two story building with basement the scope of work include demolishing the front and rear w		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
		Brick, on wood stud	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
50.5	20	30	30,300

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

$$\begin{array}{r}
 90.9 \\
 90.9 \\
 \hline
 1080.9
 \end{array}$$

1,010 SF
 30,300 CF



2824 0048 08/17/2004

3927 14th Street NW (Center Building)



3391 0029 07/21/2004

5412 1st Street NW



2914 0010 07/28/2004

4328 Georgia Avenue NW



3222 0010 07/14/2004

4401 Illinois Avenue NW

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



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

Date: May 13, 2019



Cap Id: R1900116

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:
3502 JOHN MCCORMACK RD NE

LOT: 0044 SQUARE: 3821 TYPE: Educational above 12th grade - B 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 2013 DCMR 12 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.

R1900116

Application Date: 5/13/2019

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3502 JOHN MCCORMACK RD NE	NW	One	3821		0044

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Catholic University of America	620 Michigan Ave NE DC 20064	2023195000	guay@cua.edu
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Monling Lee / InterAgency Inc	2325 42nd St NW, #320, WDC 20007	301.310.8772	Monling.Lee@Interagency.biz

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:		
three story brick dorm room	3		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Residential Dorm room	brick		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
130	50	40	260000

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name TBD	24. Contractor's Address (including zip code)	25. Contractor's Phone
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26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature			
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature <i>BERNARD T. GUAY</i> <i>Bernard T. Guay for CATHOLIC UNIVERSITY.</i>			
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction			
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.			
		Official Use Only			
		<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Fee</td> <td style="width:33%; border: none;">By</td> <td style="width:33%; border: none;">Date</td> </tr> </table>	Fee	By	Date
Fee	By	Date			

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

2. The Certificate should:

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

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



MAGNER



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



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

Date: May 16, 2019



Cap Id: R1900117

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:
3005 12TH ST NE

LOT: 0045 SQUARE: 3933 TYPE: Funeral Parlors - A-3 VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

Applicable code sections are in the 2013 DCMR 12 Building Code Supplement Chapter I § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

Application Date: May 16th, 2019

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3005 12th St. NE Washington, DC 20017	NW	One	933		45

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Casey Trees	3030 12th St NE Washington, DC 2	202.349.1900	dfriedman@caseytrees.o
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Tyler T. Greene (Tammal)	5705 Arundel Ave, Rockville, MD 20	301-816-1606	tylert@tammaldemo.com

3. TYPE OF PERMIT

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

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
Existing one Story Masonry/Concrete frame building (currently Fire Damaged)		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Funeral Home		Concrete/Masonry	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
74	71	14	73556


OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Tammal Enterprises, Inc.	24. Contractor's Address (including zip code) 5705 Arundel Ave. Rockville, MD. 20852	25. Contractor's Phone 301-816-1606
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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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature 
30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction		
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		
32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Official Use Only		
Fee	By	Date

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

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 Bogart & Browned of MD. Inc.	37. Policy or Certificate No. 2019-2020	38. Expiration Date 2-1-2020
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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

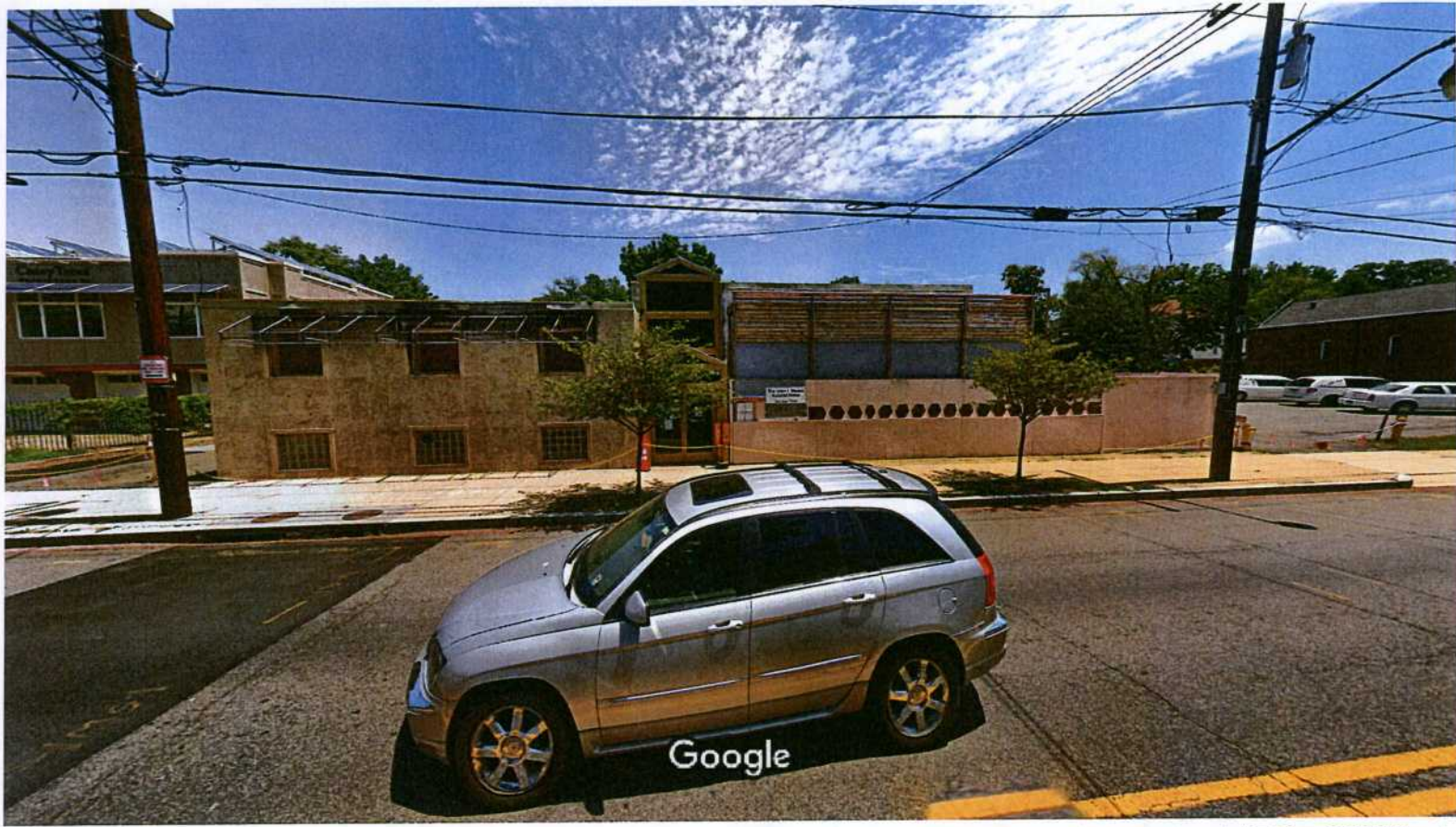


Image capture: Jul 2018 © 2019 Google

Washington, District of Columbia



Street View - Jul 2018



May 30 2019

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



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

Date: May 17, 2019



Cap Id: R1900120

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:
812 18TH ST NE

LOT: 60/61 SQUARE: 4494 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 2013 DCMR 12 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
812 18TH STREET	NE	Five	4494		60/61 (SPS)

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
812 18TH STREET LLC	1200 POTOMAC AVE SE WASHINGTON	(703) 898-4800	sbajaj40@gmail.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Rose Knox	PO Box 71202 20021	703-727-9084	mayquab02@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:	
9 UNIT, MULTI-FAMILY RESIDENTIAL BUILDING		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
RESIDENTIAL		Wood - Brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
54	32	46	79,488

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name <input style="width:95%; height:25px;" type="text"/>	24. Contractor's Address (including zip code) <input style="width:95%; height:25px;" type="text"/>	25. Contractor's Phone <input style="width:95%; height:25px;" type="text"/>
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26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature 34. Property Owner Signature						
27. CFA?	<input type="checkbox"/> Yes <input type="checkbox"/> No							
28. Raze Entire Building?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
29. Building Condemned?	<input type="checkbox"/> Yes <input type="checkbox"/> No							
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction 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 type="checkbox"/> No	Official Use Only						
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Fee</td> <td style="width:33%; text-align: center;">By</td> <td style="width:33%; text-align: center;">Date</td> </tr> <tr> <td style="height: 20px;"><input style="width:95%;" type="text"/></td> <td><input style="width:95%;" type="text"/></td> <td><input style="width:95%;" type="text"/></td> </tr> </table>	Fee	By	Date	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Fee	By	Date						
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>						

33. Plumber's Name <input style="width:95%; height:25px;" type="text"/>	34. Plumber's License Number <input style="width:95%; height:25px;" type="text"/>	35. Raze Method (ball, bulldozer, by hand, etc.) <input style="width:95%; height:25px;" type="text"/>
--	--	--

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 <input style="width:95%; height:25px;" type="text"/>	37. Policy or Certificate No. <input style="width:95%; height:25px;" type="text"/>	38. Expiration Date <input style="width:95%; height:25px;" type="text"/>
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39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only						
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Fee</td> <td style="width:33%; text-align: center;">By</td> <td style="width:33%; text-align: center;">Date</td> </tr> <tr> <td style="height: 20px;"><input style="width:95%;" type="text"/></td> <td><input style="width:95%;" type="text"/></td> <td><input style="width:95%;" type="text"/></td> </tr> </table>	Fee	By	Date	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Fee	By	Date						
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>						



4494 0060 08/02/2004

812 18th Street NE

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



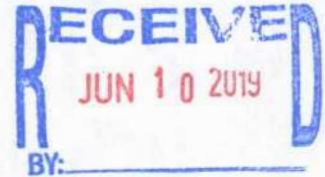
Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557

Date: May 24, 2019



Cap Id: R1900129

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:
41 L ST SE

LOT: 0030 SQUARE: 0698 TYPE: VACANT: No

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

CLEARANCE

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

Date: _____ 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 2013 DCMR 12 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

R1900129

Application Date: 5.24.2019

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
41 L Street	SE	Six	698		30

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
41 L Street Holdings LLC (c/o James M	3050 K St. NW, STE 125 Washington	202-719-9000	jmurphy@mrprealty.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Monling Lee (Interagency)	2325 42nd St NW, DC #320	301-310-8772	monling.lee@interagency.b

3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)			16. Existing Number of Stories of Bldg:
1 story brick utility building			1
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
WMATA chiller plant		brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
47.5'	47.4'	20.3'+/-	45,800 cu ft (approx)

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name <input style="width:95%;" type="text"/>	24. Contractor's Address (including zip code) <input style="width:95%;" type="text"/>	25. Contractor's Phone <input style="width:95%;" type="text"/>
---	--	---

26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature 34. Property Owner 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	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction 30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.						
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.						
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only						
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Fee</td> <td style="width:33%;">By</td> <td style="width:33%;">Date</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </table>	Fee	By	Date			
Fee	By	Date						

33. Plumber's Name <input style="width:95%;" type="text"/>	34. Plumber's License Number <input style="width:95%;" type="text"/>	35. Raze Method (ball, bulldozer, by hand, etc.) <input style="width:95%;" type="text"/>
---	---	---

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) ."

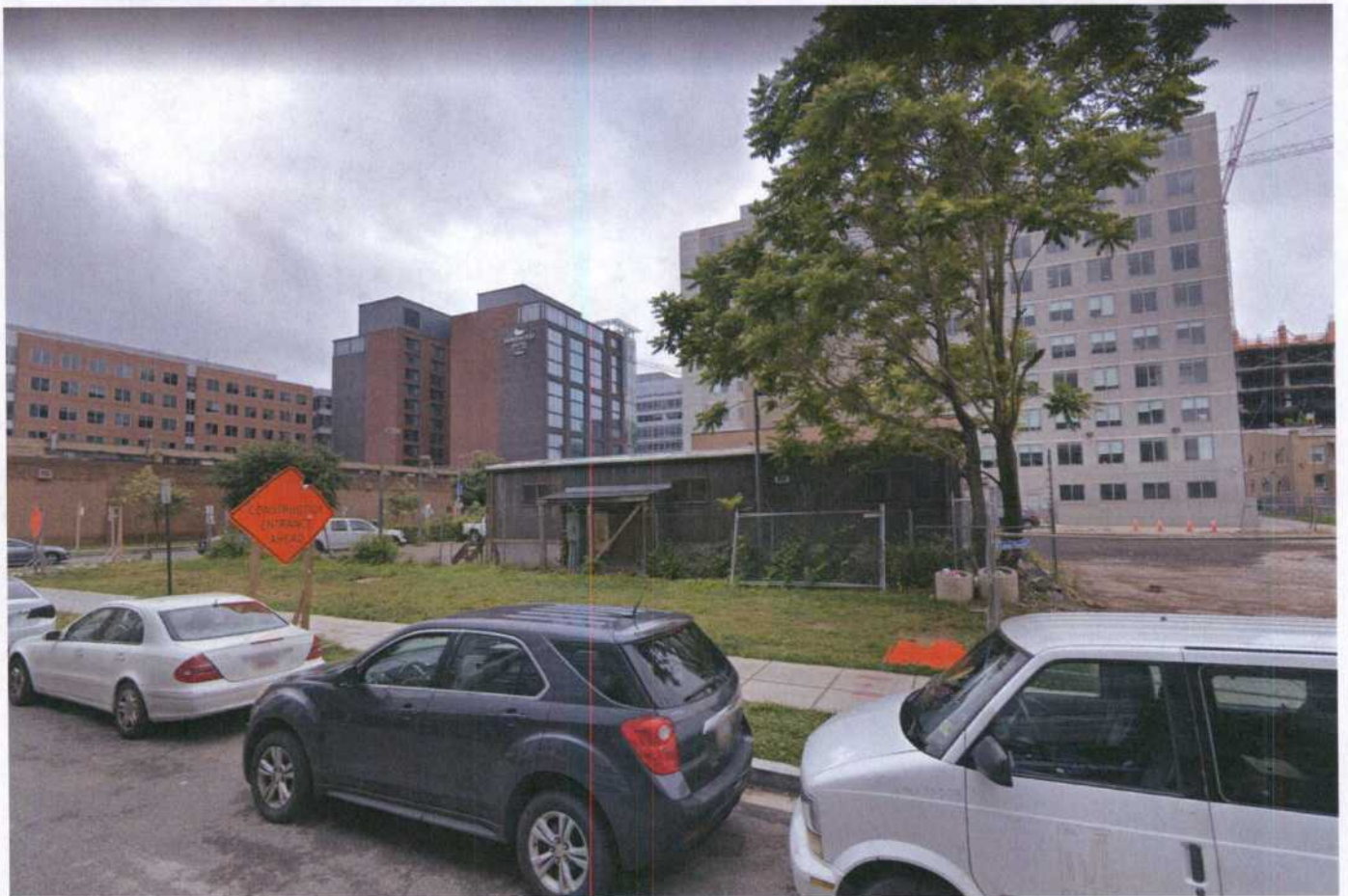
36. Insurance Company <input style="width:95%;" type="text"/>	37. Policy or Certificate No. <input style="width:95%;" type="text"/>	38. Expiration Date <input style="width:95%;" type="text"/>
--	--	--

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

41 L Street SE



41 L Street SE



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



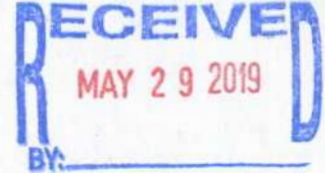
Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557

Date: May 17, 2019



Cap Id: R1900123

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:
1222 1ST ST NE

LOT: 0844 SQUARE: 0672 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 2013 DCMR 12 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.

R1900123

Application Date:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1222 First Street	NE	Six	0672		0844

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
OSIB WASHINGTON D.C. NOMA/UNION MARKET PROPERTIES LLC	148 Madison Ave, Floor 2 New York, NY 10016	917.297.8811	ennifer.mitchell@citizenm.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Altus Realty	1000 Potomac Street, NW, Suite 119 Washington, DC 20007	202.873.1773	gfraley@altusre.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 Concrete and CMU commercial building			1
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Commercial / Vacant		Concrete & CMU	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
98	145	20'	284,200

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 type="checkbox"/> No	33. Raze Contractor Signature TBD						
27. CFA?	<input type="checkbox"/> Yes <input type="checkbox"/> No							
28. Raze Entire Building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature <i>Jennifer Mitchell</i>						
29. Building Condemned?	<input type="checkbox"/> Yes <input type="checkbox"/> No							
30a. Party Wall?	<input type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction						
		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 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						
		<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Fee</td> <td style="width:33%; border: none;">By</td> <td style="width:33%; border: none;">Date</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	Fee	By	Date			
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

Citizen M NoMa – 1222 First Street, NE



Looking Northeast at the site from First Street and Patterson Street



Looking West at the site from First Street



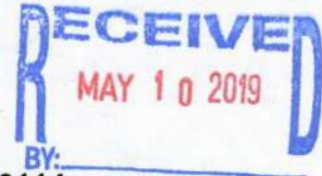
5017 0136 07/18/2004

3451 Benning Road NE

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



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



Date: May 10, 2019



Cap Id: R1900114

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:
4626 BROOKS ST NE

LOT: 0887 SQUARE: 5134 TYPE: **Single Family Dwelling - R-3** VACANT: **Yes**

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____

SECTION A. RAZE PERMIT

23. Raze Contractor's Name <div style="border: 1px solid black; padding: 5px; text-align: center;">TBD</div>	24. Contractor's Address (including zip code) <div style="border: 1px solid black; height: 20px;"></div>	25. Contractor's Phone <div style="border: 1px solid black; height: 20px;"></div>
---	---	--

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

33. Plumber's Name <div style="border: 1px solid black; padding: 5px; text-align: center;">TBD</div>	34. Plumber's License Number <div style="border: 1px solid black; height: 20px;"></div>	35. Raze Method (ball, bulldozer, by hand, etc.) <div style="border: 1px solid black; height: 20px;"></div>
---	--	--

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 _____"

36. Insurance Company <div style="border: 1px solid black; height: 20px;"></div>	37. Policy or Certificate No. <div style="border: 1px solid black; height: 20px;"></div>	38. Expiration Date <div style="border: 1px solid black; height: 20px;"></div>
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39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only		
		Fee	By	Date



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