All Building Permit(s) From 12/24/2015 thru 1/8/2016

ISSUED	ID	Address	PER	STATUS	DCRA NOTICE	ANC Review Wa	ard ANC	Zoning
DATE			SUB		TO ANC	Expiration		
1/6/2016	R1600063	3201 WOODLAND DR NW	Raze	New Application	January 11, 2016	February 23, 2016 3	3C	TSP/R-1-A
1/7/2016	R1600064	4520 YUMA ST NW	Raze	New Application	January 11, 2016	February 23, 2016 3	3E	R-1-B
1/8/2016	R1600065	3101 ELLICOTT ST NW	Raze	New Application	January 11, 2016	February 23, 2016 3	3F	FH-TSP/R-1-A
1/6/2016	R1600062	3214 CHESTNUT ST NW	Raze	New Application	January 11, 2016	February 23, 2016 4	3G	R-1-A
1/8/2016	R1600066	30 FLORIDA AVE NE	Raze	New Application	January 11, 2016	February 23, 2016 5	5C	C-2-A
12/30/2015	R1600061	2750 SOUTH CAPITOL ST SE	Raze	New Application	January 11, 2016	February 23, 2016 8	8C	

Applicant	Owner Name	Description of Work
TAMMAL ENTERPRISES	LEONARD A SACKS TRUSTEE	two story single family dwelling . building has fire damage on the second floor
STANLEY	DAVID R LOWELL	GARAGE
ATALIG	MARTHA B DONOGHUE	ONE STORY POOL HOUSE
CAS ENGINEERING	ANTHONY PIERCE	two and a half story brick single family dwelling
CAS LINGINLLKING	ANTHONY PILKCL	two and a fiall story brick single family dwelling
	30 FLORIDA AVE NE LLC	To Raze a One Story Garage
IAN SWAIN - COMMUN-ET;	DC Government Department of Public Works	DC Government owned project and building to be raze located at 2750 South Capitol St, square
SWAIN		PAR, lot 001 owned by Dept of Public Works and currently vacant. This project is part of the
		DC Soccer Stadium redevelopment. The vacant building is being razed to make room for the
		temporary salt facility.



Date:

January 06, 2016

Government of the District of Columbia

Department of Consumer and Regulatory Affairs

TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557

Cap Id:

R1600063



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 Co this date with the Permit Operations Division. Our records do not reveal any kind on this property. We are hereby requesting confirmation from your office, in order permit.	of conservation holds
Address:	
3201 WOODLAND DR NW	
LOT: 0806 SQUARE: 2120 TYPE: VA	ACANT: Yes
Please notify our office of the satisfactory completion of your inspection of the protection below and returning this form to the D.C.R.A. Permit Opera 4th Street S.W Washington D.C. 20024.	
CLEARANCE	
This is to inform you that we researched our records concerning the structure identified above have no objections to proceeding with the proposed razing of said structure.	e and we
Date: Signature:	
Name of releasing HPO Official. (print)	



Application can be downloaded and is filiable 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	63				A	pplica	Januarion Date:	nua	ry 4th, 2016		
1 44 000		1. INFOR	MATION	N PR	OPER	TY					
Address of Proposed Work 3201 Woodland Drive NW; 20008					Quad 3. Ward V Four		4a. Square 2120		b. Suffix	5. Lot 7	
		2. APPL	ICANT IN	FORM	ATIO	N					
6. Property Owner 7. Complete mailing address (i					0) 8.	. Phor	ne Number(s)		9. Email		
Four Quartets Trust		c/o Greg Hauptr	man/ Vena	ble 57	2	02-3	44-8528		N/A		
10. Agent/Contractor for Owner	(if applicable)	11. Complete mailin				2. Pho	one Number(s)		13. Email		
Tammal Enterprises, Inc.		5705 Arundel Av	enue Roc	kville,	ME 3	01-8	16-1606		Tylert@tar	mmaldemo.cor	
		3.1	TYPE OF	PERM	IT						
14. Check all that apply:	Raze Per	mit									
		4. DESC	RIPTION	OF BL	ILDIN	IG					
15. Description of Building to be two story single family dw 17. Use(s) of Property (specific Residential	elling. Exist	ing building has fi	ire damage	on th	8. Mater	rials o		k, wo	ood, etc.)	of Stories of Bldg.	
19. Bidg Length (ft)	20. Bld	g Width (ft)	2	21. Bldg Height (ft)				22	22. Bldg Volume (cu ft) (L x W x H)		
80.4'	36.5'			20'				58,692.00			
	<u> </u>	OFI	FICIAL US	E ON	LY			1		W	
CONDITIONS/ COMMENTS:											

23. Raze Contractor's Name 24. Contrac			ctor's Address (including zip code) 25. Contractor's Phone						
Tammal Enterprises, Inc. 5705 A			indel Avenue Rockville, MD 208 301-816-1606						
26. Historic District?	s ✓ No 33. Raze Contractor Signature								
27. CFA?	Yes	₩ No	The man		8				
28. Raze Entire Building?	✓ Yes	No 34. Property Owner Signature							
29. Building Condemned?	✓ Yes	No	mes they	30b. If yes, adjacent property owner signature is required.					
30a. Party Wall?	□Yes	. No	30b. If yes, adja	acent prop	erty owner signa	iture 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?		No	Building must be va	acant before I	Raze Permit Issuanc	ce.			
32. Public Space Vault?		No		C	Official Use Only				
			Fee	Ву		Date			
33. Plumber's Name RICHARD V. CAREY	er's License Number	's License Number 35. Raze Method (ball, but Mechanical equipme							
1. You must submit a Certificate of Insusquare feet or less in area and not must square feet or less in area and not must see a Show the holder of the insusual seed of the insusance o	urance as: D notice cance nsurance co vers "Razing	e story, wholl eputy Directo dilation clause verage: Bodi g Operations	y detached from any other or, Permit Division, 1100 4 o. ly Injury, \$100,000; Aggre in the District of Columbia	r building on Ith St SW, Wa gate, \$300,00 a," if the scop	the same or adjoining ashington, DC 2002 200; and Property Date of the insurance is	ng premises. 4 Image, \$100,000. Is for blanket coverage.			
		T "			(address of raz				
36. Insurance Company 37. Policy Bogart & Browned of MD, Inc. 2015-2016			cy or Certificate No.		38. Expiration I 2/1/2016	Date			
39. Asbestos in Building? If yes, indicate location:	Yes	No		Of	ficial Use Only				
			Fee	Ву		Date			

This certifies that Four Quartets Trust c/o Greg Hauptman, Trustee (referred to as Owner) owns the property at
(Legal Name of Property Owner)
3201 Woodland Drive NW Washington, 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.
(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.
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. [Giff] (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: Four Quartets Trust c/o Greg Hauptman, TrustesSignature:
(Print Name of Owner)
Name of Agent: Tyler T. Greene Signature: Signature:





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:	January 07, 2016		Cap Id:	R1600064
	Historic Preservation Office			
	ington, DC 20024			
Re: Re	quest for clearance of premises subject to raz	ing operations		
this da	plication to raze the structure identifie ate with the Permit Operations Division s property. We are hereby requesting of	a. Our records do not reveal	any kind	of conservation holds
Addres	SS:			
4520	YUMA ST NW			
LOT: 0	9820 SQUARE: 1564 TYPE:		V	ACANT: Yes
the cl	notify our office of the satisfactory cearance section below and returning the set S.W Washington D.C. 20024.		-	
		CLEARANCE		
	to inform you that we researched our record objections to proceeding with the propose		tified above	e and we
Date:	Signature:			
Name	of releasing HPO Official. (print)			

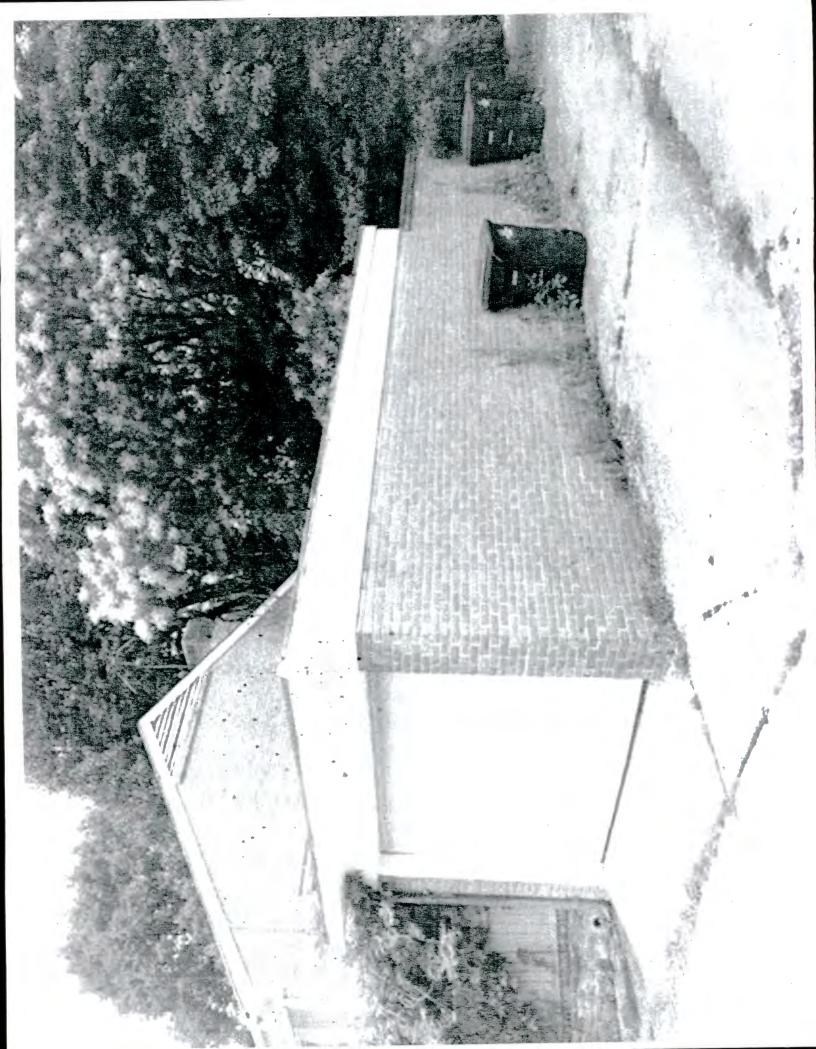


Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide detailed information. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any entered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

Applicable code sections are in the 2008 DC Building Code Supplement Chapter I § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A. Application Date 1. INFORMATION ON PROPERTY 2. Quad 1. Address of Proposed Work 3. Ward 4a. Square 4b. Suffix 5. Lot uma St NW One 566 2. APPLICANT INFORMATION 7. Complete mailing address (include zip) 8. Phone Number(s) 6. Property Owner 9. Email 10. Agent/Contractor for Owner (if applicable) 11. Complete mailing address (include zip) 12. Phone Number(s) 13. Email 240-346-876 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: 17. Use(s) of Property (specifically indicate if any use is residential.) 18. Materials of Building (brick, wood, etc.) 19. Bldg Length (ft) 20. Bldg Width (ft) 21. Bldg Height (ft) 22. Bldg Volume (cu ft) (L x W x H) 10 OFFICIAL USE ONLY CONDITIONS/ COMMENTS:

THE REPORT OF THE PARTY.		SECTIO	N A. RAZE PERM	∏ 倒 ≟ ∴				
23. Raze Contractor's Name		24. Contractor's	Address (including zip o	code)	25. Contractor's	Phone		
Advanced Constructi	8035 Penn	Randell Pla	20772	301426	0628			
26. Historic District?	Yes	DINO.	33. Raze Contractor S	Signature				
27. CFA?	Yes	No	///	1//				
28. Raze Entire Building?	Yes	No	34. Property Owner S	Signature				
29. Building Condemned? .	Yes	No						
30a. Party Wall?	Yes		30b. If yes, adjac	ent proper	rty owner sign	ature is required.		
	,				,	involving party walls must be wall(s) will be protected.		
31. Building Vacant?	Yes	□No .	Building must be vaca	ant before Ra	aze Permit issuar	oce.		
32. Public Space Vault?	☐Yes	No		Of	Official Use Only			
			Fee	Ву		Date		
33. Plumber's Name		34. Plumber's L	icense Number		35 Paze Method	(ball, bulldozer, by hand, etc.)		
Jerome Scott		# 131			Han	J		
1. You must submit a Certificate of Insura								
square feet or less in area and not mor	e than one	story, wholly det	ached from any other b	uilding on th	e same or adjoir	ing premises.		
2. The Certificate should:				Santa Car				
Show the holder of the insura- backula a 20 day advance page.			rmit Division, 1100 4th	St SW, Was	shington, DC 200	24		
 Include a 30-day advance no Include these amounts of inst 			ung \$100 000 Angross	An eann nne	r and Deserve F	lamana \$100,000		
State that the insurance cover								
If the insurance is for one spi								
						aze operation)		
36. Insurance Company	36. Insurance Company 37. Policy o				38. Expiration	Date		
		The second secon						
State tarm		ACP2	41611693	52	4-11-	16		
39. Asbestos in Building?	Yes		41611693	52 M	4-11- icial Use Onl	4		
	Yes	□No		011	4-11- icial Use Onl	4		
39. Asbestos in Building?	Yes	□No	. <u>41611693</u>	Off By	4-11- icial Use Onl	4		
39. Asbestos in Building?	Yes	□No			4-11- icial Use Onl			

This certifies that Roderick S. Quiroz Trustec (referred to as Owner) owns the property at (Legal Name of Property Owner)
4520 Yuma St. 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. (Initial here to certify that you have read and understand this paragraph)
A. Use of Property as Housing Accommodation
hereby certify that the structure to be razed S 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. (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: Continued Conti
(Print Name of Authorized Agent)





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: January 08, 2016	Cap Id:	R1600065
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 Dist this date with the Permit Operations Division. Our records do not reveal on this property. We are hereby requesting confirmation from your office, permit.	any kind o	of conservation holds
Address:		
3101 ELLICOTT ST NW		
LOT: 0825 SQUARE: 2276 TYPE:	VA	CANT: Yes
Please notify our office of the satisfactory completion of your inspection the clearance section below and returning this form to the D.C.R.A. Pe 4th Street S.W Washington D.C. 20024.	•	
CLEARANCE		
This is to inform you that we researched our records concerning the structure ider have no objections to proceeding with the proposed razing of said structure.	ntified above	and we
Date: Signature:	1	
Name of releasing HPO Official. (print)		·







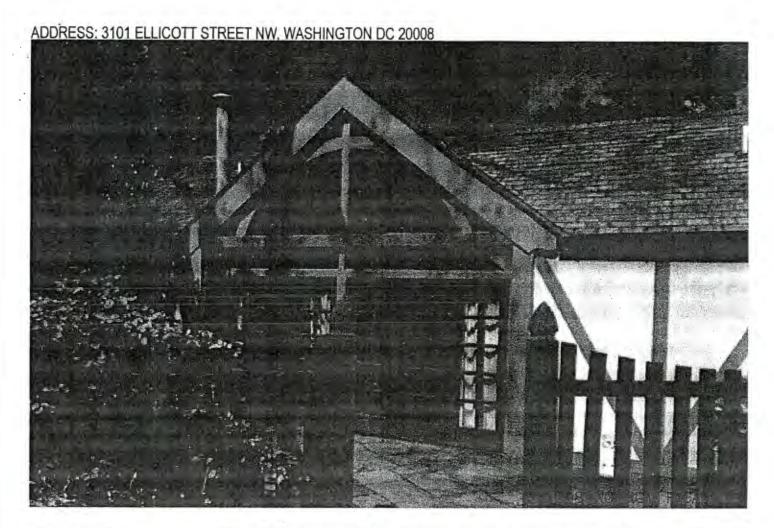
Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or price in ink. Please provide detailed information. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any entered information 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 1554

105.1.7.2, and Section 155.						Г			
K16 0000	65				Applic	cation Date:	01.05.2015		
1. Address of Proposed Work	en minimum 1 - 1 marin		2. Quád	3. W		4a, Square	4b. Suffix	5. Lot	
3101 ELLICOTT STREET	NW"	Thre	ee	2276		0825			
		and the second second second		,	- 2 A		to the second	II ration of	
6. Property Owner 7. Complete mailing address				p)	8. Pho	ne Number(s)	9. Email		
MARTHA B. DONOGHUE	-	3101 ELLICOTT ST NW, V	VASHING	TON	202,9	907.4495	john@j	donoghue.com	
10. Agent/Contractor for Owne	er (if applicable)	11. Complete mailing address	s (include	zip)	12. Ph	ione Number(s) 13, Email		
ALAN COOK		1 MELVIN AVENUE, ANN	APOLIS N	D 2	410.9	990.1700	alanc@	purplecherry.com	
One story pool house 17. Use(s) of Property (specifications)	ically indicate if a		elling)	8. Mat	lerials	of Building (br	1 ick, wood, etc.) fing	ber of Stories of Bldg	
19. Bldg Length (ft)		g Width (ft)		21. Bldg Height (ft)			22. Bldg Volume (cu ft) (L x W x H)		
34'-0"	22'-6"		15'-0"				11,475 c.ft.		
		OFFICIAL	USE ON	LY					
CONDITIONS/ COMMENTS:									

23. Raze Contractor's Name		24. Contracte	or's Address (including z	ip code)	25. Contractor's Phone					
Ted Peterson	2332 Ontai	io Road NW, Washin	gton DC 20	202.234.45	500					
26. Historic District?	□Yes	x No	33 Raze Contract	or Signature	Y	, ,				
27. CFA?	Yes	⊠ No	Telus	11	TELA					
28. Raze Entire Building?		No	64, Property Owne	er Signature	5					
29. Building Condemned?	☐Yes	ĭ No								
30a. Party Wall?	□Yes	⊠No	30b. If yes, ad							
							ring party walls must be s) will be protected.			
31. Building Vacant?	ĭ¥Yes	No			e Raze Permit Issuance.					
32. Public Space Vault?	ПYes	× No		Official Use Only						
			Fee	Ву			Date			
33. Plumber's Name		34. Plumbe	r's License Number		35. Raze Me	thod (ball,	buildozer, by hand, etc.)			
I. You must submit a Certificate of Ins square feet or less in area and not a 2. The Certificate should: Show the holder of the ins Include a 30-day advance	more than one surance as: D	ing the raze of story, wholly eputy Director	detached from any other	er building on	the same or a	djoining pr	BORCAT accessory building 500 emises.			
 Include a 30-day advance Include these amounts of State that the insurance of If the insurance is for one 	insurance cov overs "Razing	verage: Bodily Operations in	Injury, \$100,000; Aggre the District of Columbi	a," if the scor	pe of the insura	ince is for l	blanket coverage.			
00.1		107.0 "	o re i N		1	of raze op				
36. Insurance Company	37. Policy	or Certificate No.	and the state of the same of	38. Expira	tion Date					
39. Asbestos in Building? If yes, indicate location:	Yes	ĭ No		0	fficial Use (Only				
			1							

This certifies that Martha Donoghue (referred to as Owner) owns the property at
(Legal Name of Property Owner)
3101 Ellicott 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.
(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. [One C (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: Martha Donoghue Signature: Wathor 50
(Print Name of Owner)
Name of Agent: Alan Cook Signature: Signature:
•







Date:



January 08, 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 9557

Cap Id:

R1600066

D.C. Historic Preservation Office	
1100 4th Street S.W., Rm E650	
Washington, DC 20024	
Re: Request for clearance of premises subject to razing operatio	ns
An application to raze the structure identified below, I this date with the Permit Operations Division. Our reco on this property. We are hereby requesting confirmation permit.	rds do not reveal any kind of conservation holds
Address:	
30 FLORIDA AVE NE	
LOT: 0069 SQUARE: 3516 TYPE:	VACANT:
Please notify our office of the satisfactory completion the clearance section below and returning this form to 4th Street S.W., Washington D.C. 20024.	
CLEARAN	CE
This is to inform you that we researched our records concerning have no objections to proceeding with the proposed razing of	
Daite: Signature:	
N	
Name of releasing HPO Official. (print)	





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

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

			Application Da	ite:		
	1. INFORMAT	ION ON PROP	RTY			
Address of Proposed Work		2. Quad 3. V	/ard 4a. Sqi	uare 4b. S	Suffix	5. Lot
10 Florida Avenue NE		NE :	35	16		0069
	2. APPLICA	NT INFORMAT	ON			
Property Owner	7. Complete mailing addre	ess (include zip)	8. Phone Num	.,	Email	
30 Florida Aue NEUC	29 Florida ulashing ton 11. Complete malling add	Aug NE DC 2002	347-2		,	the lagger
). Agent/Contractor for Owner (if applicable)	11. Complete mailing add	ress (include zip)	12. Phone Nun	nber(s) 13	. Email	
NA	NA		N	A	NA	
	3. TYPE	OF PERMIT				
i. Check all that apply:	mit					
	4. DESCRIPT	ION OF BUILD	ING	4		
5. Description of Building to be Razed (e.g.,	two story brick single family	dwelling)		16. Existin	g Number of S	Stories of Bldg:
Parking Garage	One	Story			1	
7. Use(s) of Property (specifically indicate if		18. Ma	terials of Buildir			
Parking Garage	- Non Resid	entia) C	MU BI	ock w	alls/w	ood Roof
	ig Width (ft)	21. Bldg Heigh	t (ft)	22. Blo	ig Volume (cu	ft) (L x W x H)
24 FT	16FT	13F	T	4,	992 cu	ft
在建筑场的 主义。	OFFICIA	L USE ONLY		a A Tan		
ONDITIONS/COMMENTS						
					r transfer	
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					free team	美国新疆区域

		SECT	ION A. RAZE PERMIT	
23. Raze Contractor's Name		24. Contractor	s Address (including zip code)	25, Contractor's Phone
26. Historic District?	□Yes	⊠ -No	33. Raze Contractor Signatu	re
27. CFA?	☐ Yes	No No		
28. Raze Entire Building?	₩ Yes	□No	34. Property Owner Signatur	е
29. Building Condemned?	☐ Yes	⊠ No		
30a. Party Wall?	☐ Yes	⊠No	N/A	operty owner signature is required.
				ation for a building(s) involving party walls must be at show how the party wall(s) will be protected.
31. Building Vacant?	⊠ Yes	□ No	Building must be vacant before	re Raze Permit issuance.
32. Public Space Vault?	☐ Yes	№ No	the second of the second	Official Use Only
			Fee	By Date
33. Plumber's Name		34. Plumber's	License Number	35. Raze Method (ball, buildozer, by hand, etc.)
N/A		NA		By hand
square feet or less in area and not mor The Certificate should: Show the holder of the Insura Include a 30-day advance no Include these amounts of ins State that the insurance cove	e than one nce as: De tice cancell urance cov rs "Razing	story, wholly d puty Director, I ation clause, erage: Bodily Ir Operations in	etached from any other building Permit Division, 1100 4th St SW njury, \$100,000; Aggregate, \$30	
36. Insurance Company	1 40/6/41 35	37 Policy	or Certificate No.	38. Expiration Date
30. Insurance company		37. 1 Olicy	or Germicate No.	30. Expiration Date
39. Asbestos in Building? If yes, indicate location:	☐ Yes	□No		Official Use Only
			Fee By	Date







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: I	December 30, 2015	_			Cap Id:	R1600061
	toric Preservation O	fice				
1100 4th	Street S.W., Rm E650					
Washingt	ton, DC 20024					
Re: Reque	st for clearance of premis	es subject to razi	ng operations			
this date	with the Permit Oper	ations Division.	Our records do	not reveal	any kind	olumbia, was filed on of conservation holds to release the subject
Address:						
2750 SO	UTH CAPITOL ST SE					
LOT:	SQUARE:	TYPE: Governm	nent - Public		V	ACANT: Yes
the cleara		d returning thi				remises, by filling out ations Division, 1100
			CLEARANCE			
	inform you that we reserved				ified abov	e and we
Date:		Signature:				
Name of r	releasing HPO Official.	(print)				





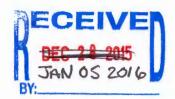
Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink, Please provide detailed information. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any entered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

plicable code sections are in the 2008 DC Building Code Supplement Chapter 18 105.1.7, 105.1.7.1, 105.1.7.1, 105.1.7.1

Application Date: 12 18 15 1. Address of Proposed Work 2. Quad 3. Ward 4a. Square 4b. Sulfix 5. Lot COOL 3. CAP ST SE 2. Quad 3. Ward 4a. Square 4b. Sulfix 5. Lot COOL 6. Property Owner 7. Complete mailing address (include zip) 6. Phone Number(s) 13. Email 10. Agent/Contractor (or Owner (if applicable) 11. Complete mailing address (include zip) 20. Property (specifically indicate if any use is residential) 16. Existing Number of Stories of Bld 20. Property (specifically indicate if any use is residential) 17. Use(s) of Property (specifically indicate if any use is residential) 21. Bldg Length (ft) 22. Bldg Volume (cu ft) (ft. x W x ft. 15 TSO) 22. Bldg Volume (cu ft) (ft. x W x ft. 15 TSO) 23. Property 20. Bldg Volume (cu ft) (ft. x W x ft. 15 TSO) 24. Property 20. Bldg Volume (cu ft) (ft. x W x ft. 15 TSO) 25. Property 20. Bldg Volume (cu ft) (ft. x W x ft. 15 TSO) 25. Property 20. Bldg Volume (cu ft) (ft. x W x ft. 15 TSO) 25. Property 20. Bldg Volume (cu ft) (ft. x W x ft. 15 TSO) 25. Property 20. Bldg Volume (cu ft) (ft. x W x ft. 15 TSO) 25. Property 20. Bldg Volume (cu ft) (ft. x W x ft. 15 TSO) 25. Property 20. Bldg Volume (cu ft) (ft. x W x ft. 15 TSO) 25. Property 20. Bldg Volume (cu ft) (ft. x W x ft. 15 TSO) 25. Property 20. Bldg Volume (cu ft) (ft. x W x ft. 15 TSO) 25. Property 20. Bldg Volume (cu ft) (ft. x W x ft. 15 TSO) 25. Property 20. Bldg Volume (cu ft) (ft. x W x ft. 15 TSO) 25. Property 20. Bldg Volume (cu ft) (ft. x W x ft. 15 TSO) 25. Property 20. Bldg Volume (cu ft) (ft. x W x ft. 15 TSO) 25. Property 20. Bldg Volume (cu ft) (ft. x W x ft. 15 TSO) 25. Property 20. Bldg Volume (cu ft) (ft. x W x ft. 15 TSO) 25. Property 20. Bldg Volume (cu ft) (ft. x W x ft. 15 TSO) 25. Property 20. Bldg Volume (cu ft) (ft. x W x ft. 15 TSO) 25.	05.1.7:2, and Section 155A.		WA THE TOTAL			
1. INFORMATION ON PROPERTY 1. Address of Proposed Work 2. Quad 3. Ward 4a. Square 4b. Suffix 5. Lot COOL 2. APPLICANT INFORMATION 6. Property Owner 7. Complete mailing address (include zig) 10. Agent/Contractor for Owner (if applicable) 11. Complete mailing address (include zig) 12. Phone Number(s) 13. Email 14. Check all that apply: 15. Description of Building to be Razed (e.g., two story brick single family dwelling) 17. Use(s) of Property (specifically indicate if any use is residential.) 18. Materials of Building (brick, wood, etc.) 19. Bidg Length (ft) 20. Bidg Viridth (ft) 21. Bidg Height (ft) 22. Bidg Volume (ou ft) (L. W.W.) 23. TYPE OFFICIAL USE ONLY	R/4 000 61	/	Аря	plication Date: /2	1/28/	15
2. APPLICANT INFORMATION 6. Property Owner DC GOV mVT 10. Agent/Contractor for Owner (if applicable) 11. Complete mailing address (include zip) 12. Phone Number(s) 13. Email 15. Agent/Contractor for Owner (if applicable) 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) 17. Use(s) of Property (specifically indicate if any use is residential.) OFFICE BUDG 19. Bldg Length (ft) 15. Description of Building (brick, wood, etc.) OFFICE BUDG 19. Bldg Length (ft) 15. TSO OFFICIAL USE ONLY						
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10. Agent/Contractor for Owner (if applicable) 11. Complete mailing address (include zip) 12. Phone Number(s) 202- 776 13. Email 13. Swand 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 Blds 17. Use(s) of Property (specifically indicate if any use is residential.) 0FFICE BUDG 19. Bldg Length (ft) 20. Bldg Width (ft) 21. Bldg Height (ft) 22. Bldg Volume (cu ft) (Lx Wx III) OFFICIAL USE ONLY	5. Property Owner	7. Complete mailing address	is (include zip) 8, F	Phone Number(s)	9. Email	
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15. Description of Building to be Razed (e.g., two story brick single family dwelling) 16. Existing Number of Stories of Bidder Conference of Building (brick, wood, etc.) 17. Use(s) of Property (specifically indicate if any use is residential.) 18. Materials of Building (brick, wood, etc.) 19. Bldg Length (ft) 20. Bldg Width (ft) 21. Bldg Height (ft) 22. Bldg Volume (cu ft) (L x W x ft) 15. TSO OFFICIAL USE ONLY		4. DESCRIPTI	ON OF BUILDING	G		
17. Use(s) of Property (specifically indicate if any use is residential.) OFFICE BLDG 18. Materials of Building (brick, wood, etc.) METAL SIDING 19. Bldg Length (ft) 20. Bldg Width (ft) 21. Bldg Height (ft) 22. Bldg Volume (cu ft) (L x W x ft) 15. TSO OFFICIAL USE ONLY	15. Description of Building to be Razed (e.g				6. Existing Number	of Stories of Bldg:
OFFICE BLOG 19. Bldg Length (ft) 20. Bldg Width (ft) 21. Bldg Height (ft) 22. Bldg Volume (cu ft) (Lx Wx ft) 15 OFFICIAL USE ONLY	OFFICE BUD	C			/	
19. Bldg Length (ft)	17. Use(s) of Property (specifically indicate	if any use is residential.)	18. Materi	ials of Building (brid	k, wood, etc.)	
19. Bldg Length (ft)	OFFICE BL	06	M	ETAL	SIDING	P
OFFICIAL USE ONLY	19. Bldg Length (ft) 20.	Bldg Width (ft)				
	75	15	19	7	15 7	50
CONDITIONS) COMMENTS:		OFFICIA	L USE ONLY	HA WADIN		
	CONDITIONS/ COMMENTS:					

		SEC	TION A. RAZE PERMIT	
23. Raze Contractor's Name	24.	Contract	or's Address (including zip code)	25. Contractor's Phone
26. Historic District?	☐ Yes Ø	No	33. Raze Contractor Signatu	re
27. CFA?	□ Yes Ø	No		
28. Raze Entire Building?	ØYes □	No	34. Property Owner Signatur	e
29. Building Condemned?	☐ Yes.Ø	No		
30a. Party Wall?	☐ Yes Æ	No	30b. If yes, adjacent pr	operty owner signature is required.
				cation for a building(s) involving party walls must be not show how the party wall(s) will be protected.
31. Building Vacant?	Ø Yes □	No	Building must be vacant before	ore Raze Permit issuance.
32. Public Space Vault?	☐ YeşÆ	No	Fee	Official Use Only By Date
33. Plumber's Name	3	f. Plumbe	er's License Number	35. Raze Method (ball, buildozer, by hand, etc.)
square feet or less in area and not The Certificate should: Show the holder of the in Include a 30-day advance Include these amounts of State that the insurance of	more than one sto surance as: Deput e notice cancellatio insurance covera covers "Razing Op	ry, wholk y Directo on clause ge: Bodil erations	y detached from any other building or, Permit Division, 1,100 4th St SW y Injury; \$100,000; Aggregale, \$30 in the District of Columbia," if the s e that, "Razing Operations at	, Washington, DC 20024 20,000; and Property Damage, \$100,000, cope of the insurance is for blanket coverage.
36. Insurance Company	3	7. Polic	cy or Certificate No.	(address of raze operation) 38. Expiration Date
,		,		
39. Asbestos in Building? If yes, indicate location:	☐ Yes Z	No		Official Use Only
			Fee B	y Date







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: December 31, 2015 Cap Id: R1500061

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

	•	do not reveal any kind of conservation hold om your office, in order to release the subject
Address:		
3619 GEORGIA AVE	NW	
LOT: 0803 SQUARE:	3032 TYPE:	VACANT: No
	below and returning this form to the	your inspection of the premises, by filling out D.C.R.A. Permit Operations Division, 1100
	CLEARANCE	
	at we researched our records concerning to occeeding with the proposed razing of said	
Date:	Signature:	
Name of releasing HPC	Official. (print)	



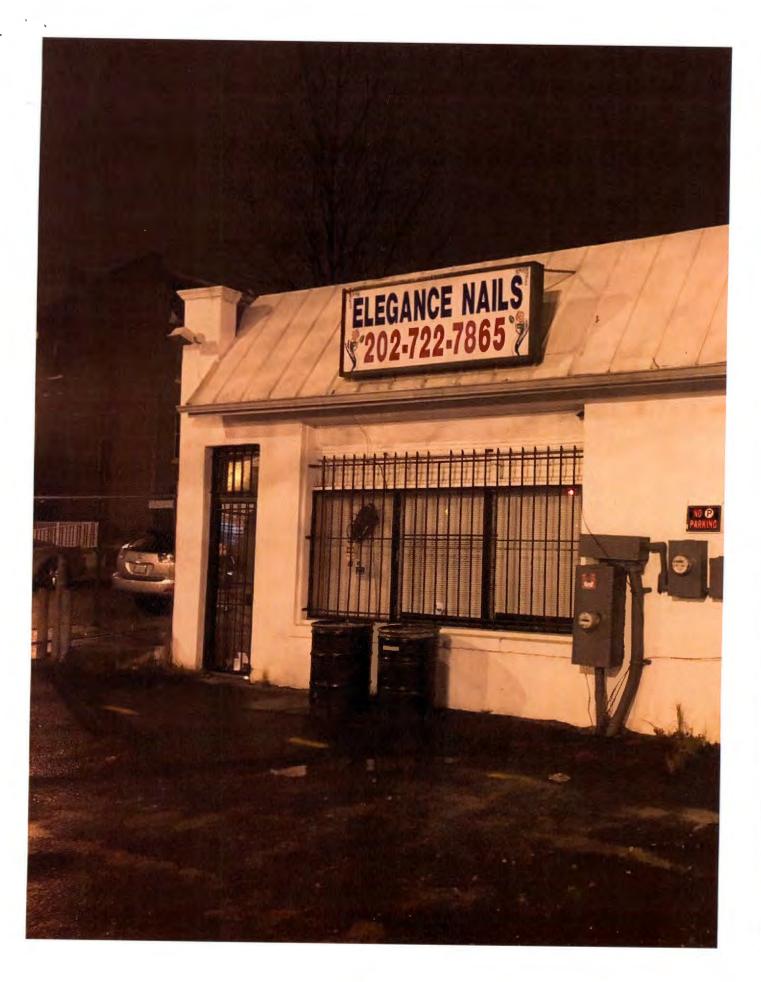
APPLICATION FOR RAZE PERMIT

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. 15 000 61 Application Date: 1. INFORMATION ON PROPERTY 1. Address of Proposed Work 2. Quad 3. Ward 4a, Square 4b, Suffix 5. Lot 3619 GEORGIA AVE. NW 3037 803 2. APPLICANT INFORMATION 7. Complete mailing address (include zip) 6. Property Owner 8. Phone Number(s) 9. Fmail 5335 WIJCONSIN AVE. NW (202)688-GLENN-WILLIAMS, LLC 2101 10. Agent/Contractor for Owner (if applicable) 11. Complete mailing address (include zip) 12. Phone Number(s) (202)660 -CITADEL FIRM CITADELFIRM.COM 2516 ROSHAUN DENNIS 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 18. Materials of Building (brick, wood, etc.) 17. Use(s) of Property (specifically indicate if any use is residential.) BRICK RESTAURANT 19. Bldg Length (ft) 22. Bidg Volume (cu ft) (L x W x H) 20. Bldg Width (ft) 21, Bldg Height (ft) 55.00 18 00 OFFICIAL USE ONLY CONDITIONS/ COMMENTS:

		SEC	TION A. RAZE	PERMIT	HUTCH	
23. Raze Contractor's Name		24. Contract	or's Address (includ	ling zip code)	25. Contractor's	Phone
26. Historic District?	□Yes	No	33. Raze Cor	ntractor Signature	1	
27. CFA?	□ yes	No				
28. Raze Entire Building?	Yes	□ No	34. Property	Owner Signature		
29. Building Condemned?	□ yes	☑ No				
30a. Party Wall?	☑ Yes	□ No	30b. If yes,	, adjacent prop	perty owner sign	nature is required.
		/) involving party walls must be y wall(s) will be protected.
31. Building Vacant?	☐ Yes	No	Building must	be vacant before	Raze Permit issuar	nce.
32. Public Space Vault?	□Yes	™ No	Su 7 15		Official Use On	ıly.
			Fee	Ву		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 Insursquare feet or less in area and not mo 2. The Certificate should: Show the holder of the insurince a 30-day advance in linelude a 30-day advance in State that the insurance cover	ore than one rance as: De otice cancel surance cov ers "Razing	story, wholly puty Director, ation clause, erage: Bodily Operations in	Permit Division, 11 Injury, \$100,000; A the District of Colu	other building on 100 4th St SW, W ggregate, \$300,0 mbia," if the scop	the same or adjoin ashington, DC 200 00; and Property D e of the insurance	ning premises. 124 Damage, \$100,000
36. Insurance Company		37. Policy	or Certificate N	0.	38. Expiration	
SJO		NJ-CG	L00000195	176	12/31	115
39. Asbestos in Building? If yes, indicate location:	☐ Yes I	No	** ** ** **	of .	fficial Use Only	/ signature
			Fee	Ву	ž	Date

This certifies that (referred to as Owner) owns the property at (Ggal Name of Property Owner)
3619 Georgia Avelouand 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. (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. (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: Gwynn Will(n-s LLC Signature:
Name of Agent: Signature: Signature:





3032 0803 08/19/2004





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: January 13	3, 2016	Cap Id	R1600067
D.C. Historic Prese	mation Office		
1100 4th Street S.W.			
Washington, DC 2002			
Re: Request for clearan	ce of premises subject to razing opera	ations	
this date with the Pe	ze the structure identified below ermit Operations Division. Our r are hereby requesting confirmat	ecords do not reveal any ki	nd of conservation holds
Address: 1830 6TH ST NW			
LOT: 0824 SQUARE	E: 0441 TYPE:		VACANT: Yes
•	fice of the satisfactory completic below and returning this form figton D.C. 20024.		
	CLEAR	ANCE	
•	hat we researched our records conce proceeding with the proposed razing	-	pove and we
Date:	Signature:		
Name of releasing HP	O Official. (print)		





Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, 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.

	067		Application Date:	1/13/16	
		ORMATION ON PROP	ERTY		
. Address of Proposed Work			Ward 4a. Square	4b. Suffix	5. Lot
1830 6th St	NW Washington	DC 2001	441		824
	2. AP	PLICANT INFORMAT	TION		
. Property Owner		iling address (include zip)	8. Phone Number(s)	9. Email	
Stephen Bagley		N DC 2007	610-574-4829	s m bag tey 0	grad. com
D. Agent/Contractor for Owner (i	f applicable) 11. Complete m	ailing address (include zip)	12. Phone Number(s)	13. Email	
		3. TYPE OF PERMIT			
4. Check all that apply:	Raze Permit				
	4. DE	SCRIPTION OF BUIL	DING		
5. Description of Building to be I	Razed (e.g., two story brick sing	le family dwelling)	16.	Existing Number of St	ories of Bldg:
EXTERIOR	SHED			1	
7. Use(s) of Property (specificall	ly indicate if any use is resident	ial.) 18. N	laterials of Building (brick,	wood, etc.)	
STORAGE		,	NOOD		
	20. Bldg Width (ft)	21. Bldg Heig	ght (ft)	22. Bldg Volume (cu f	t) (L x W x H)
9. Bldg Length (ft)					
9. Bldg Length (ft)	6'9"	12'		-864	1000
9. Bldg Length (ft) /2/ // CONDITIONS/ COMMENTS:	6'9"	72'		-864	1006

No.		SECTION A. RAZE F	ERMIT		
		ntractor's Address (includi		tractor's Phone	
Stephen Bagley	183	60 6th STNW	Washington & 61	10-574-4829	
26. Historic District?	☐ Yes ☒ No	33, Raze Con	tractor Signature		
27. CFA? ☐ Yes ☐ No			7 /2- 5/		
28. Raze Entire Building? Yes □ No		34. Property C	34. Property Owner Signature		
29. Building Condemned?	uilding Condemned? ☐ Yes ☑ No		7 34		
30a. Party Wall?	☐ Yes 🕱 No	30b. If yes,	30b. If yes, adjacent property owner signature is required.		
		include 2 cop	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?	Yes □ No	Building must be vacant before Raze Permit issuance.		nit issuance.	
32. Public Space Vault?	☐ Yes ☐ No	- X	Official Use Only		
		Fee	Ву	Date	
33. Plumber's Name 34. Plumber's		lumber's License Number	mber 35. Raze Method (ball, bulldozer, by hand, etc.)		
square feet or less in area and not 2. The Certificate should: Show the holder of the in Include a 30-day advance Include these amounts of	more than one story, values and as: Deputy Die notice cancellation of insurance coverage: covers "Razing Operate	wholly detached from any irector, Permit Division, 1° lause. Bodily Injury, \$100,000; A ions in the District of Colu	other building on the same 100 4th St SW, Washington, ggregate, \$300,000; and Pr imbia," if the scope of the in ations at		
26 Ingurance Company		Policy or Certificate N		piration Date	
36. Insurance Company	57.1	olicy of Certificate N	0. 30. EX	matter Date	
39. Asbestos in Building? ☐ Yes ☐ No		_	Official Use Only		
If yes, indicate location:		Fee	Ву	Date	
		,c		Date	

This certifies that Stepher Bayley (referred to as Owner) owns the property at				
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.				
(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 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: Print Name of Owner: Signature: Signature:				
Name of Agent: Signature:				
(Print Name of Authorized Agent)				





