

STATUS DATE	ID	Address	Description of Work	DCRA Notice	ANC Review Expiration	PER SUB	SSL	ANC	Zoning	Applicant	Owner Name
4/25/2018	R1800160	3463 14TH ST NW, WASHINGTON, DC 20010	RAZE OF 3-STORY ATTACHED COMMERCIAL BUILDING	May 9, 2018	June 20, 2018	Raze	2835 0100	1A	MU-4	G ROPER JR; ERB PROPERTIES LLC	ERB PROPERTIES LLC
5/8/2018	R1800180	4114 LEGATION ST NW, WASHINGTON, DC 20015	RAZE OF A DETACHED GARAGE	May 9, 2018	June 20, 2018	Raze	1743 0011	3E	R-2	ROBERT CARHUFF; NA	LINDA J CARLTON
4/25/2018	R1800159	512 WHITTIER ST NW, WASHINGTON, DC 20012	One story dwelling	May 9, 2018	June 20, 2018	Raze	3194 0807	4B	R-1-B	N/A	ANNE C. WARDEN
5/3/2018	R1800165	5401 8TH ST NW, WASHINGTON, DC 20011	Two story frame dwelling	May 9, 2018	June 20, 2018	Raze	3152 0815	4D	RF-1	TBD	YEEKKALO YEHDEGO
4/26/2018	R1800161	812 RANDOLPH ST NW, WASHINGTON, DC 20011	Carport	May 9, 2018	June 20, 2018	Raze	3028 0816	4C	RF-1	TBD	MARC GOLDWEIN
4/27/2018	R1800162	718 QUINCY ST NW, WASHINGTON, DC 20011	Garage	May 9, 2018	June 20, 2018	Raze	3130 0042	4C	RF-1	TBD	PRITHA MEHRA
5/4/2018	R1800178	521 FLORIDA AVE NE, WASHINGTON, DC 20002	two story brick rowhouse	May 9, 2018	June 20, 2018	Raze	0828 0048	6C	RF-1	TBD	GREGORY POTTS
5/8/2018	R1800179	4234 BENNING RD NE, WASHINGTON, DC 20019	one story single family dwelling, plus shed	May 9, 2018	June 20, 2018	Raze	5087 0070	7D	RA-1	TBD	LUCILLE R TOLLIVER
5/1/2018	R1800163	5705 EADS ST NE, WASHINGTON, DC 20019	TO RAZE SINGLE FAMILY HOME	May 9, 2018	June 20, 2018	Raze	5228 0019	7C	R-2	N/A	PROFITABLE PROPERTY FUNDING LLC
5/3/2018	R1800166	3341 23RD ST SE, WASHINGTON, DC 20020	RAZE A THREE STORY BRICK APT BLDG.	May 9, 2018	June 20, 2018	Raze	5894 0003	8E	RA-1	MILLER	TERRACE MANOR, LLC
5/3/2018	R1800167	3343 23RD ST SE, WASHINGTON, DC 20020	RAZE A THREE STORY BRICK APT BLDG	May 9, 2018	June 20, 2018	Raze	5894 0003	8E	RA-1	MILLER	TERRACE MANOR, LLC
5/3/2018	R1800168	3345 23RD ST SE, WASHINGTON, DC 20020	RAZE A THREE STORY BRICK APT BLDG	May 9, 2018	June 20, 2018	Raze	5894 0003	8E	RA-1	MILLER	TERRACE MANOR, LLC
5/3/2018	R1800169	3347 23RD ST SE, WASHINGTON, DC 20020	RAZE A THREE STORY BRICK APT BLDG	May 9, 2018	June 20, 2018	Raze	5894 0003	8E	RA-1	MILLER	TERRACE MANOR, LLC
5/3/2018	R1800170	3349 23RD ST SE, WASHINGTON, DC 20020	RAZE A THREE STORY BRICK APT BLDG	May 9, 2018	June 20, 2018	Raze	5894 0003	8E	RA-1	MILLER	TERRACE MANOR, LLC
5/3/2018	R1800171	3351 23RD ST SE, WASHINGTON, DC 20020	RAZE A THREE STORY BRICK APT BLDG	May 9, 2018	June 20, 2018	Raze	5894 0003	8E	RA-1	MILLER	TERRACE MANOR, LLC
5/3/2018	R1800172	3353 23RD ST SE, WASHINGTON, DC 20020	RAZE A THREE STORY BRICK APT BLDG	May 9, 2018	June 20, 2018	Raze	5894 0003	8E	RA-1	MILLER	TERRACE MANOR, LLC
5/3/2018	R1800173	3371 23RD ST SE, WASHINGTON, DC 20020	RAZE A THREE STORY BRICK APT BLDG	May 9, 2018	June 20, 2018	Raze	5894 0004	8E	RA-1	MILLER	TERRACE MANOR, LLC
5/3/2018	R1800174	3373 23RD ST SE, WASHINGTON, DC 20020	RAZE A THREE STORY BRICK APT BLDG	May 9, 2018	June 20, 2018	Raze	5894 0004	8E	RA-1	MILLER	TERRACE MANOR, LLC
5/3/2018	R1800175	2270 SAVANNAH ST SE, WASHINGTON, DC 20020	RAZE A THREE STORY BRICK APT BLDG	May 9, 2018	June 20, 2018	Raze	5894 0005	8E	RA-1	MILLER	TERRACE MANOR, LLC
5/3/2018	R1800176	2272 SAVANNAH ST SE	RAZE A THREE STORY BRICK APT BLDG	May 9, 2018	June 20, 2018	Raze	5894 0005	8E		MILLER	TERRACE MANOR, LLC
5/4/2018	R1800177	2276 SAVANNAH ST SE, WASHINGTON, DC 20020	RAZE A THREE STORY BRICK APT BLDG	May 9, 2018	June 20, 2018	Raze	5894 0004	8E	RA-1	MILLER	TERRACE MANOR, LLC
5/1/2018	R1800164	1232 U ST SE, WASHINGTON, DC 20020	Single Car Garage	May 9, 2018	June 20, 2018	Raze	5769 0019	8A	RF-1	N/A	AVERY BLUE



2835 0100 08/17/2004

3463 14th Street 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 08, 2018

Cap Id: R1800180

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:
4114 LEGATION ST NW

LOT: 0011 SQUARE: 1743 TYPE: Other (Specify) 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, 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:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4114 LEGATION ST.	NW	Three	1743		0011

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
LINDA D. JOHNSON	4114 LEGATION ST. NW, WDC 20015	(202) 686-1671	
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
ROBERT CARHUFF	222 ASPEN ST. NW, WDC 20012	202-550-3770	plan9x@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:	
FRAME GARAGE ACCESSORY BUILDING		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
SINGLE FAMILY		WOOD, METAL SIDING	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
18	16	10	2880

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Victor Bowilla		24. Contractor's Address (including zip code) 3706 Rowbeaton Sq Rd Silver Spring MD 20904		25. Contractor's Phone 240.423-3650	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>Victor A Bowilla</i>			
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature <i>Gordon D Johnson</i>			
28. Raze Entire Building?	<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			
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.			
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
32. Public Space Vault?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Building must be vacant before Raze Permit issuance.	
Official Use Only					
Fee		By		Date	

33. Plumber's Name N/A	34. Plumber's License Number N/A	35. Raze Method (ball, bulldozer, by hand, etc.) BY HAND
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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 Eric	37. Policy or Certificate No. 9280521770 M	38. Expiration Date 4-5-19
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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





3194 0807 06/10/2004

512 Whittier Street 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 03, 2018

Cap Id: R1800165

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:
5401 8TH ST NW

LOT: 0815 SQUARE: 3152 TYPE: Single Family Dwelling - R-3 VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

Applicable code sections are in the 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: 5-3-18

1. INFORMATION ON PROPERTY					
1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
5401 8th St NW	NW	Four	3152		0815
2. APPLICANT INFORMATION					
6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email		
5401 8th St NW LLC	1342 Florida Ave NW	410-294-6855	bhavna@fullcircle-develop		
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email		
Full Circle Development, Inc	1342 Florida Ave NW	410-294-6855	bhavna@fullcircle-develop		
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:		
two story single family home			2		
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)			
Residential		Wood			
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)		
52'	18'4"	25'	23,790		
OFFICIAL USE ONLY					
CONDITIONS/ COMMENTS:					

SECTION A. RAZE PERMIT

23. Raze Contractor's Name		24. Contractor's Address (including zip code)	25. Contractor's Phone	
26. Historic District?	<input type="checkbox"/> Yes <input 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		
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.		
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.		
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only		
		Fee	By	Date
33. Plumber's Name		34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.)	
<p>1. You must submit a Certificate of Insurance covering the raze operation/contractor-- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.</p> <p>2. The Certificate should:</p> <ul style="list-style-type: none"> • Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 • Include a 30-day advance notice cancellation clause. • Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000. • State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage. • If the insurance is for one specific address only, state that, "Razing Operations at _____" 				
(address of raze operation)				
36. Insurance Company		37. Policy or Certificate No.	38. Expiration Date	
39. Asbestos in Building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only		
If yes, indicate location:		Fee	By	Date



3152 0815 06/27/2004



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 04, 2018

Cap Id: R1800178

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:

521 FLORIDA AVE NE

LOT: 0048 SQUARE: 0828 TYPE: **Single Family Dwelling - R-3**

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

R1800178

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.

R1800178

Application Date: 5/4/2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
521 Florida Ave NE	NE	Six	0828		0048

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Gregory Potts	9530 Mayfield Rd S, Collierville, TN		gregorypotts@gmail.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Ashley Brown - A. Brown Consulting	1140 3rd St NE, Suite 2113, DC 20002	202.415.1424	anbconsults@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:	
TWO STORY SINGLE FAMILY DWELLING		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
RESIDENTIAL		COMMON BRICK	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
40.4	18	29.9	21,743.28

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT			
23. Raze Contractor's Name TBD		24. Contractor's Address (including zip code) TBD	
		25. Contractor's Phone TBD	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature	
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature <i>Gregory Potts</i>	
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
30a. Party Wall?	<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	
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.	
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.	
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only	
		Fee	By
			Date
33. Plumber's Name TBD	34. Plumber's License Number TBD	35. Raze Method (ball, bulldozer, by hand, etc.) Bulldozer	
<p>1. You must submit a Certificate of Insurance covering the raze operation/contractor-- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.</p> <p>2. The Certificate should:</p> <ul style="list-style-type: none"> • Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 • Include a 30-day advance notice cancellation clause. • Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000. • State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage. • If the insurance is for one specific address only, state that, "Razing Operations at _____" <div style="text-align: right; margin-right: 20px;">(address of raze operation)</div> 			
36. Insurance Company	37. Policy or Certificate No.	38. Expiration Date	
39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only	
		Fee	By
			Date



0828 0048 08/22/2004

521 Florida Avenue NE



5087 0070 07/08/2004

4234 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 01, 2018

Cap Id: R1800163

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:
5705 EADS ST NE

LOT: 0019 SQUARE: 5228 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.

R1800163

Application Date: 04/ /2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
5705 EADS ST	NE	One	5228		0019

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
DISTRICT PROPERTIES	6500 CHILLUM PL NW, DC 20012	202-526-8664	sarah@district-properties.c
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email

3. TYPE OF PERMIT

14. Check all that apply: Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
SINGLE FAMILY HOME		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
RESIDENTIAL DWELLING		WOOD, METAL	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
30 FT	23 FT	15 FT	10,350

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name DISTRICT PROPERTIES	24. Contractor's Address (including zip code) 6500 CHILLUM PL NW, DC 20012	25. Contractor's Phone 202-526-8664
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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	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	34. Property Owner Signature						
Official Use Only								
Building must be vacant before Raze Permit issuance.								
<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: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table>			Fee	By	Date			
Fee	By	Date						

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

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.

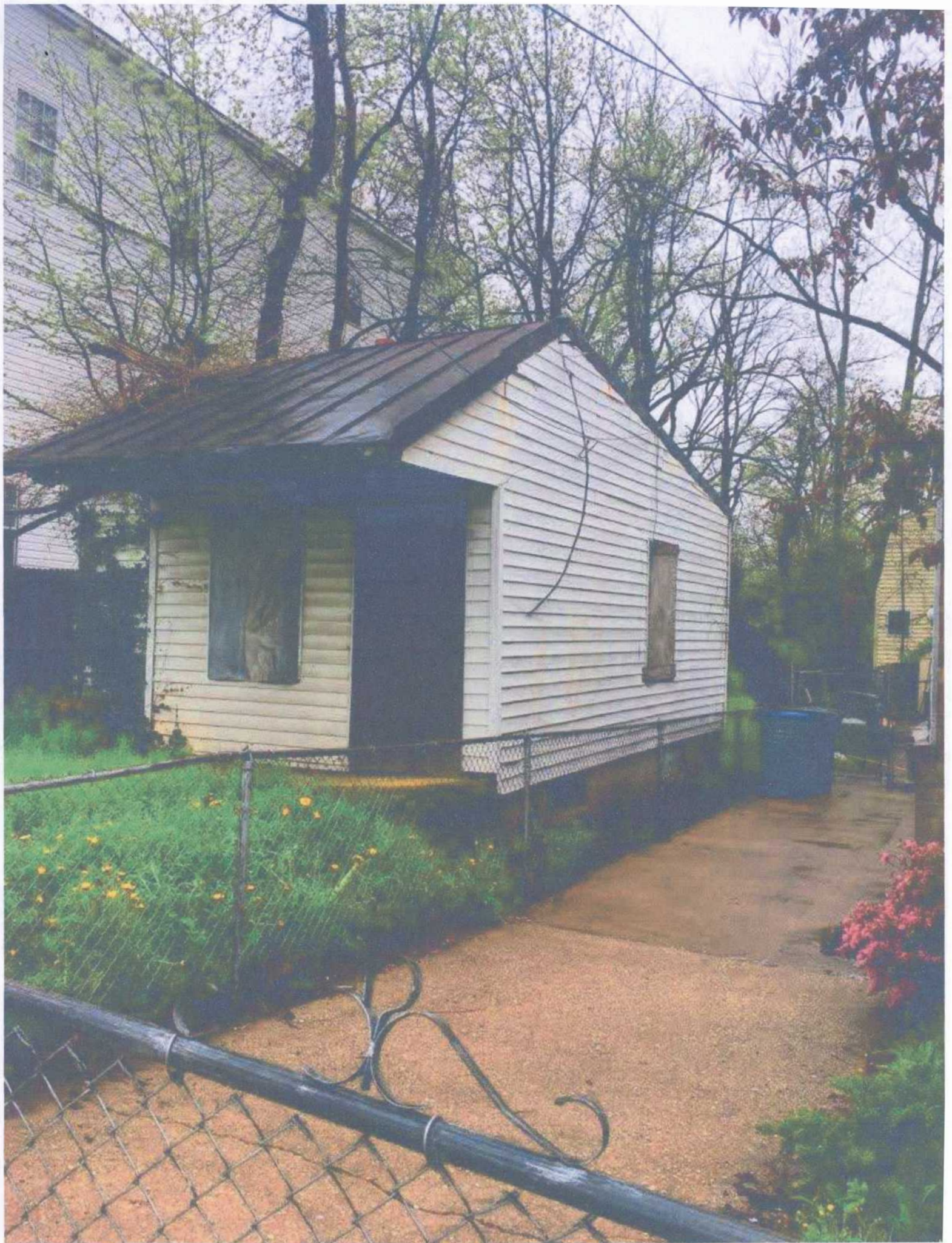
2. The Certificate should:

- 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

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







5228 0019 07/22/2004



5894 0003 10/14/2004

3341, 3343, 3345, 3347, 3349, 3351, 3353 23rd Street SE

3371, 3373 23rd Street SE

Peter Miller
p.miller@wcdsmith.com



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 03, 2018

Cap Id: R1800175

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:
2270 SAVANNAH ST SE

LOT: 0005 SQUARE: 5894 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.

R1800 175

Application Date: 5.3.2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
2270 Savannah Street	SE	Eight	5894	N/A	5

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Terrace Manor Redevelopment, LP	1100 New Jersey Ave.	202-371-1220	pmiller@wcsmith.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Peter Miller	1100 New Jersey Ave. SE	202-236-0201	pmiller@wcsmith.com

3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

4. DESCRIPTION OF BUILDING


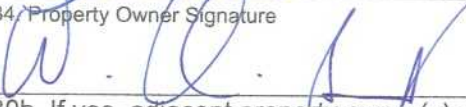
15. Description of Building to be Razed (e.g., two story brick single family dwelling)			16. Existing Number of Stories of Bldg:
Three-story brick apartment building			3
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Residential Apartment Building		Brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
50.4	26.5	31.8	42,472

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name WCS Construction	24. Contractor's Address (including zip code) 3303 Stanton Rd. SE	25. Contractor's Phone 202-889-3615
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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			
31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature 		
32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner(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. Building must be vacant before Raze Permit issuance.		
Official Use Only			
	Fee	By	Date

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

1. You must submit a Certificate of Insurance covering the raze operation/contractor-- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

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

36. Insurance Company James River Insurance Company	37. Policy or Certificate No. 00079900-0	38. Expiration Date 10/26/2018
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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



5894 0005 10/14/2004

2270 and 2272 Savannah Street SE

Peter Miller
p.miller@wccsmith.com



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 03, 2018

Cap Id: R1800176

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:
2272 SAVANNAH ST SE

LOT: 0005 SQUARE: 5894 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.

R/800/176

Application Date: **5-3-2018**

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
2272 Savannah Street	SE	Eight	5894	N/A	5

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Terrace Manor Redevelopment, LP	1100 New Jersey Ave.	202-371-1220	pmiller@wcsmith.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Peter Miller	1100 New Jersey Ave. SE	202-236-0201	pmiller@wcsmith.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:
Three-story brick apartment building			3
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Residential Apartment Building		Brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
50.4	26.5	31.8	42,472

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name WCS Construction		24. Contractor's Address (including zip code) 3303 Stanton Rd. SE		25. Contractor's Phone 202-889-3615	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature 			
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature 			
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner(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.			
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	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.)
<input type="text"/>	<input type="text"/>	<input 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	37. Policy or Certificate No.	38. Expiration Date
James River Insurance Company	00079900-0	10/26/2018

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



5894 0005 10/14/2004

2270 and 2272 Savannah Street SE

deleblue@gmail.com



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 01, 2018

Cap Id: R1800164

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:
1232 U ST SE

LOT: 0019 SQUARE: 5769 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) _____



DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

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 1, 2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1232 U Street SE	N/SE	One 8	5769		0019

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Delona Blue	1232 U Street SE WASH, DC 20020	202 302-4541	deleblue@gmail.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email

3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)			16. Existing Number of Stories of Bldg:
One story. Shed			1 (one)
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Storage		Wood and aluminum	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
8 feet	12 feet	10 feet	960 cu ft

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name N/A		24. Contractor's Address (including zip code)	25. Contractor's Phone
26. Historic District?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	33. Raze Contractor Signature	
27. CFA?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature <i>D. Bluey</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 N/A	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 N/A	37. Policy or Certificate No.	38. Expiration Date
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39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only	
		Fee	By
			Date

