

STATUS DATE	ID	Address	Description of Work	DCRA NOTICE	ANC Review Expiration	PER SUB	SSL	AN C	Zoni na	Applicant	Owner Name
6/13/2018	R1800198	609 NICHOLSON ST NW, WASHINGTON, DC 20011	TO RAZE A METAL SHED	July 10, 2018	August 22, 2018	Raze	3203 0127	4B	R-2	BYRD	MARTHA E KITTRELL
6/20/2018	R1800199	2200 MINNESOTA AVE SE	TO RAZE A SCHOOL	July 10, 2018	August 22, 2018	Raze	5555 0044	8A		DIXON	LARRY A HUGULEY
6/21/2018	R1800201	600 RHODE ISLAND AVE NE	3 STORY COMMERCIAL BUILDING	July 10, 2018	August 22, 2018	Raze	0542 0872	5E		JUSTIN	USGBF WATERFRONT STATION
6/21/2018	R1800202	680 RHODE ISLAND AVE NE, WASHINGTON, DC 20002	SHOPPING CENTER	July 10, 2018	August 22, 2018	Raze	3629 0007	5E	MU-7	JUSTIN	MBR INVESTMENT PARTNERS LLC
6/27/2018	R1800203	1819 UPSHUR ST NE, WASHINGTON, DC 20018	Single Story Garden Shed	July 10, 2018	August 22, 2018	Raze	4191 0021	5B	R-1-B	ERIC M GILLILAND;	ERIC M GILLILAND
6/22/2018	R1800204	4527 49TH ST NW, WASHINGTON, DC 20016	one story frame garage	July 10, 2018	August 22, 2018	Raze	1496 0075	3E	R-1-B	PHILIP LONG	WILLIAM J MUSICO
6/25/2018	R1800207	3210 13TH ST SE, WASHINGTON, DC 20032	THREE STORY BRICK MULTI FAMILY DWELLING	July 10, 2018	August 22, 2018	Raze	5914 0006	8E	RA-1	OWENS	3210 13TH STREET LLC
6/25/2018	R1800210	4719 BRANDYWINE ST NW, WASHINGTON, DC 20016	RAZE A TWO STORY SFD	July 10, 2018	August 22, 2018	Raze	1537 0818	3E	R-1-B	TANYA	TIMOTHY R NOAH
6/27/2018	R1800211	325 10TH ST NE, WASHINGTON, DC 20002	Single story frame and stucco garage	July 10, 2018	August 22, 2018	Raze	0963 0053	6A	RF-1	JOEL HEISEY; N/A	KEVIN DWYER
6/28/2018	R1800213	509 O ST NW A, WASHINGTON, DC 20001	3 STORY BRICK ROWHOUSE AND BASEMENT FOR UNITS A AND B	July 10, 2018	August 22, 2018	Raze	0479 2001	6E	RF-1	X	BERNARD BERRY
7/2/2018	R1800214	1550 1ST ST SW, WASHINGTON, DC 20024	TO RAZE A 1 STORY BRICK BUILDING	July 10, 2018	August 22, 2018	Raze	0656 0054	6D	CG-4	JB	DBT 1ST AND Q LLC
7/6/2018	R1800220	1800 BENNING RD NE, WASHINGTON, DC 20002	RAZE A ROW HOUSE 2 STORY	July 10, 2018	August 22, 2018	Raze	4507 0126	5D	MU-4	X	ABRAHAM DANCIL JR
7/3/2018	R1800221	927 KENNEDY ST NW, WASHINGTON, DC 20011	2 STORY BRICK BLDG	July 10, 2018	August 22, 2018	Raze	2992 0082	4D	MU-4	X	RUSSELL B SCOTT
7/6/2018	R1800222	925 KENNEDY ST NW, WASHINGTON, DC 20011	2 STORY BRICK ROW HOUSE	July 10, 2018	August 22, 2018	Raze	2992 0081	4D	MU-4	Z	DELORES STANCIL
7/5/2018	R1800223	1724 UPSHUR ST NW, WASHINGTON, DC 20011	RAZE A GARAGE/SHED	July 10, 2018	August 22, 2018	Raze	2637 0068	4A	R-1-B	GILL	GEORGE JAMES
7/3/2018	R1800216	3341 D ST SE, WASHINGTON, DC 20019	one story single family dwelling	July 10, 2018	August 22, 2018	Raze	5444 0811	7D	R-3	; TBD	SAMUEL A HEMPHILL
7/3/2018	R1800217	1014 50TH ST NE, WASHINGTON, DC 20019	one story single family dwelling	July 10, 2018	August 22, 2018	Raze	5175 0085	7C	R-2	; TBD	MM&G INC
7/10/2018	R1800224	3255 PROSPECT ST NW, WASHINGTON, DC 20007	One story commercial building	July 10, 2018	August 22, 2018	Raze	1218 0856	2E	MU-4	; N/A	THE ELLIOTT LLC
7/3/2018	R1800219	3215 ELLICOTT ST NW, WASHINGTON, DC 20008	3 STORY Single Family Dwelling	July 10, 2018	August 22, 2018	Raze	2033 0823	3F	R-8	; TBD	JEFFREY L POSTON
7/2/2018	R1800215	4420 WINDOM PL NW, WASHINGTON, DC 20016	1 Story Family Residential	July 10, 2018	August 22, 2018	Raze	1593 0026	3E	R-1-B	; 0	Erin Dumbacher
6/22/2018	R1800205	3009 WHITEHAVEN ST NW, WASHINGTON, DC 20008	Two Story Brick Single Family Dwelling	July 10, 2018	August 22, 2018	Raze	2147 0059	3C	R-1-A	; Z	GOVERNMENT OF THE FEDERAL REPUBLIC OF BRAZIL
6/25/2018	R1800206	3009 WHITEHAVEN ST NW, WASHINGTON, DC 20008	two story brick Single family dwelling	July 10, 2018	August 22, 2018	Raze	2147 0059	3C	R-1-A	BRAZIL	GOVERNMENT OF THE FEDERAL REPUBLIC OF BRAZIL
6/20/2018	R1800200	1048 BLADENSBURG RD NE, WASHINGTON, DC 20002	TO RAZE A Single family dwelling	July 10, 2018	August 22, 2018	Raze	4074 0823	5D	MU-4	OAMAN	PAUL E STANTON
6/28/2018	R1800212	413 60TH ST NE, WASHINGTON, DC 20019	ONE STORY SINGLE FAMILY DWELLING	July 10, 2018	August 22, 2018	Raze	5261 0803	7C	RA-1	X	KLASHA N HOUGH
6/25/2018	R1800208	1331 - 1333 ALABAMA AVE SE, WASHINGTON, DC 20032	THREE STORY BRICK MULTIFAMILY DWELLING	July 10, 2018	August 22, 2018	Raze	PAR 02290153	8E	RA-1	OWENS	ALABAMA AVE LLC
6/25/2018	R1800209	1309 ALABAMA AVE SE, WASHINGTON, DC 20032	THREE STORY BRICK MULTIFAMILY DWELLING	July 10, 2018	August 22, 2018	Raze	PAR 02290161	8E	RA-1	OWENS	1309 ALABAMA AVE LLC



1218 0856 08/17/2004

3255 Prospect Street NW

GUILHERME.SAPPE@ITAMARATY.GOV.BR



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: June 25, 2018

Cap id: R1800206

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:
3009 WHITEHAVEN ST NW

LOT: 0059 SQUARE: 2147 TYPE:

VACANT: No

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

Applicable code sections are in the 2013 DCMR 12 Building Code Supplement Chapter 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A

R1800206

Application Date: 06/21/2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3009 Whitehaven St.	NW	Three	2147		D059

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
GOV. OF THE FED. REP. OF BRAZIL	3006 MASS. AVE NW 20008-3634	202.238.2717	ADMIN@ST. WASHINGTON @ITAMARATI.GOV.BR
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)		18. Existing Number of Stories of Bldg:	
two story brick single family dwelling		2 + cellar	
17. Use(s) of Property (specifically indicate if any use is residential)		18. Materials of Building (brick, wood, etc.)	
Unoccupied, former residence		brick on wood framing, slate shingle roof, steel stair at rear	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
40'-4"	38'-4"	24'	37,100'

OFFICIAL USE ONLY

37 232.64
TAT

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
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26. Historic District?	<input checked="" type="checkbox"/> Yes <input 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 include 2 copies of a plan that show how the party wall(s) will be protected.						
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only						
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">Fee</td> <td style="width:33%; padding: 2px;">By</td> <td style="width:33%; padding: 2px;">Date</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Fee	By	Date			
Fee	By	Date						

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

2. The Certificate should:

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

36. Insurance Company TBD	37. Policy or Certificate No. TBD	38. Expiration Date TBD
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39. Asbestos in Building? If yes, indicate location:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">Fee</td> <td style="width:33%; padding: 2px;">By</td> <td style="width:33%; padding: 2px;">Date</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Fee	By	Date			
Fee	By		Date					
Non Friable Materials only. 12'x12' Beige Floor Tile, Roof Flashing Mastic, Exterior Window Caulking. See attached Hazmat report.								

18-883

The Department of State acknowledges receipt of diplomatic note No. 32, dated May 18, 2018, from the Embassy of the Federative Republic of Brazil, requesting the Department's approval to raze the chancery annex, located at 3009 Whitehaven Street, NW, Washington, DC 20008.

The Department approves this request with the understanding that the Embassy will substantially comply with local building codes and regulations. Once the Embassy determines which permits will need to be obtained, please submit a request to the Department's Office of Foreign Missions (OFM) for a permit issuance letter, including a list of all applicable permits. OFM will issue a letter to the Government of the District of Columbia to that effect.

The Embassy is reminded to request permission through OFM regarding its plans to reconstruct this property.

If the Embassy has any questions, it may contact OFM at 202-895-3500, extension 5, or at OFMProperty@state.gov.

Department of State,

Washington, June 12, 2018. MS





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 - 4599 Fax (202) 442 - 4862
 TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557

Tanya Hill
 permitxperts@gmail.com
 301.775.4995



Date: June 25, 2018

Cap Id. R1800210

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:
 4719 BRANDYWINE ST NW

LOT: **0818** SQUARE: **1537** TYPE: _____ VACANT: **No**

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

Applicable code sections are in the 2013 DCMR 12 Building Code Supplement Chapter 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

R1800 210

Application Date: **6/8/2018**

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4719 Bradyanne Street	NW	One			

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Michele M Dorso Construction Dept	3724 Northampton St NW	202-751-1177	Michele@dorsoconstruction.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Tanya Hill	20207	301-775-4995	permitxperts@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	2		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Residential	wood, brick		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
45	28	30	37,800

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A - RAZE PERMIT

23. Raze Contractor's Name Wilgeshino Pinto		24. Contractor's Address (including zip code) 10100 Dickens Ave		25. Contractor's Phone 301-942-3605	
26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. Raze Contractor Signature 			
27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		34. Property Owner Signature 			
29. Building Condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction			
31. Building Vacant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30c. Any raze permit application for a building(s) involving party walls must include 2 copies of a plan that show how the party wall(s) will be protected.			
32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Building must be vacant before Raze Permit issuance.			
Official Use Only					
		Fee		By	
				Date	

33. Plumber's Name David I. Hahn		34. Plumber's License Number DPM1311		35. Raze Method (bell, bulldozer, by hand, etc.) Bulldozer	
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1. You must submit a Certificate of Insurance covering the raze operation/contractor, unless the building you plan to raze is an accessory building 300 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 Allied Partners Insurance		37. Policy or Certificate No. AP21401053		38. Expiration Date 11/14/2018	
39. Asbestos in Building? If yes, indicate location:		Official Use Only			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fee		By	
				Date	



1537 0818 06/28/2004

4719 Brandywine 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: June 22, 2018

Cap Id: R1800204

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:
 4527 49TH ST NW

LOT: 0075 SQUARE: 1496 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 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.

R1800204

Application Date:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4527 49th Street, NW	NW	Three	1496		0075

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
William J. Musico	4527 49th St, NW, WDC 20015	202-393-7200	dcpermits@casengineering.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Phillip Long, CAS Engineering-DC, LLC	1001 Conn Ave, NW, #401, 20036	202-393-7200	dcpermits@casengineering.com

3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg	
1-Story wood frame, detached garage.		1	
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)
20.3	12.2	12	2,971.92

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		
TBD		TBD		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					
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature <i>William J. Musick</i>				
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction				
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30c. Any raze permit application for a building(s) involving party walls must include 2 copies of a plan that show how the party wall(s) will be protected.				
Official Use Only						
Fee		By		Date		
33. Plumber's Name		34. Plumber's License Number		35. Raze Method (bel, bulldozer, by hand, etc.)		
N/A		N/A		Bulldozer/Excavator		
<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 of _____ (address of raze operation)" 						
36. Insurance Company		37. Policy or Certificate No.		38. Expiration Date		
TBD		TBD		TBD		
39. Asbestos in Building? If yes, indicate location:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
		Fee		By		
				Date		





Government of the District of Columbia
 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: July 02, 2018

Cap Id: R1800215

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:
 4420 WINDOM PL NW

LOT: 0028 SQUARE: 1593 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 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

Application Date:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4420 Windom Pl - Detached garage	NW	One	1593		0026

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Erlin Dumbacher	1229 12th St NW #5b 20005	2026313284	erindian@gmail.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Dynerman Architects	800 G St SE, 20003	2023371290	wputnam@dwarchitects.co

3. TYPE OF PERMIT

14. Check all that apply: Raze Permit

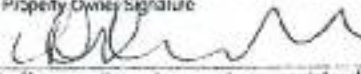
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)			16. Existing Number of Stories of Bldg:
1 story wood framed garage			1
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
single family residential		wood	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
20.4	10.35	9.5	2006

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	
Naranjo-Olmedo, LLC		2000 Marymont Road, Silver Spring, MD 20		240.478.3271	
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 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? If yes, indicate location.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
		Fee	By	Date	



NORTH
ELEVATION



WEST
ELEVATION



SOUTH
ELEVATION



EAST
ELEVATION

DYNERMAN
ARCHITECTS PC

300 G STREET, SE
WASHINGTON, DC 20003
TEL: 202-537-1293

JOB NO: 1703
DATE: 7.2.18
SCALE:
SHT REF:
REV NO:

DUMBACHER BRODY

4420 WINDOM PLACE NW

GARAGE RAZE PERMIT

SK NO:

SK-15



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: July 03, 2018

Cap Id: R1800219

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:
 3215 ELLICOTT ST NW

LOT: 0823 SQUARE: 2033 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

R1800219

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

Applicable code sections are in the 2013 DCMR 12 Building Code Supplement Chapter 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

Application Date:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3215 Ellicott Street, NW	NW	Three	2033		0823

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Courtney Carlson	3215 Ellicott Street, NW, 20008	202-393-7200	dcpermits@casengineering.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
David C. Landman, CAS Engineering-DC, LLC	1001 Conn Ave, NW, #401, 20036	202-393-7200	dcpermits@casengineering.com

3. TYPE OF PERMIT

14. Check all that apply: Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg	
3-story brick & frame single-family detached dwelling with cellar		3	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Residential		Brick and Frame	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
20.3	87.7	30	77,088

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	
TBD		TBD		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>Courtney Carlson</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			
31. Building Vacant?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction	
32. Public Space Vault?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.	
				Official Use Only	
		Fee		By	
				Date	
33. Plumber's Name		34. Plumber's License Number		35. Raze Method (ball, bulldozer, by hand, etc.)	
TBD		TBD		Bulldozer/Excavator	
<p>1. You must submit a Certificate of Insurance covering the raze operator/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	
TBD		TBD		TBD	
39. Asbestos in Building?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Official Use Only	
If yes, indicate location:				Fee	
				By	
				Date	

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

This certifies that Courtney Carlson (referred to as Owner) owns the property at
(Legal Name of Property Owner)

3215 Ellcott 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.
CC (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.
CC (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.
- CC (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: Courtney Carlson Signature: Courtney Carlson
(Print Name of Owner)

Name of Agent: Phillip D. Long, CAS Engineering-DC, LLC Signature: PDL
(Print Name of Authorized Agent)

PUBLIC NOTARY NAME:
David C. Landsman

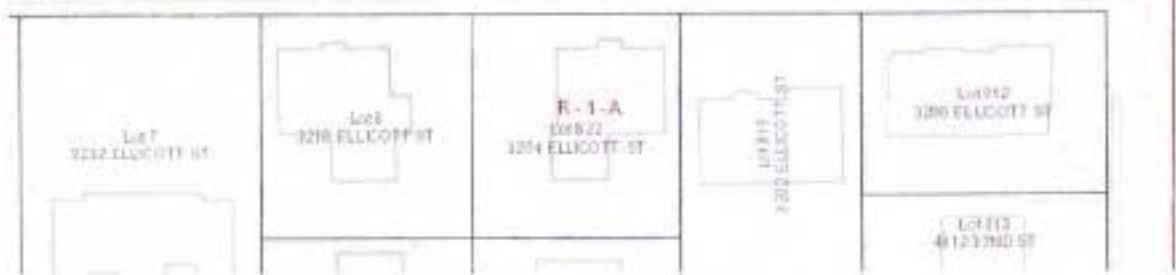
REG.# 7507752 EXPIRES: 10-31-2019

SEAL & SIGNATURE Phillip D. Long signature
 DAVID CRAIG LANDSMAN
 NOTARY PUBLIC
 REG. # 760762
 COMMONWEALTH OF VIRGINIA
 MY COMMISSION EXPIRES 06/30/2019
4/29/2018
REV. 12/12



32nd St NW

NW





2033 0823 10/07/2004

PropertyQuest draws information from databases assembled and provided by other agencies. Information is presented for planning purposes only. Please consult the source agencies for definitive answers.

MARCOAGBR@ADL.com / MARK J Scott dc@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: July 05, 2018

Cap id: R1800223

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:
1724 UPSHUR ST NW

LOT: 0068 SQUARE: 2637 TYPE:

VACANT: No

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

R/1800223

Application Date: 7.5.18

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1724 UPGHUR ST	NW	One			

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
MARK HOTT			
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
MARCO GILL	497837 GIMORETAS TER. 4F	202-412-9532	MARCOAGBR@AOL.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:		
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)
20'-0"	10'-0"	10'-0"	2000

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

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

26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature 34. Property Owner Signature
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. Raze Entire Building?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 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.
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Building must be vacant before Raze Permit issuance.

Official Use Only		
Fee	By	Date

33. Plumber's Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	34. Plumber's License Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	35. Raze Method (ball, bulldozer, by hand, etc.) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
---	---	---

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

2. The Certificate should:

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

36. Insurance Company <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	37. Policy or Certificate No. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	38. Expiration Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
--	--	--

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







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

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

Date: June 13, 2018

Cap Id: R1800198

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:
 609 NICHOLSON ST NW

LOT: 0127 SQUARE: 3203 TYPE:


VACANT: No

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

CLEARANCE

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

Date: 6-14-18

Signature: 

Name of releasing HPO Official. (print) CALL COTT



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, whitening out, or otherwise altering any entered information will void this application. The owner of record must sign the application with an original signature.

Applicable code sections are in the 2013 DCMR 12 Building Code Supplement Chapter 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

R/1800 19B

Application Date: 12, June 2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
609 nicholson street	RM	4	3203	—	0127

2. APPLICANT INFORMATION

6. Property Owner Boulevard LLC	7. Complete mailing address (include zip) 717 Florida Ave NE Washington, DC 20002	8. Phone Number(s) 508/596-0101	9. Email atkinsdc@gmail.com
10. Agent/Contractor for Owner (if applicable) Tiffany Burel	11. Complete mailing address (include zip) 761 19th street NE Washington,	12. Phone Number(s) 202/304-9602	13. Email aset2.consulting@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) Shed (one story)	16. Existing Number of Stories of Bldg. 1		
17. Use(s) of Property (specifically indicate if any use is residential.) shed	18. Materials of Building (brick, wood, etc.) metal		
19. Bldg Length (ft) 18	20. Bldg Width (ft) 8	21. Bldg Height (ft) 7	22. Bldg Volume (cu ft) (L x W x H) 1,008

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

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

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

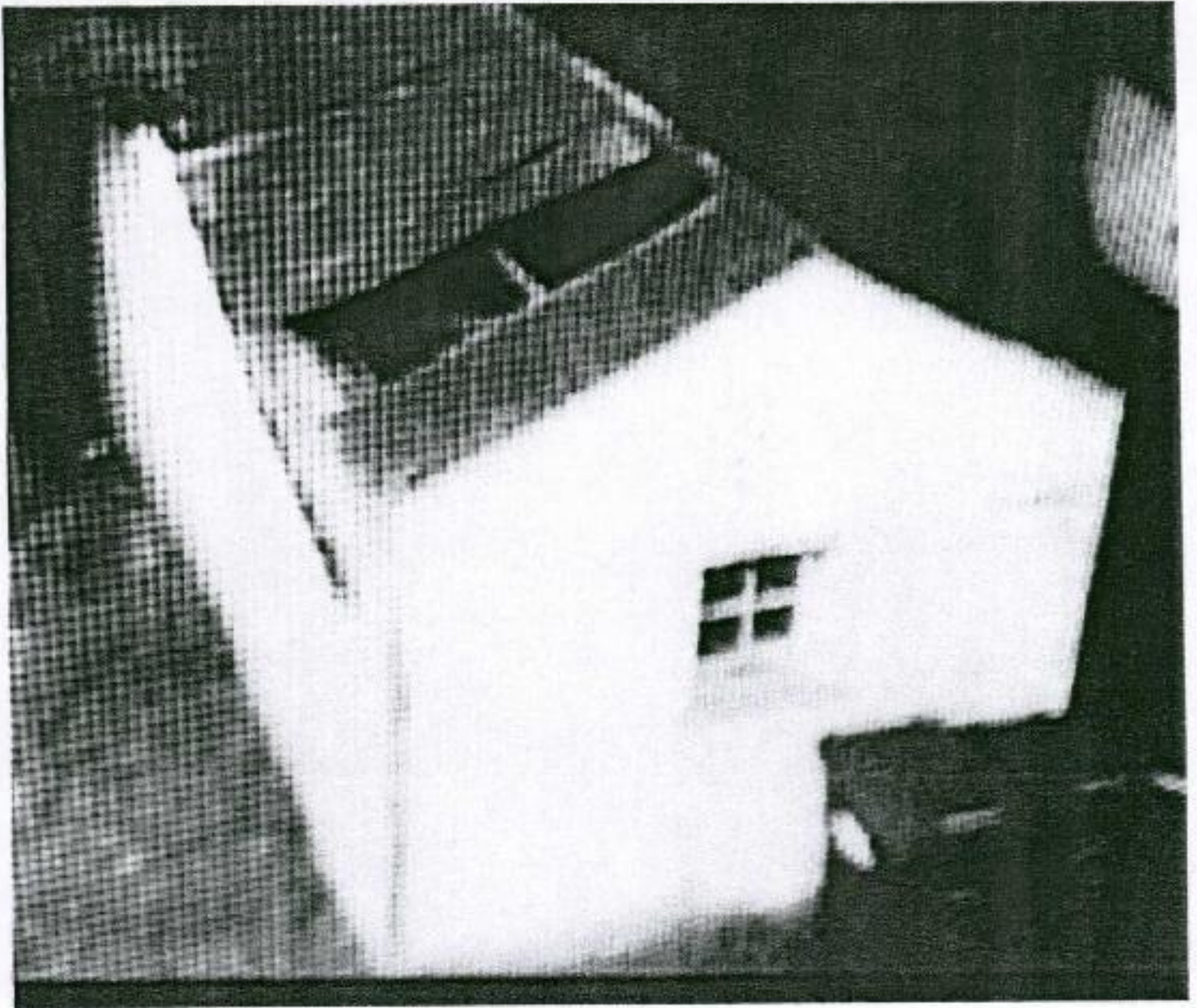
1. You must submit a Certificate of Insurance covering the raze operator/contractor - unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Official Use Only	
				Fee	
				By	
				Date	

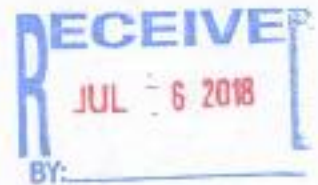


Siem. Abebe@gmail.com
KLHAWKINS@yahoo.com



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: July 06, 2018

Cap Id: R1800222

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:
925 KENNEDY ST NW

LOT 0081 SQUARE: 2992 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 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

R/000222

Application Date:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
925 Kennedy St	NW	One	2992		0081

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Solo Investment Group Inc	43 K St NW #809 ²⁰⁰¹ NW	919-418-2226	Siem.Abebe@gmail.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Metropolitan Development Holdings		202-697-3797	KLHAWK1105207 YANCO.COM

3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg	
Two Story brick row house		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Residential		Brick, wood, drywall	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
40	18	20	14,400

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Solo LLC	24. Contractor's Address (including zip code) 43 K St NW # 801 ²⁰⁰⁰¹ WDC	25. Contractor's Phone 919-418-2291
---	---	---

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							
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction 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.						
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only						
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Fee</td> <td style="width:33%; text-align: center;">By</td> <td style="width:33%; text-align: center;">Date</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>	Fee	By	Date			
Fee	By	Date						

33. Plumber's Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	34. Plumber's License Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	35. Raze Method (ball, bulldozer, by hand, etc.) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
---	---	---

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 JAPCO	37. Policy or Certificate No. 03RHY-B	38. Expiration Date 4-19-2019
---------------------------------------	---	---

39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only							
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Fee</td> <td style="width:33%; text-align: center;">By</td> <td style="width:33%; text-align: center;">Date</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>	Fee	By	Date				
Fee	By	Date							



2992 0081 07/18/2004

925 Kennedy 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 - 4362
 TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9657

Stem. Abbe @ Gmail.com
 KLHAWIKINS2 @ YAHOO.COM



Date: July 06, 2018

Cap Id: R1800221

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:
 927 KENNEDY ST NW

LOT: 0082 SQUARE: 2992 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, whiteing 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.

R 1800 221 Application Date:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
927 Kennedy ST	NW	One	2092		0082

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Sdo Investment, LLC	43 K ST NW #509 WIZ 2001	919-418-2226	Srm.Abc6@gmail.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Metropolitan Development Holdings LLC		202-677-7792	KLHAWKINS2@yahoo.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:		
2 Story Brick Row House	2		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Residential	Brick, wood, Drywall		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
40	18	20	14,400

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Solo LLC	24. Contractor's Address (including zip code) 43 K St NW ^{# 809} WDC 20001	25. Contractor's Phone 919-418-2226
---	---	---

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 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 E. Vanston Insurance Company	37. Policy or Certificate No. 2AA139292	38. Expiration Date 3-27-2019
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39. Asbestos in Building? If yes, indicate location: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only
	Fee
	By
	Date



2992 0082 07/18/2004

927 Kennedy Street NW

Sarahcgilliland@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

RECEIVED
JUN 22 2018
BY: _____

Date: June 21, 2018

Cap Id: R1800203

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:
1819 UPSHUR ST NE

LOT: 0021 SQUARE: 4191 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. 20007.

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: 6/22/2018 Signature: [Signature]

Name of releasing HPO Official, (print) Maloney



APPLICATION FOR RAZE

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

Applicable code sections are in the 2013 DCMR 12 Building Code Supplement Chapter 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

Application Date: 6/19/18

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1819 Upshur Street	NE	5	4191	0021	21

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Eric Gilliland	1819 Upshur St NE WDC 20018	202-215-5249	eric.gilliland@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

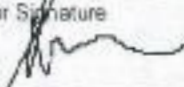

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g. two-story brick single family dwelling)		16. Existing Number of Stories of Bldg	
single story garden shed		1	
17. Use(s) of Property (specifically indicate if any use is residential)		18. Materials of Building (brick, wood, etc.)	
garden tool storage		wood	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
8 feet	8 feet	7 feet	448 cubic feet

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name HSR Development LLC		24. Contractor's Address (including zip code) 2300 9th St S, Arlington, VA 22204		25. Contractor's Phone 703-778-0667	
26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. Raze Contractor Signature 			
27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
29. Building Condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. Property Owner Signature 			
30a. Party Wall? <input 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 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 NA		34. Plumber's License Number NA		35. Raze Method (ball, bulldozer, by hand, etc.) NA	
<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 NA, under square foot limit		37. Policy or Certificate No.		38. Expiration Date	
39. Asbestos in Building? If yes, indicate location		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Official Use Only	
		Fee	By	Date	

Stem - Abebe a) Gmail.com
KLHAWK/NS29@yahoo.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: July 06, 2018

Cap Id: R1800220

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:
1800 BENNING RD NE

LOT: 0126 SQUARE: 4507 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 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

R/800 220

Application Date: 7/3/18

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1800 North Capitol ^{Berkeley Rd} ST NE	NW NE	One	4507		0124

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Solo Investment, LLC	43 K ST NW #804 WDC 20001	919-718- 7226 ²²²⁶	SIM.ABDEL@GMAIL.COM
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Metropolitan Development Kash & Holdings, LLC		202-697-3792	KLHAWKINS@YAHOO.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:		
Multi Unit Row House 2 story	2		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Residential Multi Use	Brick, Wood, Drywall		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
37	16	20	11840

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Solo Investment, LLC	24. Contractor's Address (Including zip code) 43 K ST NW # 809 WDC 200	25. Contractor's Phone 919-418-2226
---	--	---

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

33. Plumber's Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	34. Plumber's License Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	35. Raze Method (ball, bulldozer, by hand, etc.) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
---	---	---

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 ALL RISKS LTA	37. Policy or Certificate No. FLY-0003957-1	38. Expiration Date 09-05-2018
---	---	--

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

IF TOWED 202-727-5000
TOW AWAY
**NO
STANDING
OR PARKING**
7:AM-9:30AM
MONDAY-FRIDAY
→
IF TOWED 202-727-5000

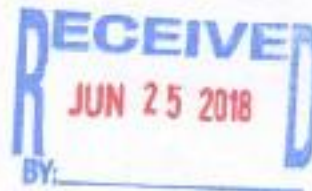


1800
1802
P. BRADSHAW & S.
REAL ESTATE

1800



065man@39@yahoo.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: June 20, 2018

Cap Id: R1800200

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:
1048 BLADENSBURG RD NE

LOT: 0823 SQUARE: 4074 TYPE: VACANT: No

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide detailed information. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, 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 15 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

R/800200

Application Date: 06-06-18

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1048 Bladensburg Rd	NE		4074		0823

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Glenn Roth INSURANCE	7775 ROBERTHAM DR HANDOVER MD 21040	246 2864529	
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
OUSMANE BA		202-5380025	ousmane39@yahoo.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:		
SINGLE FAMILY DWELLING	TWO		
17. Use(s) of Property (specifically indicate if any use is residential)	18. Materials of Building (brick, wood, etc.)		
RESIDENTIAL	WOOD/VINYL Siding		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
35	12	20	8400

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS

SECTION A. RAZE PERMIT

23. Raze Contractor's Name	24. Contractor's Address (including zip code)	25. Contractor's Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

33. Plumber's Name	34. Plumber's License Number	35. Raze Method (ball, bulkover, 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.

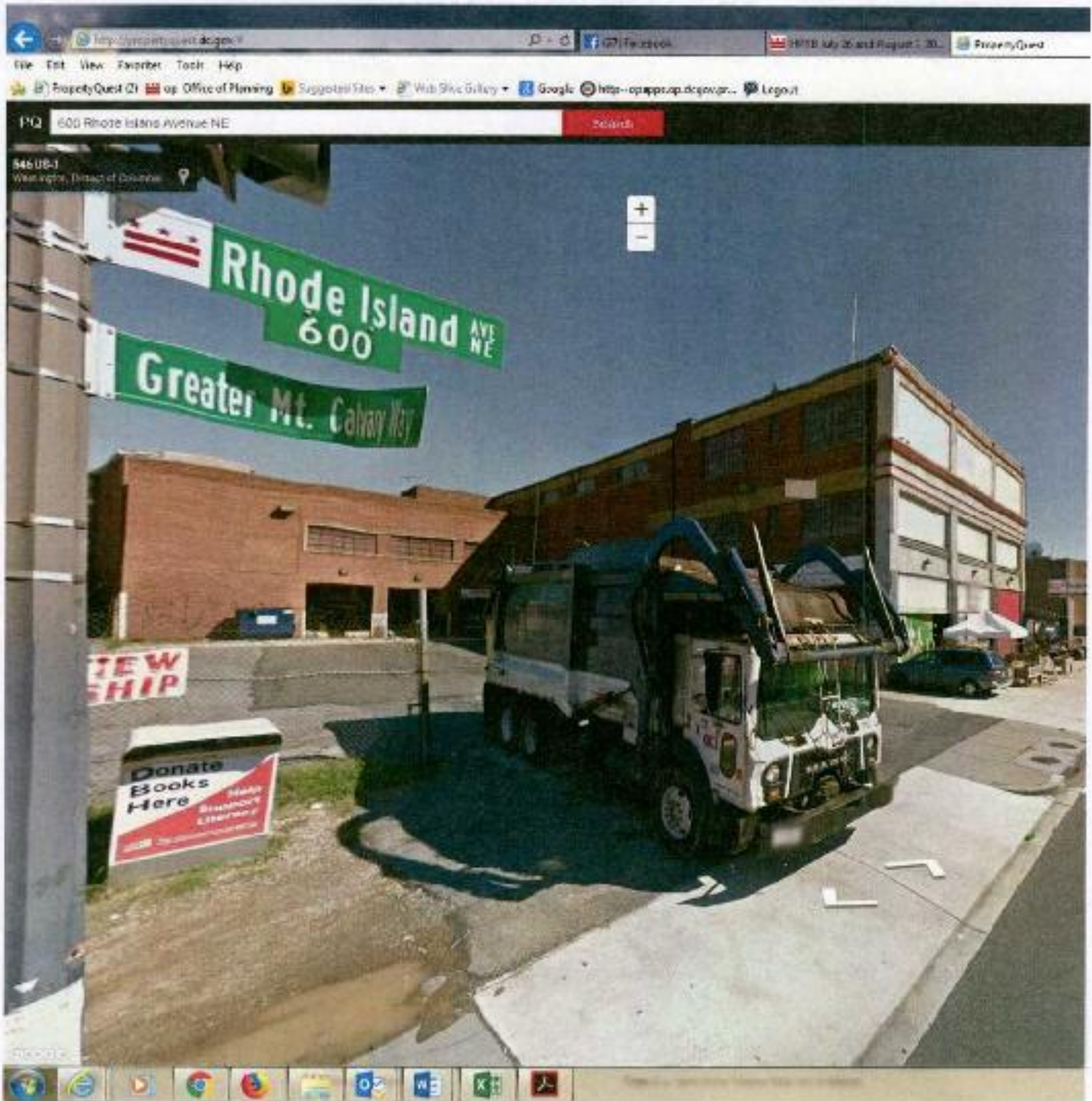
2. The Certificate should:

- 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, \$500,000; and Property Damage, \$100,000.
- State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage.
- If the insurance is for one specific address only, state that, "Razing Operations at _____ (address of raze operation)." _____

36. Insurance Company	37. Policy or Certificate No.	38. Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

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





600 Rhode Island Avenue NE



3629 0007 08/10/2004

680 Rhode Island Avenue NE



0656 0827 09/27/2004

1550 First Street SW



MR BERNARD BERRY@YAHOO.COM

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

BERNARD BERRY
202-907-9036

Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4539 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557

RECEIVED
JUL 3 - 2018
BY: _____

Date: June 28, 2018

Cap Id: R1800213

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:
509 O ST NW

LOT: 2001 SQUARE: 0479 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 DCMB 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.

R 1800 213

Application Date: **06-28-18**

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
509 O STREET	NW	6	0479		2002

2. APPLICANT INFORMATION

5. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
509 O STREET LLC	505 O St. NW ^{Unit 1} DC 20001	202-907-9036	MR BERNARD BERRY @ YAHOO.COM
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email

3. TYPE OF PERMIT

14. Check all that apply: Raze Permit

4. DESCRIPTION OF BUILDING

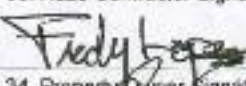
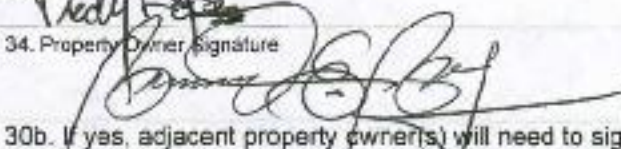
15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
3 STORY BRICK ROWHOUSE + BASEMENT		3 + BASEMENT	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
RESIDENTIAL		BRICK EXTERIOR, WOOD INTERIOR	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
60	21	35	44,100

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name DMV CONTRACTING LLC	24. Contractor's Address (including zip code) 148 COLBURN DR. MANASSAS PARK VA 20111	25. Contractor's Phone 703-895-5104
--	--	---

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 Concerned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
30a. Party Wall? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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 ME PLUMBING & CONSTRUCTION INC	34. Plumber's License Number PGM1000795	35. Raze Method (ball, bulldozer, by hand, etc.) 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 ERIE INSURANCE	37. Policy or Certificate No.	38. Expiration Date
--	-------------------------------	---------------------

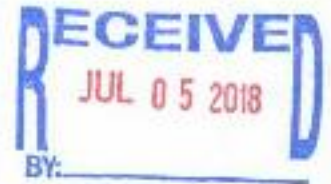
39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only		
Fee	By	Date		







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



Permit Operations Division
 1100 4th Street SW
 Washington DC 20024
 Tel. (202) 442 - 4589 Fax (202) 442 - 4862
 TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9657

Date: July 03, 2018

Cap Id: R1800217

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:
 1014 50TH ST NE

LOT: 0085 SQUARE: 5175 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 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A

Application Date:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Cused	3. Ward	4a. Square	4b. Suffix	5. Lot
1014 50th St. NE	NE	Seven	5175		0085

2. APPLICANT INFORMATION

6. Property Owner *	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
BC - 1014 50th St. NE, LLC	5803 Lowery Lane, Upper Marlboro, MD	301-875-2775	srcharlesmartin@aol.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Charles Martin	"	"	"

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 House		One	
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)
48	15	9	6,480

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name To Be Determined		24. Contractor's Address (including zip code)		25. Contractor's Phone	
26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. Raze Contractor Signature	
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29. Building Concerned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. Property Owner Signature <i>Charles Martin</i>	
30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction			
31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.			
32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Building must be vacant before Raze Permit issuance.			
		Official Use Only			
		Fee	By	Date	
33. Plumber's Name To Be Determined		34. Plumber's License Number		35. Raze Method (ball, bulldozer, by hand, etc.) Hand and 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 _____ (address of raze operation)" 					
36. Insurance Company To Be Determined		37. Policy or Certificate No.		38. Expiration Date	
39. Asbestos in Building? If yes, indicate location:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Official Use Only	
		Fee	By	Date	

* The subject property was acquired via tax sale and an assignment of judgment. The Mayor's Deed has not yet been issued. It is expected that the Mayor's Deed will be issued prior to raze permit issuance. Supporting documentation is attached hereto.



5175 0085 07/26/2004

1014 50th Street NE

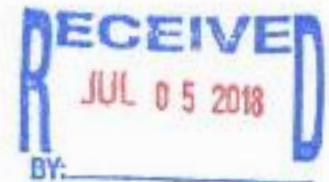


5261 0803 08/01/2004

413 60th Street NE



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



Permit Operations Division
 1100 4th Street SW
 Washington DC 20024
 Tel. (202) 442 - 4589 Fax (202) 442 - 4862
 TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9567

Date: July 03, 2018

Cap Id: R1800216

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:
 3341 D ST SE

LOT: 0811 SQUARE: 5444 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

R 1800216

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

Applicable code sections are in the 2013 DCMR 12 Building Code Supplement Chapter 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

Application Date:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3341 D ST.	SE	Seven	5444		0811

2. APPLICANT INFORMATION

6. Property Owner - Contract Purchaser	7. Complete mailing address (include zip)	8. Phone Number(s)	8. Email
Prosperity Park Properties, LLC	5803 Lowery Ln., Upper Marlboro, MD	301-875-2775	sircharlesmartin@aol.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Sir Charles Martin	5803 Lowery Ln., Upper Marlboro, MD	301-875-2775	sircharlesmartin@aol.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:	
Raze one story single-family house.		1	
17. Use(s) of Property (specifically indicate if any use is residential)		18. Material of Building (brick, wood, etc.)	
Single-Family House		Brick, Wood, and Siding	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
60	25	10	15,000

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name To Be Determined	24. Contractor's Address (including zip code) To Be Determined	25. Contractor's Phone To Be Determined
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26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature - TBD <i>Charles Martin</i>
27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature - Contract Purchaser <i>Charles Martin</i>
28. Raze Entire Building? <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.
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 type="checkbox"/> Yes <input checked="" 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 To Be Determined	34. Plumber's License Number To Be Determined	35. Raze Method (ball, bulldozer, by hand, etc.) Bulldozer, 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 Eisert Insurance	37. Policy or Certificate No. To Be Determined	38. Expiration Date To Be Determined
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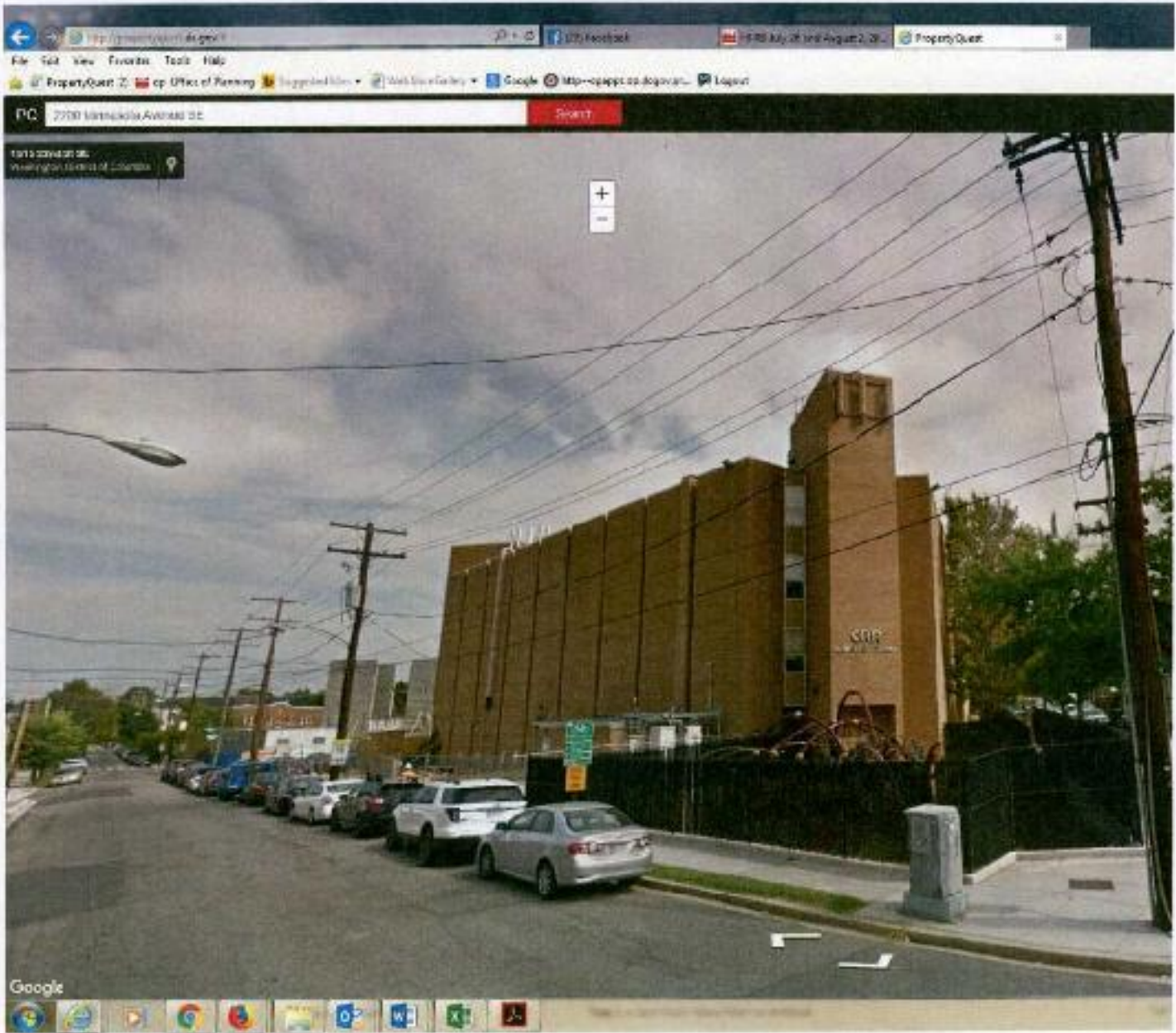
39. Asbestos in Building? If yes, indicate location.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only
		Fee _____ By _____ Date _____

To Whom it May Concern: Please be advised that Prosperity Park Properties, LLC is the contract purchaser. This application is made with the consent and approval of the record owner. Evidence of the same is attached hereto.









5444 0811 10/10/2004

3341 D Street SE



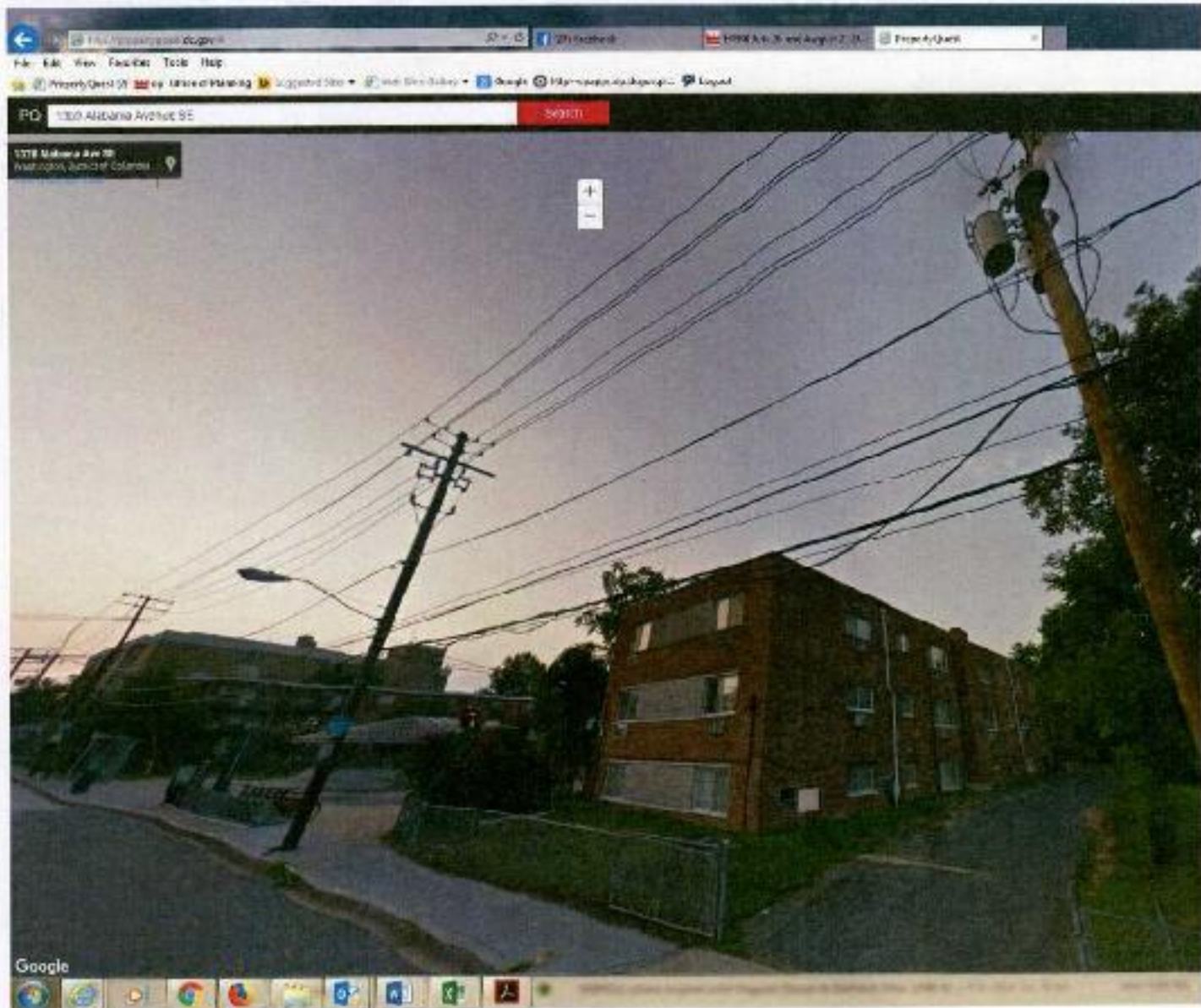
2200 Minnesota Avenue SE

SCHOOL NAME	THUMBNAILED IMAGE	SSL	ADDRESS	WARD	OWNERSHIP	YEAR(S) BUILT	LANDMARK / HISTORIC DISTRICT	PRESERVATION CONSIDERATIONS
ORR ES		5563 0832	2200 MINNESOTA AVE SE	8	DC	c. 1970		NOT ELIGIBLE
OYSTER ES		1808 0801	2801 CALVERT ST NW	5	DC	2001		NOT ELIGIBLE
PARK VIEW ES / BRUCE MONROE		5052 0830	4570 WARDER ST NW	1	DC	1914	HL	LANDMARK BUILDING
PATTERSON, WALTER B. ES		6214 0819	4510 SOUTH CAPITOL ST SW	8	DC	c. 2005		NOT ELIGIBLE
PAYNE ES		1061 0820	305 15 TH STREET SE / 1445 C ST SE	6	DC	1951-1967		NOT ELIGIBLE / 1896 SCHOOL BURNED; NEW SCHOOL c. 1951; FLOOR ADDED c. 1957; NEW WING c. 1967; ADDITIONAL ALTERATIONS c. 2014
PEABODY ELEMENTARY SCHOOL		3757 0802	425 C ST NE	6	DC	1870-80	HL / CAPITOL HILL 4B	LANDMARK BUILDING / CONTRIBUTING TO HISTORIC DISTRICT



5914 0006 10/18/2004

3210 13th Street SE



1309 Alabama Avenue SE



1331-1333 Alabama Avenue SE