

Raze Applications Applied for September 28 thru October 21, 2016

DATE	ID	Address	Description of Work	DCRA NOTICE DATE	ANC Expiration Date	TYPE	SSL	ANC	Zoning	Applicant	Owner
9/29/2016	R1600234	1920 N ST NW, WASHINGTON, DC 20036	eight story commercial office building	10/24/2016	12/8/2016	Raze	0116 0847	2B	D-5	PHIL	JBG/1920 N LLC
10/11/2016	R1700002	4505 YUMA ST NW, WASHINGTON, DC 20016	1 STORY DETACHED BRICK GARAGE	10/24/2016	12/8/2016	Raze	1565 0046	3E	R-1-B	DANIEL UNKLE; DANIEL UNKLE	MARC T BACIGALUPO TRUSTEE
10/14/2016	R1700003	4915 30TH ST NW, WASHINGTON, DC 20008	2- story brick and single family dwelling with lower level	10/24/2016	12/8/2016	Raze	2272 0828	3F	R-8	CAS	BETSY HOCKSTEIN
10/6/2016	R1600101	7101 Georgia AV NW, WASHINGTON, DC	TO RAZE A SINGLE FAMILY Dwelling	10/24/2016	12/8/2016	Raze		5B	RA-2	Stephanie Erwin	7101 Georgia LLC

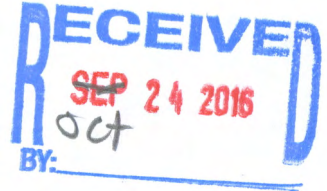


0116 0075 10/30/2004

1920 N Street NW – modern eight story office building, center left.



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



Permit Operations Division

1100 4th Street SW

Washington DC 20024

Tel. (202) 442 - 4589 Fax (202) 442 - 4862

TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557

Date: October 11, 2016

Cap Id: R1700002

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:
4505 YUMA ST NW

LOT: 0046 SQUARE: 1565 TYPE: **Single Family Dwelling - R-3** VACANT:

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

Applicable code sections are in the 2008 DC Building Code Supplement Chapter 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

Application Date: 10-11-2016

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4505 Yuma Street, NW			1565		0046

2. APPLICANT INFORMATION

6. Property Owner Marc Baciagalupo Patty Wu	7. Complete mailing address (include zip) 4505 Yuma Street, NW	8. Phone Number(s) 703 448-9094	9. Email dunkle e landartdesign.com
10. Agent/Contractor for Owner (if applicable) Daniel Unkle Scott Hammar	11. Complete mailing address (include zip) 1304 Vincent Place McLean VA 22101	12. Phone Number(s) 703 448-9094	13. Email dunkle e landartdesign.com

3. TYPE OF PERMIT

14. Check all that apply: Raze Permit → SCOTT 202-302-0342

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling) 1 story brick garage		16. Existing Number of Stories of Bldg: 1	
17. Use(s) of Property (specifically indicate if any use is residential.) Residential		18. Materials of Building (brick, wood, etc.) Brick	
19. Bldg Length (ft) 18'	20. Bldg Width (ft) 20'	21. Bldg Height (ft) 8'	22. Bldg Volume (cu ft) (L x W x H) 2,880

OFFICIAL USE ONLY

CONDITIONS/COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name <i>Land Art Design</i>	24. Contractor's Address (including zip code) <i>1304 Vincent Place</i>	25. Contractor's Phone <i>703-919-7091</i>
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26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>David White</i>						
27. CFA?	<input type="checkbox"/> Yes <input type="checkbox"/> No							
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature						
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.						
30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.								
Building must be vacant before Raze Permit issuance.								
Official Use Only								
<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 <i>N/A</i>	34. Plumber's License Number <i>N/A</i>	35. Raze Method (ball, bulldozer, by hand, etc.) <i>N/A</i>
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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.

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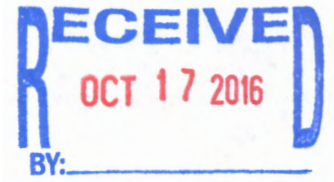
39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only		
		Fee	By	Date







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



Permit Operations Division
1100 4th Street SW
Washington DC 20024

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

Date: October 14, 2016

Cap Id: R1700003

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:
4915 30TH ST NW

LOT: 0828 SQUARE: 2272 TYPE: VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

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

R17 00003

Application Date:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4915 30th Street	NW	Three	2272		0828

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Betsy Hockstein	6233 33rd Street, NW, WDC 20015	301-370-4281	dcpermits@casengineering.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
David C. Landsman, CAS Engineering	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:
2-story brick and frame single-family dwelling with lower level			2
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Single-family 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)
70.8	38.1	20	53,950

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	
Patrick K. Keating Co., Inc.		P.O. Box 88, Garrett Park, MD 20896		301-370-4281	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>Patrick K. Keating</i>			
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature			
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>Betsy Hill</i>			
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.			
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.			
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit Issuance.			
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
		Fee	By	Date	
33. Plumber's Name		34. Plumber's License Number		35. Raze Method (ball, bulldozer, by hand, etc.)	
Acker and Sons		PM1144		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		37. Policy or Certificate No.		38. Expiration Date	
Builders Mutual Ins. Co.		CPP0070465		03/01/2017	
39. Asbestos in Building?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
If yes, indicate location:		Fee	By	Date	











30TH STREET, NW
(60'-WIDE)

3'-FRAMING
12'-SOPRANA
30'-ROOFWAY

EX. CONC. CURB & GUTTER

NORTH 80.00'

LOT 828
9,168 SF

N 30TH ST E 111.62'

25' REAR YARD

SOUTH 98.96'

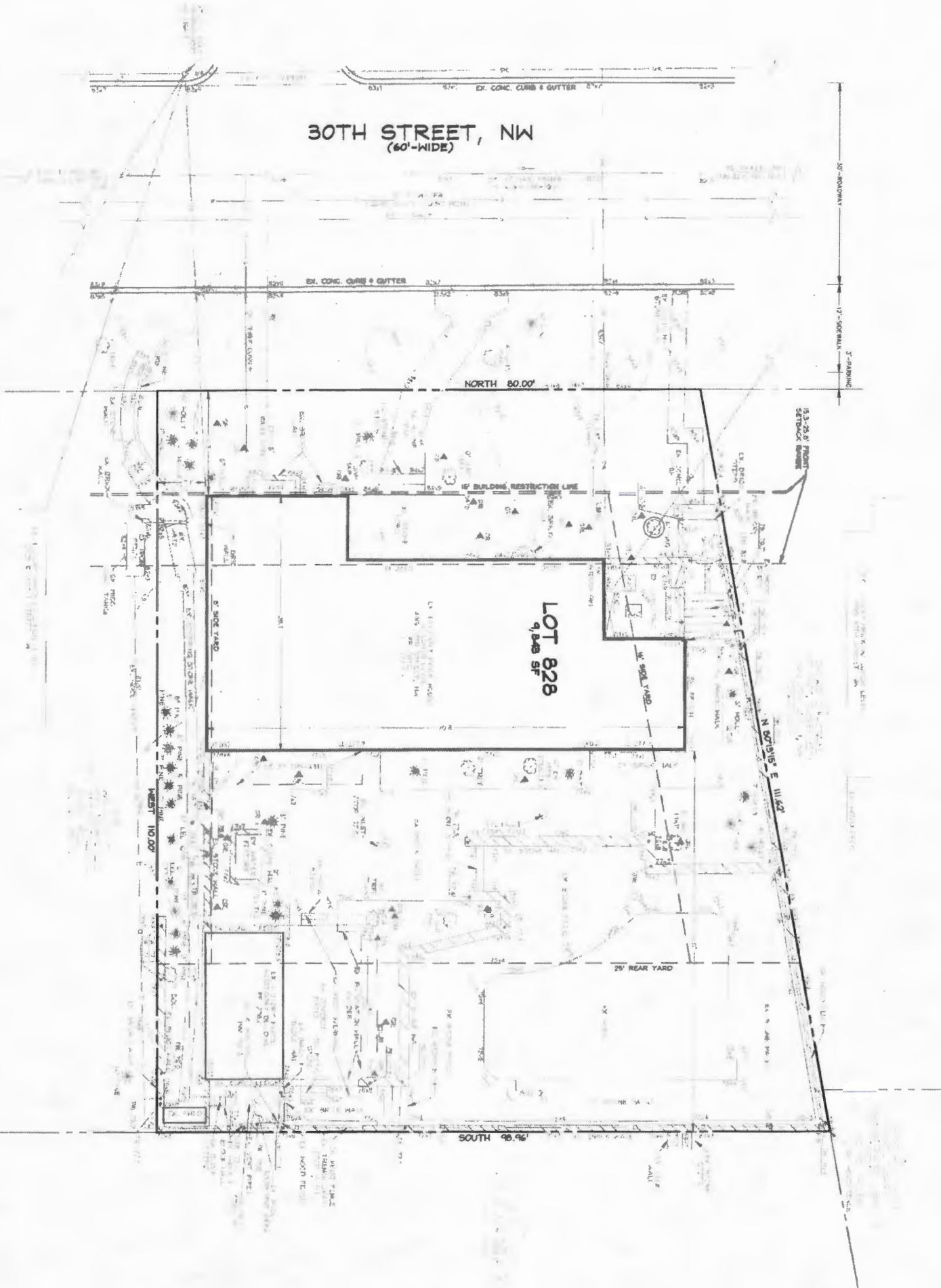
WEST 10.00'

E SIDE YARD

W SIDE YARD

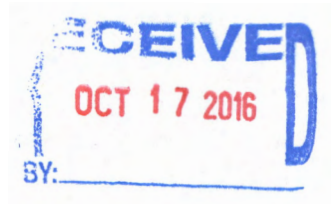
15' BUILDING RESTRICTION LINE

15.5'-0" FRONT SETBACK





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



Permit Operations Division
1100 4th Street SW
Washington DC 20024

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

Date: October 06, 2016

Cap Id: R1700001

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:
7101 GEORGIA AVE NW

LOT: 0002 SQUARE: 2965 TYPE: VACANT: No

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

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

Application Date:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
7101 Georgia Ave	NW	Four	2965		0002

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
7101 Georgia LLC	7905-C Cessna Ave Gaithersburg, MD	301-520-6213	pat@ptbloomsllc.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Stephanie Erwin	9413 Gamba Ct Vienna VA 22182	202-815-4002	stephanie@primepermits.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 brick row house end unit attached on left side			2
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
single family		brick/wood	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
43'	24.5'	30'	2691 CSF (includes basement)

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	
7101 Georgia LLC		7905-C Cessna Ave Gaithersburg, MD 20878		301-520-6213	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature			
27. CFA?	<input type="checkbox"/> Yes <input 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 signature is required.			
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.			
31. Building Vacant?	<input 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 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.)	
Tim Downs		1225		By Hand	
<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 _____" <p align="right"><small>(address of raze operation)</small></p>					
36. Insurance Company		37. Policy or Certificate No.		38. Expiration Date	
Erie Insurance					
39. Asbestos in Building?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
If yes, indicate location:		Fee	By	Date	

7101
↓



2965 0002 06/12/2004