

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 26, 2019



Cap Id: R1900158

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:
3100 FORT LINCOLN DR NE

LOT: SQUARE: 4327 TYPE: Education for 6+ children over 2 1/2 yeaMACANT: 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.

R1900158

Application Date: July 26, 2019

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3100 Fort Lincoln Drive	NE	Five	4327		1159

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
District of Columbia	2000 14th St. NW, 8th Floor Washington DC 20009	202-671-2629	cassidy.mullen@dc.gov
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Brailsford & Dunlavey	1140 Connecticut Ave. NW, #400 Washington DC 20036	703-586-2823	diego.martinez@dc.gov

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:	
Vacant, 4-story elementary school (Thurgood Marshall Elementary School)		Four (4)	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Education		Concrete, Brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
~593	~175	~10	1,038,000 cu ft

OFFICIAL USE ONLY

103 77 50

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 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				
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  7/25/19			
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.)	
<input type="text"/>		<input type="text"/>		<input type="text"/>	

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

2. The Certificate should:

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

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

SCHOOL NAME	THUMBNAIL IMAGE	SSL	ADDRESS	WARD	OWNERSHIP	YEAR(S) BUILT	LANDMARK / HISTORIC DISTRICT
LUDLOW-TAYLOR ES		559	659 G ST NE	6	DC	1969	POTENTIAL HD
MACFARLAND, HARRY B. MS		1768 806 1772 802	4400 IOWA AVE NW	4	DC	1923	
MALCOLM X ES		5914 0806	1351 ALABAMA AV SE	8	DC	1973	
MANN, HORACE ES		1729 0808	4430 NEWARK ST	3	DC	1931 / 2014	
MARSHALL EDUCATION CENTER		PAR 141/47	3100 FORT LINCOLN DR NE	5	DC/US	1978	
MAURY, JOHN WALKER ES		PAR 129/57	1250 CONSTITUTION AVE NE	6	DC	1886	

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: August 02, 2019



Cap Id: R1900169

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:
1844 KENDALL ST NE

LOT: 0808 SQUARE: 4048 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. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1844 KENDALL STREET	NE	One	4048		0808

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
SHEELA TSCHAND	7708 Fisher drive Falls church VA 22043	301-219-2337	Omtschand@yahoo.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
CHIDI UGBAM	9314 millbrook rd Ellicott city MD 21043	301-404-6872	preston734@gmail.com CUGBAM@YAHOO.COM

3. TYPE OF PERMIT

14. Check all that apply:
 Raze Permit

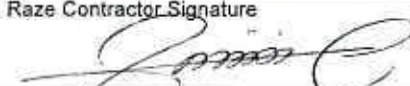
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
ONE STORY STUCCO SINGLE FAMILY DWELLING		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
RESIDENTIAL - VACANT		WOOD & STUCCO	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
47.66	24	17.3	19,788

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A: RAZE PERMIT

23. Raze Contractor's Name Community Investment remodelers, Inc		24. Contractor's Address (including zip code) 8833 Walker Mill rd Capital Heights MD 20743		25. Contractor's Phone 301-808-0028	
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 Rinau Tshand			
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.			
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 Capitol Plumbing		34. Plumber's License Number PC1000170		35. Raze Method (ball, bulldozer, by hand, etc.) Bulldozer	
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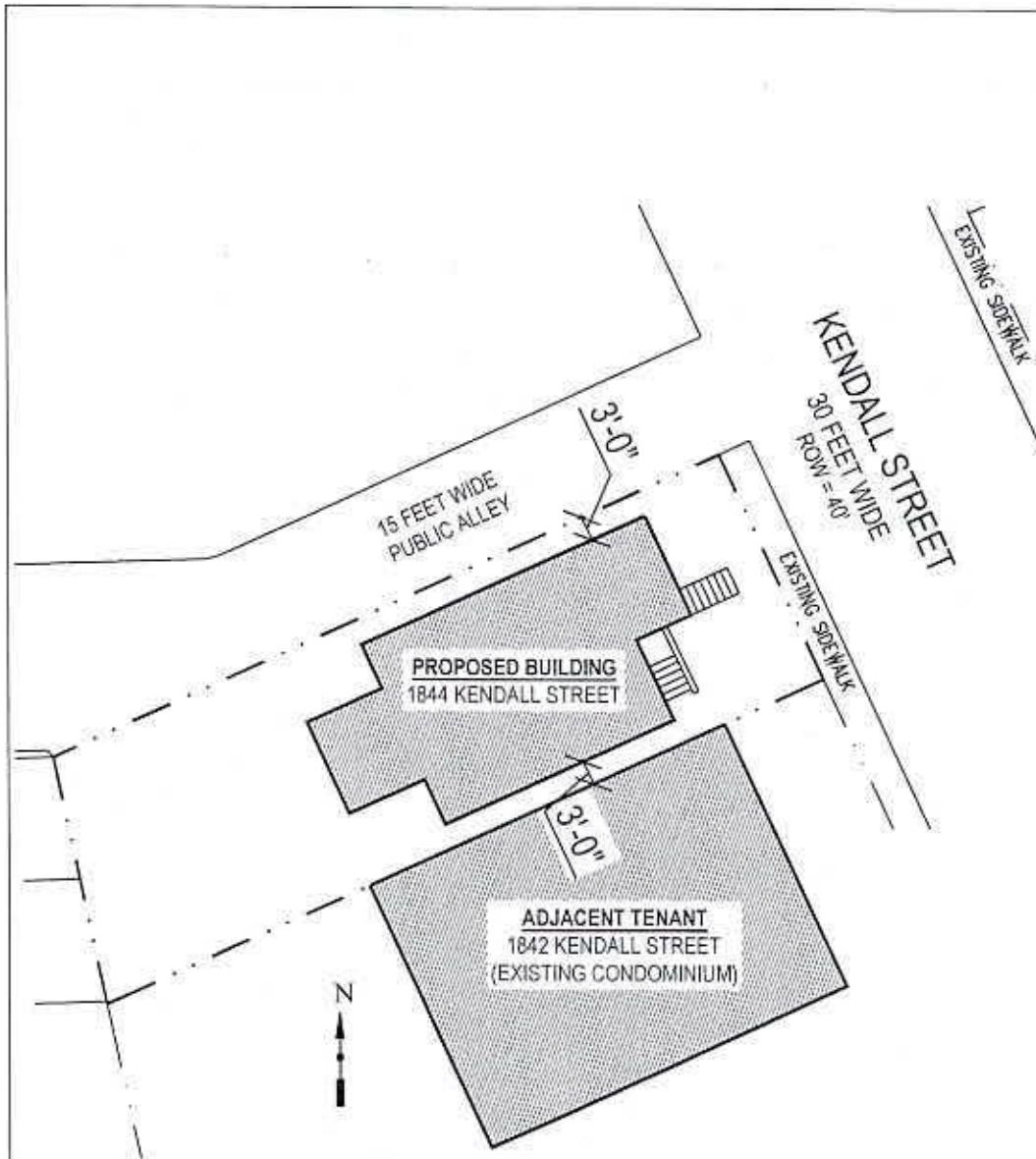
1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

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

36. Insurance Company H.U. Dove & Company Inc		37. Policy or Certificate No. ABLD058579		38. Expiration Date 2/20/2020	
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39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
		Fee	By	Date	



PICTURE BEFORE DEMOLITION STARTED IN MAY 2019.

DURING DEMOLITION THE NORTH AND EAST EXISTING WALLS SCHEDULED TO REMAIN WERE ACCIDENTALLY KNOCKED HENCE THE APPLICATION FOR A RAZE PERMIT.

SITE CONDITION BEFORE DEMOLITION STARTED IN MAY 2019.

DURING DEMOLITION THE NORTH AND EAST EXISTING WALLS SCHEDULED TO REMAIN WERE ACCIDENTALLY KNOCKED HENCE THE APPLICATION FOR A RAZE PERMIT.





4048 0808 08/10/2004

1844 Kendall Street NE before demolition

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: August 06, 2019



Cap Id: R1900168

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:
1630 28TH ST SE

LOT: 0068 SQUARE: 5584 TYPE: Other (Specify) 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

R1900168

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: 7/31/19

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1630 28 th St.	SE	One	5584		68

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
James Kunkel Sharon McAllister Kunkel	4601 N. PARK Ave 1409 Chevy Chase Md 20815	301-343- 9477	jimmy.kunkel1976@gmail.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Sharon McAllister Same	7833 JORDAN DR GREENBELT MD 20770	301-471-5533 Same	smaj@35sigmail.com Same

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	
FRAMING + SIDING 1 STORY GARAGE		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Residential GARAGE		Wood + Siding	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
21.26 ft	23 ft	10 ft	4889

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Pino Construction		24. Contractor's Address (including zip code) 6820 ANNAPOLIS ROCK RD. WOODBINE, MD 21797	25. Contractor's Phone 540-235-0000
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>Lucian Pace</i>	
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature <i>James Kukul</i>	
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction	
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.	
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 no plumbing	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.)
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1. You must submit a Certificate of Insurance covering the raze operation/contractor- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

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

36. Insurance Company Insurance House	37. Policy or Certificate No. B064619DIV02172	38. Expiration Date 5/28/2020
39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input 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: August 06, 2019



Cap Id: R1900167

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:
1630 28TH ST SE

LOT: 0068 SQUARE: 5584 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

R1900167

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: 7/31/19

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
<u>1630 28th St S.E</u>	<u>NW</u>	<u>One</u>	<u>5584</u>		<u>97</u>

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
<u>JAMES KUNKEL SHARON McALLISTER - Kunkel</u>	<u>4601 N. PARK AVE Kunkel Chang Chase incl 20815</u>	<u>301-343-9477</u>	<u>Jimmy Kunkel 1976@gmail.com</u>
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
<u>Sheba Major SAME</u>	<u>7833 JACOBS DR JAMES GREENBELL MD 20770</u>	<u>301-471-5538 SAME</u>	<u>SAME smajor33@gmail.com</u>

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:		
<u>2 story framed w/siding single family dwelling</u>	<u>2 story</u>		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
<u>Residential</u>	<u>wood, siding</u>		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
<u>36.69 ft</u>	<u>29 ft</u>	<u>28 ft</u>	<u>29,792</u>

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name PINO Construction		24. Contractor's Address (including zip code) 6820 Annapolis Rock Rd. Woodbine Md 21797		25. Contractor's Phone 540 235 0000	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature Lucrecio Pino			
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 James Kubel			
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 Kenneth Beechner	34. Plumber's License Number PGM 718	35. Raze Method (ball, bulldozer, by hand, etc.) ESCAVATOR + 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 Insurance House	37. Policy or Certificate No. B064619DIV02172	38. Expiration Date 5/28/2020
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39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only		
		Fee	By	Date



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 22, 2019



Cap Id: R1900149

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:
5212 SHERIFF RD NE

LOT: 0049 SQUARE: 5200 TYPE: Churches - A-3

VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, 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
5212 Sheriff Road	NE	Seven	5200		0049

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
1100 EASTERN LLC	3232 GEORGIA AVE NW 20010	202-352-2233	mgluioni@neighborhooddevelopment.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Philip Agar c/o Commun-ET LLC	100 M Street SE Suite 620 20003	202-688-0484	permitting@commun-et.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
One story masonry and wood commercial building.			One.
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Church.		Brick and Wood	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
90 ft.	20 ft.	14 ft.	25,200 cu. ft.

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Hamel Builders Inc.		24. Contractor's Address (including zip code) 5710 Furnace Avenue, Suite H Elkridge MD 21075	25. Contractor's Phone 410-379-6700
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature DocuSigned by: <i>John Hamel</i> 7/15/2019 9:57	
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature DocuSigned by: <i>Michaela kelinsky</i> 7/15/2019 8:26	
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction	
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30c. Any raze permit application for a building(s) involving party walls must include 2 copies of a plan that show how the party wall(s) will be protected.	
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.	
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only	
		Fee	By
			Date

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

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)

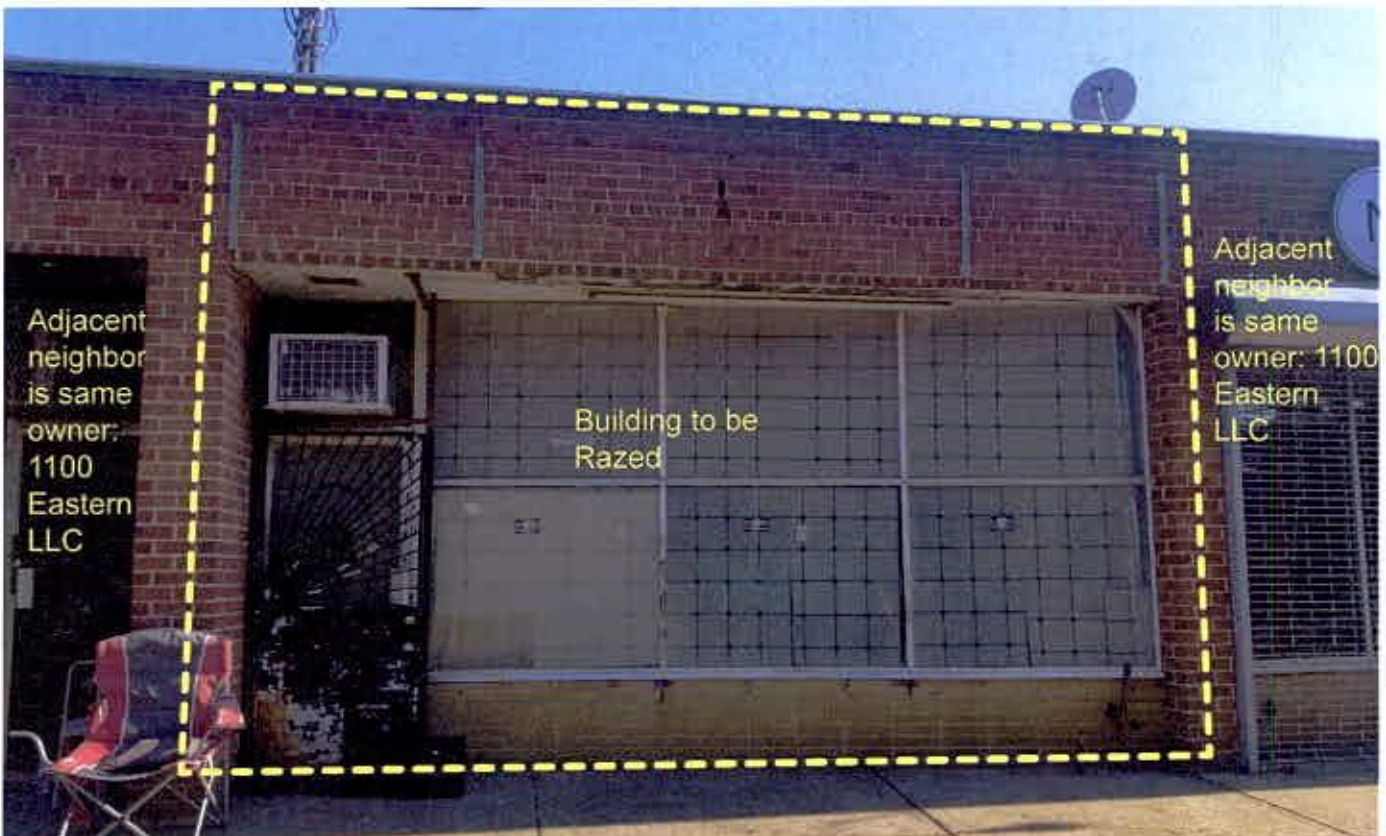
36. Insurance Company Selective Way Insurance Company	37. Policy or Certificate No. 1999313246	38. Expiration Date 11/1/2019
--	---	----------------------------------

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

Raze Permit Application: 5212 Sheriff Rd. NE - Photos

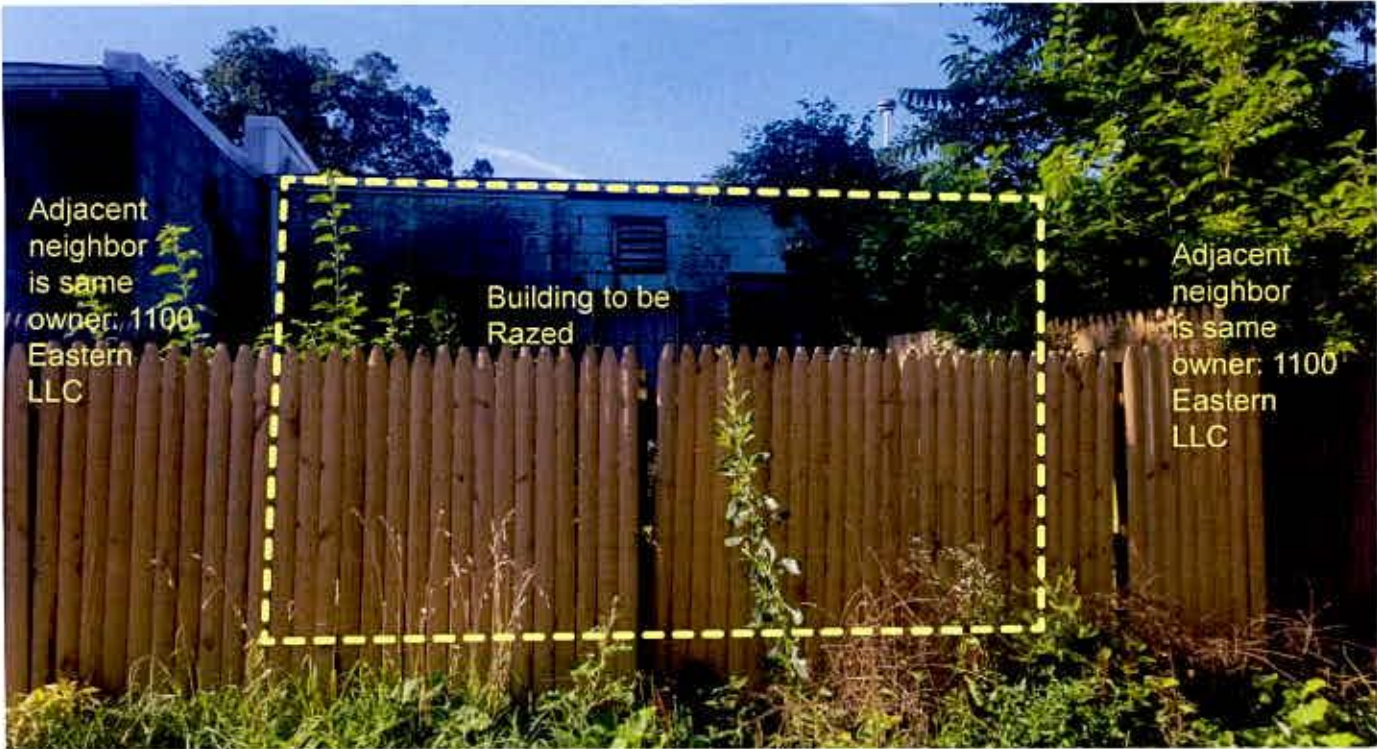


Photo Aerial



Front of Property - Sheriff Rd NE

Raze Permit Application: 5212 Sheriff Rd. NE - Photos



Rear of Property - Northern Alley



5200 0049 07/26/2004

5212 Sheriff Road NE

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



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

Date: July 22, 2019



Cap Id: R1900150

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:

5210 SHERIFF RD NE

LOT: 0050 SQUARE: 5200 TYPE: Churches - A-3

VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, 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
5210 Sheriff Road	NE	Seven	5200		0050

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
1100 EASTERN LLC	3232 GEORGIA AVE NW 20010	202-352-2233	mgiulioni@neighborhooddevelopment.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Philip Agar c/o Commun-ET LLC	100 M Street SE Suite 620 20003	202-688-0484	permitting@commun-et.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.		
One story masonry and wood commercial building.	One.		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Church.	Brick and Wood		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
90 ft.	20 ft.	14 ft.	25,200 cu. ft.

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Hamel Builders Inc.		24. Contractor's Address (including zip code) 5710 Furnace Avenue, Suite H Elkridge MD 21075		25. Contractor's Phone 410-379-6700	
26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. Raze Contractor Signature DocuSigned by: <i>John Hamel</i> 7/15/2019 9:57			
27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. Property Owner Signature DocuSigned by: <i>Michaela kelinsky</i> 7/15/2019 8:26			
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction 30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.			
29. Building Condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Building must be vacant before Raze Permit issuance.			
32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Official Use Only			
		Fee		By	
				Date	
33. Plumber's Name TBD		34. Plumber's License Number TBD		35. Raze Method (ball, bulldozer, by hand, etc.) Backhoe excavator	
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:					
<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 Selective Way Insurance Company		37. Policy or Certificate No. 1999313246		38. Expiration Date 11/1/2019	
39. Asbestos in Building? If yes, indicate location:		Official Use Only			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Floor tiles and associated mastics.		Fee		By	
				Date	

Raze Permit Application: 5210 Sheriff Rd. NE - Photos



Photo Aerial



Front of Property - Sheriff Rd NE

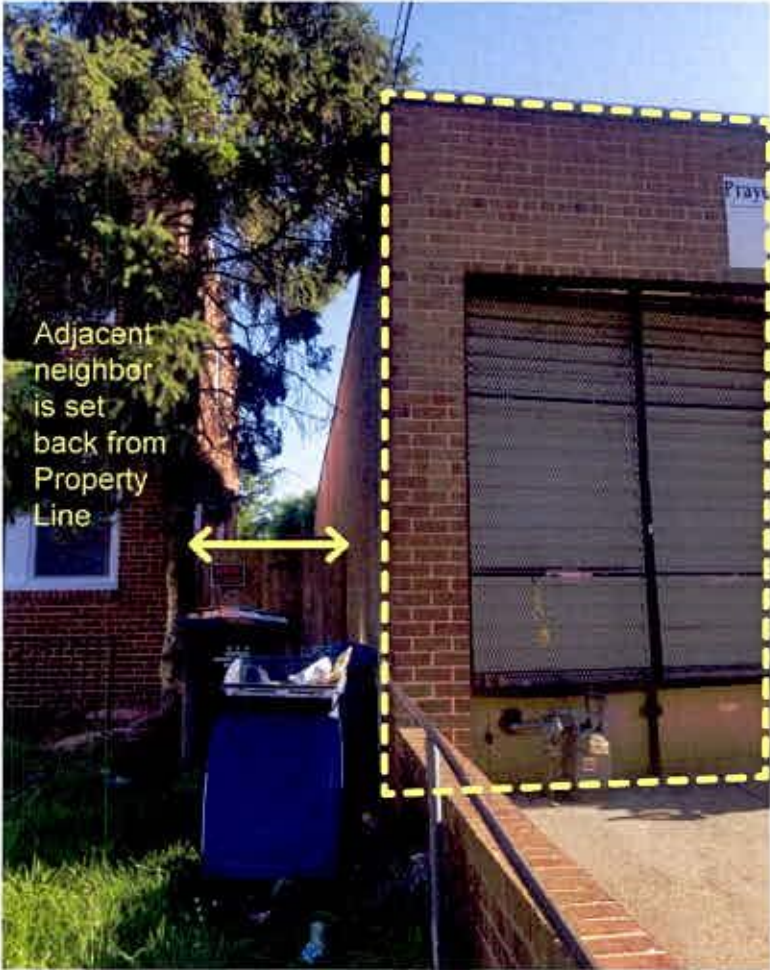
Raze Permit Application: 5210 Sheriff Rd. NE - Photos



Adjacent neighbor is same owner: 1100 Eastern LLC

Building to be Razed

Rear of Property - Northern Alley



Adjacent neighbor is set back from Property Line

Front of Property - Sheriff Rd NE Western Lot Line



5200 0050 07/26/2004

5210 Sheriff Road NE

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



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

Date: July 22, 2019



Cap Id: R1900151

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:
1102 EASTERN AVE NE

LOT: 0805 SQUARE: 5200 TYPE: Churches - A-3

VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, 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
1102 Eastern Avenue	NE	Seven	5200		805

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
1100 EASTERN LLC	3232 GEORGIA AVE NW 20010	202-352-2233	mgilioni@neighborhooddevelopment.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Philip Agar c/o Commun-ET LLC	100 M Street SE Suite 620 20003	202-688-0484	permitting@commun-et.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.	
One story masonry and wood commercial building.		One.	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Retail: restaurant and liquor store.		CMU, brick, wood.	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu. ft) (L x W x H)
60 ft.	30 ft.	15 ft.	27,000 cu. ft.

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Hamel Builders Inc.	24. Contractor's Address (including zip code) 5710 Furnace Avenue, Suite H Elkridge MD 21075	25. Contractor's Phone 410-379-6700
--	---	--

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 DocuSigned by: <i>John Hamel</i> 7/15/2019 9:57
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. Raze Contractor Signature DocuSigned by: <i>Michaela Belinsky</i> 7/15/2019 8:26
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 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 TBD	34. Plumber's License Number TBD	35. Raze Method (bail, bulldozer, by hand, etc.) Backhoe excavator
----------------------------------	--	--

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 Selective Way Insurance Company	37. Policy or Certificate No. 1999313246	38. Expiration Date 11/1/2019
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39. Asbestos in Building? If yes, indicate location: Concrete masonry wall finish.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only		
Fee	By	Date		

Raze Permit Application: 1102 Eastern Ave. NE - Photos

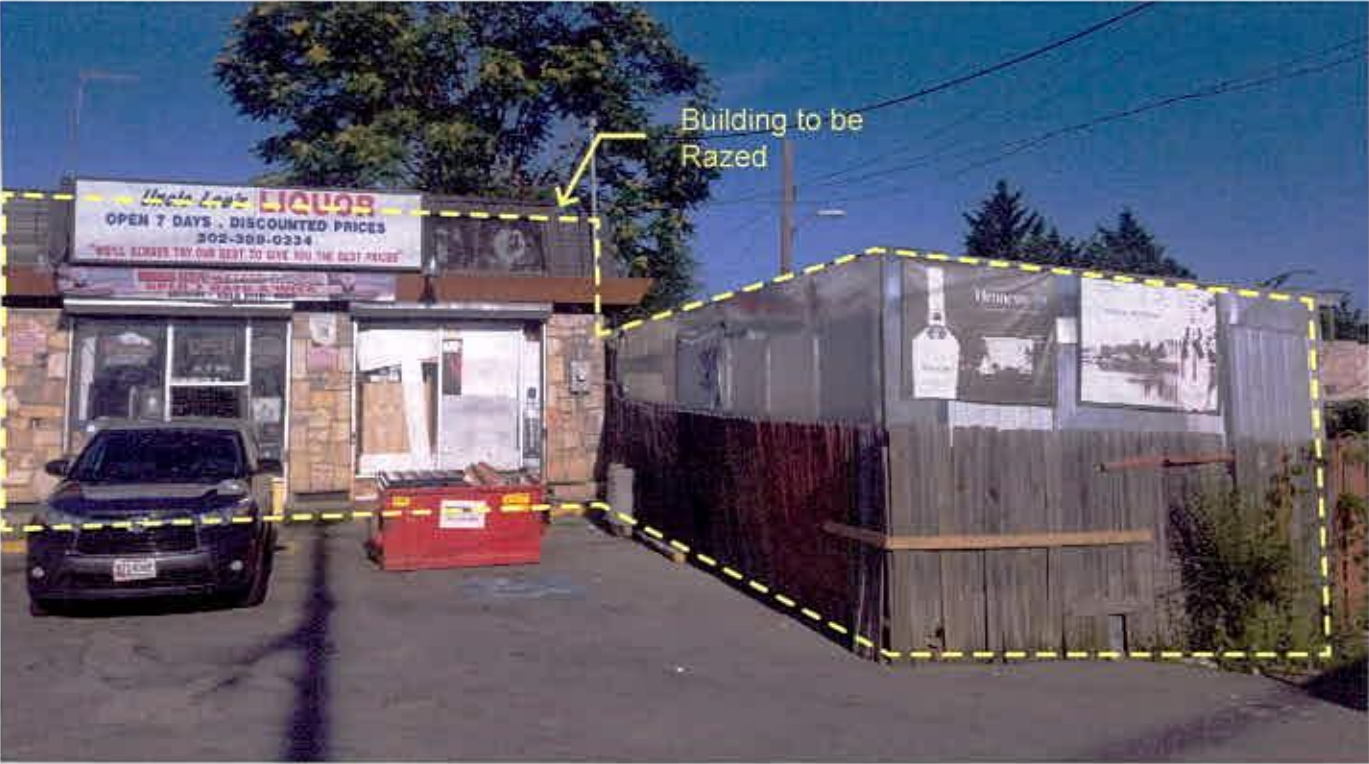


Photo Aerial



Front of Property - Sheriff View

Raze Permit Application: 1102 Eastern Ave. NE - Photos



Front of Property - Eastern View



North Side of Property

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 22, 2019



Cap Id: R1900152

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:
5216 SHERIFF RD NE

LOT: 0047 SQUARE: 5200 TYPE: Churches - A-3

VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

Applicable code sections are in the 2013 DCMR 12 Building Code Supplement Chapter 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
5216 Sheriff Road	NE	Seven	5200		0047

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
1100 EASTERN LLC	3232 GEORGIA AVE NW 20010	202-352-2233	mgiuliani@neighborhooddevelopment.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Phillip Agar c/o Commun-ET LLC	100 M Street SE Suite 620 20003	202-688-0484	permitting@commun-et.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:
One story masonry and wood commercial building.			One.
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Church.		Brick and Wood	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
90 ft.	20 ft.	14 ft.	25,200 cu. ft.

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Hamel Builders Inc.		24. Contractor's Address (including zip code) 5710 Furnace Avenue, Suite H Elkridge MD 21075		25. Contractor's Phone 410-379-6700	
26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. Raze Contractor Signature DocuSigned by: <i>John Hamel</i> 7/15/2019 9:57			
27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. Property Owner Signature DocuSigned by: <i>Michaela Belinsky</i> 7/15/2019 8:26			
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction			
29. Building Condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.			
30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Building must be vacant before Raze Permit issuance.			
31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Official Use Only			
32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fee		By	
				Date	
33. Plumber's Name TBD		34. Plumber's License Number TBD		35. Raze Method (ball, bulldozer, by hand, etc.) Backhoe excavator	
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:					
<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 Selective Way Insurance Company		37. Policy or Certificate No. 1999313246		38. Expiration Date 11/1/2019	
39. Asbestos in Building? If yes, indicate location: Floor tiles and associated mastics.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		Fee		By	
				Date	

Raze Permit Application: 5216 Sheriff Rd. NE - Photos

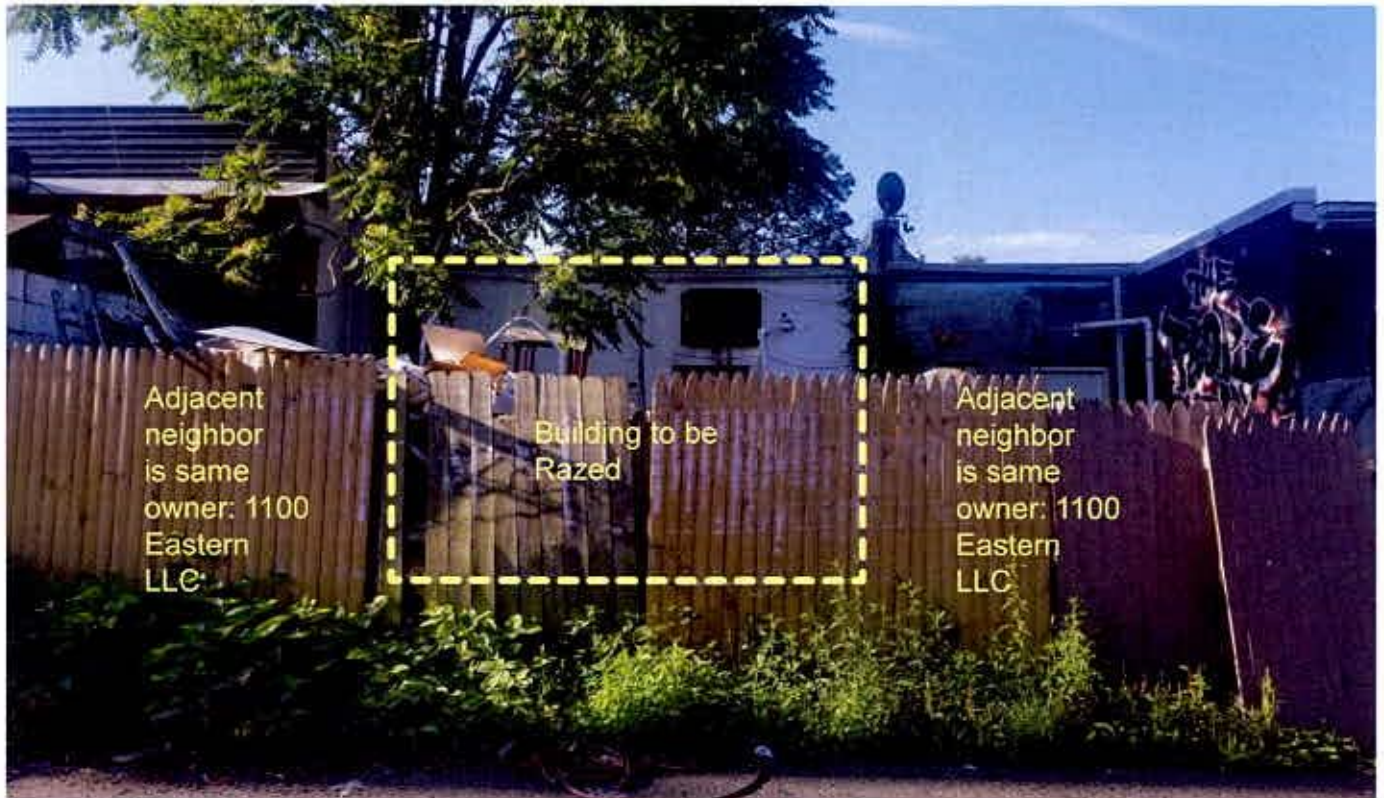


Photo Aerial



Front of Property - Sheriff Rd NE

Raze Permit Application: 5216 Sheriff Rd. NE - Photos



Rear of Property - Northern Alley



5200 0047 07/26/2004

5216 Sheriff Road NE

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



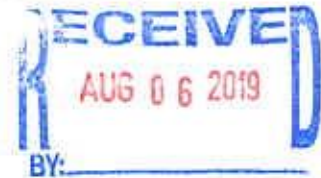
Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557

Date: July 22, 2019



Cap Id: R1900153

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:

5214 SHERIFF RD NE

LOT: 0048 SQUARE: 5200 TYPE: Churches - A-3

VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, 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
5214 Sheriff Road	NE	Seven	5200		0048

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
1100 EASTERN LLC	3232 GEORGIA AVE NW 20010	202-352-2233	mgiuliani@neighborhooddevelopment.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Philip Agar c/o Commun-ET LLC	100 M Street SE Suite 620 20003	202-688-0484	permitting@commun-et.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.
One story masonry and wood commercial building.			One.
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Church.		Brick and Wood	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
90 ft.	20 ft.	14 ft.	25,200 cu. ft.

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

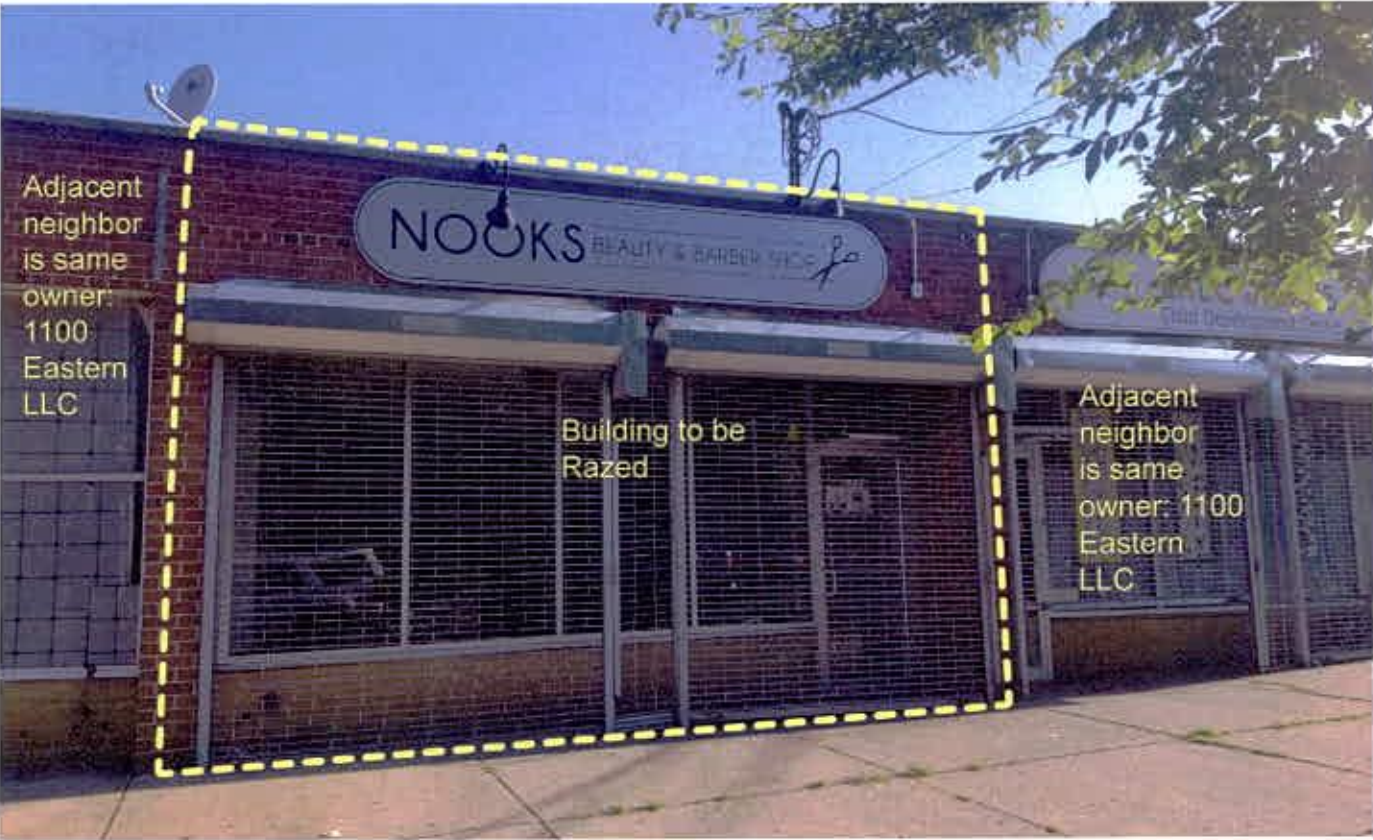
SECTION A. RAZE PERMIT

23. Raze Contractor's Name		24. Contractor's Address (including zip code)		25. Contractor's Phone	
Hamel Builders Inc.		5710 Furnace Avenue, Suite H Elkridge MD 21075		410-379-6700	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature DocuSigned by: <i>John Hamel</i> 7/15/2019 9:57			
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature DocuSigned by: <i>Michaela Felinsky</i> 7/15/2019 8:26			
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction			
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30c. Any raze permit application for a building(s) involving party walls must include 2 copies of a plan that show how the party wall(s) will be protected.			
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Building must be vacant before Raze Permit issuance.			
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only			
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fee	By	Date	
33. Plumber's Name		34. Plumber's License Number		35. Raze Method (ball, bulldozer, by hand, etc.)	
TBD		TBD		Backhoe excavator	
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:					
<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	
Selective Way Insurance Company		1999313246		11/1/2019	
39. Asbestos in Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only			
If yes, indicate location:		Fee	By	Date	
Floor tiles and associated mastics.					

Raze Permit Application: 5214 Sheriff Rd. NE - Photos

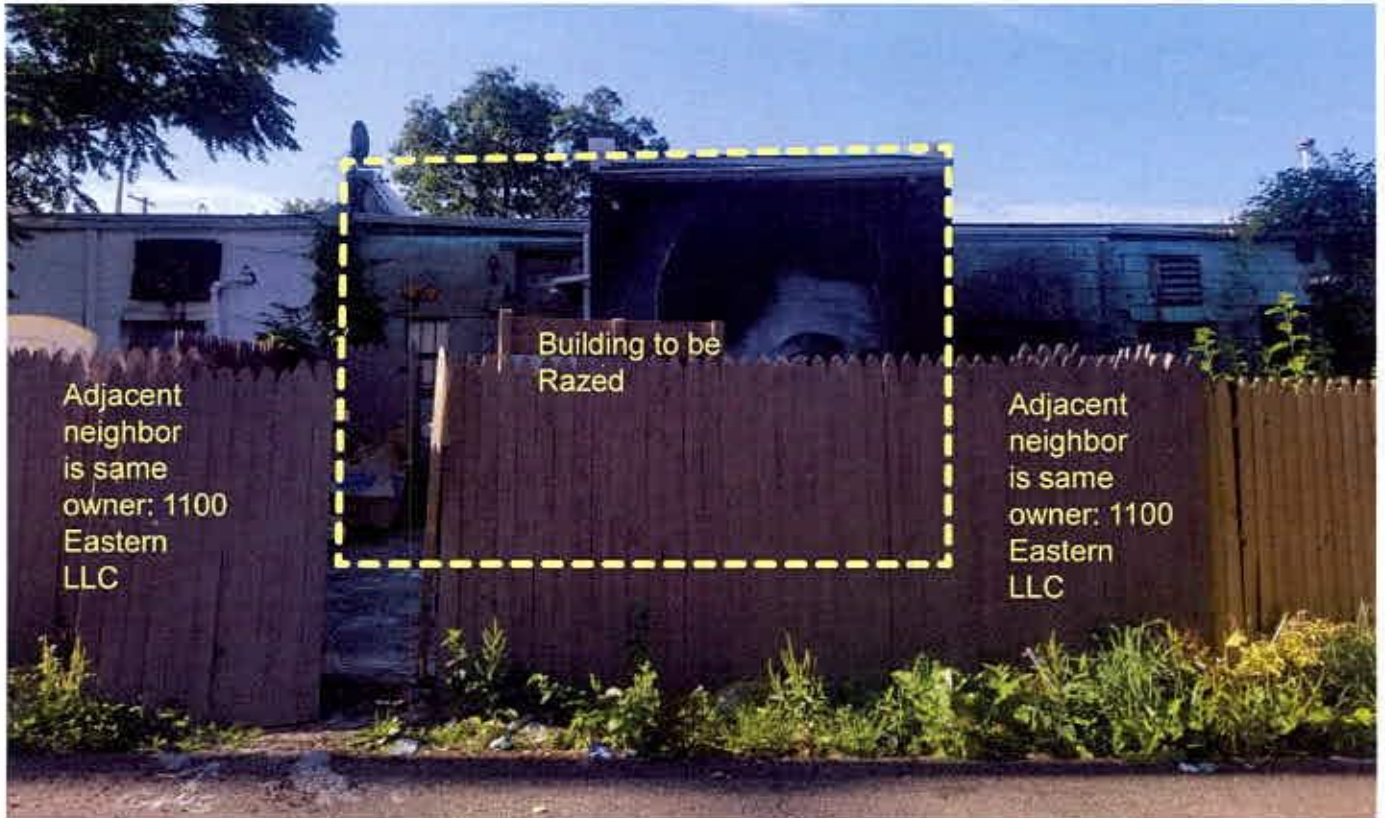


Photo Aerial



Front of Property - Sheriff Rd NE

Raze Permit Application: 5214 Sheriff Rd. NE - Photos



Rear of Property - Northern Alley



5200 0048 07/26/2004

5214 Eastern Avenue NE