STATUS DATE	ID	Address	Description of Work	DCRA Notice	ANC Review Expiration	PER SUB TYPE	SSL	ANC	Zoning	Applicant	Owner Name
5/31/2018	R1800196	1404 MERIDIAN PL NW, WASHINGTON, DC 20010	RAZE A TWO STORY SINGLE FAMILY DWELLING	June 6, 2018	July 18, 2018	Raze	2678 0024	1A	MU-4	TIFFANY BYRD	LAUREN A WORSEK
5/17/2018	R1800191	2602 36TH ST NW, WASHINGTON, DC 20007	Raze Single Family Dwelling and garage	June 6, 2018	July 18, 2018	Raze	1935 0027	3C	R-1-B		MICHAEL H CARDOZO V TRUSTEE
6/6/2018	R1800161	812 Randolph St reet NW	raze a car port	June 6, 2018	July 18, 2018	Raze	3028 0816	4C	RF-1	Mark Goldwein	Mark Goldwein
5/30/2018	R1800195	800 KENNEDY ST NW, WASHINGTON, DC 20011	TORAZE A SEMI DETACHED TOWNHOUSE	June 6, 2018	July 18, 2018	Raze	2994 0814	4D	MU-4	BOWMAN	THOMAS A HALL JR
5/25/2018	R1800193	5503 4TH ST NW, WASHINGTON, DC 20011	TO RAZE A GARAGE	June 6, 2018	July 18, 2018	Raze	3295 0023	4D	R-3	ENYEW	MARKOS ENYEW
5/15/2018	R1800187	1210 HOLLY ST NW, WASHINGTON, DC 20012	RAZE A TWO STORY WOOD SINGLE FAMILY DWELLING	June 6, 2018	July 18, 2018	Raze	2955 0033	4A	R-1-B	ROSS	MELVIN LIPSCOMB JR
5/16/2018	R1800189	2619 BLADENSBURG RD NE, WASHINGTON, DC 20018	RAZE OF SINGLE FAMILY BUILDING AND ACCESORY STRUCTURE	June 6, 2018	July 18, 2018	Raze	4353 0808	5C	MU-4	KIM MITCHELL; GCS INC	DIANE CRAWFORD
5/16/2018	R1800190	2623 BLADENSBURG RD NE, WASHINGTON, DC 20018	RAZE OF SINGLE FAMILY DWELLING AND ACCESORY STRUCTURE	June 6, 2018	July 18, 2018	Raze	4353 0805	5C	MU-4	KIM MITCHELL; GCS INC	NATIONAL PHLEBOTOMY ASSOCIATION INC
5/10/2018	R1800181	1507 RHODE ISLAND AVE NE, WASHINGTON, DC 20018	Raze one story block commercial building	June 6, 2018	July 18, 2018	Raze	4128 0814	5C	MU-4		PETER NOON
5/31/2018	R1800197	201 S ST NE, WASHINGTON, DC 20002	2.5 STORY BRICK AND FRAME SFD WITH AN ACCESSORY GARAGE	June 6, 2018	July 18, 2018	Raze	3572 0804	5E	RF-1	CAS	201 S STREET NE DC LLC
5/15/2018	R1800188	78 P Street NW	Raze two story semi-detached row house	June 6, 2018	July 18, 2018	Raze	0616 0051	5E	RF-1	Rett	Asrat Kadida
5/14/2018	R1800182	1505 SOUTH CAPITOL ST SW, WASHINGTON, DC 20003	ONE STORY BRICK AND CONCRETE BUILDING	June 6, 2018	July 18, 2018	Raze	0657 0810	6D	CG-4	HARRIS	DISTRICT OF COLUMBIA
5/14/2018	R1800183	1509 SOUTH CAPITOL ST SW, WASHINGTON, DC 20003	RAZE A ONE STORY BRICK BUILDING	June 6, 2018	July 18, 2018	Raze	0657 0802	6D	CG-4	HARRIS	DISTRICT OF COLUMBIA
5/14/2018	R1800184	1601 SOUTH CAPITOL ST SW, WASHINGTON, DC 20003	RAZE A ONE AND TWO STORY BRICK BUILDING	June 6, 2018	July 18, 2018	Raze	0660 0011	6D	CG-4	HARRIS	STEUART INVESTMENT COMPANY
5/14/2018	R1800185	1620 SOUTH CAPITOL ST SE, WASHINGTON, DC 20003	RAZE A THREE STORY BRICK BUILDING	June 6, 2018	July 18, 2018	Raze	0708 0808	6D	CG-5	HARRIS	JEMAL'S BUZZARD POINT LLC
5/14/2018	R1800186	1625 SOUTH CAPITOL ST SW, WASHINGTON, DC 20003	ONE STORY AND TWO STORY BRICK BUILDING	June 6, 2018	July 18, 2018	Raze	0660 0007	6D	CG-4	HARRIS	DISTRICT OF COLUMBIA
5/21/2018	R1800192	1717 D ST NE, WASHINGTON, DC 20002	Raze two story semi detached rowhouse	June 6, 2018	July 18, 2018	Raze	4561 0222	6A	RF-1		SARAH BUNN
5/29/2018	R1800194	714 32ND ST SE, WASHINGTON, DC 20019	To raze, one story wood structure, detached single family dwelling.	June 6, 2018	July 18, 2018	Raze	5485 0802	7B	R-2		JUDITH G BROWN/DCRA

Department of Consumer and Regulatory Affairs(DCRA)
1100 4th St, SW Washington, DC 20024

2678 0024 08/16/2004

1404 Meridian Place NW

Print Form

Government of the District of Columbia

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

APPLICATION FOR RAZE PERMIT

R1800191

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

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

Application Date: 05-17-2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
2602 36th Street	NW	Three	1935		0027

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Michael Korns and Katherine Wray	2602 36th Street, NW, WDC 20007	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. Landsman, 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:
2-story brick & frame single-family detached dwelling with cellar and detached garage/carport	2

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)
46.7	36.0	20	33,624

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?	☐ Yes ☒ No	33. Raze Contractor Signature: TBD
27. CFA?	☐ Yes ☒ No	
28. Raze Entire Building?	☒ Yes ☐ No	34. Property Owner Signature
29. Building Condemned?	☐ Yes ☒ No	
30a. Party Wall?	☐ Yes ☒ No	30b. If yes, adjacent 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?	☒ Yes ☐ No	Building must be vacant before Raze Permit Issuance.
32. Public Space Vault?	☐ Yes ☒ No	**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

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
TBD	TBD	TBD

39. Asbestos in Building? If yes, indicate location:	☐ Yes ☐ No	**Official Use Only**

Fee	By	Date

1935 0027 09/01/2004

2602 36th Street NW

VM@GRG.HOUSE

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 - 6 2018
BY:

Date: **June 06, 2018** Cap Id: **R1800161**

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:
812 RANDOLPH ST NW

LOT: **0816** SQUARE: **3028** TYPE: **Carports - U** 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) _____

Government of the District of Columbia

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

APPLICATION FOR RAZE PERMIT

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

Applicable code sections are in the 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: 4/25/18

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
812 RANDOLPH ST.	NW	One	3028		0816

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
MARC GOLDWEIN	812 RANDOLPH ST. NW, WASHINGTON DC 20011	6105748004	KIMBERLYANDMARC@GOLDWEIN.NET
10. Agent/Contractor for Owner (if applicable)	**11. Complete mailing address (include zip)**	**12. Phone Number(s)**	**13. Email**
GENERAL CONSTRUCTION MILLWORKS, LLC	11722 NEWBRIDGE CT. RESTON, VA 20191	2408999949	VM@GRG.HOUSE

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:
CAR-PORT	1

17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)
CAR-PORT FOR PROTECTING A CAR BY ROOF	WOOD

19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
20'6"	14'6"	11'6"	3,418

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
GENERAL CONSTRUCTION MILLWORKS, LLC	11722 NEWBRIDGE CT. RESTON, VA 20191	240-899-9949

26. Historic District?	☐ Yes ☑ No	33. Raze Contractor Signature: V. Matul - VISVIDAS MATULIS
27. CFA?	☐ Yes ☑ No	
28. Raze Entire Building?	☑ Yes ☐ No	34. Property Owner Signature: wife of Marc Gadwin
29. Building Condemned?	☑ Yes ☐ No	
30a. Party Wall?	☐ Yes ☑ 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?	☑ Yes ☐ No	Building must be vacant before Raze Permit issuance.
32. Public Space Vault?	☐ Yes ☑ No	**Official Use Only**

Fee	By	Date

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

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
ERIE INSURANCE EXCHANGE	Q32-1221334	8/12/18

39. Asbestos in Building? If yes, indicate location:	☐ Yes ☐ No	**Official Use Only**

Fee	By	Date

2994 0814 07/18/2004

800 Kennedy Street NW

mayqua002@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
MAY 21 2018
BY:

Date: **May 15, 2018** Cap Id: **R1800187**

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:
1210 HOLLY ST NW

LOT: **0033** SQUARE: **2955** 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) _____

Government of the District of Columbia

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

APPLICATION FOR RAZE PERMIT

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

Applicable code sections are in the 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.

R1800187

Application Date: 2-16-18

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1210 Holly ST NW	NW	~~One~~ 4	2958		0033

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
melvin Lipcomb JR	3227 Countside Rd		mayqual020@gmail.c
10. Agent/Contractor for Owner (if applicable)	**11. Complete mailing address (include zip)**	**12. Phone Number(s)**	**13. Email**
Kisha Ritt	3201 I ST SW	301-708-1620	

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	2 Plus Basement

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)
36FT	30FT	32FT	34,560

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name	24. Contractor's Address (including zip code)	25. Contractor's Phone

26. Historic District?	☐ Yes ☑ No	33. Raze Contractor Signature: Melvin Lipscombs JR
27. CFA?	☐ Yes ☑ No	
28. Raze Entire Building?	☑ Yes ☐ No	34. Property Owner Signature: Melvin Lipscombs JR
29. Building Condemned?	☐ Yes ☑ No	
30a. Party Wall?	☐ Yes ☑ 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?	☑ Yes ☐ No	Building must be vacant before Raze Permit issuance.
32. Public Space Vault?	☐ Yes ☑ No	**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	37. Policy or Certificate No.	38. Expiration Date
Chenault Insurance	206731	5/10/19

39. Asbestos in Building? If yes, indicate location:	☐ Yes ☑ No	**Official Use Only**

Fee	By	Date

2955 0033 06/03/2004

1210 Holly Street NW

RECEIVED
JUN 04 2018
BY:

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

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

Date: **May 16, 2018** Cap Id: **R1800189**

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:
2619 BLADENSBURG RD NE

LOT: **0808** SQUARE: **4353** 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) _____

R1800189

Print Form

Government of the District of Columbia

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

R1800188

Application Date: 5/10/18

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
2619 Bladensburg Rd, Washington, DC-20018	NE	5	4353		808

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Diane's House, LP c/o Flaherty & Collins Development	1800 Martin Luther King Jr Ave. SE, Washington, DC 20020	202-802-1160	dmiller@flco.com
10. Agent/Contractor for Owner (if applicable)	**11. Complete mailing address (include zip)**	**12. Phone Number(s)**	**13. Email**
CDKM Consulting	1331 H Street NW, Suite 975 Washington, DC 20005	202-332-0090	kim@cdkmconsulting.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 single family houses and accessory structure	1

17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)
Residential (R-2)	Brick, stone, wood, siding, asphalt shingles

19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
45'	29'	18'	~~18,270 cu.ft.~~ 23490

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

1,305 sf

469.80

46.98

SECTION A. RAZE PERMIT

23. Raze Contractor's Name	24. Contractor's Address (including zip code)	25. Contractor's Phone
GCS, Inc.	3020 Yost Place, NE Washington, DC- 20018	202-944-6600

26. Historic District?	☐ Yes ☒ No	33. Raze Contractor Signature
27. CFA?	☐ Yes ☒ No	
28. Raze Entire Building?	☒ Yes ☐ No	34. Property Owner Signature Duane Mills
29. Building Condemned?	☐ Yes ☒ No	
30a. Party Wall?	☐ Yes ☒ 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?	☒ Yes ☐ No	Building must be vacant before Raze Permit issuance.
32. Public Space Vault?	☐ Yes ☒ No	**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	37. Policy or Certificate No.	38. Expiration Date
HARTFORD	15371204	10/01/2018

39. Asbestos in Building? If yes, indicate location:	☒ Yes ☐ No	**Official Use Only**

Fee	By	Date

4353 0808 09/16/2004

2619 Bladensburg Road NE

RECEIVED
JUN 04 2018
BY:

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

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

Date: **May 16, 2018** Cap Id: **R1800190**

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:
2623 BLADENSBURG RD NE

LOT: **0805** SQUARE: **4353** 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) _____

R1800190

Print Form

Government of the District of Columbia

APPLICATION FOR RAZE PERMIT

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

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

Application Date: 5/16/18

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
2623 Bladensburg Rd, Washington, DC-20018	NE	5	4353		805

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Diane's House, LP c/o Flaherty & Collins Development	1800 Martin Luther King Jr Ave. SE, Washington, DC 20020	202-802-1160	dmiller@flco.com
10. Agent/Contractor for Owner (if applicable)	**11. Complete mailing address (include zip)**	**12. Phone Number(s)**	**13. Email**
CDKM Consulting	1331 H Street NW, Suite 975 Washington, DC 20005	202-332-0090	kim@cdkmconsulting.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 single family houses and accessory structure	1

17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)
Residential (R-2) and Assembly (A-2)	Brick, stone, wood, siding, asphalt shingles

19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
62'	39'	18'	~~30,825 cu.ft.~~

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

2,418SF 43,524

870.48

87.05

REV 11/11

SECTION A. RAZE PERMIT

23. Raze Contractor's Name	24. Contractor's Address (including zip code)	25. Contractor's Phone
GCS, Inc.	3020 Yost Place, NE Washington, DC- 20018	202-944-6600

26. Historic District?	☐ Yes ☒ No	33. Raze Contractor Signature	
27. CFA?	☐ Yes ☒ No		
28. Raze Entire Building?	☒ Yes ☐ No	34. Property Owner Signature	
29. Building Condemned?	☐ Yes ☒ No		
30a. Party Wall?	☐ Yes ☒ No	30b. If yes, adjacent 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?	☒ Yes ☐ No	Building must be vacant before Raze Permit issuance.	
32. Public Space Vault?	☐ Yes ☒ No	**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	37. Policy or Certificate No.	38. Expiration Date
HARTFORD	15371204	10/01/2018

39. Asbestos in Building? If yes, indicate location:	☒ Yes ☐ No	**Official Use Only**	
		Fee	By / Date

4353 0805 09/16/2004

2523 Bladensburg Road NE

4128 0814 09/09/2004

1507 Rhode Island Avenue NE

3572 0804 06/20/2004

201 S Street NE

mayqua002@Gmail.co

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
MAY 21 2018
BY:

Date: **May 15, 2018** Cap Id: **R1800188**

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:
78 P ST NW

LOT: **0051** SQUARE: **0616** 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) _____

Government of the District of Columbia

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

APPLICATION FOR RAZE PERMIT

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

Applicable code sections are in the 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.

78 P R1800 188

Application Date: 5-10-18

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
78 P ST	NW	One	0615		0051

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
ASRAT KADIDA	50 Rhode ~~Island~~ Island	301-621-1202	
10. Agent/Contractor for Owner (if applicable)	**11. Complete mailing address (include zip)**	**12. Phone Number(s)**	**13. Email**
Kristin Rett	3201 I ST SW	301-708-1620	

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	2

17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)
Residental	Brick

19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
130FT	16FT	32FT	66,560

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name	24. Contractor's Address (including zip code)	25. Contractor's Phone

26. Historic District?	☐ Yes ☑ No	33. Raze Contractor Signature: ASRAT KADIDA
27. CFA?	☐ Yes ☑ No	
28. Raze Entire Building?	☑ Yes ☐ No	34. Property Owner Signature: ASRAT KADIDA
29. Building Condemned?	☐ Yes ☑ No	
30a. Party Wall?	☐ Yes ☑ 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?	☑ Yes ☐ No	Building must be vacant before Raze Permit issuance.
32. Public Space Vault?	☐ Yes ☑ No	**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	37. Policy or Certificate No.	38. Expiration Date
CHEAULT	206 7531	5-10-19

39. Asbestos in Building? If yes, indicate location:	☐ Yes ☐ No	**Official Use Only**

Fee	By	Date

0616 0051 08/30/2004

78 P Street NW

0657 0810 09/26/2004

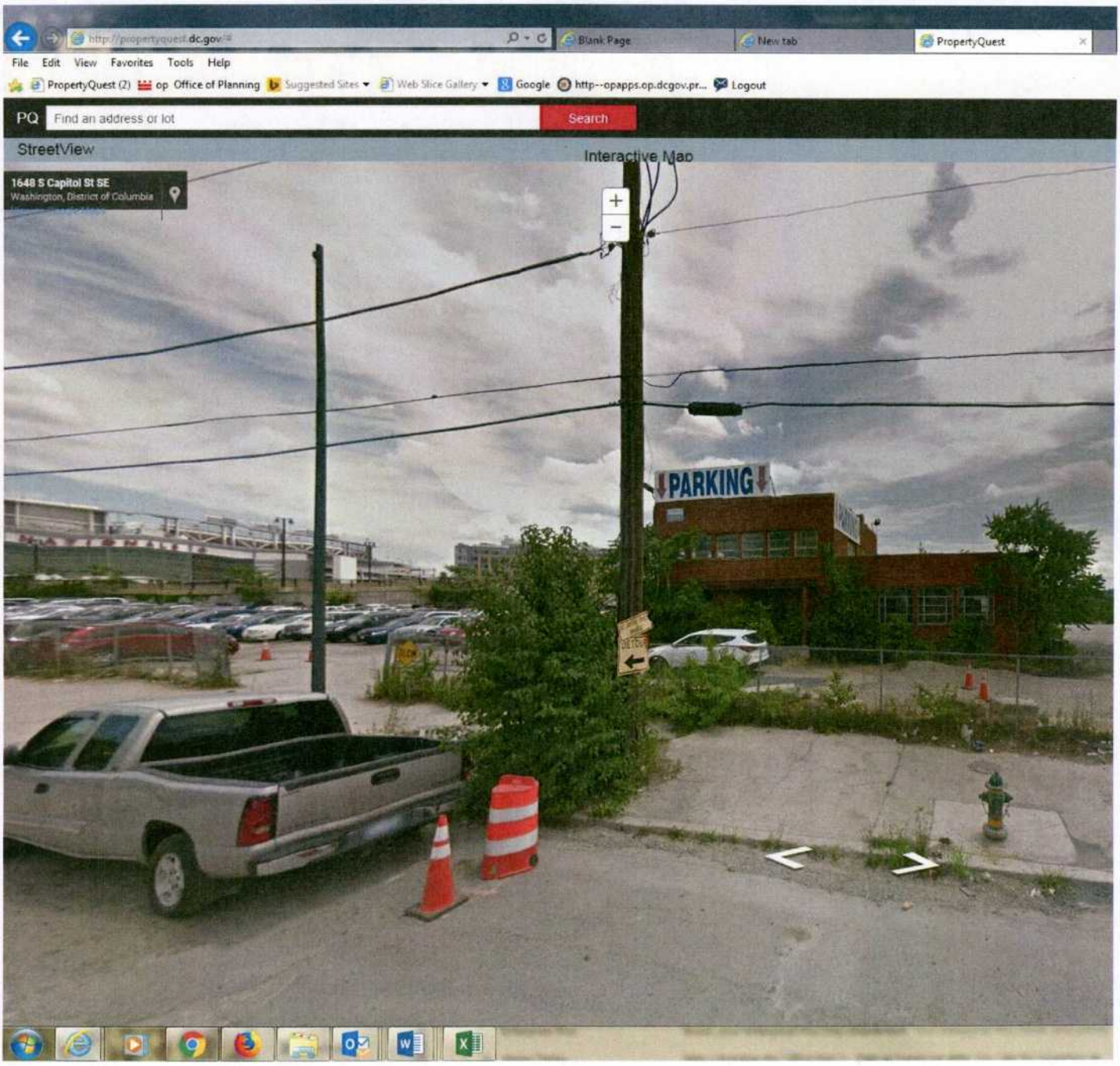
1505 South Capitol Street SW

0657 0802 09/26/2004

1509 South Capitol Street SW

0660 0011 09/26/2004

1601 South Capitol Street SW



1620 South Capitol Street SE

0660 0007 09/26/2004

1625 South Capitol Street SW

info@citypermit.us

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

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

Date: **May 21, 2018** Cap Id: **R1800192**

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:
1717 D ST NE

LOT: **0222** SQUARE: **4561** 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) _____

Print Form

Government of the District of Columbia

APPLICATION FOR RAZE PERMIT

R1800192

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
1717 D St	NE	Six	4561		0222

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Sarah & Ben Bunn	1717 D ST NE WASHINGTON DC 20002	(202) 798-2720	nfo@citypermit.us
10. Agent/Contractor for Owner (if applicable)	**11. Complete mailing address (include zip)**	**12. Phone Number(s)**	**13. Email**
city permit/ terrill hawkins	5202 crossfield ct. #8 rockville md. 20852	202-830-6047	info@citypermit.us

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 SFD	2

17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)
SFD	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)
40	18	28	20,160

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
Labran Construction	2328 MONTGOMERY ST UNIT A SILVER SPRING, MD 20910	301-448-1846

26. Historic District?	☐ Yes ☑ No	33. Raze Contractor Signature
27. CFA?	☐ Yes ☑ No	
28. Raze Entire Building?	☑ Yes ☐ No	34. Property Owner Signature
29. Building Condemned?	☐ Yes ☑ No	
30a. Party Wall?	☑ Yes ☐ No	30b. If yes, adjacent 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?	☑ Yes ☐ No	Building must be vacant before Raze Permit issuance.
32. Public Space Vault?	☐ Yes ☑ No	**Official Use Only**

Fee	By	Date

33. Plumber's Name	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.)
David Hahn	DPM1311	by hand

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
Lurray and Assoc	CMP 4503957 / CUP 4500740	12/31/2018

39. Asbestos in Building? If yes, indicate location:	☐ Yes ☑ No	**Official Use Only**

Fee	By	Date

4561 0222 08/30/2004

1717 D Street NE

info@gsidcworld.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
MAY 29 2018
BY:

Date: **May 29, 2018** Cap Id: **R1800194**

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:
714 32ND ST SE

LOT: **0802** SQUARE: **5485** 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) _____

Print Form

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

Government of the District of Columbia

APPLICATION FOR RAZE PERMIT

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

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

R1800194

Application Date: 04/23/2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
714 32nd Street	SE	Seven	5485		0802

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Judith G Brown/DCRA	1100 4th Street, SW., Suite E510	(202) 442-4493	Gwendolyn.allen@dc.gov
10. Agent/Contractor for Owner (if applicable)	**11. Complete mailing address (include zip)**	**12. Phone Number(s)**	**13. Email**
GENERAL SERVICES, INC.	3613 Georgia Avenue, NW	(202) 545-0127	info@gsidcworld.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, wood structure, detached, single family dwelling	1

17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)
Residential	Wood frame w/stucco siding

19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
55ft	30ft	15ft	24750 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
General Services, Inc.	3613 Georgia Avenue, NW, Washington,	(202) 545-0127

26. Historic District?	☐ Yes ☒ No	33. Raze Contractor Signature
27. CFA?	☐ Yes ☐ No	
28. Raze Entire Building?	☒ Yes ☐ No	34. Property Owner Signature
29. Building Condemned?	☒ Yes ☐ No	
30a. Party Wall?	☐ Yes ☒ No	30b. If yes, adjacent 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?	☒ Yes ☐ No	Building must be vacant before Raze Permit issuance.
32. Public Space Vault?	☐ Yes ☒ No	**Official Use Only**

Fee	By	Date

33. Plumber's Name	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.)
AH Jordan Plumbing & Mechanical LLC	Lic#; 1193	By Hand and Eqpt

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
Erie Insurance Exchange	Q44-1551248	08/15/2018

39. Asbestos in Building? If yes, indicate location:	☐ Yes ☒ No	**Official Use Only**

Fee	By	Date

5485 0802 10/24/2004

714 32nd Street SE