

STATUS DATE	ID	Address	Description of Work	DCRA Notice Date	ANC Expiration Date	PER SUB TYPE	SSL	ANC	Zoning	Applicant
9/4/2018	R1800261	2102 - 2114 14TH ST NW, WASHINGTON, DC 20009	RAZE ON 2-3 STORIES BUILDINGS	Sept. 14, 2018	Oct. 25, 2018	Raze	02030096	1B	ARTS-3	KIM MITCHELL; MCCULLOUGH CONSTRUCTION LLC
9/13/2018	R1800262	1400 W ST NW, WASHINGTON, DC 20009	Raze of 1 story building	Sept. 14, 2018	Oct. 25, 2018	Raze	02030805	1B	ARTS-3	KIM MITCHELL
8/28/2018	R1800257	5053 LOUGHBORO RD NW, WASHINGTON, DC 20016	2 STORY STONE AND FRAME SINGLE FAMILY DETACHED DWELLING WITH CELLAR	Sept. 14, 2018	Oct. 25, 2018	Raze	14310005	3D	R-1-A	TBD
8/22/2018	R1800255	5220 41ST ST NW, WASHINGTON, DC 20015	RAZE ONE STORY, ONE CAR FRAME GARAGE	Sept. 14, 2018	Oct. 25, 2018	Raze	17410826	3E	R-2	N/A
8/14/2018	R1800252	6900 GEORGIA AVE NW, BLDG# 91, WASHINGTON,	2 STORY OFFICE BUILDING, BUILDING 91	Sept. 14, 2018	Oct. 25, 2018	Raze	29500808	4A	WR-2	N/A
8/14/2018	R1800253	6900 GEORGIA AVE NW, BLDG# 83, WASHINGTON,	2 STORY OFFICE BUILDING, BUILDING 83	Sept. 14, 2018	Oct. 25, 2018	Raze	29500808	4A	WR-2	N/A
8/23/2018	R1800256	150 S ST NW, WASHINGTON, DC 20001	3 STORY BRICK CHURCH	Sept. 14, 2018	Oct. 25, 2018	Raze	31040820	5E	RF-1	YARED TESFAYE; PERDOMO NATIONAL
8/28/2018	R1800258	39 NEW YORK AVE NE, WASHINGTON, DC 20002	2 STORY AUTO REPAIR SHOP AND ASSOCIATED APPURTENANCES	Sept. 14, 2018	Oct. 25, 2018	Raze	06710018	6C	D-5	TBD
8/28/2018	R1800259	41 NEW YORK AVE NE, WASHINGTON, DC 20002	2 STORY AUTO REPAIR SHOP & ASSOCIATED APURTENANCES	Sept. 14, 2018	Oct. 25, 2018	Raze	06710801	6C	D-5	TBD
8/21/2018	R1800254	4635 NANNIE HELEN BURROUGHS AVE NE,	RAZE 2 STORY DETACHED SINGLE FAMILY WITH BASEMENT	Sept. 14, 2018	Oct. 25, 2018	Raze	51470073	7C	MU-3	N/A
9/12/2018	R1800263	5040 A ST SE, WASHINGTON, DC 20019	2 STORY WOOD, STUCCO, BRICK SINGLE FAMILY DWELLING PLUS SHED	Sept. 14, 2018	Oct. 25, 2018	Raze	53280026	7E	R-3	KIM PREDDIE; TBD
9/4/2018	R1800260	2200 MINNESOTA AVE SE, WASHINGTON, DC 20020	RAZE EXISTING SCHOOL - NEW APPLICATION SUBMITTED TO CORRECT THE STREET ADDRESS SPELLING, LOT AND SQUARE FROM ORIGINAL PERMIT APPLICATION R1800199. ALL APPROVAL	Sept. 14, 2018	Oct. 25, 2018	Raze	55610822	8A	C-2-A	CLIFFORD DIXON

Owner Name

MARTHAS TABLE INC

PATRICIA YUEN LIFE INSURANCE

KURT D VOLKER

CHARLES BABCOCK

UNITED STATE OF AMERICAN DEPT
OF ARMY

UNITED STATE OF AMERICAN DEPT
OF ARMY

150 S Street, NW, LLC

33 NEW YORK AVENUE LP

33 NEW YORK AVENUE LP

4635 NHB DEVELOPERS LLC

FAHAD BAKIR

DISTRICT OF COLUMBIA



0203 0096 08/04/2004

2102 – 2114 14th Street NW

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

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



Date: September 13, 2018



Cap Id: R1800262

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:
1400 W ST NW

LOT: 0805 SQUARE: 0203 TYPE: Retail or Wholesale Store - M VACANT: No

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

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

R1800262

Application Date: **09-06-2018**

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1400 W Street	NW	One	203		805

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
MT 14 LLC	2300 Wisconsin Ave NW, WDC 20007	202-737-7111 Ext.6	ohekmat@madisoninvestm
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
CDKM Consulting/Kim Mitchell	1331 H ST NW #975 WDC 20005	202-420-0091	kim@cdkmconsulting.com

3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

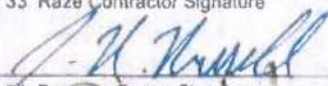

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:		
1 story brick building	1 story		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Gas Station, Food Service	Concrete, steel, bricks, glass		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
45'	28'	16'	25,000 cubic feet

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

23. Raze Contractor's Name McCullough Construction LLC	24. Contractor's Address (including zip code) 5513 Connecticut Ave, NW, Ste. 200 Washington, DC 20015	25. Contractor's Phone 202-237-2415
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26. Historic District?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	33. Raze Contractor Signature 
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. Raze Entire Building?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	24. Property Owner Signature 
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30a. Party Wall?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.
31. Building Vacant?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Building must be vacant before Raze Permit issuance
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only
		Fee _____ By _____ Date _____

33. Plumber's Name Joseph J. Magnolia, Inc.	34. Plumber's License Number PC 512	35. Raze Method (ball, bulldozer, by hand, etc.) Excavator, bulldozer & hand
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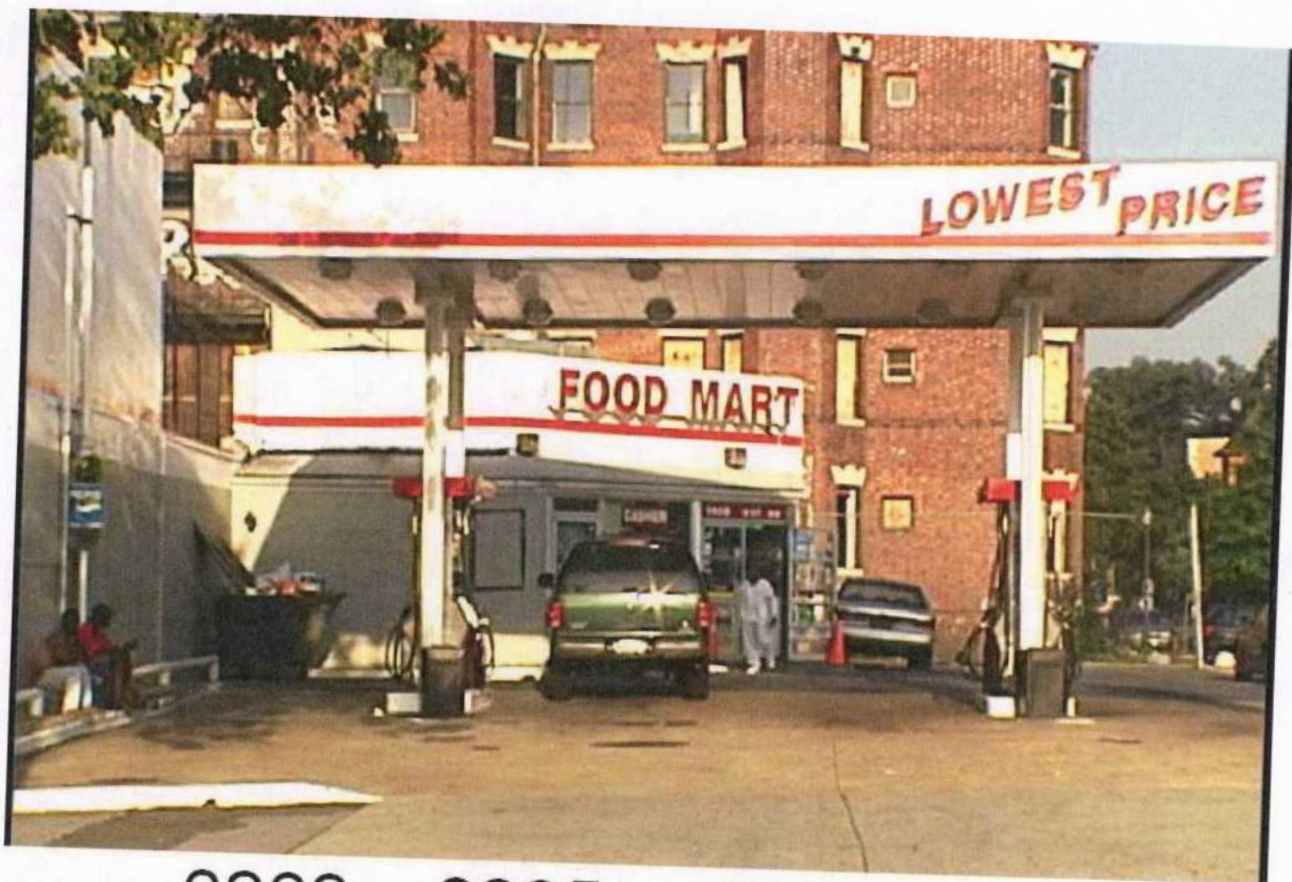
1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

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 Selective Insurance Co of Southeast	37. Policy or Certificate No. S2276761	38. Expiration Date
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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 _____



0203 0805 08/04/2004

1400 W Street NW

Front



Rear



Side



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 28, 2018



Cap Id: R1800257



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:
5053 LOUGHBORO RD NW

LOT: 0005 SQUARE: 1431 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

R1800257

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: Aug. 28, 2018

1. INFORMATION ON PROPERTY					
1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
5053 Loughboro Road, NW	NW	Three	1431		0005

2. APPLICANT INFORMATION			
6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Kurt D. Volker	5053 Loughboro Road, NW, 20016	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: <input checked="" type="checkbox"/> Raze Permit

4. DESCRIPTION OF BUILDING			
15. Description of Building to be Razed (e.g., two story brick single family dwelling)			16. Existing Number of Stories of Bldg:
2-story stone & frame single-family detached dwelling with cellar			2
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Residential		Stone and Frame	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
41.6	76.3	20	63,482

OFFICIAL USE ONLY
CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

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



1431 0005 10/03/2004

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

~~VM@G.R.G.~~

VM@G.R.G. 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



Date: August 22, 2018



Cap Id: R1800255

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:
5220 41ST ST NW

LOT: 0826 SQUARE: 1741 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

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: 8/22/2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
5220 41st St, NW, WASHINGTON, DC 20015	NW	3	1741		0826

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
CHARLES BABCOCK	5220 41st St, NW, WASHINGTON, DC 20015	2022815462	cbabcock11@verizon.net
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
VISVYDAS MATULIS	11722 NEWBRIDGE CT, RESTON, VA 20191	2408999949	vm@jrg.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:	
FREE STANDING GARAGE		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
RESIDENTIAL 1 CAR GARAGE		WOOD FRAMING	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
22	10	13	2,860

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name GENERAL CONSTRUCTION MILLWORKS LLC	24. Contractor's Address (including zip code) 11722 NEWBRIDGE CT. RESTON VA 20191	25. Contractor's Phone 2408999949
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26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>V. Chait - YISKYDAS MATULIS</i>
27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature <i>CR Babcock</i>
29. Building Condemned? <i>BY OWNER, NOT CITY</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction
	30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.
31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.
32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only
	Fee _____ By _____ Date _____

33. Plumber's Name W/A NO PLUMBING IN GARAGE	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.) BY HAND
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1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

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

36. Insurance Company	37. Policy or Certificate No.	38. Expiration Date

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



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☆☆☆
DISTRICT OF COLUMBIA
GOVERNMENT

5744 91

80571653



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 14, 2018



Cap Id: R1800252

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:
6900 GEORGIA AVE NW

BUILDING 91

LOT: 0808 SQUARE: 2950 TYPE: Office - B

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

R1800252

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: August 10, 2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
Building 91, 6900 Georgia Ave, NW, Washington, DC 20012	NW	Four	2950	WR-7	817

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
TPWR Developer, LLC	1010 Butternut Street, NW, Washington, DC 20012	202-558-4420	robert.fauteux@hines.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
The Berg Corporation	2519 Wilkens Ave, Baltimore, MD 21223	443-752-6883	rwoods@bergdemo.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 office building			2
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Vacant Medical Office Buildings		Brick, woods and concrete	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
110	50	22	121,000

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name The Berg Corporation	24. Contractor's Address (including zip code) 2519 Wilkens Ave, Baltimore, MD 21223	25. Contractor's Phone 443-752-6883
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26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature
27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature
29. Building Condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction
31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.
32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Building must be vacant before Raze Permit issuance.
Official Use Only	
Fee	By
	Date

33. Plumber's Name Ellis Jones Plumbing & Heating	34. Plumber's License Number PC1173	35. Raze Method (ball, bulldozer, by hand, etc.) Excavator
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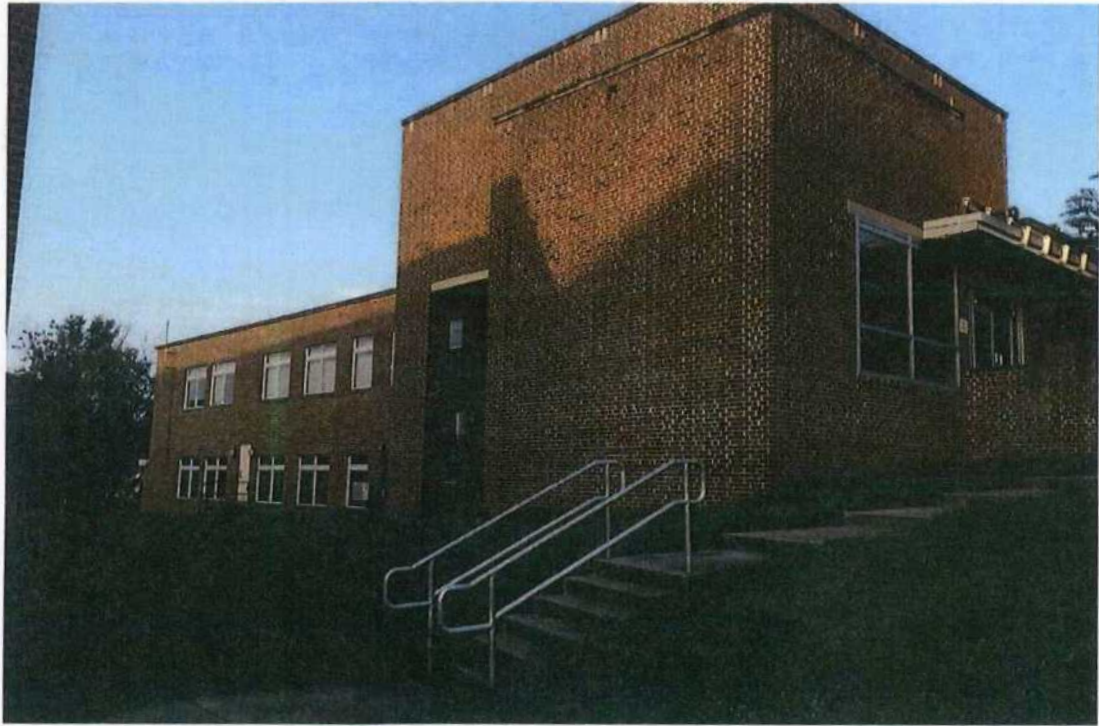
1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

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, Inc.	37. Policy or Certificate No. DAN1000547	38. Expiration Date 6-01-2019
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39. Asbestos in Building? If yes, indicate location: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only	
Fee	By	Date



Hines

May 24, 2018

To Whom It May Concern,

Please accept this letter as confirmation that The United States Army officially vacated the property known as Building 91 located at 6900 Georgia Avenue, NW Washington, DC 20012 on November 10, 2016.

Please contact me if you need any additional information.

Sincerely,



Katherine L. Wiacek
Managing Director

800 10th Street, NW | Suite 600
Washington, DC 20001
202.347.6337



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 14, 2018



Cap Id: R1800253

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:
6900 GEORGIA AVE NW
BUILDING 83

LOT: 0808 SQUARE: 2950 TYPE: Office - B

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

R/800253

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: August 10, 2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
Building 83, 6900 Georgia Ave, NW, Washington, DC 20012	NW	Four	2950	WR-7	817

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
TPWR Developer, LLC	1010 Butternut Street, NW, Washington, DC 20012	202-558-4420	robert.fauteux@hines.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
The Berg Corporation	2519 Wilkens Ave, Baltimore, MD 21223	443-752-6883	rwoods@bergdemo.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 office building	2		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Vacant Medical Office Buildings	Brick, woods and concrete		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
170	60	22	224,400

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name The Berg Corporation	24. Contractor's Address (including zip code) 2519 Wilkens Ave, Baltimore, MD 21223	25. Contractor's Phone 443-752-6883
---	---	---

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
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.
	Building must be vacant before Raze Permit issuance.
	Official Use Only
	Fee
	By
	Date

33. Plumber's Name Ellis Jones Plumbing & Heating	34. Plumber's License Number PC1173	35. Raze Method (ball, bulldozer, by hand, etc.) Excavator
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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, Inc.	37. Policy or Certificate No. DAN1000547	38. Expiration Date 6-01-2019
---	--	---

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







3104 0820 08/09/2004

150 S Street NW

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



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

Date: August 28, 2018



Cap Id: R1800258

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:
39 NEW YORK AVE NE

LOT: 0018 SQUARE: 0671 TYPE: Motor Vehicle Service Station - S-1 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

R1800258

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: 08/28/2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
39-4 . New York Avenue	NE	Six	0671		0018-

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
UIP NY Ave Invest LLC	140 Q ST NE STE 140B	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 auto-repair shop and associated appurtenances			2
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Commercial		Brick and Concrete Block	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
789.3 91.5	704 35.75	30	405,401 98,133.75

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

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

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

2. The Certificate should:

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

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



0671 0018 08/22/2004

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

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 28, 2018



Cap Id: R1800259

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:
41 NEW YORK AVE NE

LOT: 0801 SQUARE: 0671 TYPE: Motor Vehicle Service Station - S-1 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

R1800259

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: 8/28/2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
41 New York Ave,	NE	6	671		801

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
UIP NY Ave Invest	140 G St, NE 140B	202-393-7200	dcpemits@caseng
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
David Landsman CAS Engineering	1001 Conn Ave, NW #401 WDC, 20036	202-393-7200	dcpemits@caseng

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 Auto-Repair Shop & Assoc. Apartments	2		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Commercial			
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
91.5	35.75	30	98,113.75

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name <div style="border: 1px solid black; padding: 2px;">TBD</div>	24. Contractor's Address (including zip code) <div style="border: 1px solid black; padding: 2px;">TBD</div>	25. Contractor's Phone <div style="border: 1px solid black; padding: 2px;">TBD</div>
---	--	---

26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>TBD</i>	
27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
29. Building Condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature <i>Meghan Leahy</i>	
32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction 30c. Any raze permit application for a building(s) involving party walls must 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 <div style="border: 1px solid black; padding: 2px;">TBD</div>	34. Plumber's License Number <div style="border: 1px solid black; padding: 2px;">TBD</div>	35. Raze Method (ball, bulldozer, by hand, etc.) <div style="border: 1px solid black; padding: 2px;">Bulldozer/Excavator</div>
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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 <div style="border: 1px solid black; padding: 2px;">TBD</div>	37. Policy or Certificate No. <div style="border: 1px solid black; padding: 2px;">TBD</div>	38. Expiration Date <div style="border: 1px solid black; padding: 2px;">TBD</div>
--	--	--

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



0671 0018 08/22/2004

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

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 21, 2018



Cap Id: R1800254

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:
4635 NANNIE HELEN BURROUGHS AVE NE

LOT: 0073 SQUARE: 5147 TYPE: Single Family Dwelling - R-3 VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

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

R1800254

Application Date: 8/21/18

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4635 NANNIE HELEN BURROUGHS AVE. NE	NE	7	5147		0073

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
4635 NHB DEVELOPERS, LLC	9316 PINEY BRANCH RD. #106 SILVER SPRING, MD 20903	240 286 1337	EMPESHA@CIHPROPERTIES.COM
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
CIH Homes	9316 PINEY BRANCH RD #10602 SILVER SPRING, MD 20903	240 286 1337	EMPESHA@CIHPROPERTIES.COM

3. TYPE OF PERMIT

14. Check all that apply: Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:		
TWO STORY DETACHED SINGLE FAMILY	2		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
residential and commercial	WOOD		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
35.4'	22.6'	24'	

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name CIH Homes, LC	24. Contractor's Address (including zip code) SILVER SPRING, MD 20903 9316 PINEY BRANCH RD #106	25. Contractor's Phone 301 445 5000
--	---	---

26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature 	
27. CFA? <input type="checkbox"/> Yes <input type="checkbox"/> No		
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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 	
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 JAMES LYNN	34. Plumber's License Number 879	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 THE HARTFORD MUTUAL INSURANCE	37. Policy or Certificate No. 17688	38. Expiration Date 10/01/2018
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39. Asbestos in Building? If yes, indicate location: - PIPE INSULATION - 2ND FLOOR FLOORING	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only		
Fee	By	Date		



5147 0073 08/01/2004

4635 Nannie Helen Burroughs Avenue NE



5328 0026 10/04/2004

5040 A Street SE

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: September 04, 2018



Cap Id: R1800260

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:
2200 MINNESOTA AVE SE

LOT: 0822 SQUARE: 5561 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: 9/7/2018 Signature: [Signature]

Name of releasing HPO Official. (print) Maloney



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.

R1800199, R1800260 Application Date: 6-15-18

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
2200 Minnesota Ave SE	NW	One	5561		0822

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Dept of General Services	1250 U St NW		
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Clifford Dixon	220 S. Bellvue St Arlington VA 22204	202-705-1453	dixonclifford@gmail.com

3. TYPE OF PERMIT

14. Check all that apply: Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:		
Raze existing DGS Orr School	4		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Public School	Brick		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
143'	101' 10"	60 Ft	873,444

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS: 867 438

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Stanska USA Buildings Inc	24. Contractor's Address (including zip code) 700 Kings Farm Blvd Rockville MD 20850	25. Contractor's Phone 301-573-7495
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26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature
27. CFA? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature
29. Building Condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction
	30c. Any raze permit application for a building(s) involving party walls must include 2 copies of a plan that show how the party wall(s) will be protected.
31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.
32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only
	Fee _____ By _____ Date _____

33. Plumber's Name TBD	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.

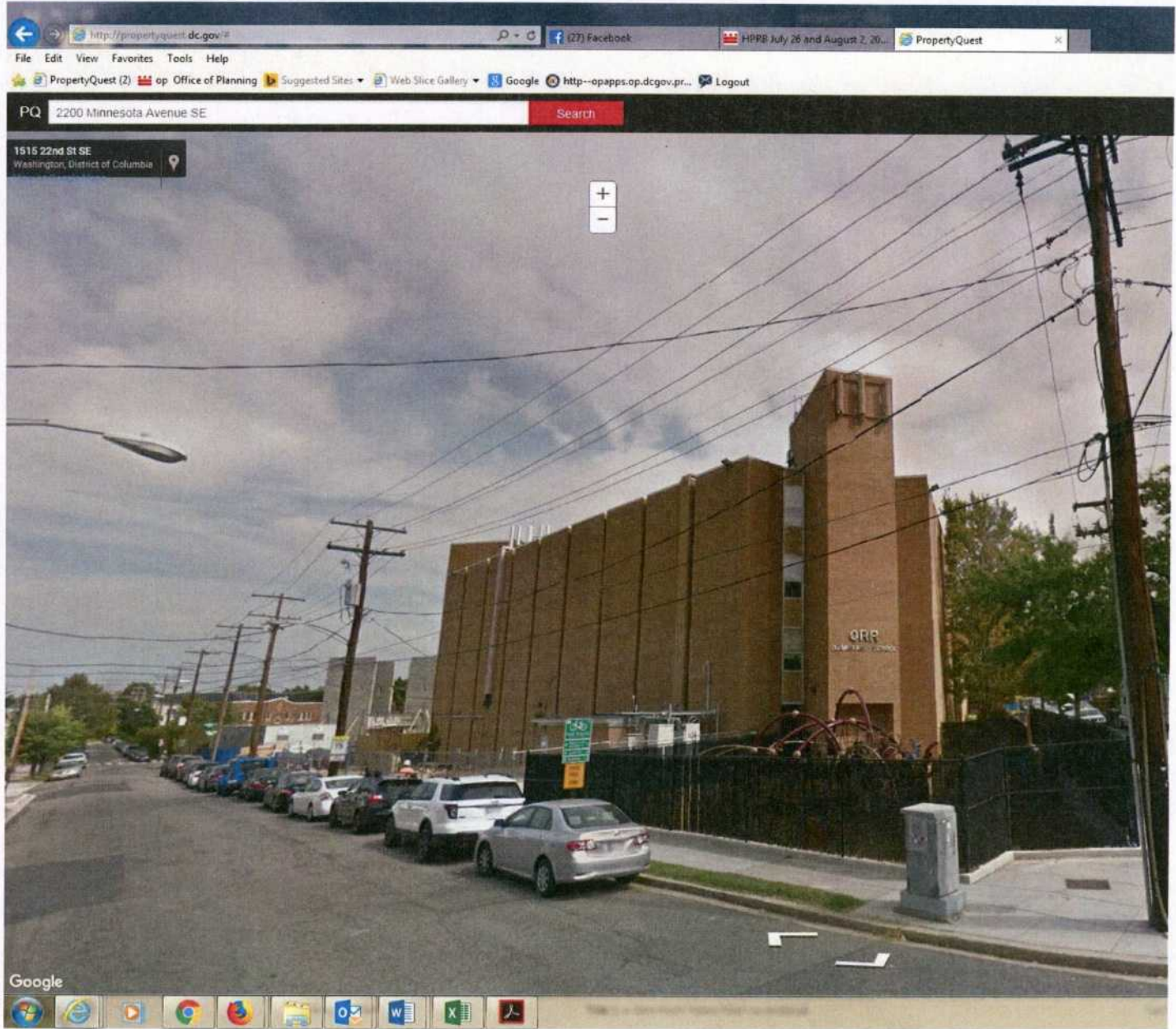
2. The Certificate should:

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

Aug 22, 2018



2200 Minnesota Avenue SE

SCHOOL NAME	THUMBNAIL IMAGE	SSL	ADDRESS	WARD	OWNERSHIP	YEAR(S) BUILT	LANDMARK / HISTORIC DISTRICT	PRESERVATION CONSIDERATIONS
ORR ES		5561 0822	2200 MINNESOTA AVE SE	8	DC	c. 1970		NOT ELIGIBLE
OYSTER ES		1808 0801	2801 CALVERT ST NW	3	DC	2001		NOT ELIGIBLE
PARK VIEW ES / BRUCE MONROE		3033 0830	3570 WARDER ST NW	1	DC	1916	HL	LANDMARK BUILDING
PATTERSON, WALTER B. ES		6214 0039	4310 SOUTH CAPITOL ST SW	8	DC	c. 2005		NOT ELIGIBLE
PAYNE ES		1061 0820	305 15 TH STREET SE / 1445 C ST SE	6	DC	1951-1967		NOT ELIGIBLE / 1896 SCHOOL BURNED; NEW SCHOOL c. 1951; FLOOR ADDED c. 1957; NEW WING c. 1967; ADDITIONAL ALTERATIONS c. 2014
PEABODY ELEMENTARY SCHOOL		3757 0802	425 C ST NE	6	DC	1879-80	HL / CAPITOL HILL HD	LANDMARK BUILDING / CONTRIBUTING TO HISTORIC DISTRICT