

STATUS DATE	ID	Address	Description of Work	DCRA Notice Date	ANC Expiration Date	PER SUB TYPE	SSL	ANC	Zoning	Applicant	Owner Name
7/12/2018	R1800227	1418 MERIDIAN PL NW, WASHINGTON, DC 20010	TWO STORY BRICK SFD	August 14, 2018	September 27, 2018	Raze	2678 0017	1A	MU-4	BYRD	WILLIAM EASTON
7/26/2018	R1800240	3305 18TH ST NW, WASHINGTON, DC 20010	TO RAZE A SINGLE STRUCTURE WITH A PARTY WALL USED FOR TWO CARS ONE FOR 3305 AND ONE FOR 3307 18TH STREFF NW	August 14, 2018	September 27, 2018	Raze	2613 0034	1D	RF-1	CUMMINGS	CLAUDIA E SCHLOSBERG
8/3/2018	R1800245	3601 14TH ST NW, WASHINGTON, DC 20010	RAZE A TWO STORY SFD	August 14, 2018	September 27, 2018	Raze	2827 0083	1A	MU-4	ROSE	RICARDO GALBIS
7/31/2018	R1800243	2100 PENNSYLVANIA AVE NW, WASHINGTON, DC 20037	Eight-Story Office Building	August 14, 2018	September 27, 2018	Raze	0075 0050	2A	MU-9	N/A	BXP 2100 PENN LLC
7/17/2018	R1800228	4620 Cathedral Avenue NW, Washington, DC	two story dwelling	August 14, 2018	September 27, 2018	Raze	1524 0004	3D	R-14	CAS Engineering	Christopher Taleghani Trustee
7/31/2018	R1800244	2400 FOXHALL RD NW, WASHINGTON, DC 20007	2.5 story brick and frame dwelling	August 14, 2018	September 27, 2018	Raze	1382 0845	3D	R-1-A		BARBARA LANAHAN MAURO, TRUSTEE
8/13/2018	R1800249	3900 WISCONSIN AVE NW, WASHINGTON, DC 20016	three story parking garage	August 14, 2018	September 27, 2018	Raze	1823 0801	3C	MU-5	DFM	NASH-ROADSIDE 3900 WISCONSIN LLC
8/7/2018	R1800248	1210 HOLLY ST NW, WASHINGTON, DC 20012	RAZE A GARAGE	August 14, 2018	September 27, 2018	Raze	2955 0033	4A	R-1-B	ROSE	MELVIN LIPSCOMB JR
7/23/2018	R1800233	4111 KANSAS AVE NW, WASHINGTON, DC 20011	brick/block warehouse	August 14, 2018	September 27, 2018	Raze	2910 0039	4C	MU-4		WILLIAM J DEOUDS
8/2/2018	R1700212	150 S Street NW, Washington, DC 20001	3 story brick church	August 14, 2018	September 27, 2018	Raze	3104 0820	5E	RF-1	Alfred Roberts	150 S Street LLC
7/31/2018	R1800242	1265 HAMLIN ST NE, WASHINGTON, DC 20017	RAZE A TWO STORY FRAMED BUILDING	August 14, 2018	September 27, 2018	Raze	3934 0833	5B	R-1-B	MATZIE	STEPHEN MATZIE
7/27/2018	R1800241	1603 Isherwood Street NE, Washington, DC	Raze remaining front wall of burned out rowhouse	August 14, 2018	September 27, 2018	Raze	4545 1603	6A	RF-1	J. Truitt	Abundant Construction Group LLC
7/11/2018	R1800225	1215 3RD ST NE, WASHINGTON, DC 20002	Reapplication of R1500176 due to lapse. Raze a two story warehouse.	August 14, 2018	September 27, 2018	Raze	0772 0024	6C	PDR-1	PHIL	M STREET DEVELOPMENT GROUP LLC
7/23/2018	R1800230	55 Q ST SW, WASHINGTON, DC 20024	RAZE A TWO S TORY TOWNHOUSE	August 14, 2018	September 27, 2018	Raze	0656 0036	6D	CG-4		55 Q ST SW LLC
7/23/2018	R1800231	57 Q ST SW, WASHINGTON, DC 20024	RAZE A TWO S TORY TOWNHOUSE	August 14, 2018	September 27, 2018	Raze	0656 0037	6D	CG-4		57 Q ST SW LLC
7/23/2018	R1800232	59 Q ST SW, WASHINGTON, DC 20024	RAZE A TWO S TORY TOWNHOUSE	August 14, 2018	September 27, 2018	Raze	0656 0038	6D	CG-4		59 Q ST SW LLC
7/23/2018	R1800234	61 Q ST SW, WASHINGTON, DC 20024	RAZE A TWO S TORY TOWNHOUSE	August 14, 2018	September 27, 2018	Raze	0656 0039	6D	CG-4		61 Q ST SW LLC
7/24/2018	R1800235	63 Q ST SW, WASHINGTON, DC 20024	RAZE A TWO STORY BRICK BUILDING	August 14, 2018	September 27, 2018	Raze	0656 0040	6D	CG-4		63 Q ST SW LLC
7/24/2018	R1800236	65 Q ST SW, WASHINGTON, DC 20024	RAZE A TWO STORY BRICK BUILDING	August 14, 2018	September 27, 2018	Raze	0656 0041	6D	CG-4		65 Q ST SW LLC
7/24/2018	R1800237	67 Q ST SW, WASHINGTON, DC 20024	RAZE A TWO S TORY TOWNHOUSE	August 14, 2018	September 27, 2018	Raze	0656 0042	6D	CG-4		67 Q ST SW LLC
7/24/2018	R1800237	69 Q ST SW, WASHINGTON, DC 20024	RAZE A TWO S TORY Frame Rowhouse	August 14, 2018	September 27, 2018	Raze	0656 0043	6D	CG-4		Q ST SW LLC
7/23/2018	R1800229	1535 HALF ST SW, WASHINGTON, DC 20024	RAZE A TWO STORY BRICK BUILDING	August 14, 2018	September 27, 2018	Raze	0656 0035	6D	CG-4		1535 HALF STREET SW LLC
8/7/2018	R1800246	1900 MASSACHUSETTS AVE SE, WASHINGTON, DC 20003	RAZE A THREE STORY BRICK HOSPITAL WITH CRAWL SPACE AND PENTHOUSES BUILDING -29	August 14, 2018	September 27, 2018	Raze	1112E 0001	7F	HE-1	LEE	DISTRICT OF COLUMBIA

8/13/2018	R1800251	5127 NANNIE HELEN BURROUGHS AVE NE,	TWO STORY BRICK BUILDING	August 14, 2018	September 27, 2018	Raze	5196	0805	7C	MU-3	DFM	WASHINGTON METROPOLITAN COMMUNITY DEVELOPMENT
7/24/2018	R1800239	4656 LIVINGSTON RD SE, WASHINGTON, DC 20032	RAZE 1-STORY COMMERCIAL BRICK BUILDING	August 14, 2018	September 27, 2018	Raze	6242	0023	8D	MU-7	KIM MITCHELL; YLC INC	YLC INC



2678 0017 08/16/2004

1418 Meridian Place 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: July 26, 2018



Cap Id: R1800240

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:
3305 18TH ST NW

LOT: 0034 SQUARE: 2613 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: 7/26/18 Signature: [Signature]

Name of releasing HPO Official. (print) Tim Derron

**APPLICATION FOR RAZE PERMIT***HISTORIC*

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

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

R1800 240

Application Date: July 25, 2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3305/3307 18th Street, NW	NW	One	2613/2613		0034/0035

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Caudia Schlosberg/Michael Cumming	3305 18th Street, N.W., Washington,	202-486-0822/202-60	claudiaschlosberg@gmail.c
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email

3. TYPE OF PERMIT

14. Check all that apply:

☒ Raze Permit

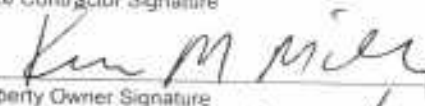
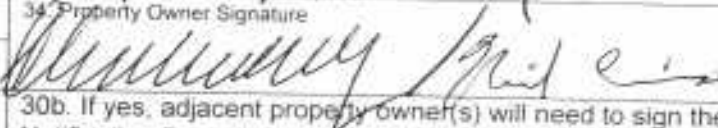
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg.	
Wood Frame Carriage House/Garage		1.5	
17. Use(s) of Property (specifically indicate if any use is residential)		18. Materials of Building (brick, wood, etc.)	
Non-residential - 3305 is currently used to park one car. 3307 side is no		Wood	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
41'	21.5'	19'6"	17,277.4

OFFICIAL USE ONLY

CONDITIONS/COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Kevin Milloy		24. Contractor's Address (including zip code) 9109 MARKE RD. PARTLOW, VA 22534		25. Contractor's Phone 703-863-8788							
26. Historic District?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	33. Raze Contractor Signature  34. Property Owner Signature  30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction 30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected Building must be vacant before Raze Permit issuance.									
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	Official Use Only <table border="1"> <tr> <td>Fee</td> <td>By</td> <td>Date</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				Fee	By	Date			
Fee	By					Date					
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
33. Plumber's Name n/a		34. Plumber's License Number 		35. Raze Method (ball, bulldozer, by hand, etc.) By hand							
1. You must submit a Certificate of Insurance covering the raze operation/contractor, unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises. 2. The Certificate should: <ul style="list-style-type: none"> Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 Include a 30-day advance notice cancellation clause. Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000, and Property Damage, \$100,000. State that the insurance covers "Razing Operations in the District of Columbia" if the scope of the insurance is for blanket coverage. If the insurance is for one specific address only, state that, "Razing Operations at _____ (address of raze operation)" 											
36. Insurance Company Nationwide Mutual		37. Policy or Certificate No. ACPBL02403229436		38. Expiration Date 05/01/2019							
39. Asbestos in Building? If yes, indicate location:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Official Use Only <table border="1"> <tr> <td>Fee</td> <td>By</td> <td>Date</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				Fee	By	Date			
Fee	By	Date									

Existing Structure (1)



C SOUTH ELEVATION



A SOUTH-EAST ELEVATION



D WEST ELEVATION - #3307



B WEST ELEVATION - #3305

HISTORIC PRESERVATION REVIEW BOARD - CONCEPT REVIEW
27 Sept. 2017
CARRIAGE HOUSE 3305 + 3307 18TH ST. NW

From: DC Government [mailto:dcdocs@dc.gov]
Subject: HPRB ACTIONS - June 28, 2018
Date: July 9, 2018 at 4:25 PM
To: claudiaschlossberg@gmail.com

Having trouble viewing this email? [View it as a Web page.](#)

 : [Print](#)

Greetings: This document and others related to the Historic Preservation Review Board (HPRB) meeting of June 28 are posted on the website at: <https://planning.dc.gov/node/1337101>

Video of the hearing is also posted on the website at: <https://planning.dc.gov/node/105322>

Historic Preservation Review Board ACTIONS

June 28, 2018

Present: Marnique Heath (Chair), Andrew Aurbach, Thomas Brokaw, Brian Crane, Linda Greene, Outerbridge Horsey, Sandra Jowers-Barber, Chris Landis. Absent: Gretchen Pfahler.

AGENDA

PRELIMINARY ITEMS

Status Update: Proposed Bloomingdale Historic District.

Design guideline: "Door Repair and Replacement for Historic Property"

The Board voted to adopt the guideline as reflective of their policies on door repair and replacement, 8-0.

Design guideline: "Emerald Street Historic District"

The Board voted to adopt the guideline as reflective of their policies for the treatment of properties in the Emerald Street Historic District, 8-0.

MOUNT PLEASANT HISTORIC DISTRICT

1627 Monroe Street NW, HPA 18-314, permit/enlarge first floor window opening.

The Board acknowledged the ANC resolution and stated that the proposal would be evaluated the same as if the work were proposed and had not already been done. The Board has published design guidelines that state that expanding or adding openings to most building facades is typically incompatible. The Board reaffirmed that the subject property is contributing and should be respected for its own design and as part of a consistent row. The Board found that the alteration is incompatible with the character of this house, its consistently fenestrated row, and with the historic district in general and, thus, is contrary to the purposes of the preservation law. Vote: 7-1 (Landis against).

3305-3307 18th Street NW, HPA 17-659, conceptualize carriage house and build similar but larger garage.

The Board recommended that the building could be razed because it no longer contributes to the character of the Mount Pleasant Historic District due to a loss of historic integrity. The Board also approved the concept of the replacement building and delegated further review to staff, recommending that the design be simplified, particularly by a reduction in the number of dormers. Vote: 7-1 (Horsey against).

WALTER REED HISTORIC DISTRICT

6900 Georgia Avenue, NW, HPA 18-306, permit/razed Building 38, and HPA 18-368, concept/extension, widening and realignment of Dahlia and 12th Streets.

The Board found that clearance of a permit application to raze Building 38 is inconsistent with the purposes of the preservation law, because its demolition would not retain, enhance or adapt this contributing building. Vote: 8-0.

The Board approved the concept for the road construction in this location, with the following conditions: (1) that Building 38 not be razed unless approved by the Mayor's Agent as necessary in the public interest, as the demolition of a contributing building would fail to retain and enhance the building, or be compatible with the character of the historic district or consistent with the purposes of the preservation law; and (2) that the road-improvement project later be further developed and reviewed by the Board, particularly as it relates to the proposed finished grades and their relationships to historic buildings and adjacent and contributing landscapes, both in this immediate vicinity and as planned elsewhere. Vote: 8-0.

CAPITOL HILL HISTORIC DISTRICT

637 E Street NE, HPA 18-432, concept/basement area away and walkway.

The Board agreed with the comments made by the ANC and voted to find the concept to be incompatible with the historic district. Vote: 5-2.

212 A Street NE, HPA 18-426, concept/demolition of existing garage; new construction of rear addition and carriage house.

The Board approved the concept as consistent with the purposes of the preservation act and delegated final approval to staff. Vote: 7-0.

526 8th Street SE, HPA 18-433, concept/construction of three-story structure.

The Board approved the concept for new construction and subdivision as consistent with the purposes of the preservation act and delegated final approval to staff. Vote: 7-0.

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



Date: August 03, 2018



Cap Id: R1800245

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:
3601 14TH ST NW

LOT: 0083 SQUARE: 2827 TYPE:

VACANT: No

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

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

R1800 245

Application Date: 08-01-2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3601 14 th St N.W	NW	One	2827		83

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
RICARDO GALBIS	1843 S ST NW	202-280-0220	tajainvestment@gmail.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Liah Nebraska	1803 2nd St NW	571-299-7067	liahnem@gmail.com

3. TYPE OF PERMIT

14. Check all that apply:
☒ Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg.		
two story + Basement brick single family house	2 stories		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Residential	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)
62.6 ft	23 ft	30 ft	4160.6

OFFICIAL USE ONLY

43194

CONDITIONS/ COMMENTS:



2827 0083 08/17/2004

3601 14th Street NW



0075 0861 10/17/2004

2100 Pennsylvania Avenue 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: July 17, 2018

Cap Id: R1800228

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:

4620 CATHEDRAL AVE NW

LOT: 0004 SQUARE: 1524 TYPE:

VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____

**APPLICATION FOR RAZE PERMIT**

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

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

Application Date: **1. INFORMATION ON PROPERTY**

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4620 Cathedral Avenue	NW	Three	1524		0004

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Christopher K Taleghani Trustee	4620 Cathedral Ave, NW, WDC 20006	202-393-7200	dcpemits@ilbaengineering.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
David G Landman, GASEngineering-DC, LLC	1001 Conn Ave, NW, #401, 20006	202-393-7200	dcpemits@ilbaengineering.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		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)
23.0	84.8	20	39,008

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT			
23. Raze Contractor's Name		24. Contractor's Address (including zip code)	
TBD		TBD	
25. Contractor's Phone		TBD	
26. Historic District?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		33. Raze Contractor Signature  34. Property Owner Signature  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. Building must be vacant before Raze Permit issuance.	
		Official Use Only Fee By Date	
33. Plumber's Name		34. Plumber's License Number	
TBD		TBD	
		35. Raze Method (ball, bulldozer, by hand, etc.) 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: <ul style="list-style-type: none"> Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20004 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.	
TBD		TBD	
		38. Expiration Date	
		TBD	
39. Asbestos in Building?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate location.	
		Official Use Only Fee By Date	



1524 0004 07/28/2004

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



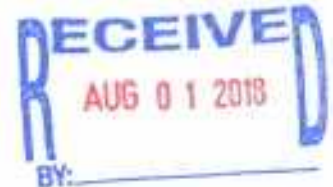
Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557

Date: July 31, 2018



Cap Id. R1800244

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:
2400 FOXHALL RD NW

LOT: 0845 SQUARE: 1382 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) _____



Government of the District of Columbia

Print Form

APPLICATION FOR RAZE PERMIT

R1800244

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

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

Application Date:

7/31/2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
2400 Foxhall Road	NW	Three	1382		0845

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Bret and Amy Baier	2400 Foxhall Road NW, WDC 20016	202-393-7200	dcpemits@casengineering.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
David G. Landman, CAS Engineering-DC, LLC	1001 Conn Ave. NW #401, 20036	202-393-7200	dcpemits@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.	
2.5-story brick & frame single-family detached dwelling with cellar		2.5	
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)
43.9	96.3	25	105,689

OFFICIAL USE ONLY

CONDITIONS/COMMENTS

9/11/13

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Banks Development Co.		24. Contractor's Address (including zip code) 4811 St. Elmo Ave, Bethesda, MD 20184		25. Contractor's Phone 202-369-9556							
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>Michael Banks</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>Michael Banks</i>									
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 walls 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 <table border="1"> <tr> <td>Fee</td> <td>By</td> <td>Date</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>				Fee	By	Date			
Fee	By	Date									
33. Plumber's Name Crescent Plumbing, Michael Sydorko		34. Plumber's License Number 1015		35. Raze Method (ball, bulldozer, by hand, etc.) 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 TBD		37. Policy or Certificate No. TBD		38. Expiration Date TBD							
39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only <table border="1"> <tr> <td>Fee</td> <td>By</td> <td>Date</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>				Fee	By	Date			
Fee	By	Date									

MB



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 07, 2018



Cap Id: R1800248

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) _____

**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

R/800 ~~187~~ 248

Application Date: 8.8.18

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			

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
1210 HOLLY ST NW, LLC	1208 Gth ST NW 20001	202-503-4667	KAN'DAK@KAN'DAK.COM
10. Agent/Contractor for Owner (If applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
ROSE			

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.		
OLD GARAGE FALLING DOWN	1		
17. Use(s) of Property (specifically indicate if any use is residential)	18. Materials of Building (brick, wood, etc.)		
NONE-RESIDENTIAL	WOOD		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
20	20	15	600

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name <i>PERDOMO NATIONAL WRECKING</i>		24. Contractor's Address (including zip code)		25. Contractor's Phone <i>571-218-9123</i>	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature			
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature <i>[Signature]</i>			
31. Building Vacant?		30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction			
32. Public Space Vault?		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.			
		Building must be vacant before Raze Permit issuance.			
		Official Use Only			
		Fee	By	Date	
33. Plumber's Name		34. Plumber's License Number		35. Raze Method (ball, bulldozer, by hand, etc.)	
<p>1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.</p> <p>2. The Certificate should:</p> <ul style="list-style-type: none"> Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 Include a 30-day advance notice cancellation clause. Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000. State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage. If the insurance is for one specific address only, state that, "Razing Operations at _____ (address of raze operation)" 					
36. Insurance Company		37. Policy or Certificate No.		38. Expiration Date	
39. Asbestos in Building?		Official Use Only			
If yes, indicate location:					
		Fee	By	Date	





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

Permit Operations Division

1100 4th Street SW

Washington DC 20024

Tel. (202) 442 - 4589

Fax (202) 442 - 4862

TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557



Date: July 23, 2018

Cap Id: R1800233

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:

4111 KANSAS AVE NW

LOT: 0039 SQUARE: 2910 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

warehousecondoproject@gmail.com

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.

warehousecondoproject@gmail.com

Application Date:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work:	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4111 Kansas Ave	NW	One	2910		0039

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Warehouse Condo Project LLC	1501 11th st NW Wash DC 20001	202-297-4177	warehousecondoproject@gmail.c
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Warehouse Condo Project LLC	1501 11th st NW Wash DC 20001	202-297-4177	warehousecondoproject@gmail.c

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:	
Existing Industrial Warehouse		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Industrial warehouse		Brick Facade, Concrete structure	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
93 ft	98 ft	20 ft	182,280 cu ft

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Lock7 Development LLC		24. Contractor's Address (including zip code) 1501 11th st NW Washington DC 20001		25. Contractor's Phone 202-670-1360							
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature 									
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature 									
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction									
		30c. Any raze permit application for a building(s) involving party walls must 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	<div>Official Use Only</div> <table border="1"> <tr> <td>Fee</td> <td>By</td> <td>Date</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>				Fee	By	Date			
Fee	By	Date									
33. Plumber's Name Ace Utilities		34. Plumber's License Number 100510		35. Raze Method (ball, bulldozer, by hand, etc.) By Hand							
<p>1. You must submit a Certificate of Insurance covering the raze operation/contractor- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.</p> <p>2. The Certificate should:</p> <ul style="list-style-type: none"> Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 Include a 30-day advance notice cancellation clause. Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000. State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage. If the insurance is for one specific address only, state that, "Razing Operations at _____" 											
36. Insurance Company Harford Mutual		37. Policy or Certificate No. 9148230		38. Expiration Date 01/01/2019							
39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<div>Official Use Only</div> <table border="1"> <tr> <td>Fee</td> <td>By</td> <td>Date</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>				Fee	By	Date			
Fee	By	Date									

warehousecondoproject@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 - 9567



Date: August 02, 2018



Cap Id: R1700212

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:
150 S ST NW

LOT: 0820 SQUARE: 3104 TYPE:

VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____

**APPLICATION FOR RAZE PERMIT**

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

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

R1700212

Application Date:

8.1.18**1. INFORMATION ON PROPERTY**

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
150 S Street	NW	One	3104		0820

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
150 S ST LLC			
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Alfred Roberts	1435 4th Street SW	202-757-2111	Alfred.roberts@comcast.net

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:	
Church being razed		3	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Church commercial		brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
54 ft	72 ft	25 ft	97200 (cu ft)

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

23. Raze Contractor's Name Da Perdomo National		24. Contractor's Address (including zip code) 7664 Lullwater Rd VA		25. Contractor's Phone 571-216-9813							
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature									
27. CFA?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature Alfred Helbert (Agent)									
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 signature is required.									
31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.									
		Building must be vacant before Raze Permit issuance.									
32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Official Use Only									
		Fee	By	Date							
33. Plumber's Name		34. Plumber's License Number		35. Raze Method (ball, bulldozer, by hand, etc.)							
<p>1. You must submit a Certificate of Insurance covering the raze operation/contractor—unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.</p> <p>2. The Certificate should:</p> <ul style="list-style-type: none"> • Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 • Include a 30-day advance notice cancellation clause. • Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000. • State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage. • If the insurance is for one specific address only, state that, "Razing Operations at _____ (address of raze operation)" 											
36. Insurance Company		37. Policy or Certificate No.		38. Expiration Date							
39. Asbestos in Building? If yes, indicate location:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <div style="text-align: center;">Official Use Only</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Fee</td> <td style="width: 33%;">By</td> <td style="width: 33%;">Date</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				Fee	By	Date			
Fee	By	Date									



3104 0820 08/09/2004

150 S Street NW

Smart & G...
Government of the District of Columbia
Department of Consumer and Regulatory Affairs

Permit Operations Division
1100 4th Street SW
Washington DC 20024

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



Date: July 31, 2018



Cap Id: R1800242

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:
1265 HAMLIN ST NE

LOT: 0833 SQUARE: 3934 TYPE:

VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

Applicable code sections are in the 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.

R/800 242

Application Date: 7/31/18

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1265 Hamlin Street	NE	Five	3934	0833	

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Stephen and Bridget Matzie	939 5th ST NE Washington, DC 20002	202-531-5060	smatzle@gmail.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Zach Gasper	929 W. Broad St. Ste 200 Falls Church	703 304 1159	zach@greenspur.net

3. TYPE OF PERMIT

14. Check all that apply:
☒ Raze Permit


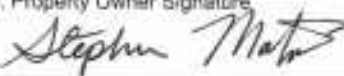
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg.	
2 story stick framed building		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Single Family Residential		Wood, block foundation	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
38'	16'	25'	15,200

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name GreenSpur		24. Contractor's Address (including zip code) 929 W. Broad St Ste 200 Falls Church 22046		25. Contractor's Phone 703 304 1159							
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature 									
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature 									
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction									
		30c. Any raze permit application for a building(s) involving party walls must 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 <table border="1"> <tr> <td>Fee</td> <td>By</td> <td>Date</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>				Fee	By	Date			
Fee	By	Date									
33. Plumber's Name Michael Sydorko - Crescent Plumbing		34. Plumber's License Number 1015		35. Raze Method (ball, bulldozer, by hand, etc.) By Hand and 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 _____" <p style="text-align: right;">(address of raze operation)</p>											
36. Insurance Company MBI Insurance Agency		37. Policy or Certificate No. Q42-2450555		38. Expiration Date 06/24/2019							
39. Asbestos in Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only <table border="1"> <tr> <td>Fee</td> <td>By</td> <td>Date</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>				Fee	By	Date			
Fee	By					Date					
If yes, indicate location: 10% composition only (see attached test)		Roof flashing									



3934 0833 06/20/2004

1265 Hamlin Street NE

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

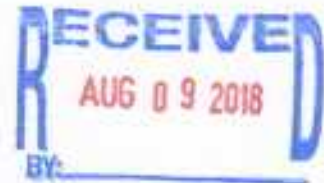
Permit Operations Division

1100 4th Street SW

Washington DC 20024

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

TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557



Date: July 27, 2018



Cap Id: R1800241

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:

1603 ISHERWOOD ST NE

LOT: 2008 SQUARE: 4545 TYPE:

VACANT: No

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

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

Application Date:

7/26/18

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1603 ISHERWOOD ST NE	NW	One	4545	-	208

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
ABUNDANT LIFE PROPERTIES	c/o 734 7th St DC 20003	202-547-2707	info@abundantlife.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
JD Truitt	734 7th St	202-547-2707	info@jdttrutt.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:		
DEMO REMAINING FRONT WALL	2		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
WAS A 4-UNIT BUILDING	Brick		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
25 10'	3.5'	2.5	0

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						
<div></div>		<div></div>	<div></div>						
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
29. Building Condemned?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature							
		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 <table border="1"> <tr> <td>Fee</td> <td>By</td> <td>Date</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		Fee	By	Date			
Fee	By	Date							

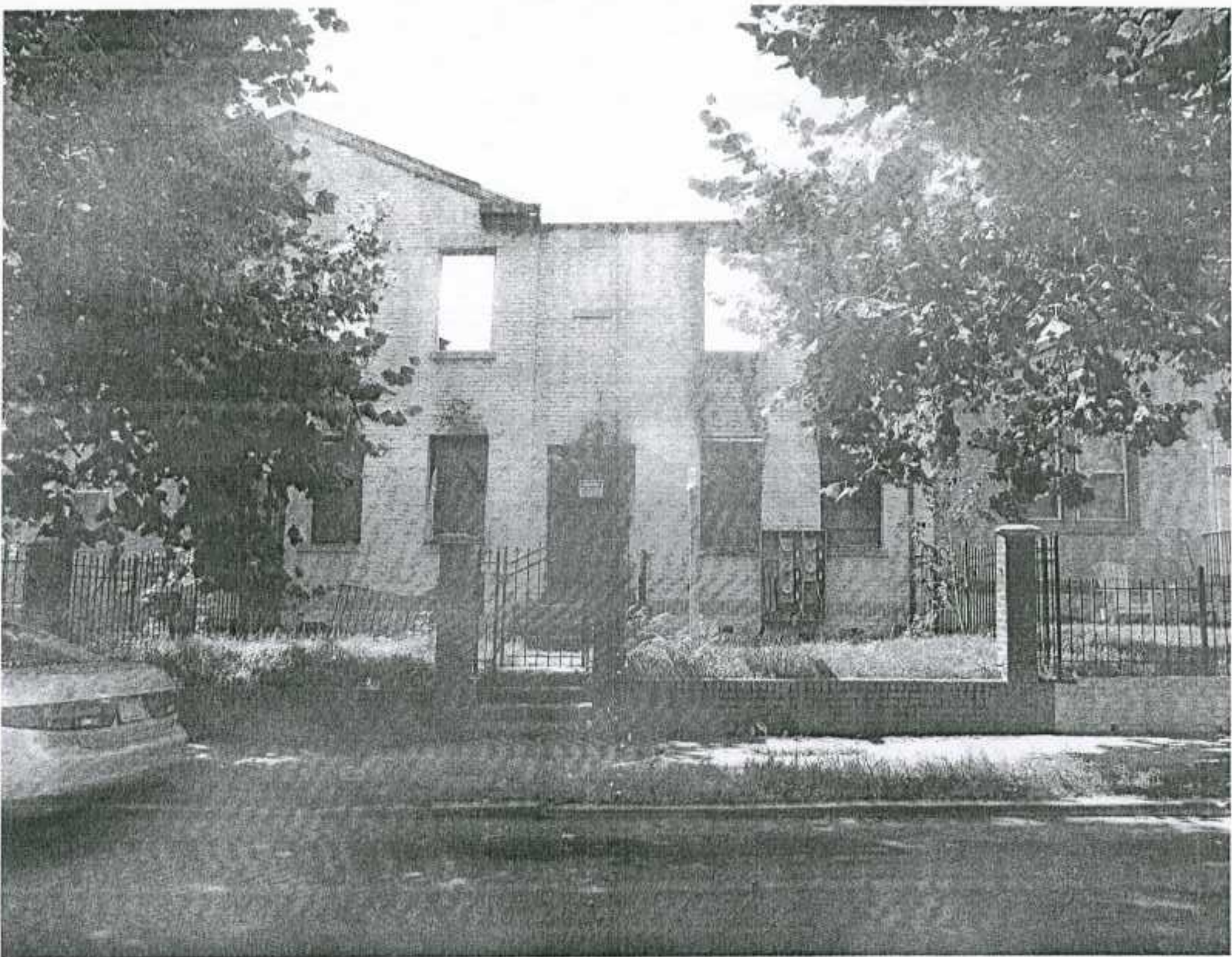
33. Plumber's Name	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.)
N/A		

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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only <table border="1"> <tr> <td>Fee</td> <td>By</td> <td>Date</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Fee	By	Date			
Fee	By		Date					
If yes, indicate location:								







0772 0006 08/22/2004

1215 3rd Street NE



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

Permit Operations Division
1100 4th Street SW
Washington DC 20024

Tel (202) 442 - 4559 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557

AUG 02 2018
BY: _____



Date: July 23, 2018

Cap Id: R1800230

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:
55 Q ST SW

LOT: 0036 SQUARE: 0856 TYPE:

VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



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

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

Application Date: 7/11/2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
55 Q Street	SW	Six	0656		0036

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
55 Q ST SW LLC	711 Park Avenue, Falls Church, VA 22046	703-868-1184	mike@202development.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email

3. TYPE OF PERMIT

14. Check all that apply:
☒ Raze Permit

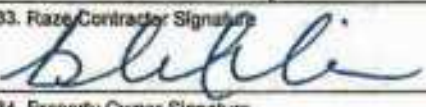
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)			16. Existing Number of Stories of Bldg.
Townhome			2
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Vacant		Wood	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
17.5	35	20	12,250

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	
ACECO, LLC		901 Stoddard Pl, Silver Spring, MD 20910		301-588-0707	
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 checked="" type="checkbox"/> Yes <input 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		34. Plumber's License Number		35. Raze Method (ball, bulldozer, by hand, etc.)	
Daniel Narh		1239		Excavator w/ thumb	
<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	
Arch Specialty Insurance Co.		57080509		6/30/2019	
39. Asbestos in Building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only			
If yes, indicate location:		Fee	By	Date	



0656 0036 09/27/2004

55 Q Street SW



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



Permit Operations Division
1100 4th Street SW
Washington DC 20024

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

Date: July 23, 2018

Cap Id: R1800231

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:

S7 Q ST SW

LOT: 0037 SQUARE: 0656 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) _____



DEPARTMENT OF PLANNING & REGULATORY AFFAIRS

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

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

Application Date: 7/11/2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
57 Q Street	SW	Six	0656		0037

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
57 Q ST SW LLC	711 Park Avenue, Falls Church, VA 22046	703-868-1184	mike@202development.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email

3. TYPE OF PERMIT

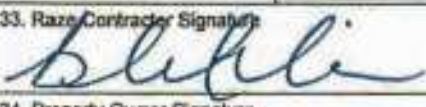
14. Check all that apply:
☒ Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
Townhome		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Vacant		Brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
17.5	35	20	12,250

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT									
23. Raze Contractor's Name		24. Contractor's Address (including zip code)							
ACECO, LLC		901 Stoddard Pl., Silver Spring, MD 20910							
		25. Contractor's Phone							
		301-588-0707							
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction							
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.							
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 <table border="1"> <tr> <td>Fee</td> <td>By</td> <td>Date</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		Fee	By	Date			
Fee	By	Date							
33. Plumber's Name		34. Plumber's License Number							
Daniel Narh		1239							
		35. Raze Method (ball, bulldozer, by hand, etc.)							
		Excavator w/ thumb							
<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.							
Arch Specialty Insurance Co.		57080509							
		38. Expiration Date							
		6/30/2019							
39. Asbestos in Building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only <table border="1"> <tr> <td>Fee</td> <td>By</td> <td>Date</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		Fee	By	Date			
Fee	By	Date							
If yes, indicate location:									



0656 0037 09/27/2004

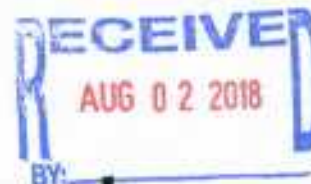
57 Q Street SW



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

Permit Operations Division
1100 4th Street SW
Washington DC 20024

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



Date: July 23, 2018

Cap Id: R1800232

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:
59 Q ST SW

LOT: 0038 SQUARE: 0656 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) _____



DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

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: 7/11/2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
59 Q Street	SW	Six	0656		0038

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
59 Q ST SW LLC	711 Park Avenue, Falls Church, VA 22046	703-868-1184	mike@202development.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email

3. TYPE OF PERMIT

14. Check all that apply:
☒ Raze Permit

4. DESCRIPTION OF BUILDING


15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg.	
Townhome		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Vacant		Brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
17.5	35	20	12,250

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
ACECO, LLC	901 Stoddard Pl., Silver Spring, MD 20910	301-588-0707

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 checked="" type="checkbox"/> Yes <input 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	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.)
Daniel Narh	1239	Excavator w/ thumb

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
Arch Specialty Insurance Co.	57080509	6/30/2019

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



0656 0038 09/27/2004

59 Q Street SW



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

Permit Operations Division
1100 4th Street SW
Washington DC 20024

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



Date: July 23, 2018

Cap Id: R1800234

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:

61 Q ST SW

LOT: 0039 SQUARE: 0656 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) _____



DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

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: 7/11/2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
61 Q Street	SW	Six	0656		0039

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
61 Q ST SW LLC	711 Park Avenue, Falls Church, VA 22	703-868-1184	mike@202development.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email

3. TYPE OF PERMIT

14. Check all that apply:
☒ Raze Permit

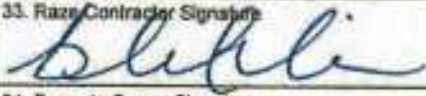
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)			16. Existing Number of Stories of Bldg:
Townhome			2
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Vacant		Brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
17.5	35	20	12,250

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							
ACECO, LLC		901 Stoddard Pl., Silver Spring, MD 20910		301-588-0707							
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction									
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.									
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	<div style="text-align: center;">Official Use Only</div> <table border="1" style="width: 100%;"> <tr> <td>Fee</td> <td>By</td> <td>Date</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				Fee	By	Date			
Fee	By	Date									
33. Plumber's Name		34. Plumber's License Number		35. Raze Method (ball, bulldozer, by hand, etc.)							
Daniel Narh		1239		Excavator w/ thumb							
<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							
Arch Specialty Insurance Co.		57080509		6/30/2019							
39. Asbestos in Building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="text-align: center;">Official Use Only</div> <table border="1" style="width: 100%;"> <tr> <td>Fee</td> <td>By</td> <td>Date</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				Fee	By	Date			
Fee	By	Date									
If yes, indicate location:											



0656 0039 09/27/2004


61 Q Street SW



0656 0041 09/27/2004

63 Q Street SW

SECTION A. RAZE PERMIT

23. Raze Contractor's Name		24. Contractor's Address (including zip code)		25. Contractor's Phone							
ACECO, LLC		901 Stoddard Pl., Silver Spring, MD 20910		301-588-0707							
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction									
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.									
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.									
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33. Plumber's Name		34. Plumber's License Number		35. Raze Method (ball, bulldozer, by hand, etc.)							
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36. Insurance Company		37. Policy or Certificate No.		38. Expiration Date							
Arch Specialty Insurance Co.		57080509		6/30/2019							
39. Asbestos in Building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only <table border="1"> <tr> <td>Fee</td> <td>By</td> <td>Date</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>				Fee	By	Date			
Fee	By	Date									
If yes, indicate location:											



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

Application Date: 7/11/2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
63 Q Street	SW	Six	0656		0040

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
63 Q ST SW LLC	711 Park Avenue, Falls Church, VA 22046	703-868-1184	mike@202development.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email

3. TYPE OF PERMIT

14. Check all that apply:
☒ Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
Townhome		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Vacant		Brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
17.5	35	20	12,250

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:



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

Permit Operations Division
1100 4th Street SW
Washington DC 20024

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



Date: July 24, 2018

Cap Id: R1800235

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:
63 Q ST SW

LOT: 0040 SQUARE: 0656 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 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



BY:



Date: July 24, 2018

Cap Id: R1800236

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:

65 Q ST SW

LOT: 0041 SQUARE: 0656 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) _____



DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

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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: 7/11/2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
65 Q Street	SW	Six	0656		0041

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
65 Q ST SW LLC	711 Park Avenue, Falls Church, VA 22	703-868-1184	mike@202development.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email

3. TYPE OF PERMIT

14. Check all that apply:
☒ Raze Permit

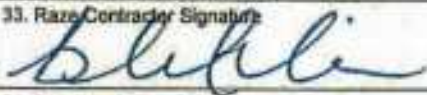
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)			16. Existing Number of Stories of Bldg.
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17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Vacant		Brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
17.5	35	20	12,250

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							
ACECO, LLC		901 Stoddard Pl., Silver Spring, MD 20910		301-588-0707							
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										
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Fee	By	Date									
33. Plumber's Name		34. Plumber's License Number		35. Raze Method (ball, bulldozer, by hand, etc.)							
Daniel Narh		1239		Excavator w/ thumb							
<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							
Arch Specialty Insurance Co.		57080509		6/30/2019							
39. Asbestos in Building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="text-align: center;">Official Use Only</div> <table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">Fee</td> <td style="width: 33%;">By</td> <td style="width: 33%;">Date</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>				Fee	By	Date			
Fee	By	Date									
If yes, indicate location:											



0656 0042 09/27/2004

65 and 67 Q Street SW



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

Permit Operations Division
1100 4th Street SW
Washington DC 20024

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



Date: July 24, 2018

Cap Id: R1800238

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:
67 Q ST SW

LOT: **0042** SQUARE: **0656** 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) _____



DEPARTMENT OF PLANNING & REGULATORY AFFAIRS

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

Application Date: 7/11/2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
67 Q Street	SW	Six	0656		0042

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
67 Q ST SW LLC	711 Park Avenue, Falls Church, VA 22	703-868-1184	mike@202development.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email

3. TYPE OF PERMIT

14. Check all that apply:
☒ Raze Permit

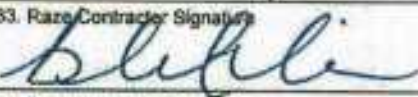
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)			16. Existing Number of Stories of Bldg.
Townhome			2
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Vacant		Brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
17.5	35	20	12,250

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	
ACECO, LLC		901 Stoddard Pl., Silver Spring, MD 20910		301-588-0707	
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 checked="" type="checkbox"/> Yes <input 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			
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		Building must be vacant before Raze Permit issuance.			
		Official Use Only			
		Fee		By	
				Date	
33. Plumber's Name		34. Plumber's License Number		35. Raze Method (ball, bulldozer, by hand, etc.)	
Daniel Narh		1239		Excavator w/ thumb	
<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	
Arch Specialty Insurance Co.		57080509		6/30/2019	
39. Asbestos in Building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only			
If yes, indicate location:		Fee		By	
				Date	



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



Permit Operations Division
1100 4th Street SW
Washington DC 20024

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

Date: July 24, 2018

Cap Id: R1800237

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:

69 Q ST SW

LOT: 0043 SQUARE: 0656 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) _____



DEPARTMENT OF COMMERCE & REGULATORY AFFAIRS

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Application Date: 7/11/2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
69 Q Street	SW	Six	0656		0043

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Q ST SW LLC	711 Park Avenue, Falls Church, VA 22	703-868-1184	mike@202development.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email

3. TYPE OF PERMIT


14. Check all that apply:
☒ Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)			16. Existing Number of Stories of Bldg:
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Vacant		Brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
19	50	20	19,000

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT			
23. Raze Contractor's Name		24. Contractor's Address (including zip code)	
ACECO, LLC		901 Stoddard Pl., Silver Spring, MD 20910	
		25. Contractor's Phone	
		301-588-0707	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction	
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.	
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	
Daniel Narh		1239	
		35. Raze Method (ball, bulldozer, by hand, etc.)	
		Excavator w/ thumb	
<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.	
Arch Specialty Insurance Co.		57080509	
		38. Expiration Date	
		6/30/2019	
39. Asbestos in Building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only	
If yes, indicate location:		Fee	By
			Date



0656 0043 09/27/2004

69 Q Street SW



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

Permit Operations Division
1100 4th Street SW
Washington DC 20024

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



Date: July 23, 2018

Cap Id: R1800229

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:
1535 HALF ST SW

LOT: 0035 SQUARE: 0656 TYPE:

VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

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

Application Date: 7/11/2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1535 Half Street, SW	SW	Six	0656		0035

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Barbara Schauer	1504 Vermont Avenue, NW, Washing	202-255-4538	
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email

3. TYPE OF PERMIT


14. Check all that apply:
☒ Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:		
Two story building	2		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Vacant	Brick		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
19	65	20	24,700

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT									
23. Raze Contractor's Name		24. Contractor's Address (including zip code)							
ACECO, LLC		901 Stoddard Pl., Silver Spring, MD 20910							
		25. Contractor's Phone							
		301-588-0707							
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction							
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.							
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	<div style="text-align: center;">Official Use Only</div> <table border="1"> <tr> <td>Fee</td> <td>By</td> <td>Date</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		Fee	By	Date			
Fee	By	Date							
33. Plumber's Name		34. Plumber's License Number							
Daniel Narh		1239							
		35. Raze Method (ball, bulldozer, by hand, etc.)							
		Excavator w/ thumb							
<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.							
Arch Specialty Insurance Co.		57080509							
		38. Expiration Date							
		6/30/2019							
39. Asbestos in Building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="text-align: center;">Official Use Only</div> <table border="1"> <tr> <td>Fee</td> <td>By</td> <td>Date</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		Fee	By	Date			
Fee	By	Date							
If yes, indicate location:									



0656 0035 09/27/2004

1535 Half Street SW



5196 0805 07/18/2004

5127 Nannie Helen Burroughs Avenue NE



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



Permit Operations Division

1100 4th Street SW

Washington DC 20024

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

TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557

Date: July 24, 2018

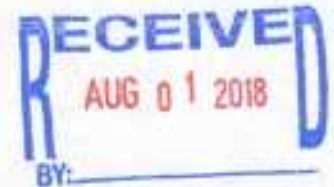
Cap Id: R1800239

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:

4656 LIVINGSTON RD SE

LOT: 0023 SQUARE: 6242 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.

R1800239

Application Date: 7/23/18

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4656 Livingston Road	SE	Eight	6242		23 & 22

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Southern Avenue Owner, LLC	701 Lamont St NW suite 11 Washing	202-588-0622	eugene@dantespartners.co
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
CDKM Consulting, LLC	1331 H St NW suite 975 Washington	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.	
Single story commercial brick building		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Chinese restaurant and takeout		Brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
60	50	12	36000

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

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



Left side



FRONT