

STATUS DATE	ID	Address	Description of Work	DCRA NOTICE DATE	DCRA/AN C Exp. Date	SSL	AN C	Zoning	Applicant	Owner Name
3/2/2018	R1700206	5321 MACOMB ST NW, WASHINGTON, DC 20016	RAZE OF 2 STORY FRAMED DETACHED SINGLE FAMILY DWELLING BUILDING	3/26/2018	5/10/2018	1451 0851	3D	R-1-B	DAVID LANDSMAN; HANLON DESIGN BUILD INC	LUCIA GOMEZ
3/9/2018	R1800126	4400 MASSACHUSETTS AVE NW, WASHINGTON, DC 20016	single story CMU and wood frame accessory building	3/26/2018	5/10/2018	1600 0001	3D	RA-1	HURLEY	AMERICAN UNIVERSITY
3/15/2018	R1800136	4301 CANAL RD NW	RAZE OF BRIDGE LOCATED ON 4301 CANAL ROAD (RESERVATION 04500000) OWNED BY WMATA	3/26/2018	5/10/2018	RESERVATION	3D	UNZONED	JAMES ASHE;	WMATA
3/19/2018	R1800138	5533 HAWTHORNE PL NW, WASHINGTON, DC 20016	raze a two story block and frame SFD	3/26/2018	5/10/2018	1437 0806	3D	R-1-B	DAVID OF CAS	SUSAN KERNAN
3/22/2018	R1800140	6900 GEORGIA AVE NW, WASHINGTON, DC 20012	one story brick and wood shed	3/26/2018	5/10/2018	2950 0808	4A	WR-2	THOMAS	TPWR DEVELOPER LLLC
3/22/2018	R1800141	6900 GEORGIA AVE NW, WASHINGTON, DC 20012	TWO STORY BRICK BUILDING - BLDG.38	3/23/2018	5/10/2018	2950 0808	4A	WR-2	THOMAS	TPWR DEVELOPER LLC
3/22/2018	R1800142	6900 GEORGIA AVE NW, WASHINGTON, DC 20012	ONE STORY BRICK BUILDING - BLDG. 31	3/23/2018	5/10/2018	2950 0808	4A	WR-2	THOMAS	TPWR DEVELOPER LLC
3/16/2018	R1800143	836 Varnum Street NW, WASHINGTON< DC	Raze semi-detached dwelling	3/23/2018	5/10/2018					
3/16/2018	R1800137	838 VARNUM ST NW, WASHINGTON, DC 20011	TO RAZE A SHED 1 STORY WOOD	3/23/2018	5/10/2018	3024 0816	4C	MU-4	BYRD	REALTY PROPERTIES LLC
3/13/2018	R1800134	838 VARNUM ST NW, WASHINGTON, DC 20011	Raze semi-detached dwelling	3/23/2018	5/10/2018	3024 0816	4C	MU-4		REALTY PROPERTIES LLC
3/13/2018	R1800127	418 FLORIDA AVE NE, WASHINGTON, DC 20002	Old Warehouse Wood Framed	3/23/2018	5/10/2018	3588 0803	5D	PDR-1	; N/A	RANGER PROPERTIES
3/13/2018	R1800130	416 FLORIDA AVE NE, WASHINGTON, DC 20001	Two story brick building	3/23/2018	5/10/2018	0507N 0800	5D	MU-4	; N/A	RANGER PROPERTIES
3/8/2018	R1800125	1620 TRINIDAD AVE NE, WASHINGTON, DC 20002	TO RAZE GARAGE	3/23/2018	5/10/2018	4055 0165	5D	RF-1	KIM PREDDIE	ATLANTIC CAPITAL ONE, LLC
3/1/2018	R1800124	1801 BURKE ST SE, WASHINGTON, DC 20003	RAZE A GARAGE	3/23/2018	5/10/2018	1112 0120	6B	RF-1	KIM KILLETTE	FRANKLIN L GAGE
3/13/2018	R1800131	5025 FITCH PL NE, WASHINGTON, DC 20019	5025 AND 5027 FITCH PLACE	3/23/2018	5/10/2018	5193 0064	7C	RA-1	KHANNA; KHANNA	DC HOUSING AUTHORITY
3/13/2018	R1800132	407 50TH ST NE, WASHINGTON, DC 20019	407 50TH STR NE RAZE THREE STORY APARTMENT BUILDING	3/23/2018	5/10/2018	5193 0063	7C	RA-1	KHANNA; KHANNA	DC HOUSING AUTHORITY
3/13/2018	R1800133	411 50TH ST NE, WASHINGTON, DC 20019	411 AND 413 50TH STR	3/23/2018	5/10/2018	5193 0063	7C	RA-1	KHANNA; KHANNA	DC HOUSING AUTHORITY
3/13/2018	R1800128	5023 FITCH PL NE, WASHINGTON, DC 20019	5021 and 5023 Fitch place ne RAZE A TWO STORY GARDEN APT	3/23/2019	5/10/2018	5193 0064	7C	RA-1	A/E COLLECTIVE LLC; KHANNA	DC HOUSING AUTHORITY
3/13/2018	R1800129	5017 FITCH PL NE, WASHINGTON, DC 20019	5017 AND 5019 FITCH PL NE RAZE A TWO STORY GARDEN APARTMENT	3/23/2017	5/10/2018	5193 0064	7C	RA-1	KHANNA; KHANNA	DC HOUSING AUTHORITY
2/27/2018	R1800123	4410 GAULT PLACE NE Washington, DC	raze one story frame dwelling	2/23/2018	5/10/2018	5129 0811	7C	R-2	Locust Dole	DC Prime Properties

3/20/2018	R1800139	4439 Hunt Place NE	one story brick dwelling/church	3/23/2018	5/10/2018	5094	0106	7D	MU-4	Tiffany Byrd	4339 Hunt Place NE LLC	
3/28/2018	R1800149	5042 Queen's Stroll Place Washington, DC	one story brick dwelling	2/23/2018	5/10/2018	5321	0026	7E	R-3		Afolake E. Shokunbi	
3/13/2018	R1800135	3301 DUBOIS PL SE, WASHINGTON, DC 20019	one story frame dwelling	3/23/2014	5/10/2018	5431	0807	7B	R-3	LOCUS DALE LLC	WILMINGTON TRUST NAT. ASSN.	



1451 0851 09/27/2004

5321 Macomb Street NW

John Stokes

John@stokesplans.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: March 09, 2018

Cap Id: R1800126

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:

4400 MASSACHUSETTS AVE NW

LOT: **0001** SQUARE: **1600** 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

R/800 126

Application Date: 3/5/18

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4400 Massachusetts Ave NW	NW	Three	1600		0001

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
American University	4400 Massachusetts Ave NW	202-374-9219	mhurley@american.edu
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Marcus Hurley - PPM Department	4400 Massachusetts Ave NW	202-374-9219	mhurley@american.edu

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 CMU and wood frame accessory building		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Higher Education		CMU, Wood, Asphalt Shingles	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
25.5	22.1	16.0	6028 CF 9016.8

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Whiting-Turner Contracting Company		24. Contractor's Address (including zip code) 13454 Sunrise Valley Dr, Herdon, VA 20171		25. Contractor's Phone 703-825-2267							
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature DocuSigned by: <i>Gary M. Murphy</i> 34. Property Owner Signature <i>[Signature]</i>									
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 Dominion Mechanical		34. Plumber's License Number PC1000631		35. Raze Method (ball, bulldozer, by hand, etc.) Bulldozer							
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 Travelers		37. Policy or Certificate No. 956522		38. Expiration Date 8/1/18							
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									





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: March 15, 2018

Cap Id: R1800136

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:

4301 CANAL RD NW

LOT: 0822 SQUARE: 5072 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.

Application Date: March 15, 2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
Canal Road (Foundry Branch Trestle)	NW	Three			822, 817

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
WMATA	600 5th Street, NW	202.962.1745	jashe@wmata.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:
Streetcar Trestle			0
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
None		Iron, Concrete	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
280	10	variable	not applicable

OFFICIAL USE ONLY

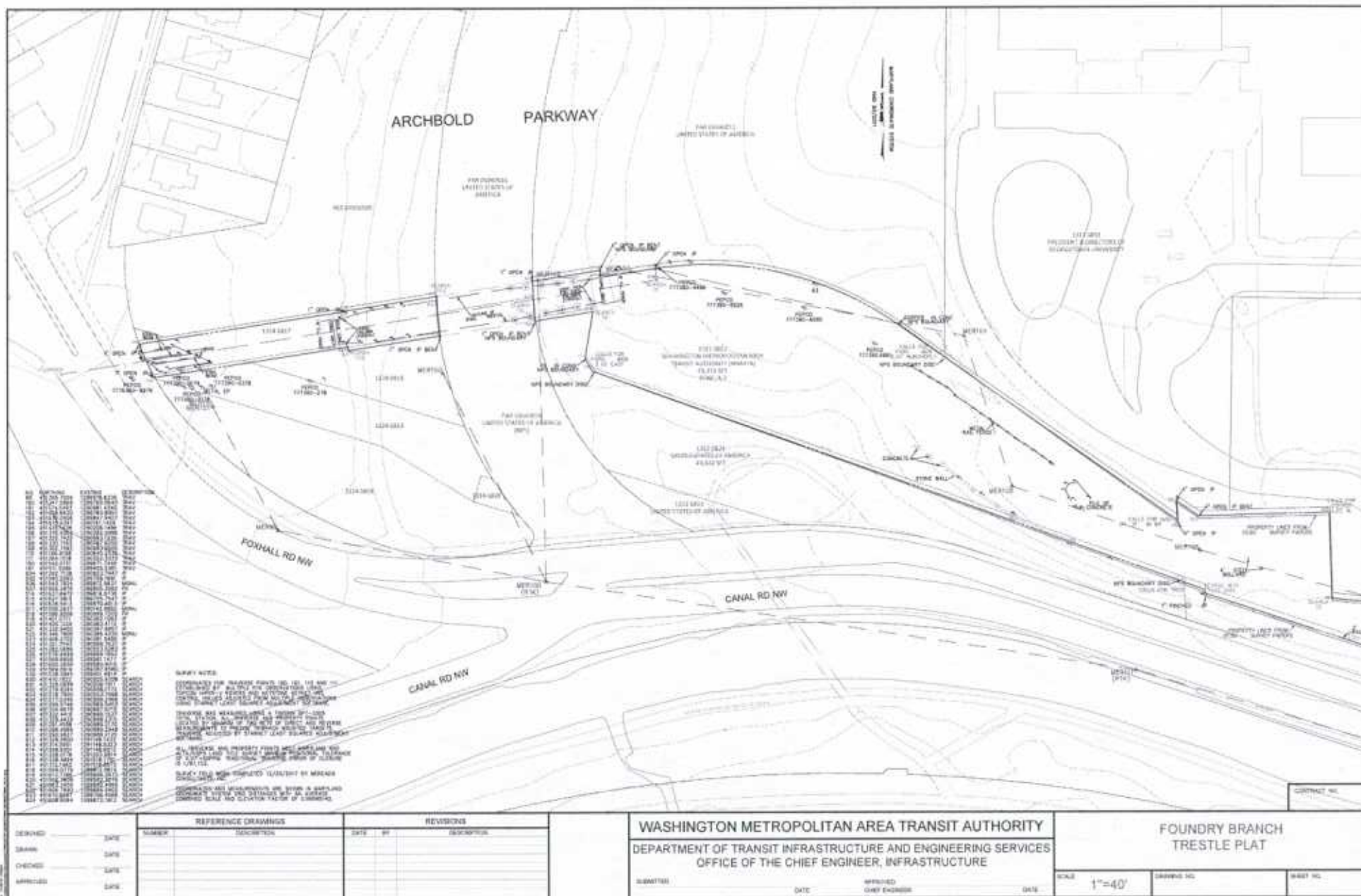
CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name		24. Contractor's Address (including zip code)		25. Contractor's Phone							
To be determined		To be determined		To be determined							
26. Historic District?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	33. Raze Contractor Signature 									
27. CFA?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature 									
31. Building Vacant?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction							
32. Public Space Vault?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30c. Any raze permit application for a building(s) involving party walls must include 2 copies of a plan that show how the party wall(s) will be protected.							
		Building must be vacant before Raze Permit issuance.									
		Official Use Only <table border="1"> <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.)							
not applicable		not applicable		cutting claw, pneumatic hammer							
<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		37. Policy or Certificate No.		38. Expiration Date							
Self-insured		not applicable		not applicable							
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:											



Photograph 1 – Foundry Branch Trestle





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: March 19, 2018

Cap Id: R1800138

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:
5533 HAWTHORNE PL NW

LOT: 0806 SQUARE: 1437 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 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/800 138

Application Date:

3.19.2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
5533 Hawthorne Place, NW	NW	Three	1437		0806

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Hanlon Design Build Group, Inc.	4927 Eskridge Terr, NW, WDC 20016	202-393-7200	dcpermits@casengineering.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
David C. Landsman, CAS Engineering-DC, LLC	1001 Conn Ave, NW, #401, 20036	202-393-7200	dcpermits@casengineering.com

3. TYPE OF PERMIT

14. Check all that apply:
☒ 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 block and frame row building		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Residential		Block and Frame	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
38.0	28.0	20	21,280

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Hanlon Design Build Group, Inc.		24. Contractor's Address (including zip code) 4927 Eskridge Terr, NW, WDC 20016		25. Contractor's Phone 202-244-2942	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>Chryssa Wolfe</i>			
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature <i>Chryssa Wolfe</i>			
31. Building Vacant?	<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			
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 Michael Sydorko		34. Plumber's License Number MP1015		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 _____" 					
36. Insurance Company Erie Insurance Group		37. Policy or Certificate No. Q370154833		38. Expiration Date 01/01/2019	
39. Asbestos in Building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only			
If yes, indicate location:		Fee	By	Date	



1437 0806 09/28/2004

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: March 22, 2018

Cap Id: R1800140

D.C. Historic Preservation Office

1100 4th Street S.W., Rm E650

Washington, DC 20024

Re: Request for clearance of premises subject to razing operations

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Operations Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office, in order to release the subject permit.

Address:

6900 GEORGIA AVE NW

LOT: 0808 SQUARE: 2950 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

R1800140

Application Date: 3/22/18

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
6900 Georgia Ave - Building 84	NW	Four	2950		0813

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
TPWR Developer LLC	800 10th St NW, Suite 600, Washington	202-434-0251	mary.thomas@hines.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:
one story brick and wood shed			1
17. Use(s) of Property (specifically indicate if any use is residential)		18. Materials of Building (brick, wood, etc.)	
former equipment shed		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)
118	25	18	53,100

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	33. Raze Contractor Signature									
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature 									
		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.)							
TBD		TBD		mechanical demolition							
<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		37. Policy or Certificate No.		38. Expiration Date							
TBD (pending Contractor)		TBD		TBD							
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:											

Building 84 Photographs (page 1 of 2)



Building 84 Photographs (page 2 of 2)





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: March 22, 2018

Cap Id: R1800141

D.C. Historic Preservation Office

1100 4th Street S.W. , Rm E650

Washington, DC 20024

Re: Request for clearance of premises subject to razing operations

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Operations Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office, in order to release the subject permit.

Address:

6900 GEORGIA AVE NW

LOT: 0808 SQUARE: 2950 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 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/800 141

Application Date: 3/22/18

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
6900 Georgia Ave - Building 38	NW	Four	2950		0813

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
TPWR Developer LLC	800 10th St NW, Suite 600, Washington	202-434-0251	mary.thomas@hines.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

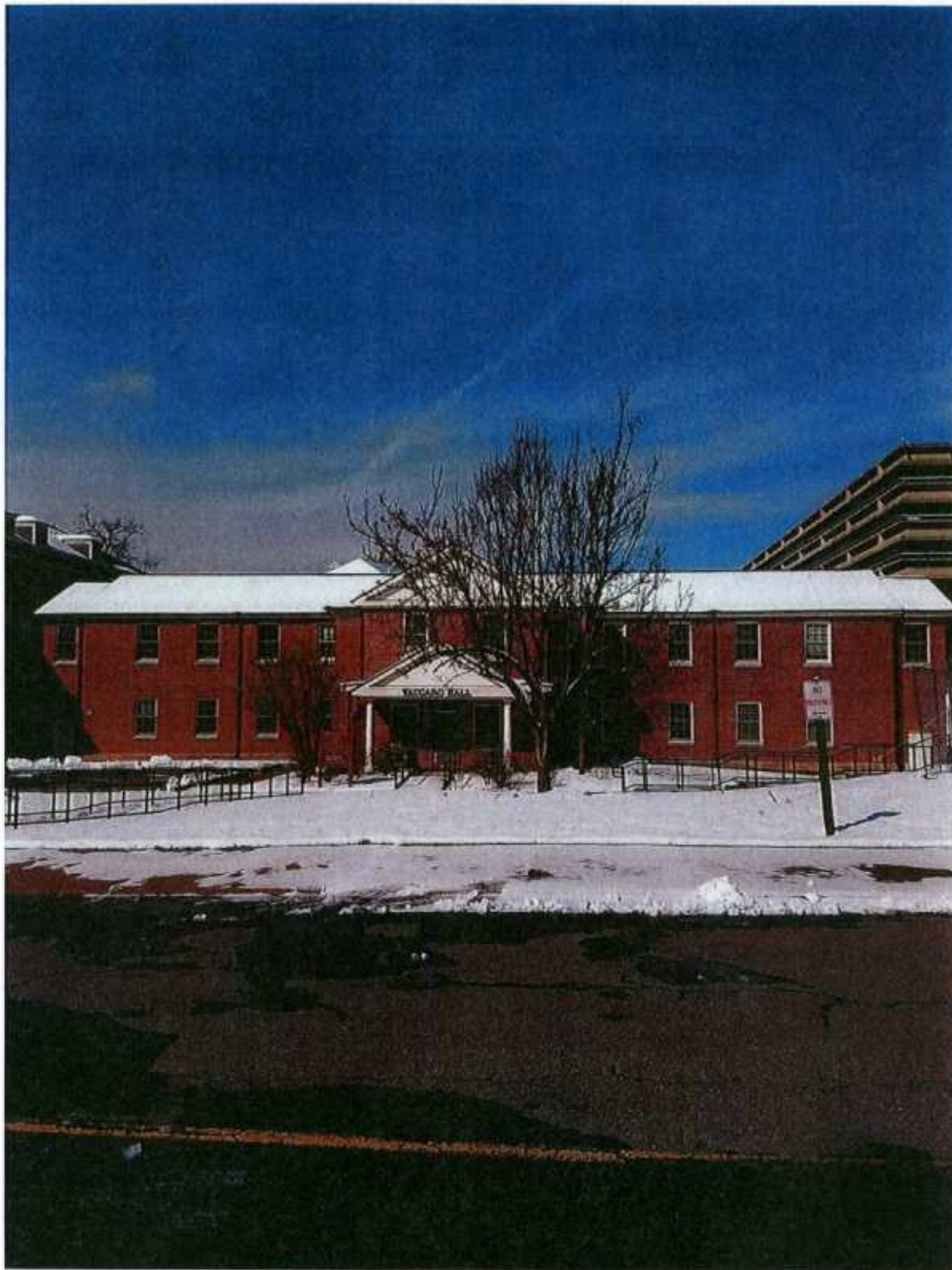
15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
two story brick building		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
former administrative building		brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
140	30	30	126,000

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	33. Raze Contractor Signature									
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature <i>Katijane</i>									
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		34. Plumber's License Number		35. Raze Method (ball, bulldozer, by hand, etc.)							
TBD		TBD		mechanical demolition							
<p>1. You must submit a Certificate of Insurance covering the raze operation/contractor-- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.</p> <p>2. The Certificate should:</p> <ul style="list-style-type: none"> Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 Include a 30-day advance notice cancellation clause. Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000. State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage. If the insurance is for one specific address only, state that, "Razing Operations at _____ (address of raze operation)" 											
36. Insurance Company		37. Policy or Certificate No.		38. Expiration Date							
TBD (pending Contractor)		TBD		TBD							
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:											



Building 38 Photographs (page 2 of 2)





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: March 22, 2018

Cap Id: R1800142

D.C. Historic Preservation Office

1100 4th Street S.W., Rm E650

Washington, DC 20024

Re: Request for clearance of premises subject to razing operations

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Operations Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office, in order to release the subject permit.

Address:

6900 GEORGIA AVE NW

LOT: 0808 SQUARE: 2950 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.

R1800142

Application Date: 3/22/18

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
6900 Georgia Ave - Building 31	NW	Four	2950		0813

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
TPWR Developer LLC	800 10th St NW, Suite 600, Washington	202-434-0251	mary.thomas@hines.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:
one story brick building			1
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
former warehouse		brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
100	18	15	27,000

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	33. Raze Contractor Signature									
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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		34. Plumber's License Number		35. Raze Method (ball, bulldozer, by hand, etc.)							
TBD		TBD		mechanical demolition							
<p>1. You must submit a Certificate of Insurance covering the raze operation/contractor-- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.</p> <p>2. The Certificate should:</p> <ul style="list-style-type: none"> Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 Include a 30-day advance notice cancellation clause. Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000. State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage. If the insurance is for one specific address only, state that, "Razing Operations at _____ (address of raze operation)" 											
36. Insurance Company		37. Policy or Certificate No.		38. Expiration Date							
TBD (pending Contractor)		TBD		TBD							
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:											

Building 31 Photographs (page 1 of 1)





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: March 23, 2018

Cap Id: R1800143

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:
836 VARNUM ST NW

LOT: 0817 SQUARE: 3024 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.

R1800143

Application Date: 23, March 2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
836 Varum St.	NW	One	3024	—	0817

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Congressional 836 Varum St. LLC	611 2nd St NE	703/304 7400	buthef@congressional-acc.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Tiffany Burd	761 19th St. NE Washington, DC 20003	(202) 304 9602	aseto.consulting@gmail.com

3. TYPE OF PERMIT

14. Check all that apply:
<input checked="" type="checkbox"/> Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:		
2 story brick house	2		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
SFD	Brick		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
91	22	50	100,100

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name		24. Contractor's Address (including zip code)		25. Contractor's Phone	
26. Historic District?	<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			
		30b. If yes, adjacent property owner signature is required.			
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.			
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.			
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
		Fee		By	Date

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

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

2. The Certificate should:

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

(address of raze operation)

36. Insurance Company		37. Policy or Certificate No.		38. Expiration Date	
Chenault Insurance Services		2008271		03/20/19	
39. Asbestos in Building?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
If yes, indicate location:		Fee		By	Date

Google Maps

836 Varnum Street NW



Image capture: May 2014 © 2018 Google

Washington, District of Columbia

 Google, Inc.

Street View - May 2014





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: March 13, 2018

Cap Id: R1800134

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:
838 VARNUM ST NW

LOT: 0816 SQUARE: 3024 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

R180034

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

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

Application Date: 13, March 2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
838 Varnum St.	NW	One	3024		0816

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
ABCT Development LLC	838 Varnum St. NW Washington, DC 20011		
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Tiffany Byrd	761 19th St NE Washington, DC	(202) 304-1462	aset2.consulting@gmail.com

3. TYPE OF PERMIT

14. Check all that apply:
☒ Raze Permit

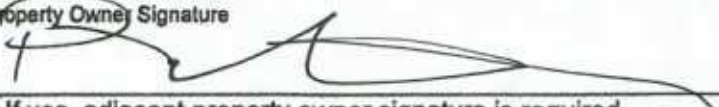
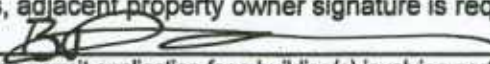
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:		
Semi-detached two story single family dwelling	2		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Single family dwelling	Brick		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
20	19	30	19950

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name		24. Contractor's Address (including zip code)		25. Contractor's Phone							
26. Historic District?	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
30a. Party Wall?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature									
		 30b. If yes, adjacent property owner signature is required.  30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected. Building must be vacant before Raze Permit issuance.									
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		34. Plumber's License Number		35. Raze Method (ball, bulldozer, by hand, etc.)							
1. You must submit a Certificate of Insurance covering the raze operation/contractor - unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises. 2. The Certificate should: <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							
Chenault Insurance Sec		mP0045103000447		7/17/18							
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:											



3024 0816 07/12/2004

838 Varnum Street NW (also shed in rear)

MIKE. SHAYOCK ENTERPRISES @ 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: March 13, 2018

Cap Id: R1800127

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:

418 FLORIDA AVE NE

LOT: **0803** SQUARE: **3588** 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

Print Form

APPLICATION FOR RAZE PERMIT

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

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

R1800127

Application Date: March 09, 2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
418 Florida Avenue	NW	One	3588		803

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Ranger Properties	80 Eighth Avenue, New York NY 100	917-715-1902	ss@rangerproperties.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Shryock Enterprises	8817 R Annapolis Road Lanham, MD	301-577-2399	mike.shryockenterprises@g

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 Warehouse Wood Framed		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Art Studio		Brick and wood	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
90'	65'	34'	198,900

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							
Shryock Enterprises, Inc.		8817 R. Annapolis Road Lanham MD 20706		301-577-2399							
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	<i>Michael Shryock</i>									
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature									
29. Building Condemned?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Sheldon Stein</i>									
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		34. Plumber's License Number		35. Raze Method (ball, bulldozer, by hand, etc.)							
Hermanstyne		DPM1000470		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 _____ (address of raze operation)" 											
36. Insurance Company		37. Policy or Certificate No.		38. Expiration Date							
Erie Insurance Exchange		Q28-1021630		04/10/2018							
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:											



3588 0803 08/10/2004

MIKE SHAYOUR ENTERPRISES • 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: March 13, 2018

Cap Id: R1800130

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:

416 FLORIDA AVE ~~SW~~ *NE*

LOT: 0800 SQUARE: 0507 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

Print Form

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.

R1800130

Application Date: March 09, 2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
416 Florida Avenue	NW	One	3548		803

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Ranger Properties	80 Eighth Avenue, New York NY 100	917-715-1902	ss@rangerproperties.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Shryock Enterprises	8817 R Annapolis Road Lanham, MD	301-577-2399	mike.shryockenterprises@g

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 brick building		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Yums Carryout bottom floor top floor Residential bedrooms		Brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
85'	20'	25'	42,500

OFFICIAL USE ONLY

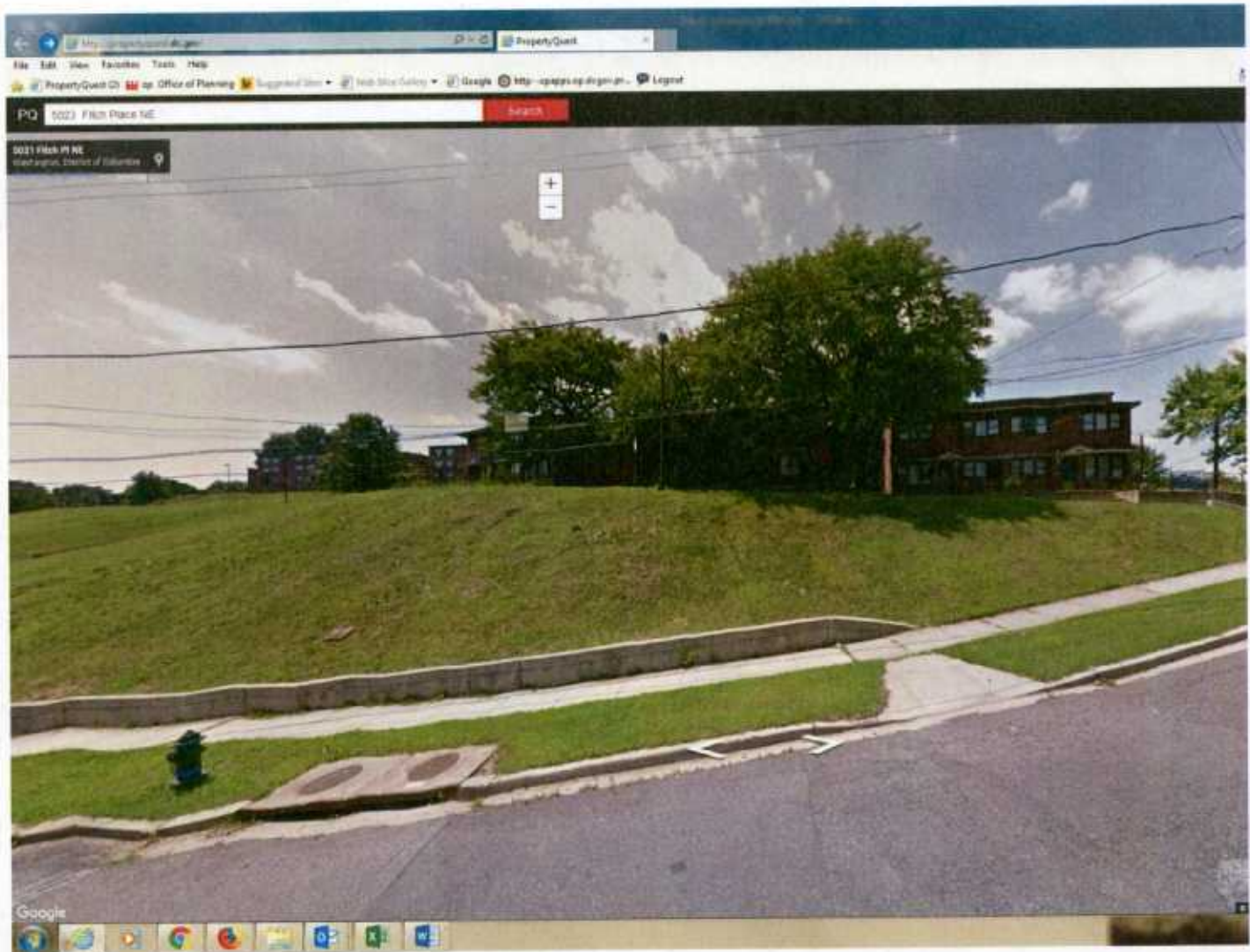
CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name		24. Contractor's Address (including zip code)		25. Contractor's Phone							
Shryock Enterprises, Inc.		8817 R. Annapolis Road Lanham MD 20706		301-577-2399							
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>Michael Shryock</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>Seldon Stearns</i>									
29. Building Condemned?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction									
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.									
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.									
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only <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.)							
Hermanstyne		DPM1000470		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 _____ (address of raze operation)" 											
36. Insurance Company		37. Policy or Certificate No.		38. Expiration Date							
Erie Insurance Exchange		Q28-1021630		04/10/2018							
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:											



3588 0004 08/10/2004



5017, 5019, 5021, 5023, 5025 and 5027 Fitch Place NE



5193 0063 07/21/2004

407, 411 and 413 50th Street NE

VWASH54@yahoo.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: March 13, 2018

Cap Id: R1800135

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:
3301 DUBOIS PL SE

LOT: 0807 SQUARE: 5431 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 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:

3/11/2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3301 Dubois St SE	NW	One			867

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
De Prince Properties	9745 Georges Ave Silver Spring MD		
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Leand Dale LLC	4408 Holmehurst Way Bowie, MD 20720	202 391-3837	nwash1914@yahoo.com

3. TYPE OF PERMIT

14. Check all that apply:

☒ Raze Permit**4. DESCRIPTION OF BUILDING**

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
1 story Frame Residential		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Vacant - Residential		Frame	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
30'	20'	15'	

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name <i>Lowest Dole LLC</i>		24. Contractor's Address (including zip code) <i>4405 Holmehurst Way Bowie, MD</i>		25. Contractor's Phone <i>202-391-3837</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	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 <i>TLC Solutions</i>		34. Plumber's License Number <i>000000895</i>		35. Raze Method (ball, bulldozer, by hand, etc.) <i>Excavator Bulldozer</i>							
<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 <i>Ohio Casualty</i>		37. Policy or Certificate No. <i>CP0826943</i>		38. Expiration Date <i>1/21/15</i>							
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									



5431 0807 10/11/2004

3301 Dubois Place SE



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

Permit Operations Division
1100 4th Street SW
Washington DC 20024

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



Handwritten: VASSER chuck 41@yahoo.com
VWash54@yahoo.com

Date: February 27, 2018

Cap Id: R1800123

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:
4410 GAULT PL NE

LOT: 0811 SQUARE: 5129 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.

Application Date:

12/27/18

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4410 Gault Pl. NE	NW	One			0811

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
DC Prime Properties	9475 Ga Ave SE		
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Kocut Dale	4405 Helmhurst Way	(404) 391-3834	nweach1954@yahoo.com

3. TYPE OF PERMIT

14. Check all that apply:

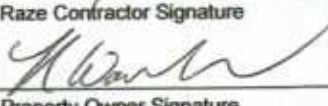
☒ Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:		
1 Story Frame Residential	1		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
1 Story -	Frame		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
30	20	12'	

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

23. Raze Contractor's Name		24. Contractor's Address (including zip code)		25. Contractor's Phone	
Locust Pole LLC		4405 Woodhurst Wy NW 20024		(202) 391-3837	
26. Historic District?	<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 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				
32. Public Space Vault?	<input checked="" 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.)	
TLC Solutions		000000895		Excavator, Bulldozer	
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 _____" <div style="text-align: right; font-size: small;">(address of raze operation)</div> 					
36. Insurance Company		37. Policy or Certificate No.		38. Expiration Date	
Off-Top Casualty		CAP 8627243		1/21/19	
39. Asbestos in Building?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
If yes, indicate location:		Fee	By	Date	



5129 0811 07/19/2004

4410 Gault Place NE

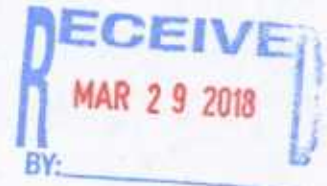


Government of the District of Columbia
Department of Consumer and Regulatory Affairs

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

aset2.consulting@gmail.com
Tiffany Burd "Aset"
(202) 304-9602



Date: March 20, 2018

Cap Id: R1800139

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:
4339 HUNT PL NE

LOT: 0106 SQUARE: 5094 TYPE: Churches - A-3

VACANT: No

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____

**APPLICATION FOR RAZE PERMIT**

R1800139

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

Applicable code sections are in the 2008 DC Building Code Supplement Chapter 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: 13 March 2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4339 Hunt Place	NWE	One	5094	—	0106

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
4339 Hunt Place NE LLC	1926 Berning Road NE Washington, DC 20002	(202) 321-5596	jrbailey@baileyholdings.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Tiffany Burel	761 14th Street Washington, DC	(202) 304-9602	aset2.consulting@gmail.com

3. TYPE OF PERMIT14. Check all that apply:
☒ Raze Permit**4. DESCRIPTION OF BUILDING**

15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:		
One story brick commercial building	1		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Church	Brick		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
200	40	35	140,000

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name		24. Contractor's Address (including zip code)		25. Contractor's Phone							
26. Historic District?	<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 signature is required.									
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.									
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.									
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only <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.)

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
Rubin Insurance Agency LLC	CEWML	03/02/19

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



5094 0106 07/08/2004

ESHOKUNBI12@aol.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: March 28, 2018

Cap Id:

R1800144

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:

5042 Queens street place
SE DC 20019

LOT: 0026 SQUARE: 3321 TYPE:

VACANT: YES

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____

**APPLICATION FOR RAZE PERMIT**

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

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

R 1800 144

Application Date:

03/27/18**1. INFORMATION ON PROPERTY**

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
5042 Queen Stroll Place SE	NW SE	One 6	5321		0026

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
AFOLAKE E. SHOKUNBI	2010 Yorktown Rd NW 20012	21747-4025	ESHOKUNBI12@gmail.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:		
One level single family dwelling	1		
17. Use(s) of Property (specifically indicate if any use is residential)	18. Materials of Building (brick, wood, etc.)		
Residential	Brick		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
8	8	8	7512

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							
Ricky Findley		5042 Dix St NE DC 20019		(202) 390-6546							
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature Ricky Findley									
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 Adake E. Shokunbi									
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.									
		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.)							
James S. Lynn		DPM879		Bulldozer							
<p>1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.</p> <p>2. The Certificate should:</p> <ul style="list-style-type: none"> Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 Include a 30-day advance notice cancellation clause. Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000. State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage. If the insurance is for one specific address only, state that, "Razing Operations at _____ (address of raze operation)" 											
36. Insurance Company		37. Policy or Certificate No.		38. Expiration Date							
Nationwide		5208 H0965962		05/05/19							
39. Asbestos in Building?	<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									
If yes, indicate location:											



5321 0026 08/29/2004