STATUS DATE	ID	Address	Description of Work	DCRA NOTICE DATE	DCRA/AN C Exp. Date	SSL	AI C	N Zonin g	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 0	351 3D	R-1-B	DAVID LANDSMAN; HANLON DESIGN BUILD INC	LUCIA GOMEZ
3/9/2018	8 R1800126	4400 MASSACHUSETTS AVE NW, WASHINGTON, DC 20016	single story CMU and wood frame accessory building	3/26/2018	5/10/2018	1600 00	001 3D	RA-1	HURLEY	AMERICAN UNIVERSITY
3/15/2018	8 R1800136	4301 CANAL RD NW	RAZE OF BRIDGE LOCATED ON 4301 CANAL ROAD (RESERVATION 04500000) OWNED BY WMATA	3/26/2018	5/10/2018	RESERVA N	TIO 3D	UNZON ED	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 0	306 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 0	308 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 0	308 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 08	308 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 0	316 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 0	316 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 0	303 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		.65 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 0	20 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 0)64 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 00)63 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 00)63 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 00)64 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 00)64 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 0	311 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 7E) MU-4	Tiffany Byrd	4339 Hunt Place NE LLC
3/28/2018	1	5042 Queen's Stroll Place Washingtron, 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,	one story frame dwelling	3/23/2014	5/10/2018	5431	0807 7E	R-3	LOCUS DALE LLC	WILMINGTON TRUST NAT.
		WASHINGTON, DC 20019				l				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		Сар	ld:	R1800126
	Historic Preservation O				
	4th Street S.W., Rm E650 ington, DC 20024				
Re: Re	equest for clearance of prem	ises subject to razing op	erations		
this da	plication to raze the structu ate with the Permit Operation is property. We are hereby re-	ons Division. Our record	ds do not reveal any ki	ind o	f conservation holds
Addre	SS:	5.			
4400	MASSACHUSETTS AVE	NW			
LOT: (0001 SQUARE: 1600 TYP	PE:		V	ACANT: Yes
the cle	e notify our office of the sat carance section below and r reet S.W Washington D.C.	eturning this form to the			
		CLEARAN	CE		
	s to inform you that we rese to objections to proceeding			denti	fied above and we
Date:		Signature:			
Name	of releasing HPO Official	(print)			
Hame	or releasing the Official	. (print)			

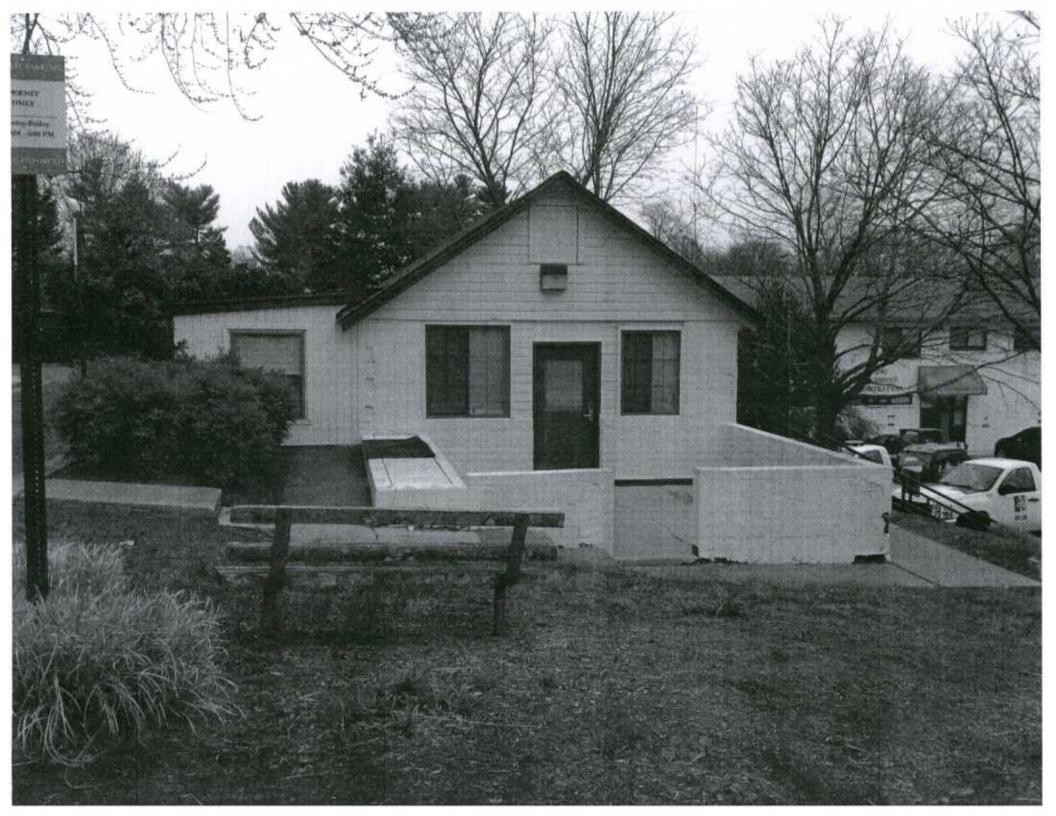


APPLICATION FOR RAZE PERMIT

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.

R1800	126					Appli	cation Date:	3/5/18		
		1. INFOR	CONTRACTOR OF THE PERSON NAMED IN	March 1975	орхония	1		Als Suffer		5. Lot
Address of Proposed Work				2. Quad	1		4a. Square	4b. Suffix		
4400 Massachusetts Ave	NW			NW	Th	ree	1600			0001
。	MODE WA	2. APPL			Contract of the Contract of th	Table Street	ALP PAI			12 41 0 6
3. Property Owner		7. Complete mailing	address (ndude 2	zip)	8. Ph	one Number(s)	9. Ema	all	
American University		4400 Massachuse	etts Ave i	W		202-	374-9219	mhu	rley@am	erlcan,edu
10. Agent/Contractor for Own	er (If applicable)	11. Complete mailing	g address	(include	clude zlp) 12. Phone Number			13. Em	nall	
Marcus Hurley - PPM Dej	partment	4400 Massachuse	etts Ave N	w	202-374-9219			mhu	rley@am	erican.edu
15. Description of Building to Single story CMU and wo 17. Use(s) of Property (specification Higher Education	ood frame acces	ssory building	amily dwel	ling)	18. M:	aterials	of Building (brid d, Asphalt Shi	1 ck, wood, etc.)	Stories of Bidg
25.5	22.1			16.0	-			6020 CF	9010	0.8
		OFF	ICIAL L	ISE OF	NLY	7.3	1.000	5 (2.7%)		X TO S
CONDITIONS/ COMMENTS:						Water	M.			

		SEC	CTION A. RAZE PE	RMIT						
23. Raze Contractor's Name		24. Contrac	tor's Address (Including	zip code)	25. Contractor	r's Phone				
Whiting-Turner Contracting Comp	pany	13454 Su	inrise Valley Dr. Herdo	n, VA 20171	703-825-2267					
6. Historic District?	□Yes	⊠No	33. Raze Contra	ctor Signature	y:					
7. CFA?	Yes	X No		Gary M.	3 3 W					
8. Raze Entire Building?		□ No	34, Property Ow	për Signatoress	HEA.					
Building Condemned?	Yes	⊠No	1h	111	14					
Da. Party Wall?	□Yes	⊠No	30b. If yes, adjacent property-owner(s) will need to sign the Notification Form which safeguards during construction 30c. Any raze permit application for a building(s) involving party walls				30b. If yes, adjacent property owner(s) will no Notification Form which safeguards during co			ring construction
						i(s) involving party walls must b arty wall(s) will be protected.				
1. Building Vacant?	⊠Yes	□No		lding must be vacant before Raze Permit issuance.						
2. Public Space Vault?	X No	3,310,50	0	fficial Use (
			Fee	Ву		Date				
33. Plumber's Name 34			34. Plumber's License Number			od (ball, bulldozer, by hand, etc				
Dominion Mechanical	PC1000631			Bulldozer						
You must submit a Certificate of Institute o	surance as: De notice cancel insurance cov overs "Razing	puty Directo atlon clause erage: Bodily Operations i	r, Permit Division, 1100 y Injury, \$100,000; Agg in the District of Columb	her building on 0 4th St SW, Wa pregate, \$300,00 bia," if the scop	the same or ad ashington, DC 2 00; and Propert e of the Insuran	oining premises. 20024 y Damage, \$100,000. ce is for blanket coverage.				
26 Insurance Company			y or Certificate No.	ALCOHOLD STREET	38. Expiration	of raze operation)				
			56522	7	8/1/18	011 0 010				
9. Asbestos in Building? yes, indicate location:	Yes		0022	Of	ficial Use O	nly				
Year management			Fee	Ву		Date				







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

O.C. Historic Preservation Office 100 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 his date with the Permit Operations Division. Our records do not reveal any ken this property. We are hereby requesting confirmation from your office, in overmit. Address: 301 CANAL RD NW OT: 0822 SQUARE: 5072 TYPE: Please notify our office of the satisfactory completion of your inspection of the clearance section below and returning this form to the D.C.R.A. Permit Of the Street S.W. Washington D.C. 20024. CLEARANCE This is to inform you that we researched our records concerning the structure is taken no objections to proceeding with the proposed razing of said structure.	Historic Preservation Office		R1800136
Re: Request for clearance of premises subject to razing operations An application to raze the structure identified below, located in the District of his date with the Permit Operations Division. Our records do not reveal any ken this property. We are hereby requesting confirmation from your office, in opermit. Address: Address: Address: COT: 0822 SQUARE: 5072 TYPE: Please notify our office of the satisfactory completion of your inspection of the clearance section below and returning this form to the D.C.R.A. Permit Open Street S.W., Washington D.C., 20024. CLEARANCE This is to inform you that we researched our records concerning the structure in the str	ARRIVATE TO A CONTROL TORRESTED TO ARREST		
Re: Request for clearance of premises subject to razing operations An application to raze the structure identified below, located in the District of this date with the Permit Operations Division. Our records do not reveal any key in this property. We are hereby requesting confirmation from your office, in ordermit. Address: Address: OT: 0822 SQUARE: 5072 TYPE: Please notify our office of the satisfactory completion of your inspection of the clearance section below and returning this form to the D.C.R.A. Permit Outh Street S.W. Washington D.C. 20024. CLEARANCE This is to inform you that we researched our records concerning the structure in	th Street S.W., Rm E650		
An application to raze the structure identified below, located in the District of his date with the Permit Operations Division. Our records do not reveal any key in this property. We are hereby requesting confirmation from your office, in opermit. Address: 301 CANAL RD NW OT: 0822 SQUARE: 5072 TYPE: Please notify our office of the satisfactory completion of your inspection of the clearance section below and returning this form to the D.C.R.A. Permit Open Street S.W. Washington D.C. 20024. CLEARANCE This is to inform you that we researched our records concerning the structure in the struct	ington, DC 20024		
his date with the Permit Operations Division. Our records do not reveal any keep this property. We are hereby requesting confirmation from your office, in opermit. Address: 301 CANAL RD NW OT: 0822 SQUARE: 5072 TYPE: Please notify our office of the satisfactory completion of your inspection of the clearance section below and returning this form to the D.C.R.A. Permit Outh Street S.W., Washington D.C. 20024. CLEARANCE This is to inform you that we researched our records concerning the structure in	quest for clearance of premises subject to razing operation	ons	
OT: 0822 SQUARE: 5072 TYPE: Please notify our office of the satisfactory completion of your inspection of the clearance section below and returning this form to the D.C.R.A. Permit On the Street S.W., Washington D.C. 20024. CLEARANCE This is to inform you that we researched our records concerning the structure in	te with the Permit Operations Division. Our records do property. We are hereby requesting confirmation from	not reveal any kind o	f conservation holds
OT: 0822 SQUARE: 5072 TYPE: Please notify our office of the satisfactory completion of your inspection of the clearance section below and returning this form to the D.C.R.A. Permit On the Street S.W. Washington D.C. 20024. CLEARANCE This is to inform you that we researched our records concerning the structure in the structur	ss:		
Please notify our office of the satisfactory completion of your inspection of the clearance section below and returning this form to the D.C.R.A. Permit O of the Street S.W. Washington D.C. 20024. CLEARANCE This is to inform you that we researched our records concerning the structure in the s	CANAL RD NW		
the clearance section below and returning this form to the D.C.R.A. Permit O th Street S.W., Washington D.C. 20024. CLEARANCE This is to inform you that we researched our records concerning the structure in t	9822 SQUARE: 5072 TYPE:	V	ACANT: Yes
This is to inform you that we researched our records concerning the structure i	arance section below and returning this form to the D.		
	CLEARANCE	no the structure identi	fied above and we
Date: Signature:	to inform you that we researched our records concerni		
	to inform you that we researched our records concerni o objections to proceeding with the proposed razing of		
	to inform you that we researched our records concerni o objections to proceeding with the proposed razing of		
tame of releasing HPO Official, (print)	to inform you that we researched our records concerni o objections to proceeding with the proposed razing of		



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.

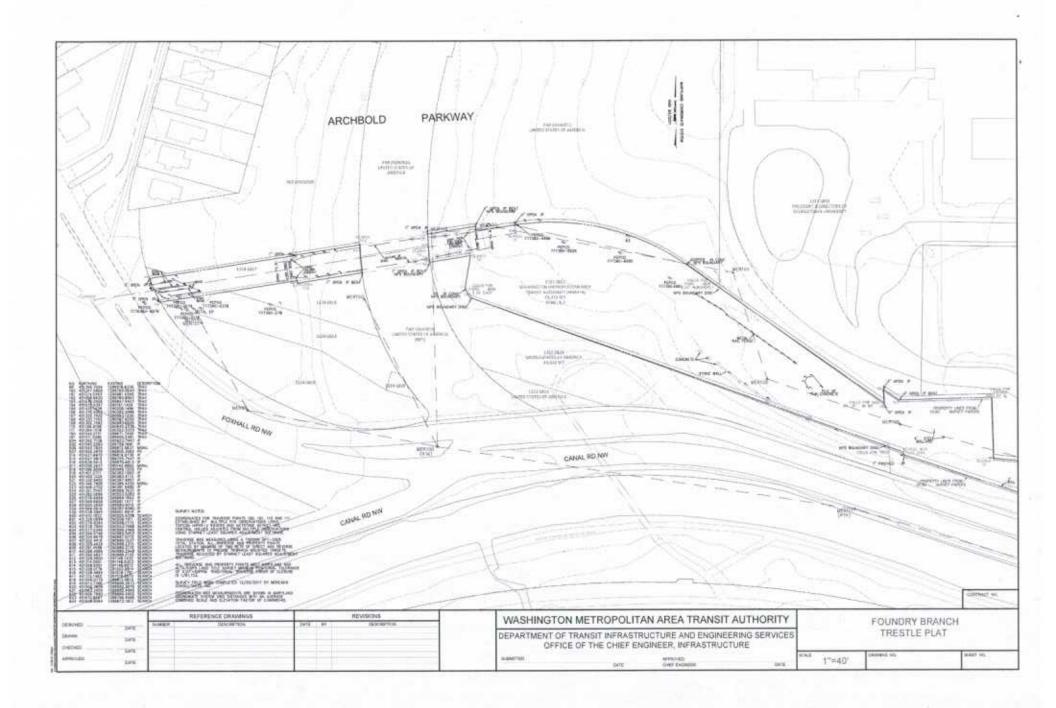
Applicable code sections are in the 2013 DCMR 12 Building Code Supplement Chapter I § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 1554

					Aı	plicati	on Date: Mai	rch 15, 2018	A PERSONAL PROPERTY.
	CVIDEN	1. INFORM	MATION	ON PR			mandets of	·····································	
1. Address of Proposed Work					3. Ward	-	a. Square	4b, Suffix	5, Lot
Canal Road (Foundry Branch Tr	estle)			NW	Three				822, 817
		2. APPLI	CANT	INFORM	MATION				
8. Property Owner		7. Complete mailing a	address (include z	ip) 8.	Phone	Number(s)	er(s) 9. Email	
WMATA		600 5th Street, NV	V		20	2.962	2.1745	jashe@w	/mata.com
10. Agent/Contractor for Owner (if ap	plicable)	11. Complete mailing	address	ddress (include zip) 12. Phon			e Number(s)	13. Email	
		3. T	YPE OF	PERM	III C				
14. Check all that apply:	aze Pern				NAME OF TAXABLE PARTY.				
		4. DESCR	IPTION	OFB	JILDIN	3	Part Service		
Description of Building to be Raz	ed (e.g., tw	vo story brick single far	mily dwel	ling)			16.	Existing Numb	er of Stories of Blo
Streetcar Trestle							0		
17. Use(s) of Property (specifically in	dicate if an	y use is residential.)		1	8. Materi	als of E	Building (brick.	wood, etc.)	
None					ron, Cor	crete			
19. Bldg Length (ft)	20. Bldg	Width (ft)		21. Bldg	Height (f	(ft) 22. Bldg Volume (cu			ne (cu ft) (L x W x
280	10			variable			not applicable		
	TO SALE	OFFI	CIAL	JSE ON	LY	100		Telesias)	
CONDITIONS/ COMMENTS:									

27. CFA? 28. Raze Entire Building? 29. Building Condemned? 30a. Party Wall? 31. Building Vacant? 32. Public Space Vault? 33. Plumber's Name not applicable 1. You must submit a Certificate of Insurance or square feet or less in area and not more than 2. The Certificate should: Show the holder of the insurance are include a 30-day advance notice or include these amounts of insurance are included.	To be dete Yes □ No	33. Raze Contract 34. Property Own 30b. If yes, and Notification Fo	tor Signature Fr Signature				
27. CFA? 28. Raze Entire Building? 29. Building Condemned? 30a. Party Wall? 31. Building Vacant? 32. Public Space Vault? 33. Plumber's Name not applicable 34. You must submit a Certificate of Insurance of square feet or less in area and not more than a linclude a 30-day advance notice of a linclude these amounts of insurance of state that the insurance covers "Rice of the insurance cov	Yes No Yes No Yes No Yes No	34. Property Own 30b. If yes, and Notification Fo	Fr Signature Control Jacent property				
28. Raze Entire Building? 29. Building Condemned? 30a. Party Wall? 31. Building Vacant? 32. Public Space Vault? 33. Plumber's Name not applicable 1. You must submit a Certificate of Insurance of square feet or less in area and not more than 2. The Certificate should: Show the holder of the insurance as include a 30-day advance notice of the insurance of	Yes ⊠ No Yes ⊠ No Yes ⊠ No	30b. If yes, and Notification Fo 30c. Any raze po	Jacent property				
29. Building Condemned? 30a. Party Wall? 31. Building Vacant? 32. Public Space Vault? 33. Plumber's Name not applicable . You must submit a Certificate of Insurance of square feet or less in area and not more than 2. The Certificate should: Show the holder of the insurance as Include a 30-day advance notice of the Insurance of Include these amounts of Insurance of Include these amounts of Insurance of Insurance is for one specific at 36. Insurance Company	Yes⊠No Yes⊠No	30b. If yes, and Notification Fo 30c. Any raze po	Jacent property				
30a. Party Wall? 31. Building Vacant? 32. Public Space Vault? 33. Plumber's Name not applicable You must submit a Certificate of Insurance of square feet or less in area and not more than the Certificate should: Show the holder of the insurance and include a 30-day advance notice of the insurance covers "Rail of the insurance is for one specific and insurance Company	Yes 🗵 No	Notification Fo 30c. Any raze po	acent property				
31. Building Vacant? 32. Public Space Vault? 33. Plumber's Name not applicable You must submit a Certificate of Insurance of square feet or less in area and not more than The Certificate should: Show the holder of the insurance as Include a 30-day advance notice of Include these amounts of insurance of State that the insurance covers "Rice If the insurance is for one specific as 36. Insurance Company		Notification Fo 30c. Any raze po	acent property				
33. Plumber's Name not applicable You must submit a Certificate of Insurance of square feet or less in area and not more than the Certificate should: Show the holder of the insurance as Include a 30-day advance notice of Include these amounts of insurance of State that the insurance covers "Rice If the insurance is for one specific at 36. Insurance Company	res ☐ 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 minclude 2 copies of a plan that show how the party wall(s) will be protected.					
33. Plumber's Name not applicable You must submit a Certificate of Insurance of square feet or less in area and not more than a certificate should: Show the holder of the insurance a linclude a 30-day advance notice of linclude these amounts of insurance of the insurance of t	1.11.77		Building must be vacant before Raze Permit issuance.				
33. Plumber's Name not applicable You must submit a Certificate of Insurance of square feet or less in area and not more than a certificate should: Show the holder of the insurance a linclude a 30-day advance notice of linclude these amounts of insurance of the insurance of t	Yes⊠ No	Comming must be		cial Use Only			
.You must submit a Certificate of Insurance of square feet or less in area and not more than . The Certificate should: Show the holder of the insurance a linclude a 30-day advance notice of the insurance of insurance . State that the insurance covers "Rice If the insurance is for one specific a	CS EMO	Fee	Ву	Date			
You must submit a Certificate of Insurance of square feet or less in area and not more than The Certificate should: Show the holder of the insurance at Include a 30-day advance notice of Include these amounts of insurance State that the insurance covers "Rice If the insurance is for one specific at 36. Insurance Company	34. Plumbe	er's License Number	35.	Raze Method (ball, buildozer, by hand, etc.			
square feet or less in area and not more than The Certificate should: Show the holder of the insurance a Include a 30-day advance notice or Include these amounts of insurance State that the insurance covers "Ri If the insurance is for one specific a	not applie	cable	cut	tting claw, pneumatic hammer			
36. Insurance Company	one story, wholly s: Deputy Directo ncellation clause coverage: Bodily zing Operations is	r, Permit Division, 1100 r, Permit Division, 1100 v Injury, \$100,000; Aggrin the District of Columbia	er building on the s 4th St SW, Washin egate, \$300,000; ar ia," if the scope of the	same or adjoining premises.			
			is at	(address of raze operation)			
Calf Ingress d		y or Certificate No.	38.	. Expiration Date			
Self-Insured	not applic	cable	not	t applicable			
39. Asbestos in Building?	es 🗵 No		Officia	al Use Only			
		Fee	Ву	Date			



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 10, 2019		Can ld:	D4900429
Date:	March 19, 2018	- , -	Cap Id:	R1800138
D.C.	Historic Preservation	Office		
1100	4th Street S.W., Rm E	650		
Wash	ington, DC 20024			
Re: Re	equest for clearance of pr	emises subject to razing oper	rations	
this da	ate with the Permit Opera s property. We are hereb	acture identified below, loca ations Division. Our records y requesting confirmation for	do not reveal any kind o	of conservation holds
Addre	ss:			
5533	HAWTHORNE PL NW			
LOT:	0806 SQUARE: 1437	TYPE:	V	ACANT: No
the cle		satisfactory completion of and returning this form to the O.C. 20024.		
		CLEARANC	E	
		researched our records conceing with the proposed razing		ified above and we
				9
Date:		Signature:		
Name	of releasing HPO Office	cial. (print)		
		s across essential and the		



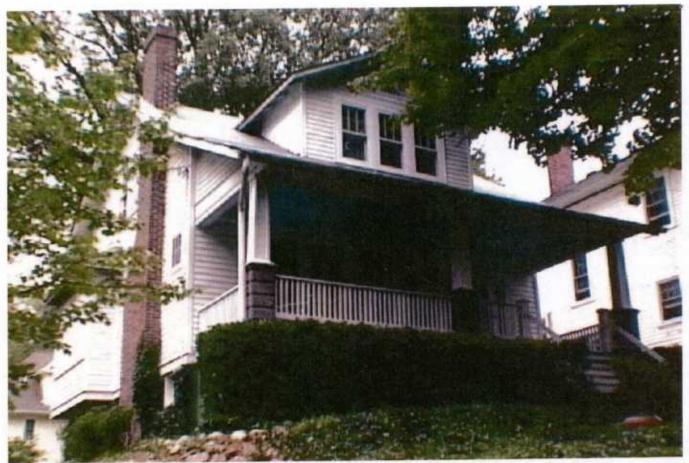
APPLICATION FOR RAZE PERMIT

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,

		1. INFORMATIO	-	And in case of February	the state of the s			
Address of Proposed Work			2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot	
5533 Hawthorne Place, N	W		NW	Three	1437		0806	
		2. APPLICANT	the state of the s	-	NAME AND ADDRESS OF TAXABLE PARTY.			
6. Property Owner		7. Complete mailing address	(include zip	8.1	Phone Number(s)	9. Email		
Hanlon Design Build	Group, Inc.	4927 Eskridge Terr, NW,	WDC 2001	0016 202-393-7200		dcpermits(ecasengineering.com	
10. Agent/Contractor for Owne	er (if applicable)	11. Complete mailing address	elete mailing address (include zip) 12. Phone Number(s)			13. Email		
David C. Landsman, CAS Engir	neering-DC, LLC	1001 Conn Ave, NW, #40	1, 20036	202-393-7200		dcpermits	ecasengineering.com	
		3. TYPE 0	E PERM	т		the State of the last		
15. Description of Building to 1 2-story block and frame re 17. Use(s) of Property (specific Residential 19. Bidg Length (ft) 38.0	ow building		elling)	. Materia	als of Building (brick	s, wood, etc.)	e (cu ft) (L x W x H)	
		OFFICIAL	USE ONL	Υ			ENERGY 75	
CONDITIONS/ COMMENTS:								

		SEC	CTION A. RAZE P	ERMIT				
23. Raze Contractor's Name		24, Contrac	tor's Address (includin	g zip code)	25. Contracto	r's Phone		
Hanlon Design Build Group, Inc		4927 Eskri	idge Terr, NW, WDC	20016	202-244-29	42		
26. Historic District?	□Yes	⊠No	33. Raze Contr	actor Signature	1 1			
27. CFA?	□Ye	s⊠ No		()	MOUL	2		
28. Raze Entire Building?	▼ Yes	. No	34. Property Ox	vner Signature	00470	i v		
29. Building Condemned?	□Yes	. No		hr	VSSa	Wolte		
30a. Party Wall?	□Yes	⊠No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction 30c. Any raze permit application for a building(s) involving party walls must be					
31, Building Vacant?	ΠVes	X No			and the same of th	arty wall(s) will be protected.		
	-	Building must be vacant before Raze Permit issuance.						
32. Public Space Vault?		No Fee		18	Official Use C	Only Date		
33. Plumber's Name 34. Plumber			er's License Number		35, Raze Meth	od (ball, bulldozer, by hand, etc.)		
Michael Sydorko		MP1015	MP1015			Bulldozer/Excavator		
1. You must submit a Certificate of Insequare feet or less in area and not of 2. The Certificate should: Show the holder of the insequance of Include a 30-day advance of Include these amounts of State that the insurance of If the insurance is for one	surance as: De notice cance insurance co-	e story, wholly eputy Directo flation clause verage: Bodily Operations i	r, Permit Division, 110 c, Permit Division, 110 c, v y Injury, \$100,000; Ag in the District of Colum	ther building of 00 4th St SW, 1 gregate, \$300, bia," if the so	Washington, DC 2 000; and Propertope of the insuran	20024 y Damage, \$100,000, ce is for blanket coverage.		
36. Insurance Company		37. Polic	y or Certificate No	is		f raze operation)		
Erie Insurance Group Q37015					38. Expiration Date 01/01/2019			
39. Asbestos in Building? If yes, indicate location:	□Yes				Official Use O	nly		
	Ē.		Fee	Ву		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	t S.W. , Rm E650		
Washington, D	C 20024		
Re: Request for	clearance of premises subject to razing oper	ations	
this date with th	to raze the structure identified below, local to Permit Operations Division. Our records . We are hereby requesting confirmation fr	do not reveal any kind of	of conservation holds
Address: 6900 GEORG	IA AVE NW		
LOT: 0808 SQ	UARE: 2950 TYPE:	V	ACANT: Yes
the clearance se	ar office of the satisfactory completion of section below and returning this form to the Washington D.C. 20024.		
	CLEARANC	E	
	n you that we researched our records conce ons to proceeding with the proposed razing		tified above and we
Date:	Signature:		
Name of releas	sing HPO Official. (print)		





APPLICATION FOR RAZE PERMIT

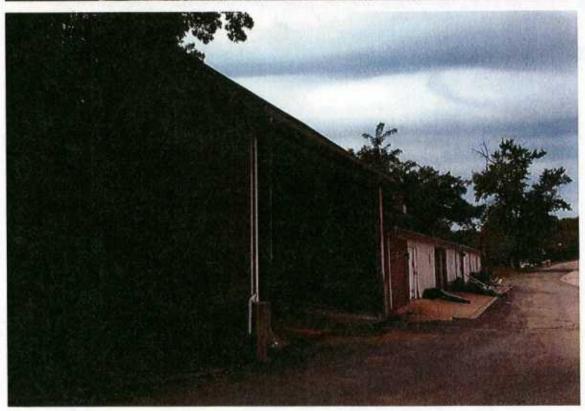
Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any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

1. INFORMATION ON PROPERTY 2. Quad 3. Ward 4a. Square 4b. Suffix 5b. Lot 0813 2. APPLICANT INFORMATION 3. Property Owner 7. Complete mailing address (include zip) 8. Phone Number(s) 9. Email 17. Complete mailing address (include zip) 12. Phone Number(s) 13. Email 14. Check all that apply: 14. Check all that apply: 15. Description of Building to be Razed (e.g., two story brick single family dwelling) 16. Existing Number of Stories of Building to be Razed (e.g., two story brick single family dwelling) 17. Use(s) of Property (specifically indicate if any use is residential.) 18. Materials of Building (brick, wood, etc.) 19. Bidg Length (ft) 20. Bidg Width (ft) 21. Bidg Height (ft) 22. Bidg Volume (cu ft) (L x W. 118) 25. In the complete that the complete th	2. APPLICA 3. Property Owner TPWR Developer LLC 10. Agent/Contractor for Owner (if applicable) 11. Complete mailing add 3. TYP 14. Check all that apply: X Raze Permit X Description of Building to be Razed (e.g., two story brick single family one story brick and wood shed	2. Quad NW ANT INFORM fress (include zip) e 600, Washing ddress (include zip) PE OF PERMI	3. Ward 4 Four 2 ATION) 8. Phone gtd 202-43- ip) 12. Phore	950 Number(s) 4-0251	9. Email	0813
2. APPLICANT INFORMATION 3. Properly Owner 7. Complete mailing address (include zip) 8. Phone Number(s) 9. Email 11. Complete mailing address (include zip) 12. Phone Number(s) 13. Email 14. Check all that apply: 15. Description of Building to be Razed (e.g., two story brick single family dwelling) 15. Description of Building to be Razed (e.g., two story brick single family dwelling) 16. Existing Number of Stories of Building (brick, wood, etc.) 17. Use(s) of Property (specifically indicate if any use is residential.) 18. Materials of Building (brick, wood, etc.) 19. Bldg Length (ft) 20. Bldg Width (ft) 21. Bldg Height (ft) 22. Bldg Volume (cu ft) (L x W.) 23. Type OF PERMIT 24. Check all that apply: 25. Bldg Height (ft) 26. Bldg Volume (cu ft) (L x W.) 27. Bldg Height (ft) 28. Bldg Volume (cu ft) (L x W.) 29. Bldg Volume (cu ft) (L x W.)	2. APPLICA 2. APPLICA 3. Property Owner 4. Check all that apply: Raze Permit A. DESCRIP 15. Description of Building to be Razed (e.g., two story brick single family one story brick and wood shed	NW ANT INFORM fress (include zip) e 600, Washing ddress (include zip) PE OF PERMI	ATION) 8. Phone gtd 202-43	950 Number(s) 4-0251	9. Email	0813
2. APPLICANT INFORMATION 2. Property Owner 7. Complete mailing address (include zip) 8. Phone Number(s) 9. Email mary.thomas@hines.co 0. Agent/Contractor for Owner (if applicable) 11. Complete mailing address (include zip) 12. Phone Number(s) 13. Email 3. TYPE 0F PERMIT 4. 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 Building to be Razed (e.g., two story brick single family dwelling) 17. Use(s) of Property (specifically indicate if any use is residential.) 18. Materials of Building (brick, wood, etc.) 19. Bldg Length (ft) 20. Bldg Width (ft) 21. Bldg Height (ft) 22. Bldg Volume (cu ft) (L x W.) 18. Materials of Stories of Building (brick wood) 22. Bldg Volume (cu ft) (L x W.) 23. TYPE 0F PERMIT 24. Check all that apply: 25. Bldg Height (ft) 26. Existing Number of Stories of Building (brick, wood, etc.)	2. APPLICA 7. Complete mailing adds 800 10th St NW, Suite 800 10th St NW, Suite 11. Complete mailing add 11. Complete mailing add 3. TYP 4. Check all that apply: Raze Permit 4. DESCRIP 15. Description of Building to be Razed (e.g., two story brick single family one story brick and wood shed	ANT INFORM fress (include zip e 600, Washing ddress (include zi	ATION) 8. Phone gtd 202-43- ip) 12. Phore	Number(s) 4-0251	mary.thon	
Property Owner 7. Complete mailing address (include zip) 8. Phone Number(s) 9. Email PWR Developer LLC 800 10th St NW, Suite 600, Washingto 202-434-0251 mary.thomas@hines.co D. Agent/Contractor for Owner (if applicable) 11. Complete mailing address (include zip) 12. Phone Number(s) 13. Email 3. TYPE 0F PERMIT 4. Check all that apply: Raze Permit 4. DESCRIPTION OF BUILDING 5. Description of Building to be Razed (e.g., two story brick single family dwelling) 16. Existing Number of Stories of Building to be Razed (e.g., two story brick single family dwelling) 17. Use(s) of Property (specifically indicate if any use is residential.) 18. Materials of Building (brick, wood, etc.) brick and wood 9. Bldg Length (ft) 20. Bldg Width (ft) 21. Bldg Height (ft) 22. Bldg Volume (cu ft) (L x W.) 18. S3,100	PWR Developer LLC Agent/Contractor for Owner (if applicable) A Check all that apply: Raze Permit A DESCRIP 5. Description of Building to be Razed (e.g., two story brick single family and story brick and wood shed	fress (include zip e 600, Washing ddress (include zi PE OF PERMI	9td 202-43-	4-0251	mary.thon	nas@hines,con
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4. DESCRIPTION OF BUILDING 5. Description of Building to be Razed (e.g., two story brick single family dwelling) 16. Existing Number of Stories of Building (brick, wood, etc.) 17. Use(s) of Property (specifically indicate if any use is residential.) 18. Materials of Building (brick, wood, etc.) 19. Bldg Length (ft) 20. Bldg Width (ft) 21. Bldg Height (ft) 22. Bldg Volume (cu ft) (L x W 1) 23. Bldg Volume (cu ft) (L x W 1)	4. DESCRIP. 5. Description of Building to be Razed (e.g., two story brick single family ne story brick and wood shed					
5. Description of Building to be Razed (e.g., two story brick single family dwelling) 16. Existing Number of Stories of Building Number of Stories of Build	 Description of Building to be Razed (e.g., two story brick single family ne story brick and wood shed 					
ne story brick and wood shed 7. Use(s) of Property (specifically indicate if any use is residential.) 18. Materials of Building (brick, wood, etc.) 19. Bldg Length (ft) 20. Bldg Width (ft) 21. Bldg Height (ft) 22. Bldg Volume (cu ft) (L x W 18) 25. Table 18 26. Bldg Volume (cu ft) (L x W 18)	ne story brick and wood shed	1 careamily	ILDING	16	Evisting Numba	or of Storiae of Blo
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	OFFIC	TAL USE ONL	Y	1 11 11 11		
CONDITIONS/ COMMENTS:	CONTRACTOR OF THE PROPERTY OF					

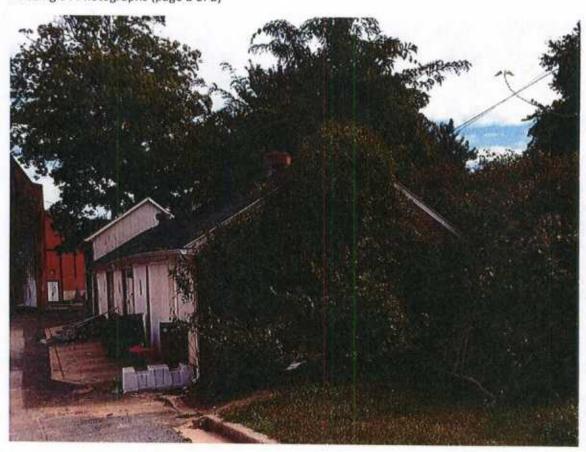
23. Raze Contractor's Name			ctor's Address (including zip code	25. C	ontractor's Phone
TBD		TBD		TBD	
26. Historic District?		No	33. Raze Contractor Sign	ature	
27. CFA?	□Yes	S⊠ No			
28. Raze Entire Building?	×Yes	No	34. Property Owner Signa		
29. Building Condemned?	□Yes	. No	Kwin	lle_	
30a. Party Wall?	□Yes	⊠ No	Notification Form wh 30c. Any raze permit ap	ich safegua plication for a	wner(s) will need to sign the ards during construction building(s) involving party walls must be
31. Building Vacant?	[X] Yes	No	- International Control of the Contr		ow the party wall(s) will be protected.
A STATE OF THE STA	-		Building must be vacant b		I Use Only
32. Public Space Vault?	Lites	⊠ No	Fee	Ву	Date
33. Plumber's Name		34. Plumb	er's License Number	35. Ra	ize Method (ball, buildozer, by hand, etc.)
TBD		TBD		mech	anical demolition
square feet or less in area and not 2. The Certificate should: Show the holder of the in Include a 30-day advance Include these amounts o State that the insurance	surance as: Do e notice cance f insurance con covers "Razing	e story, wholl eputy Directo flation clause verage: Bodil of Operations	y detached from any other buildi or, Permit Division, 1100 4th St S 3. ly Injury, \$100,000; Aggregate, \$	W, Washingto 300,000; and scope of the	on, DC 20024
36. Insurance Company		37. Polic	cy or Certificate No.		expiration Date
TBD (pending Contractor)	V	TBD		TBD	
39. Asbestos in Building? If yes, indicate location:	¥Yes	No		Official	Use Only
			Fee	Ву	Date

Building 84 Photographs (page 1 of 2)





Building 84 Photographs (page 2 of 2)





Permit Operations Division 1100 4th Street SW Washington DC 20024 (202) 442 - 4589 Fax (202) 442 - 4

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

R1800141 March 22, 2018 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 VACANT: Yes LOT: 0808 SQUARE: 2950 TYPE: 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. Signature: Name of releasing HPO Official. (print)



APPLICATION FOR RAZE PERMIT

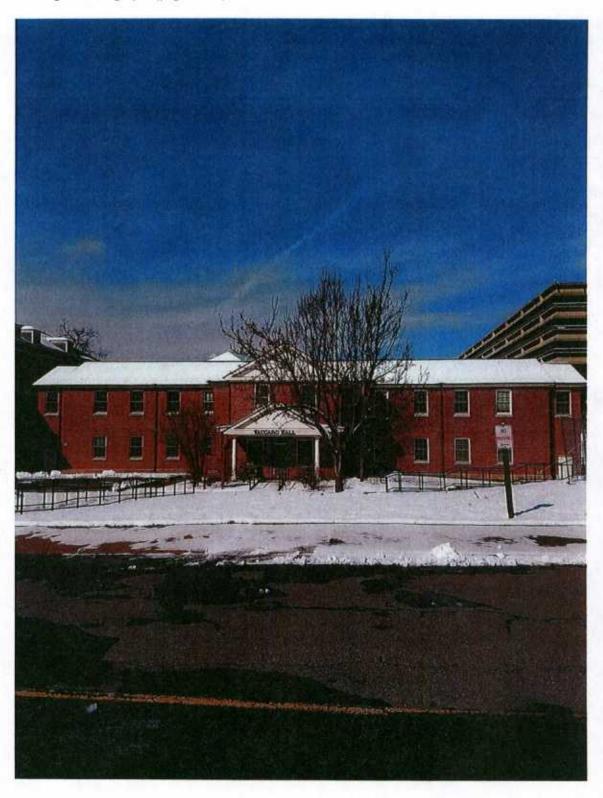
Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any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

41			App	plication Date: 3/	22/18			
is sen	1. INFORMATIO	The second of the second	DANISH SHOWING	THE OWNER WHEN PERSON NAMED IN		WY SANS		
- 30					4b, Suffix	5. Lot		
g 38		J NW	Four	2950		0813		
I Safaki					Market Street			
	7. Complete mailing addres	s (include zi	p) 8. F	Phone Number(s)	9. Email			
	800 10th St NW, Suite 6	00, Washir	gtd 20	2-434-0251	mary.thor	mary.thomas@hines.com		
(if applicable)	11. Complete mailing addre	ess (include	zip) 12.	Phone Number(s) 13. Email			
ACCOUNT.	3. TYPE	OF PERM	IT	yanda (Read Mary Tox	il Salambia D		
Raze Per	mit							
RAINEAG	4. DESCRIPTI	ON OF B	UILDING	3		The same of		
e Razed (e.g., t	The state of the s	DESCRIPTION OF THE PERSON NAMED IN		100	16. Existing Number	er of Stories of Bldg		
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cally indicate if a	any use is residential.)		18. Materi	als of Building (br	ick, wood, etc.)			
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	cally indicate if a	2. APPLICAN 7. Complete mailing address 800 10th St NW, Suite 6 (if applicable) 11. Complete mailing address 3. TYPE Raze Permit 4. DESCRIPTION Per Razed (e.g., two story brick single family described in the property of	2. APPLICANT INFORM 7. Complete mailing address (include zi 800 10th St NW, Suite 600, Washin r (if applicable) 11. Complete mailing address (include zi 3. TYPE 0F PERM R Raze Permit 4. DESCRIPTION OF Blue Razed (e.g., two story brick single family dwelling) cally indicate if any use is residential.) ding 20. Bldg Width (ft) 21. Bldg 30 OFFICIAL USE 06	2. APPLICANT INFORMATION 7. Complete mailing address (include zip) 800 10th St NW, Suite 600, Washingto 7. (if applicable) 11. Complete mailing address (include zip) 12. APPLICANT INFORMATION 7. Complete mailing address (include zip) 12. Type of Permit 4. DESCRIPTION OF BUILDING be Razed (e.g., two story brick single family dwelling) 20. Bldg Width (ft) 20. Bldg Width (ft) 21. Bldg Height (ft) 30 0FFICIAL USE ONLY	2. APPLICANT INFORMATION 7. Complete mailing address (include zip) 800 10th St NW, Suite 600, Washingtd 7. Complete mailing address (include zip) 8. Phone Number(s) 11. Complete mailing address (include zip) 12. Phone Number(s) 3. TYPE 0F PERMIT Raze Permit 4. DESCRIPTION OF BUILDING 18. Materials of Building (bridged) 19. Bldg Height (ft) 20. Bldg Width (ft) 21. Bldg Height (ft) 30 0FFICIAL USE ONLY	2. Quad 3. Ward 4a. Square 2950 2. APPLICANT INFORMATION 7. Complete mailing address (include zip) 8. Phone Number(s) 9. Email 202-434-0251 11. Complete mailing address (include zip) 12. Phone Number(s) 13. Email 202-434-0251		

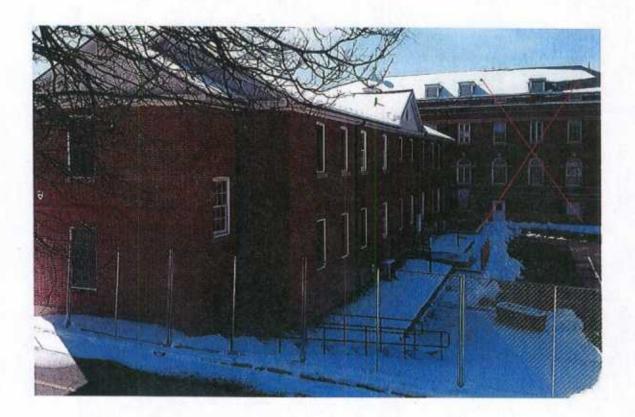
		SEC	CTION A. RAZE PERMI	T		
23. Raze Contractor's Name		24. Contrac	tor's Address (including zip o	ode)	25. Contract	or's Phone
TBD		TBD	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		TBD	
26. Historic District?	⋉Yes	□No	33. Raze Contractor S	lignature		
27. CFA?	☐Yes	₩ No				
28. Raze Entire Building?	⋉Yes	No	34. Property Owner Si	gnature		
29. Building Condemned?	□Yes	₩No	Kastus	lor	uc	
30a. Party Wall?	□Yes	⊠No	Notification Form 30c. Any raze permit	which stapplicat	safeguards d	s) will need to sign the uring construction g(s) involving party walls must be
31. Building Vacant?	⊠Yes	□No	Building must be vaca			party wall(s) will be protected.
	discussion.	Salahi	building must be vaca	DO MILITY	Official Use	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P
32. Public Space Vault?	Lives	⊠No	Fee	B		Date
33, Plumber's Name		34. Plumb	er's License Number		35. Raze Met	thod (ball, buildozer, by hand, etc.)
TBD		TBD			mechanical	demolition
 Include a 30-day advance Include these amounts of State that the insurance of 	surance as: Do notice cance insurance co overs "Razing	e story, wholly eputy Directo flation clause verage: Bodil g Operations	y detached from any other but or, Permit Division, 1100 4th	uilding or St SW, V e, \$300, f the sco	n the same or a Vashington, DC 000; and Prope pe of the insura	djoining premises. 20024 rty Damage, \$100,000.
36. Insurance Company		37. Polic	y or Certificate No.		38. Expirat	Part of the Part o
TBD (pending Contractor)		TBD			ТВО	
39. Asbestos in Building? If yes, indicate location:		No		C	Official Use (Only
al _e before			Fee	Ву		Date

Building 38 Photographs (page 1 of 2)



Building 38 Photographs (page 2 of 2)







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

R1800142 March 22, 2018 Cap Id: 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 VACANT: Yes LOT: 0808 SQUARE: 2950 TYPE: 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. Signature: Name of releasing HPO Official. (print)



APPLICATION FOR RAZE PERMIT

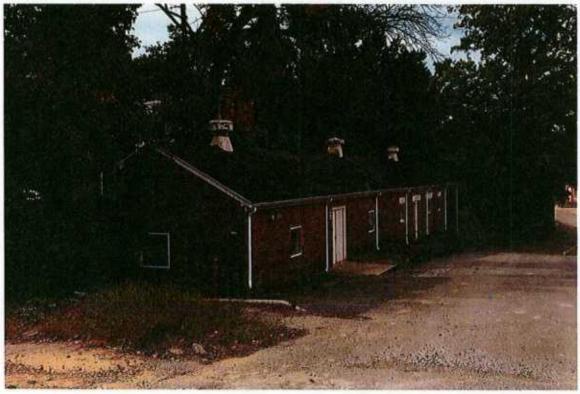
Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide detailed information. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any entered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

Address of Proposed Work 900 Georgia Ave - Building 31 Property Owner PWR Developer LLC D. Agent/Contractor for Owner (if applicable)	1. INFORMATIO 2. APPLICANT 7. Complete mailing address	2. Quad NW	_		4b. Suffix	5 Lot
900 Georgia Ave - Building 31 Property Owner PWR Developer LLC	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAMED I	NW			4b. Suffix	5 Lot
Property Owner PWR Developer LLC	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAMED I		Four	112950	111	
PWR Developer LLC	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAMED I	INFOR				0813
PWR Developer LLC	7. Complete mailing address	The Park Street, Square, Squar	OITAN	N	A THE REAL PROPERTY.	Sell Break
	1.0	s (include z	ip) 8	. Phone Number(s)	9, Email	
). Agent/Contractor for Owner (if applicable	800 10th St NW, Suite 60	00, Washir	ngto 2	02-434-0251	mary.thor	mas@hines.com
	11. Complete mailing address	ss (include	zip) 1	2. Phone Number(s)	13. Email	
	1					
	3. TYPE (OF PERN	AIT .	and the contractive	HI WAY THE	RELEGIOUS STATES
Check all that apply: Raze Pe	ermit					
				1		
5. Description of Building to be Razed (e.g.	4. DESCRIPTIO	THE RESERVE AND ADDRESS.	UILDII		6. Existing Numb	er of Stories of Bld
	two atory brick angle tariny or	vunning)			o, examine manner	ur or oxorios or ord
ne story brick building				L		
7. Use(s) of Property (specifically indicate in	any use is residential.)		18. Mate	erials of Building (brid	k, wood, etc.)	
ormer warehouse		- 1	brick			
9. Bidg Length (ft) 20. E	Bldg Width (ft)	21. Bldg	Height	(ft)	22. Bldg Volun	ne (cu ft) (L x W x I
00 18	7.	15			27,000	
	44444				1 27,000	1000
CALCULATION OF CONTRACTOR	OFFICIAL	L USE OF	NLY		The state of the s	
CONDITIONS/ COMMENTS:						

and the second of the second o		320	TION A. RAZE PER	TVIII T	The Real Property lies	the state of the last of the last of
23. Raze Contractor's Name		24. Contract	or's Address (including z	ip code)	25. Contractor's	Phone
TBD		TBD			TBD	
26. Historic District?	ĭ¥Yes	□No	33. Raze Contract	or Signature		
27. CFA?	☐Yes	⊠ No				
28. Raze Entire Building?	×Yes	□No	34. Property Owne			
29. Building Condemned?	□Yes	⊠ No	000	alle		
30a. Party Wall?	□Yes	⊠No	Notification For	rm which saf	eguards duri	will need to sign the ng construction i) involving party walls must be
			include 2 copies o	of a plan that she	ow how the par	ty wall(s) will be protected.
31. Building Vacant?		□ No	Building must be v	acant before Ra	aze Permit issur	ince.
32. Public Space Vault?	□Yes	No No		Off	ficial Use O	
#####################################			Fee	Ву		Date
33. Plumber's Name		34. Plumbe	er's License Number		35. Raze Metho	d (ball, bulldozer, by hand, etc.
TBD		TBD		r	mechanical de	emolition
You must submit a Certificate of Institute Square feet or less in area and not state that the Certificate should: Show the holder of the institute a 30-day advance include these amounts of State that the insurance of the insurance is for one	surance as: Do e notice cance I insurance cov covers "Razing	estory, wholly eputy Directo llation clause verage: Bodil Operations	y detached from any other, Permit Division, 1100 of the control of the control of	er building on the 4th St SW, Was egate, \$300,000 ia," if the scope	e same or adjo shington, DC 20 D; and Property of the insurance	ining premises. i024 Damage, \$100,000.
36. Insurance Company		37. Polic	y or Certificate No.	1:	38. Expiratio	
TBD (pending Contractor)		TBD			TBD .	
39. Asbestos in Building? If yes, indicate location:	▼Yes	No		Off	icial Use On	ly
			Fee	By		

Building 31 Photographs (page 1 of 1)







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



	March 23, 2018	Cap Id: R1800143
D.C.	Historic Preservation Office	
1100	4th Street S.W., Rm E650	
Wash	ington, DC 20024	
Re: R	equest for clearance of premises subject to ra	zing operations
this da	ate with the Permit Operations Division. Ou s property. We are hereby requesting confir	low, located in the District of Columbia, was filed on ir records do not reveal any kind of conservation holds mation from your office, in order to release the subject
Addre	ess.	
836	VARNUM ST NW	
LOT:	0817 SQUARE: 3024 TYPE:	VACANT: Yes
	e notify our office of the satisfactory compl	etion of your inspection of the premises, by filling out
the cl	earance section below and returning this fo treet S.W., Washington D.C. 20024.	rm to the D.C.R.A. Permit Operations Division, 1100
the cl	treet S.W., Washington D.C. 20024.	ARANCE
the cl 4th St This i	treet S.W., Washington D.C. 20024.	ARANCE ords concerning the structure identified above and we



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

IS 1.7.1.2, 105.1.7.2, and Sect		800143	Appl	ication Date: 23	s, more	h 2018
Address of Proposed Work	The second secon	Name and Address of the Owner, where the Owner, which the	ROPERTY	4a. Square	4b. Suffix	5. Lot
836 Varnu	m st.	NW	One	3024	-	0817
Military and M		PPLICANT INFOR	NOOP WITH THE PERSON			STATE OF
Property Owner Congressional 83		Znd st NE		3/364 44	9. Email	esf Octong
0. Agent/Contractor for Owner (if		mailing address (includ		Phone Number(s)	13. Email	7 3
Tiffany Byr	d 761 19	ington.DE	200	304460	aseta.	consulting
		3. TYPE OF PER			Mindre	and the same
4. Check all that apply:	Raze Permit					
English American		ESCRIPTION OF I	BUILDING	E E GER		States of States
5. Description of Building to be R				16.	Existing Number	er of Stories of Bldg
	ry brick		40 Metavial	a of Duilding (heigh		
7. Use(s) of Property (specifically	indicate if any use is reside	nual.)	16. Material	s of Building (brick,	APARAS SARA	
SFD 9. Bidg Length (ft)	20. Bldg Width (ft)	24 816	g Height (ft)	Brian		e (cu ft) (L x W x H
91	22	27.5%				
		OFFICIAL USE 0	50		100,1	00
CONDITIONS/ COMMENTS;						

a la la bronance Marc	SE	CTION A. RAZE PERMIT	X 2 THE REPORT OF THE REAL PROPERTY.	
23. Raze Contractor's Name	24. Contra	ctor's Address (including zip code)	25. Contractor's F	Phone
26. Historic District?	Yes No	33. Raze Contractor Signa	sture	
27. CFA?	☐ Yes ☐ No			
28. Raze Entire Building?	☐Yes ☐ No	34. Property Owner Signa	ture	
29. Building Condemned?	☐Yes ☐No	- policy	5/	
30a. Party Wall?	ØYes □ No	30b. If yes, adjacent	property owner sign	ature is required.
		30c. Any raze permit ap include 2 copies of a plan	plication for a building(s) that show how the party	involving party walls must be wall(s) will be protected.
31. Building Vacant?	Yes No	Building must be vacant b	efore Raze Permit issuan	ce.
32. Public Space Vault?	☐Yes ☑No	Elizabeth Company	Official Use On	
		Fee	Ву	Date
			Not the same	
33. Plumber's Name	34. Plum	ber's License Number	35. Raze Method	(ball, bulldozer, by hand, etc.)
Include a 30-day advance Include these amounts of i State that the insurance co	urance as: Deputy Direct notice cancellation clau nsurance coverage: Bo overs "Razing Operation	olly detached from any other build ctor, Permit Division, 1100 4th St S	ing on the same or adjoin SW, Washington, DC 200 3300,000; and Property De e scope of the Insurance	24 Damage, \$100,000.
36. Insurance Company	37. Po	licy or Certificate No.	38. Expiration	
chenault Insurane	e seruces	7008271	03/2	0 19
39. Asbestos in Building? If yes, indicate location:	☐ Yes ☐ No		Official Use Onl	y
ii yes, iliuloate location.		Fee	Ву	Date





Google

Image capture: May 2014

© 2018 Google

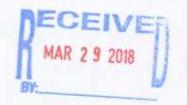
Washington, District of Columbia



Street View - May 2014







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 Prese			
1100 4th Street S.W.	The second second		
Washington, DC 200	24		
Re: Request for cleara	nce of premises subject to razing opera	ations	
this date with the Perr	e the structure identified below, locat nit Operations Division. Our records are hereby requesting confirmation from	do not reveal any kind o	of conservation holds
Address:			
838 VARNUM ST N	W		
LOT: 0816 SQUARE	: 3024 TYPE:	V	ACANT: Yes
Please notify our offi- the clearance section 4th Street S.W., Wash	ce of the satisfactory completion of y below and returning this form to the nington D.C. 20024.	our inspection of the pro D.C.R.A. Permit Opera	emises, by filling out tions Division, 1100
	CLEARANCE		
	that we researched our records conce proceeding with the proposed razing		ified above and we
Date:	Signature:		
Name of releasing H	PO 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.

105.1.7.2, and Section 15	5A	70. 西南部縣	SERVER.	OF THE P	Violation in the second			
					Appl	ication Date:	3, Marc	h 2018
		1. INFOR	RMATIO		ROPERTY	ALCOHOL:	A COME	
Address of Proposed Work				2. Quad		4a. Square	4b. Suffix	5. Lot
838 Varnu	m st.			NW	One	3024		0816
Santa Contract	11500		LICANT			in pints N		
6. Property Owner		7. Complete mailin	g address	(include z	ip) 8. Ph	one Number(s)	9. Email	
ABCT Developen	nont2 Luc	838 Yam	m	54.00	0			
0. Agent/Contractor for Own	er (if applicable)	11. Complete maili				hone Number(s) 13. Email	
Tiffany R	xurd	761 19th Washin	st n	Enc	60	2)36419	we aset	a. consulti
A STATE OF THE STA		-	TYPE O		DT.	NEEDS TON	AND ASSESSED OF	2015 2011 2
4. Check all that apply:			1120	14	La restricte		SERVICE VICENT	CONTRACTOR OF STREET
, a a a a a a	Raze Pern	nit	: 12	- 12			2	
		4. DESC			JILDING	Territ S		阿 斯斯斯
5. Description of Building to				1007/2015				er of Stories of Bldg
semi-det	rcchecl	two st	4	5100	JE FOI	mily due	ing 2	
7. Use(s) of Property (specifi	cally indicate if an	y use is residential.)		1	8. Materials	of Building (bric	k, wood, etc.)	
Single	fam	I'v dwel	linc		(Brick		3/12/3/1
9. Bldg Length (ft)		Width (ft)			Height (ft)		22. Bldg Volum	e (cu ft) (L x W x H
10		19	12		30		199:	5D
	的现在分词	OF	TCIAL	SEON	LY		- CONTRACTOR OF THE PARTY OF TH	
ONDITIONS/ COMMENTS:						14.3		
S AND AND		A PART OF THE PART				当 然是了		
CALL THE SECOND		以 证据是1		ALIENS OF THE	基础 的		200 A 200 A	Carlo Star
						100		
	和特殊的		36.7				TO THE TANK	
	White was			7		1 1 1 1		
								A.P. T. P. T.
		1. 作文色			MALE TO SE			
科智·		了一个人的 工		300				15.00

	EDENAME	SE	CTION A. RAZE PERM	IIT	A SECTION AND ADDRESS OF THE PARTY OF THE PA			
23. Raze Contractor's Name		24. Contrac	ctor's Address (including zip	code)	25. Contract	tor's Phone		
26. Historic District?	□Ye	s No	33. Raze Contractor	Signature	- 1			
27. CFA?	□Ye	s No						
28. Raze Entire Building?	□Ye	S THO	34. Property Owney Signature					
29. Building Condemned?	Yes	5 EM6	7	E	1			
30a. Party Wall?	XYes DIN		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?	Yes	No						
32. Public Space Vault?	□Yes	No	FOR MARKET		Official Use			
			Fee	Ву		Date		
 Include a 30-day advence Include these amounts of State that the insurance of If the insurance is for one 	more than one surence as: Di a notice cance insurance cov covers 'Razing	ng the raze of story, wholly epity-Director lation clause, verage, Bodily Operations it	detactied from any other b Pennit Division, 1 100 4th Injury, \$100,000, Aggrega The District of Columbia, that, "Razing Operations a	uilding on SLSW: W te, \$300,0 If the scop	ng you plan to the same or at ashington, DC 00; and Proper is of the insurar	20024 ty Damage, \$100,000. nos is for blanket coverage. of raze operation)		
86. Insurance Company		37. Policy	or Certificate No.		38. Expirati			
chenault insura	noe ser	mPo	045003000	447	17/17	118		
 Asbestos in Building? f yes, indicate location: 	□Yes	No		Of	fficial Use C	Only		
10			Fee	By		Date		

REV 11/11



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

	2018	Cap ld: R1800127
D.C. Historic Prese 1100 4th Street S.W. Washington, DC 200	, Rm E650	
	nce of premises subject to razing oper	ations
this date with the Pern	nit Operations Division. Our records	ted in the District of Columbia, was filed of do not reveal any kind of conservation hol om your office, in order to release the subjection
Address: 418 FLORIDA AVE	NE	
LOT: 0803 SQUARE	: 3588 TYPE:	VACANT: Yes
	below and returning this form to the	our inspection of the premises, by filling of D.C.R.A. Permit Operations Division, 110
	CLEARANC	E
	that we researched our records conce proceeding with the proposed razing	erning the structure identified above and we of said structure.

Government of the District of Columbia



APPLICATION FOR RAZE PERMIT

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

Ranger Properties 80 10. Agent/Contractor for Owner (if applicable) 11.	2. APPLICANT complete mailing address Eighth Avenue, New Complete mailing address	N ON PRO 2. Quad 3 NW (INFORMA s (include zip) York NY 100	One B. Pho	4a. Square 3598 ne Number(s)	4b. Suffix 9, Email	5. Lot 803
Ranger Properties 80 0. Agent/Contractor for Owner (if applicable) 11.	complete mailing address	INFORMA s (include zip) York NY 100	One TION 8. Pho	3588 ne Number(s)	9, Email	
Ranger Properties 80 O. Agent/Contractor for Owner (if applicable) 11.	complete mailing address	INFORMA s (include zip) York NY 100	TION 8. Pho	ne Number(s)	7	803
Ranger Properties 80 0. Agent/Contractor for Owner (if applicable) 11.	complete mailing address	s (include zip) York NY 100	8. Pho		7	
Ranger Properties 80 O. Agent/Contractor for Owner (if applicable) 11.	Eighth Avenue, New	York NY 100			7	
Agent/Contractor for Owner (if applicable) 11.			917-7	715.1002		
	Complete mailing addre	- Contrato sin	411	13-1702	ss@ranger	rproperties.com
Shryock Enterprises 88		ss (include zip) 12. Ph	one Number(s)	13. Email	
	8817 R Annapolis Road Lanham, M			577-2399	mike.shryockenterprises@	
	3. TYPE (OF PERMIT			450 50	
4. Check all that apply: Raze Permit						
	4. DESCRIPTION	N OF BUI	LDING		Marie S	N SCHOOL
Description of Building to be Razed (e.g., two ste	ory brick single family dv	velling)		16.	Existing Number	r of Stories of Bld
Old Warehouse Wood Framed				2		- Lucios
17. Use(s) of Property (specifically indicate if any us	e is residential.)	18.	Materials	of Building (brick,	wood, etc.)	
Art Studio		Bri	ck and w	ood		
19. Bidg Length (ft) 20. Bidg Wid	sth (ft)	21. Bldg Height (ff)			22. Bldg Volume (cu ft) (L x W x	
90'		34'			198,900	
	OFFICIAL	USE ONL	Y			
CONDITIONS/ COMMENTS:						

The state of the state of the state of		SE	CTION A. RAZE PE	ERMIT	MINES	THE SECRETARY STATE OF		
23. Raze Contractor's Name		24. Contra	actor's Address (including	g zip code)	25. Contrac	tor's Phone		
Shryock Enterprises, Inc.		8817 R. A	Annapolis Road Lanha	am MD 2070	301-577-2	399		
26. Historic District?	□Ye	s No	33. Raze Conta	actor Signatur	0/	1		
27. CFA?	□Ye	s No	Musk	not .	Slugs	M_		
28, Raze Entire Building?	⊠Ye	s No	34. Pryperty 9w	mer Signature	Amil.	,-		
29. Building Condemned?	⊠Ye	s 🗆 No	5/0/10	n ste	VAD.			
30a. Party Wall?	□Ye	s No	30b. If yes, a Notification F 30c. Any raze	djacent pro form which permit applica	perty owner(safeguards d ation for a building	s) will need to sign the during construction ng(s) involving party walls must be		
31. Building Vacant?	⊠ Yes	s ☐ No		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?	ПYes	s⊠No	Partie Name	Official Use Only				
			Fee	В		Date		
33. Plumber's Name		34. Plumb	er's License Number	10000	35. Raze Met	thod (ball, buildozer, by hand, etc.)		
Hermanstyne		DPM100	0470		by hand			
I. You must submit a Certificate of Ir square feet or less in area and not 2. The Certificate should: Show the holder of the ir Include a 30-day advance include these amounts of State that the insurance If the insurance is for one	more than one isurance as: D e notice cance f insurance co covers "Razing	e story, whole eputy Director flation clausor verage: Bodi operations	ly detached from any off or, Permit Division, 1100 e. ly Injury, \$100,000; Agg in the District of Columb	her building of 0 4th St SW, V pregate, \$300, bia," if the sco	n the same or a Washington, DC 000; and Proper pe of the insural	djoining premises. 20024 fly Damage, \$100,000. nce is for blanket coverage.		
36. Insurance Company		37 Polic	y or Certificate No.	EDENOLES	38. Expirat	of raze operation)		
Erie Insurance Exchange		Q28-102			04/10/2018	MANAGE AND THE STREET,		
39. Asbestos in Building? If yes, indicate location:	✓Yes			C	Official Use C			
	•		Fee	Ву		Date		



3588 0803 08/10/2004

MIKE. SHAYOUR ENSERPRISES & 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 Preso	ervation Office		
1100 4th Street S.W.	, Rm E650		
Washington, DC 200	124		
Re: Request for cleara	nce of premises subject to razir	ng operations	
this date with the Perr	nit Operations Division. Our r	w, located in the District of Co records do not reveal any kind o ation from your office, in order	of conservation holds
Address: 416 FLORIDA AVE	N/W		
LOT: 0800 SQUARE	: 0507 TYPE:	V	ACANT: Yes
Please notify our offi the clearance section 4th Street S.W., Wast	below and returning this form	ion of your inspection of the pr to the D.C.R.A. Permit Opera	emises, by filling out tions Division, 1100
	CLEAR	RANCE	
This is to inform you have no objections to	that we researched our record proceeding with the proposed	s concerning the structure ident razing of said structure.	ified above and we
	Signature:		

Name of releasing HPO Official. (print)

Government of the District of Columbia



APPLICATION FOR RAZE PERMIT

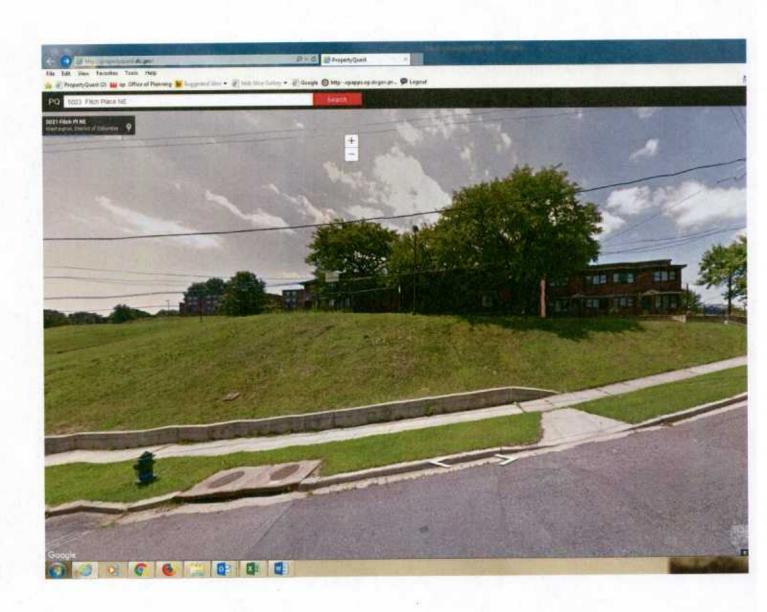
Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide detailed information. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any entered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

	ion 155A	1960	2			sun/ogen/sundeles	
		K180013	0	Appli	cation Date: Ma	rch 09, 2018	
STATE OF THE STATE	5.三百件	1. INFORMATIO		ERTY		T.WEST A	
. Address of Proposed Work			2. Quad 3.	Ward	4a, Square	4b. Suffix	5. Lot
416 Florida Avenue			NW O	ne	3544		803
		2. APPLICANT	INFORMAT	TION	WWALE AND ST	Mark Mark	100 347 012 15
. Property Owner		7. Complete mailing address	s (include zip)	8, Ph	one Number(s)	9. Email	
Ranger Properties	80 Eighth Avenue, New			917-	715-1902	ss@ranger	properties.com
0. Agent/Contractor for Owner (if	applicable)	11. Complete mailing addres	ss (include zip) 12. Phone Number(s			13. Email	
Shryock Enterprises		8817 R Annapolis Road I	Lanham, MD	301-	577-2399	mike.shrye	ockenterprises@
STATE OF STREET	BREAD AND	3. TYPE (F PERMIT				
4. Check all that apply:		Light Control				CALL COLOR	
Z	Raze Perr	nit					
	Marie Co	4. DESCRIPTIO	The state of the s	DING	VIL. WAS	Man and	
 Description of Building to be R 	azed (e.g., tv	vo story brick single family dw	elling)		16	. Existing Number	of Stories of Bldg
Two story brick building					2		
7. Use(s) of Property (specifically	indicate if ar	ny use is residential.)	18, M	faterials	of Building (brick	, wood, etc.)	
Yums Carryout bottom floor t	op floor Re	esidential bedrooms	Brick	(
19. Bidg Length (ft)	20. Bldg	g Width (ft)	21. Bldg Heig	ght (ft)		22. Bidg Volume (cu ft) (L x W x H	
85'	20'		25'			42,500	
	STREET,	OFFICIAL	USE ONLY	a	20120000	Specifica-	
THE PARTY OF THE P		UILIVIAL					

			CTION A. RAZE PE	CIVILLE			
23. Raze Contractor's Name		24. Contrac	ctor's Address (including	zip code)	25. Contrac	tor's Phone	
Shryock Enterprises, Inc.		8817 R. A	nnapolis Road Lanhar	m MD 2070	301-577-2	399	
26. Historic District?	□Ye	S ⊠No	33. Raze Contrac	tor Signature	11)	1.	
27. CFA?	□Ye	s No	Michael Skyak				
28. Raze Entire Building?	⊠Yes	No	34. Property Own	er Signature	AN PO	/—	
9. Building Condemned?	⊠ Yes	No	Stellen Stead				
a. Party Wall?		S⊠ 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 mus				
			30c. Any raze po include 2 copies of	ermit applicat of a plan that	ion for a buildir show how the	ng(s) involving party walls must party wall(s) will be protected.	
31. Building Vacant?	⊠Yes	No	Building must be a	No. of Concession, Name of Street, or other Persons, Name of Street, or ot	The second secon		
32. Public Space Vault?	□Yes	No			Official Use Only		
			Fee	By	No com	Date	
33. Plumber's Name		34. Plumbe	er's License Number		35. Raze Me	hod (ball, buildozer, by hand, etc	
800					_	The same of the sa	
Hermanstyne	THE PARTY OF THE P	DPM1000			by hand		
You must submit a Certificate of Insquare feet or less in area and not The Certificate should: Show the holder of the information include a 30-day advance Include these amounts of	more than one surance as: Do e notice cance finsurance cov covers "Razing	ing the raze of a story, wholly eputy Director lation clause, verage: Bodily Operations is	peration/contractor—unit detached from any other, Permit Division, 1100 of Injury, \$100,000; Aggrent the District of Columbia	er building on 4th St SW, W egate, \$300,0 a," if the scop	ing you plan to the same or a ashington, DC	djoining premises.	
You must submit a Certificate of Insquare feet or less in area and not The Certificate should: Show the holder of the influence and include a 30-day advance include these amounts of State that the insurance of the insurance is for one	more than one surance as: Do e notice cance finsurance cov covers "Razing	ing the raze of a story, wholly eputy Director lation clause, verage: Bodily Operations in the second of the secon	peration/contractor—unit detached from any other, Permit Division, 1100 4 Injury, \$100,000; Aggree in the District of Columbia that, "Razing Operation	er building on 4th St SW, W egate, \$300,0 a," if the scop	ing you plan to the same or a ashington, DC 00; and Proper e of the insura	djoining premises. 20024 ty Damage, \$100,000. nce is for blanket coverage. of raze operation)	
You must submit a Certificate of In square feet or less in area and not The Certificate should: Show the holder of the in Include a 30-day advance Include these amounts of State that the insurance of If the insurance is for one	more than one surance as: Do e notice cance finsurance cov covers "Razing	ing the raze of a story, wholly eputy Director lation clause. For a story of the st	peration/contractor—unit detached from any other, Permit Division, 1100 4 Injury, \$100,000; Aggrenthe District of Columbia that, "Razing Operation of Cortificate No.	er building on 4th St SW, W egate, \$300,0 a," if the scop	ing you plan to the same or a ashington, DC 00; and Proper e of the insura (address 38. Expirat	djoining premises. 20024 ty Damage, \$100,000. nce is for blanket coverage. of raze operation)	
You must submit a Certificate of Insquare feet or less in area and not The Certificate should: Show the holder of the insurance of Include these amounts of State that the insurance of	more than one surance as: Do e notice cance finsurance cov covers "Razing	ring the raze of a story, wholly eputy Director lation clause. Grage: Bodily Operations it is only, state 37. Policy Q28-10216	peration/contractor—unit detached from any other, Permit Division, 1100 4 Injury, \$100,000; Aggrenthe District of Columbia that, "Razing Operation of Cortificate No.	er building on 4th St SW, W egate, \$300,0 a," if the scop is at	ing you plan to the same or a ashington, DC 00; and Proper e of the insura	djoining premises. 20024 ty Damage, \$100,000. nce is for blanket coverage. of raze operation) ion Date	



3588 0004 08/10/2004

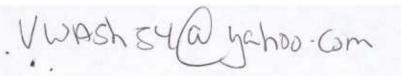


5017, 5019, 5021, 5023, 5025 and 5027 Fitch Place NE



5193 0063 07/21/2004

407, 411 and 413 50th Street NE





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: N	March 13, 2018		Cap Id:	R1800135
1100 4th	storic Preservatio Street S.W. , Rm I ton, DC 20024			
Re: Reque	est for clearance of p	oremises subject to razing op	erations	
this date v	with the Permit Ope	ructure identified below, lo rrations Division. Our recor by requesting confirmation	ds do not reveal any kind	of conservation holds
Address: 3301 DU	BOIS PL SE			
LOT: 080	7 SQUARE: 5431	TYPE:		VACANT: No
the cleara	otify our office of the	ne satisfactory completion of and returning this form to t D.C. 20024.	of your inspection of the p he D.C.R.A. Permit Oper	remises, by filling ou ations Division, 1100
		CLEARAN	ICE	THE STATE OF
This is to have no o	inform you that we objections to procee	e researched our records con ding with the proposed razi	ncerning the structure idea ing of said structure.	ntified above and we
Date:		Signature:		
Name of	releasing HPO Of	ficial. (print)		

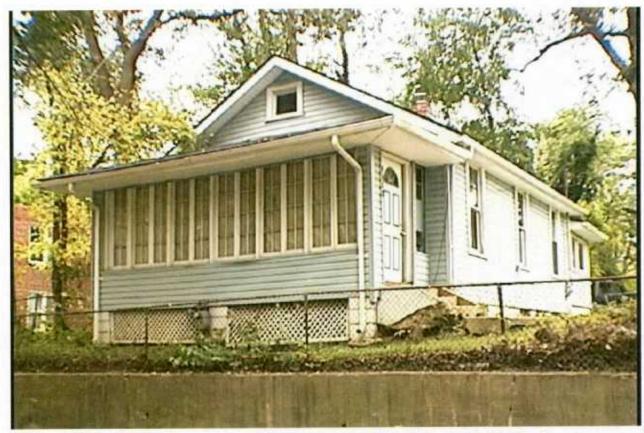


Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any 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 I § 105.1.7, 105.1.7.1, 105.1.7.1.1,

05.1.7.1.2, 105.1.7.2, and S	ection 155A						1.1 0.10		
					577	cation Date:	13/2018		
		1. INFORMA					NAME OF STREET		
Address of Proposed Work				2. Quad 3.		4a. Square	4b. Suffix	5. Lot	
3301 Dubois	St SE		NW	0	ne			867	
	N SAS A	2. APPLIC		The state of the state of	1				
5. Property Owner		7. Complete mailing ad	22.2	de zip)	8. Ph	one Number(s)	9. Email		
De Prince Prope	etras	51 Wer Sprin		4.0					
10. Agent/Contractor for Owne	r (if applicable)	11. Complete mailing address (include zip) 1				12. Phone Number(s) 13. Email			
Lopert Dole 1/6	3	Box 4. MD 20720 391				1-3837	nevas	higig Eyshn	
	11 20 10	3. TY	PE OF PE	RMIT			THE RESERVE	Was Kalanda	
14. Check all that apply:	Raze Per			- H					
		4. DESCRII	PTION O	RIII	DING		Mary Commence		
15. Description of Building to	be Razed (e.g., t	THE PERSON NAMED IN COLUMN	THE REAL PROPERTY.	and the second second		16	. Existing Numb	er of Stories of Bldg:	
1 Stoly France	Rider	tial					/		
17. Use(s) of Property (specifi				18.1	Materials	s of Building (brick	, wood, etc.)		
Varant - Res	idutea	P			FRA	ne			
19. Bldg Length (ft)		lg Width (ft)	21.	Bldg He	ight (ft)		22. Bldg Volume (cu ft) (L x W x H		
30'		20'		151					
			CIAL USE	ONLY	7		TOUT BEIN		
CONDITIONS/ COMMENTS:									

		SEC	TION A. RAZE PERMIT	1 11			
23: Raze Contractor's Name		Control of the Contro	or's Address (including zip code	e) 2	5. Contractor's P	Phone	
Locust Dale 110		4405 + Bowit	when they		202-391-	3837	
26. Historic District?	□Yes	No	33. Raze Contractor Signature				
27. CFA?	☐Yes	⊠ No					
28. Raze Entire Building?	⊠Yes	□No	34. Property Owner Signature				
29. Building Condemned?	☐ Yes ☑ No						
30a. Party Wall?	☐ Yes ☑ No		30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction				
			30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.				
31. Building Vacant?	Yes	No	Building must be vacant before Raze Permit issuance.				
32. Public Space Vault?	☐ Yes 🗖 No		Official Use Only				
			Fee	By		Date	
33. Plumber's Name		34 Plumbe	er's License Number	T ₃	5 Raze Method	(ball, bulldozer, by hand, etc.)	
TLC Solections			000 895		Steward	. h ./.	
Include a 30-day advance Include these amounts of State that the insurance of	surance as: De notice cance insurance copyers "Razing	e story, wholly eputy Directo llation clause verage: Bodil g Operations	y detached from any other build or, Permit Division, 1100 4th St	SW, Was	e same or adjoin hington, DC 200 ; and Property D	ing premises. 24 Pamage, \$100,000,	
						aze operation)	
36. Insurance Company		37. Polic	cy or Certificate No.	3	38. Expiration	Date	
Obio Cesaclty		CPB &	76743		1/21/1	5	
39. Asbestos in Building? If yes, indicate location:	Yes	No		Offi	cial Use Only	y	
			Fee	Ву		Date	



5431 0807 10/11/2004

3301 Dubois Place SE

mais Masser chuck 410 gchoo.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



D.C. Historic Preservation Office 1100 4th Street S.W., Rm E650 Washington, DC 20024

February 27, 2018

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

R1800123

Cap Id:

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.

1. INFORMATION ON PROPERTY 1. Address of Proposed Work 2. Quad 3. Ward 4a. Square 4b. Suffix	9
1. INFORMATION ON PROPERTY	/
	5. Lot
4410 Coult 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 Shap	
10. Agent/Contractor for Owner (if applicable) 11. Complete mailing address (include zfp) 12. Phone Number(s) 13. Email	
Kocust Dole 4495 Helpschust Klay (202)391-3839 nyeshi	1954 Daho 0
3. TYPE OF PERMIT	III DE LISSE
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	of Stories of Bldg:
1 Sty Frame Residental 14	
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. Contracto	rs Address (including zip co	ode)	25. Contractor's P	none		
Locust Pale LAC		4405 A	Unduest No Bay	20120	(202) 391	-3837		
26. Historic District?			33. Raze Contractor S	33. Raze Confractor Signature				
27. CFA?	Yes	☑ No	1 Hamm					
28. Raze Entire Building?	Yes	Yes No 34. Property Owner Signature						
29. Building Condemned?								
30a. Party Wall? □Yes No			30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction					
			30c. Any raze permit include 2 copies of a	30c. Any raze permit application for a building(s) involving party walls must b include 2 copies of a plan that show how the party wall(s) will be protected.				
31. Building Vacant?	⊠Yes	□No	Building must be vaca					
32. Public Space Vault?	■ Voc	BSI/No	S25000000000000000000000000000000000000	Official Use Only				
32. Public Space Vault?	Yes No		Fee		MAN	Date		
33. Plumber's Name 74 C Sulvetions You must submit a Certificate of Insusquare feet or less in area and not me. The Certificate should:	ore than one	o o o o o o o o o o o o o o o o o o o	detached from any other b	uilding on	Except of adjoint the same or adjoin	ling premises.		
Show the holder of the instance of include a 30-day advance or include these amounts of it. State that the insurance compared to the insurance is for one standard the	notice cance nsurance co wers "Razing	llation clause. verage: Bodily Operations in	Injury, \$100,000; Aggrega in the District of Columbia,"	ite, \$300,0 if the scop	00; and Property D	Damage, \$100,000.		
36. Insurance Company 37. Policy			or Certificate No.		38. Expiration Date			
		37. POIIC	y or Certificate No.		Jo. Expiration			
					1/21	Date		
39. Asbestos in Building? If yes, indicate location:	□Yes	CABI	y or Certificate No.	0		Date 1/19		



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

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

aseta. Consulting Comail. Consulting Comail. Consulting Communication (202) 304.9602 egulatory Affairs

March 20, 2018 Date:

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

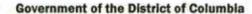
VACANT: No

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 releasi	ing HPO Official. (print)	





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 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.

				lication Date: 13	march	2018
Address of Proposed Work		NFORMATION OF	N PROPERTY Quad 3. Ward	4a. Square	4b. Suffix	5. Lot
4339 Hunt	Place		VÉ One	5094		0106
		APPLICANT INF	ORMATION			
Property Owner	THE STANFOLD STANFOLD	mailing address (incl	ude zip) 8. Pi	none Number(s)	9. Email	
1339 Hunt Diace	NE 1926 B	erning Rock	SOON BOS	321-5596	Jeponleye	obculey halding
. Agent/Contractor for Owner (if		mailing address (inc	lude zin) 12 F	Phone Number(s)	13 Fmail	
Tiffany Bu		ath street	to	2)304-960	aseta	.conscuting
Manager Unit Alexandra	- Iwash	ingten, De	EDINT		Carrie Discours Company	
A. Check all that apply:		3. TYPE OF P	ERMIT			
	Raze Permit					
Section Section	4. D	ESCRIPTION O	F BUILDING			
5. Description of Building to be R	azed (e.g., two story brick s	ingle family dwelling)	16.	Existing Number	of Stories of Bldg:
one story b	rick comm	nercial	bulder	19	- 1	
7. Use(s) of Property (specifically	indicate if any use is reside	ential.)	18. Materials	of Building (brick,	wood, etc.)	
Church				Brick		
9. Bldg Length (ft)	20. Bldg Width (ft)	21.	Bldg Height (ft)		22. Bldg Volume	(cu ft) (L x W x H)
200	40		35		190,0	600
	A SAME THE SECOND	OFFICIAL USE	ONLY			Carl Carl

		CTION A. RAZE PERMIT					
23. Raz FContractor's Name	24. Contra	actor's Address (including zip code)	25. Contractor's Phone				
6. Historic District?	☐Yes ☑No	33. Raze Contractor Signat	33. Raze Contractor Signature 34. Property Owner Signature				
7. CFA?	☐ Yes ☑ No						
8. Raze Entire Building?	☑Yes ☐ No	34. Property Owner Signatu					
9. Building Condemned?	☐Yes ☑No		>				
0a. Party Wall?	☐Yes ☑No	30b. If yes, adjacent p	property owner signature is required.				
			ication for a building(s) involving party walls must be that show how the party wall(s) will be protected.				
1. Building Vacant?	Ves □ No	Building must be vacant before Raze Permit issuance.					
32. Public Space Vault?	☐Yes ☐No		Official Use Only				
		Fee	By Date				
3. Plumber's Name	34. Plum	ber's License Number	35. Raze Method (ball, buildozer, by hand, etc.)				
You must submit a Certificate of Insequare feet or less in area and not The Certificate should: Show the holder of the in Include a 30-day advance Include these amounts of State that the insurance of the insur	surance covering the raze more than one story, who surance as: Deputy Direc e notice cancellation clau- f insurance coverage: Boo covers "Razing Operation	e operation/contractor—unless the bally detached from any other building stor, Permit Division, 1100 4th St SV se.	uilding you plan to raze is an accessory building 500 g on the same or adjoining premises.				
You must submit a Certificate of Insequare feet or less in area and not The Certificate should: Show the holder of the in Include a 30-day advance Include these amounts of State that the insurance of the insurance is for one	surance covering the raze more than one story, who surance as: Deputy Direct e notice cancellation claufinsurance coverage: Bot covers "Razing Operation a specific address only, st	e operation/contractor—unless the bally detached from any other building stor, Permit Division, 1100 4th St SV se. dily Injury, \$100,000; Aggregate, \$3 s in the District of Columbia," if the	uilding you plan to raze is an accessory building 500 g on the same or adjoining premises. V, Washington, DC 20024 00,000; and Property Damage, \$100,000. scope of the insurance is for blanket coverage.				
You must submit a Certificate of Insequare feet or less in area and not The Certificate should: Show the holder of the in Include a 30-day advance Include these amounts of State that the insurance of If the insurance is for one	surance covering the raze more than one story, who surance as: Deputy Direct e notice cancellation clause insurance coverage: Bot covers "Razing Operation a specific address only, st. 37. Pol.	e operation/contractor—unless the bally detached from any other building stor, Permit Division, 1100 4th St SV se. dily Injury, \$100,000; Aggregate, \$3 in the District of Columbia," if the late that, "Razing Operations at	uilding you plan to raze is an accessory building 500 g on the same or adjoining premises. V, Washington, DC 20024 00,000; and Property Damage, \$100,000. scope of the insurance is for blanket coverage. (address of raze operation)				
square feet or less in area and not The Certificate should: Show the holder of the in Include a 30-day advance Include these amounts of State that the insurance of	surance covering the raze more than one story, who surance as: Deputy Direct e notice cancellation clause insurance coverage: Bot covers "Razing Operation a specific address only, st. 37. Pol.	e operation/contractor—unless the bally detached from any other building stor, Permit Division, 1100 4th St SV se. dily Injury, \$100,000; Aggregate, \$3 in the District of Columbia," if the late that, "Razing Operations at	uilding you plan to raze is an accessory building 500 g on the same or adjoining premises. V. Washington, DC 20024 00,000; and Property Damage, \$100,000. scope of the insurance is for blanket coverage. (address of raze operation) 38. Expiration 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:	R1200144
D.C. Historic Pres 1100 4th Street S.W Washington, DC 20	/. , Rm E650		
Re: Request for clear	ance of premises subject to razing oper	ations	
this date with the Per on this property. We permit.	the structure identified below, local mit Operations Division. Our records are hereby requesting confirmation from	do not reveal any kind om your office, in order	of conservation holds
Address: 504	2 Ovens stroll ple SEDC 200	9Ce	
LOT: 1016 QUAR	E:SSN TYPE:	V	ACANT: YES
the clearance section	ice of the satisfactory completion of y below and returning this form to the chington D.C. 20024.		
	CLEARANCE	E	
	that we researched our records conce proceeding with the proposed razing	1. Late 2. St. C. (1987) (1974) 1984 - 1875 (1986) (1986) 1984 (1987) 1985 (1986) 1986 (1986)	ified above and we
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 2008 DC Building Code Supplement Chapter I § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2,

R 1800		IATION ON PR	OPERTY		4b. Suffix	5. Lot
Address of Proposed Work	in Stroll Place SE		3. Ward	4a. Square	40. Odnix	0026
5092 QUE		NWE.		2341		1 000
Property Owner	7. Complete mailing a	CANT INFORM address (include zi		ne Number(s)	9. Email	
AFOLAKE E. S	SHOKUMA 2010 Yorkton	n 8 200	2 2/-	47-4023	ESHOK	LUNE 140
Agent/Contractor for Owne				one Number(s)	13, Email	27.7.7.
	The same of the sa	YPE OF PERM	LT West			
. Check all that apply:	Raze Permit					
			W GUNG	Washington a		
. Description of Building to	be Razed (e.g., two story brick single far	(PT((0)\(0)= B(mily dwelling)	HEDING	16.	Existing Number of	of Stories of Bldg
One land	ingle Jamely	dwelli	- 1		- 1	7
	ically indicate if any use is residential.)			of Building (brick,	wood, etc.)	
	sidential		9	Brick		
9. Bldg Length (ft)	20, Bldg Width (ft)	21. Bldg	Height (ft)		22. Bldg Volume (cuft) (LxWxH)
8	8			8	7. 7	512
	OFF	ICIAL USE ON	LY		STATE OF THE PARTY	
ONDITIONS/ COMMENTS:						
		Victor (No.				
				The state of the s		

	21913	SECTIO	ON A. RAZ	E PERMIT		经过程的情况	
23. Raze Contractor's Name 2		24. Contractor's Address (including zip code)			25. Contractor's Phone		
Ricky Findley 5042			iz St	ME BC	19	(202) 390	-6546
26. Historic District?	Yes	es No 33. Raze Contractor Sig					
27. CFA?	Yes	No No	Richardy				
28. Raze Entire Building?	g? ☑Yes ☐ No		34. Property Owner Signature				
29. Building Condemned?	Building Condemned?		Ah	dake 1	E.	Shoku	15
30a. Party Wall?	Yes	No	30b. If y	es, adjacent	prope	erty owner signa	ture is required.
			30c. An	y raze permit app copies of a plan	olicatio that s	n for a building(s) in how how the party	volving party walls must be vall(s) will be protected.
31. Building Vacant?	∑ Yes	Building must be vacant before I			efore F	Raze Permit issuano	е.
32. Public Space Vault?	□Yes	1/1140		Official Use Only			
The second secon			Fee		Ву		
33. Plumber's Name		34. Plumber's	License Nur	nber		35. Raze Method (I	esil, buildozer, by hand, etc.)
James S. Lynn		DPM	2879	3		Bus	lalozer
You must submit a Certificate of Insural square feet or less in area and not more	nce cover	ring the raze oper	ation/contra	ctor- unless the	buildir	ng you plan to raze the same or adjoining	s an accessory building 600 ig premises.
2. The Certificate should:				为。但 5·但			
 Show the holder of the insura 	ance as: D	eputy Director, P	ermit Divisio	on, 1100 4th St S	W, Wa	ashington, DC 2002	4
Include a 30-day advance no Include these amounts of ins	urance co	verage Rodily In	jury \$100.0	00: Aggregate, \$	300,00	00; and Property Da	mage, \$100,000.
 State that the insurance cover 	ers "Razin	g Operations in the	ne District of	Columbia, if the	escop	e of the insurance is	s for blanket coverage.
If the insurance is for one sp	ecific addr	ress only, state th	at, "Razing	Operations at		(address of ra	te operation)
36. Insurance Company		37. Policy o	or Certificate No. 38. Expiration Date		Date		
Nationwide		520	8H09	16596	2	05/05/	9
39. Asbestos in Building?	□Yes	No.			O	fficial Use Only	
If yes, indicate location:			Fee		Ву		Date
							Some and with the



5321 0026 08/29/2004