

STATUS DATE	ID	Address	Description of Work	Report Date	Exp. Date	PER SUB TYPE	SSL	ANC	Zoning	Owner Name
8/20/2019	R1900173	1601 Massachusetts Avenue NW	raze six story concrete/glass embassy building	August 23, 2019	September 27, 2019	raze	0181 0162	2B	MU-15	Commonwealth of Australia
7/26/2019	R1900156	1555-1569 45th Street NE	raze two story brick multi-family dwelling	July 26, 2019	September 27, 2019	raze	5116 0174	7D	RA-1	DC Housing Authority
8/13/2019	R1900154	1509-1527 45th Street NE	raze two story brick multi-family dwelling	August 17, 2019	September 27, 2019	raze	5116 0176	7D	RA-1	DC Housing Authority
8/13/2019	R1900155	1529-1553 45th Street NE	raze two story brick multi-family dwelling	August 17, 2019	September 27, 2019	raze	5116 0175	7D	RA-1	DC Housing Authority
7/31/2019	R1900163	1501-1507 45th Street NE	raze two story brick multi-family dwelling	August 2, 2019	September 27, 2019	raze	5116 0174	7D	RA-1	DC Housing Authority
7/30/2019	R1900162	4509-4513 Quarles Street NE	raze two story brick multi-family dwelling	August 2, 2019	September 27, 2019	raze	5116 0177	7D	RA-1	DC Housing Authority
7/31/2019	R1900165	4501-4507 Qwarles Street NE	raze two story brick multi-family dwelling	August 2, 2019	September 27, 2019	raze	5116 0177	7D	RA-1	DC Housing Authority
7/26/2019	R1900160	1514-1528 Kenilworth Ave. NE	raze two story brick multi-family dwelling	July 26, 2019	September 27, 2019	raze	5116 0180	7D	RA-1	DC Housing Authority
7/26/2019	R1900159	1530-1544 Kenilworth Ave. NE	raze two story brick multi-family dwelling	July 26, 2019	September 27, 2019	raze	5116 0179	7D	RA-1	DC Housing Authority
8/13/2019	R1900157	1546-1572 Kenilworth Ave. NE	raze two story brick multi-family dwelling	August 17, 2019	September 27, 2019	raze	5116 0178	7D	RA-1	DC Housing Authority

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



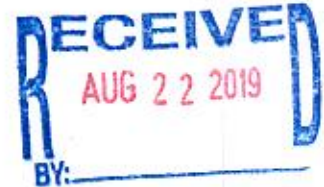
Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557

Date: August 20, 2019



Cap Id: R1900173

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:
1601 MASSACHUSETTS AVE NW

LOT: 0162 SQUARE: 0181 TYPE: Embassy - R-3 VACANT: No

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

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

R1900 173

Application Date:

1. INFORMATION ON PROPERTY					
1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1601 Massachusetts Ave	NW	Two	0181		0162

2. APPLICANT INFORMATION			
6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Government of the Commonwealth of Australia	1601 Massachusetts Ave Washington, DC 20036	(202) 797-3000	media.us@dfat.gov.au
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
City Permit	3245 Rio Dr #1009 Falls Church, VA 22041	(202) 798-2720	info@citypermit.us

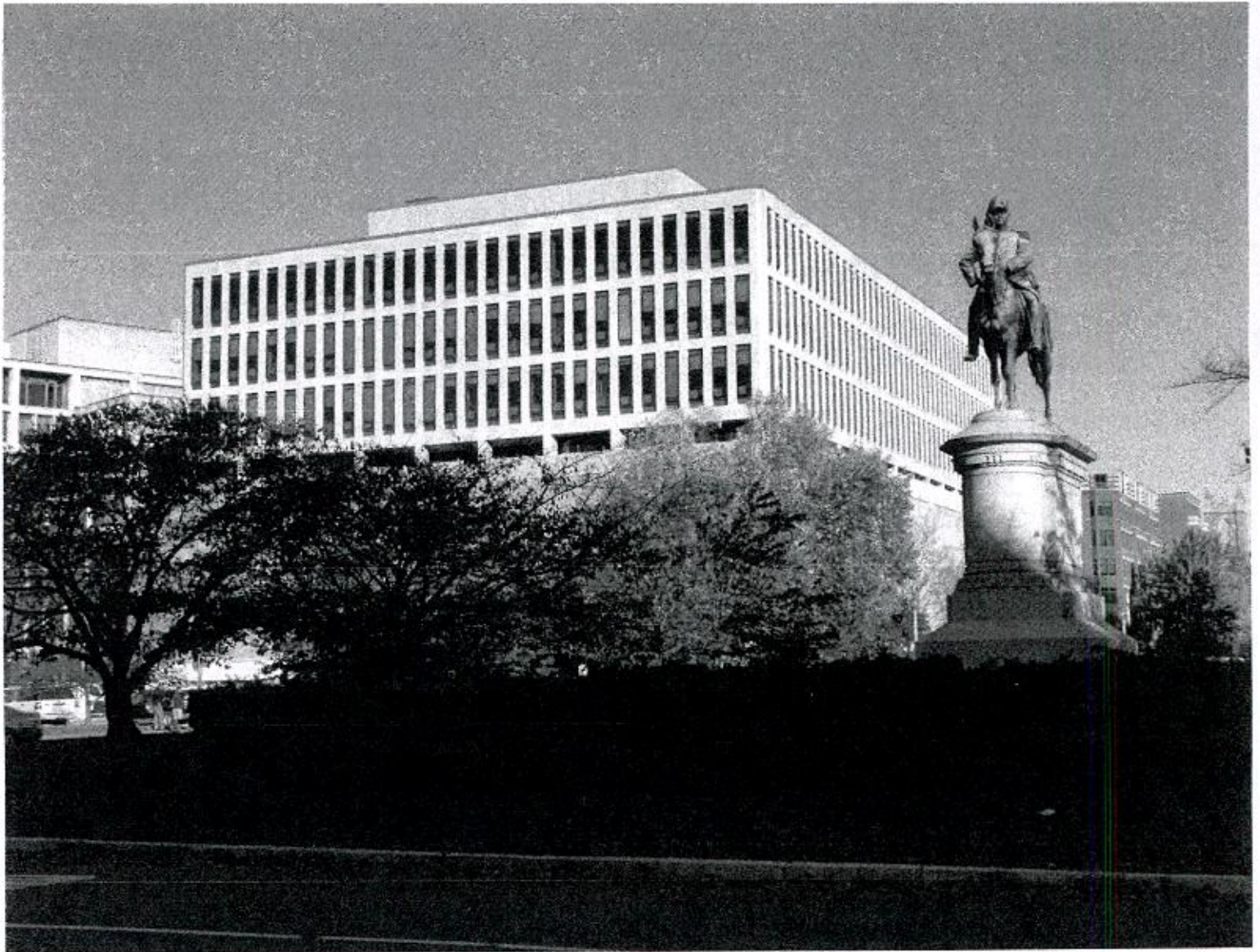
3. TYPE OF PERMIT
14. Check all that apply: <input checked="" type="checkbox"/> Raze Permit

4. DESCRIPTION OF BUILDING			
15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg		
six story embassy	6		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
office	concrete, steel		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
205	140	70	2,009,000

OFFICIAL USE ONLY
CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

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





APPLICATION FOR RAZE PERMIT

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

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

R1900156

Application Date **JUNE 17, 2019**

1. INFORMATION ON PROPERTY					
1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1555-1569 45th Street NE	NE	Seven	5116	—	175

2. APPLICANT INFORMATION			
6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
DC HOUSING AUTHORITY	1133 North Capitol St NE	202 535 2730	agould@dchousing.org
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
CDKM - Kim Mitchell	1331 H Street NW Ste 975	202 420 0091	kim@cdkmconsulting.com

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

4. DESCRIPTION OF BUILDING	
15. Description of Building to be Razed (e.g., two story brick single family dwelling) Two story brick multifamily dwelling	16. Existing Number of Stories of Bldg TWO
17. Use(s) of Property (specifically indicate if any use is residential) Residential Multifamily	18. Materials of Building (brick, wood, etc.) Brick
19. Bldg Length (ft) 135	20. Bldg Width (ft) 35
21. Bldg Height (ft) 20	22. Bldg Volume (cu ft) (L x W x H) 94500

OFFICIAL USE ONLY
CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Bozzuto Contractors, Inc	24. Contractor's Address (Including zip code) 6406 Ivy Ln, Ste 700 Greenbelt MD	25. Contractor's Phone 301-220-0100
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26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature 
27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. Building Condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature 
31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction 30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected. Building must be vacant before Raze Permit issuance.
32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only
	Fee By Date

33. Plumber's Name Charles A. Klein & Son Inc	34. Plumber's License Number PGM1001044	35. Raze Method (ball, bulldozer, by hand, etc.) Excavator
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1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

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

36. Insurance Company Riggs, Counselman, Michaels	37. Policy or Certificate No. 30CSEQU0651	38. Expiration Date 07-01-2020
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39. Asbestos in Building? If yes, indicate location: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only
	Fee By Date

Asbestos Locations:

- Floor Tile & Assoc. Mastics
- Gray Drywall Joint Compound
- Interior Door & Radiator Caulks
- Exterior Vent & Electrical Caulks
- Roof Flashing Caulks

LSAO-base point

- Ceramic wall Tiles
- Ceramic Sinks & toilets
- Metal Radiators
- Metal Railings & Balusters
- Wood Door Casings
- Wood Stair Components

GOVERNMENT OF THE DISTRICT OF COLUMBIA
**CERTIFICATION FOR
RAZE PERMIT APPLICATION**

This certifies that DC Housing Authority (referred to as Owner) owns the property at
(Legal Name of Property Owner)

1555-1569 45th Street NE and that the person signing below has the legal authority to execute this Certification
(Property Address)

and to make the representations and certifications below, on behalf of the Owner.

I am applying for a Raze Permit for the subject property.

I understand that the Raze Permit must be issued prior to any raze activity or operations.

If I do not have a Raze Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.

AB (Initial here to certify that you have read and understand this paragraph)

A. Use of Property as Housing Accommodation

I hereby certify that the structure to be razed IS a housing accommodation.
(Yes/No)

If the structure is a housing accommodation, complete Section B. If the structure is not a housing accommodation, skip to Section C and the signature block.

B. Additional Provisions Applicable to Razing of "Housing Accommodations"

I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:

Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.

Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.

AB (Initial here to certify that you have read and understand this paragraph)

I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, *et seq.*, and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:

Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, **before** issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.

Providing tenants with a 180-day Notice to Vacate that complies with and notifies each tenant of his/her potential right to relocation assistance.

AB (Initial here to certify that you have read and understand this paragraph)

C. Execution and Certification Applicable to All Applicants

I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.

Name of Owner: DC Housing Authority
(Print Name of Owner)

Signature: [Signature]

Name of Agent: _____
(Print Name of Authorized Agent)

Signature: _____

PUBLIC NOTARY NAME
CANDAS E. PARKER

SEAL & SIGNATURE
[Signature]



REG.# _____ EXPIRES:
1-1-23

1555 - 1569 45th ST 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: August 13, 2019



Cap Id: R1900154

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:
1509 1527 45TH ST NE

LOT: 0173 SQUARE: 5116 TYPE: Single Family Dwelling - R-3 VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

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

R1900154

Application Date: **JUNE 1, 2019**

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1509-1527 45th Street NE	NE	Seven	5116	—	173

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
DC HOUSING AUTHORITY	1133 North Capitol St NE	202 535 2730	agould@dchousing.org
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
CDKM - Kim Mitchell	1331 H Street NW Ste 975	202 420 0091	kim@cdkmconsulting.com

3. TYPE OF PERMIT

14. Check all that apply: Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg.	
Two story brick multifamily dwelling		TWO	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Residential Multifamily		Brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
155	35	20	108500

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Bozzuto Contractors, Inc	24. Contractor's Address (Including zip code) 6406 Ivy Ln, Ste 700 Greenbelt MD	25. Contractor's Phone 301-220-0100
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26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature
27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature
29. Building Condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction
	30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.
31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.
32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only
	Fee By Date

33. Plumber's Name Charles A. Klein & Son Inc	34. Plumber's License Number PGM1001044	35. Raze Method (ball, bulldozer, by hand, etc.) Excavator
---	---	--

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

2. The Certificate should:

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

36. Insurance Company Riggs, Counselman, Michaels	37. Policy or Certificate No. 30CSEQU0651	38. Expiration Date 07-01-2020
---	---	--

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

Asbestos Locations:

- Floor tile & Assoc. Mastics
- Gray Drywall Joint Compound
- Interior Door & Radiator Caulks
- Exterior Vent & Electrical Caulks
- Roof Flashing Caulks

LSAD-haz paint

- Ceramic Wall Tiles
- Ceramic Sinks & Toilets
- Metal Radiators
- Metal Railings & Balusters
- Wood Door Casings
- Wood Stair Components

GOVERNMENT OF THE DISTRICT OF COLUMBIA
**CERTIFICATION FOR
 RAZE PERMIT APPLICATION**

This certifies that DC Housing Authority (referred to as Owner) owns the property at
(Legal Name of Property Owner)
1509-1527 45th Street NE and that the person signing below has the legal authority to execute this Certification
(Property Address)

and to make the representations and certifications below, on behalf of the Owner:

I am applying for a Raze Permit for the subject property.

I understand that the Raze Permit must be issued prior to any raze activity or operations.

If I do not have a Raze Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.

AG (Initial here to certify that you have read and understand this paragraph)

A. Use of Property as Housing Accommodation

I hereby certify that the structure to be razed IS a housing accommodation.
(is/is not)

If the structure is a housing accommodation, complete Section B. If the structure is not a housing accommodation, skip to Section C and the signature block.

B. Additional Provisions Applicable to Razing of "Housing Accommodations"

I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:

Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.

Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.

AG (Initial here to certify that you have read and understand this paragraph)

I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, et seq., and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:

Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, before issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.

Providing tenants with a 180-day Notice to Vacate that complies with and notifies each tenant of his/her potential right to relocation assistance.

AG (Initial here to certify that you have read and understand this paragraph)

C. Execution and Certification Applicable to All Applicants

I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.

Name of Owner: DC Housing Authority
(Print Name of Owner)

Signature: [Signature]

Name of Agent: _____
(Print Name of Authorized Agent)

Signature: _____

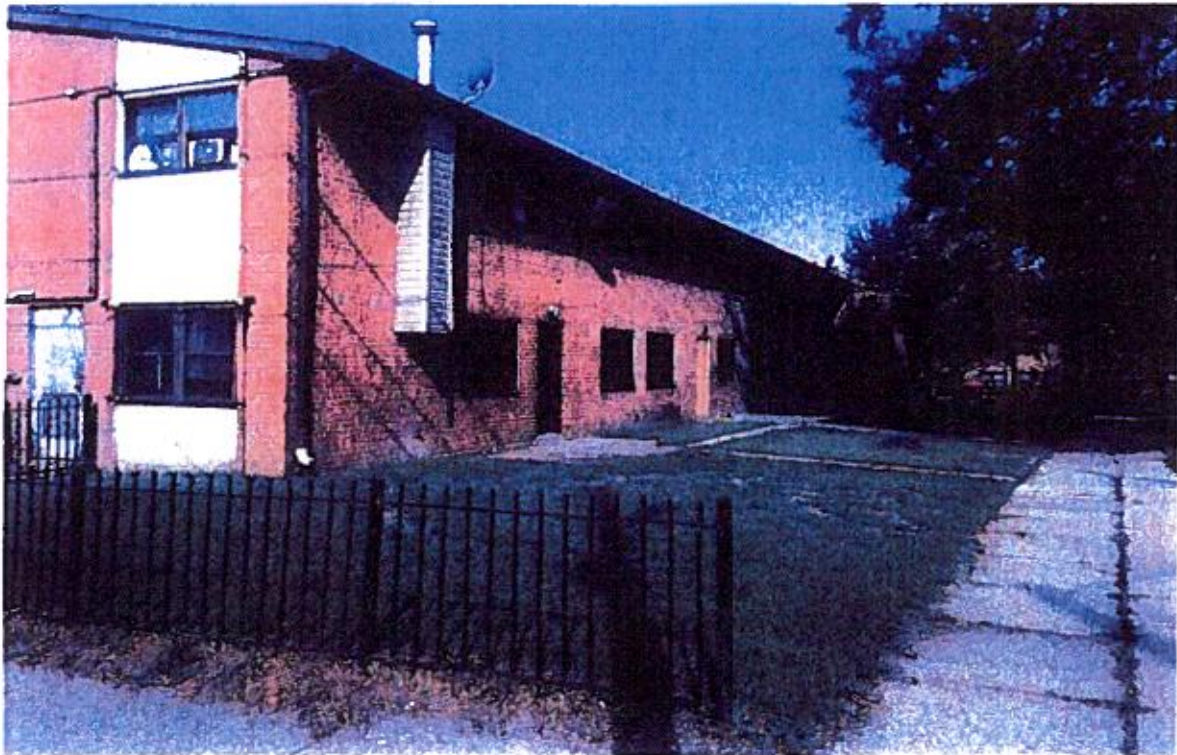
PUBLIC NOTARY NAME: Charles E. Packard

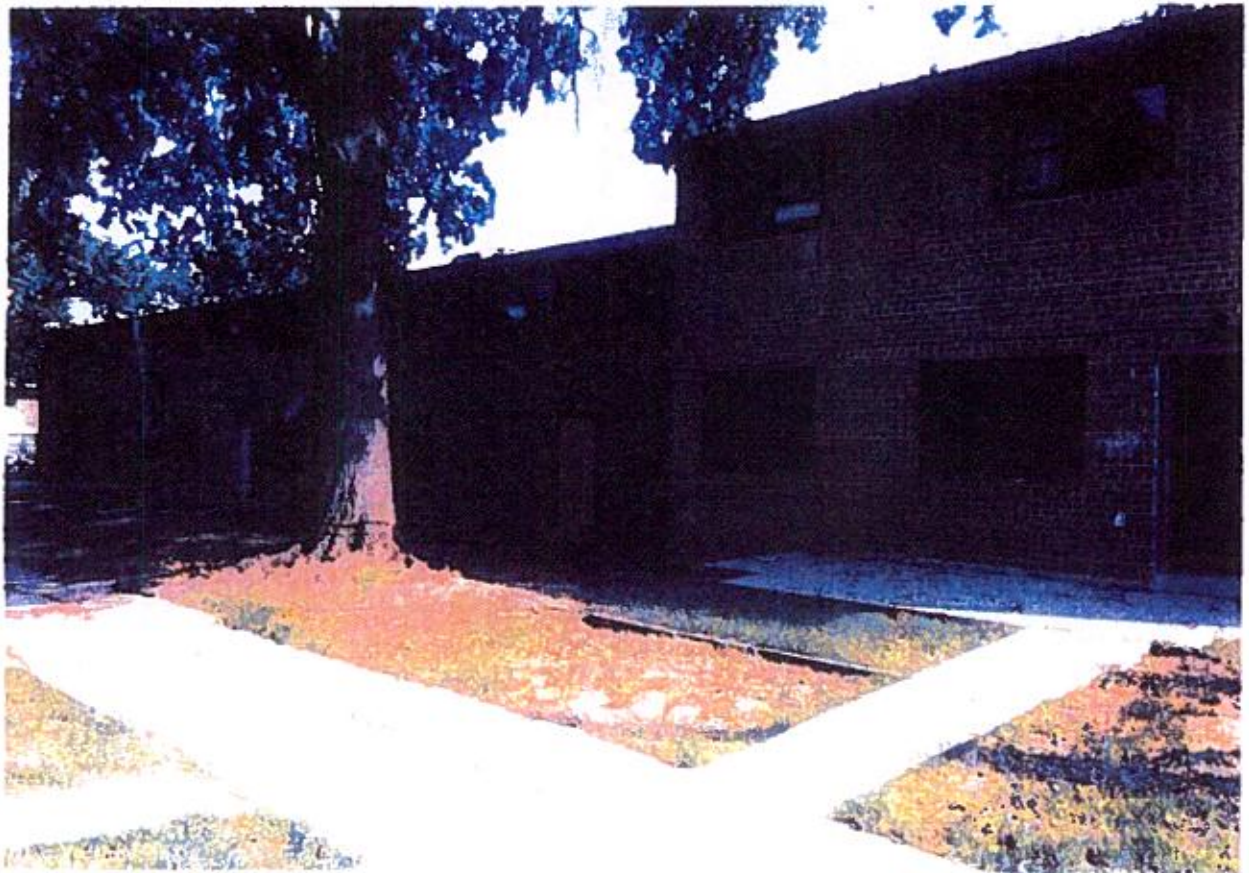
SEAL & SIGNATURE: Charles E. Packard



REG.# _____ EXPIRES: 1-1-23

1509-1527 45th ST. 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: August 13, 2019



Cap Id: R1900155

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:
1529 1553 45TH ST NE

LOT: 0174 SQUARE: 5116 TYPE: Single Family Dwelling - R-3 VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

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

② **R1900155** Application Date: **JUNE 17, 2019**

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1529-1553 45th St	NE	Seven	5116	—	174

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
DC HOUSING AUTHORITY	1133 North Capitol St NE	202 535 2730	agould@dchousing.org
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
CDKM - Kim Mitchell	1331 H Street NW Ste 975	202 420 0091	kim@cdkmconsulting.com

3. TYPE OF PERMIT

14. Check all that apply: Raze Permit

4. DESCRIPTION OF BUILDING

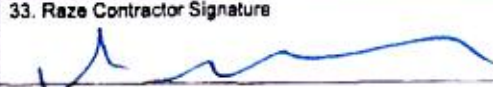
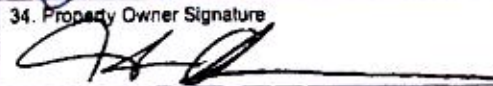
15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg.		
Two story brick multifamily dwelling	TWO		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Residential Multifamily	Brick		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
140	35	20	133000

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A: RAZE PERMIT

23. Raze Contractor's Name Bozzuto Contractors, Inc	24. Contractor's Address (including zip code) 6406 Ivy Ln, Ste 700 Greenbelt MD	25. Contractor's Phone 301-220-0100
---	---	---

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

33. Plumber's Name Charles A. Klein & Son Inc	34. Plumber's License Number PGM1001044	35. Raze Method (ball, bulldozer, by hand, etc.) Excavator
---	---	--

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

2. The Certificate should:

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

36. Insurance Company Riggs, Counselman, Michaels	37. Policy or Certificate No. 30CSEQU0651	38. Expiration Date 07-01-2020
---	---	--

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

- Asbestos Location:*
- Floor Tile & Assoc. Mastics
 - Gray Drywall Joint Compound
 - Interior Door & Radiator Caulks
 - Exterior Vent & Electrical Caulks
 - Roof Flashing Caulks
- LEAD-BASED PAINT*
- Ceramic Wall Tiles
 - Ceramic Sinks & Toilets
 - Metal Radiators
 - Metal Railings & Balusters
 - Wood Door Casings
 - Wood Stair Components

GOVERNMENT OF THE DISTRICT OF COLUMBIA
**CERTIFICATION FOR
RAZE PERMIT APPLICATION**

This certifies that DC Housing Authority (referred to as Owner) owns the property at
(Legal Name of Property Owner)
1529-1553 45th St NE and that the person signing below has the legal authority to execute this Certification
(Property Address)
and to make the representations and certifications below, on behalf of the Owner:
I am applying for a Raze Permit for the subject property.
I understand that the Raze Permit must be issued prior to any raze activity or operations.
If I do not have a Raze Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.
AS (Initial here to certify that you have read and understand this paragraph)

A. Use of Property as Housing Accommodation

I hereby certify that the structure to be razed IS a housing accommodation.
(IS/IS NOT)

If the structure is a housing accommodation, complete Section B. If the structure is not a housing accommodation, skip to Section C and the signature block.

B. Additional Provisions Applicable to Razing of "Housing Accommodations"

I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:

Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.

Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.

AS (Initial here to certify that you have read and understand this paragraph)

I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, *et seq.*, and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:

Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, **before** issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.

Providing tenants with a 180-day Notice to Vacate that complies with and notifies each tenant of his/her potential right to relocation assistance.

AS (Initial here to certify that you have read and understand this paragraph)

C. Execution and Certification Applicable to All Applicants

I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.

Name of Owner: DC Housing Authority
(Print Name of Owner)

Signature: [Signature]

Name of Agent: [Signature]
(Print Name of Authorized Agent)

Signature: _____

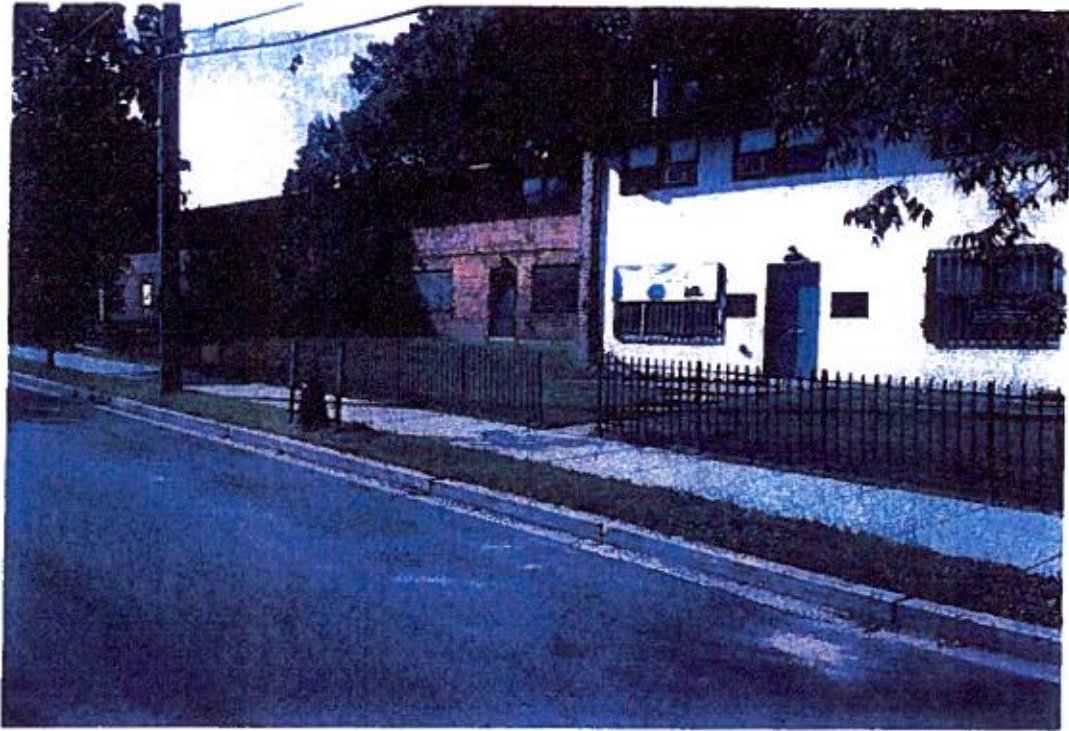
PUBLIC NOTARY NAME: CANDAS E. PARKER

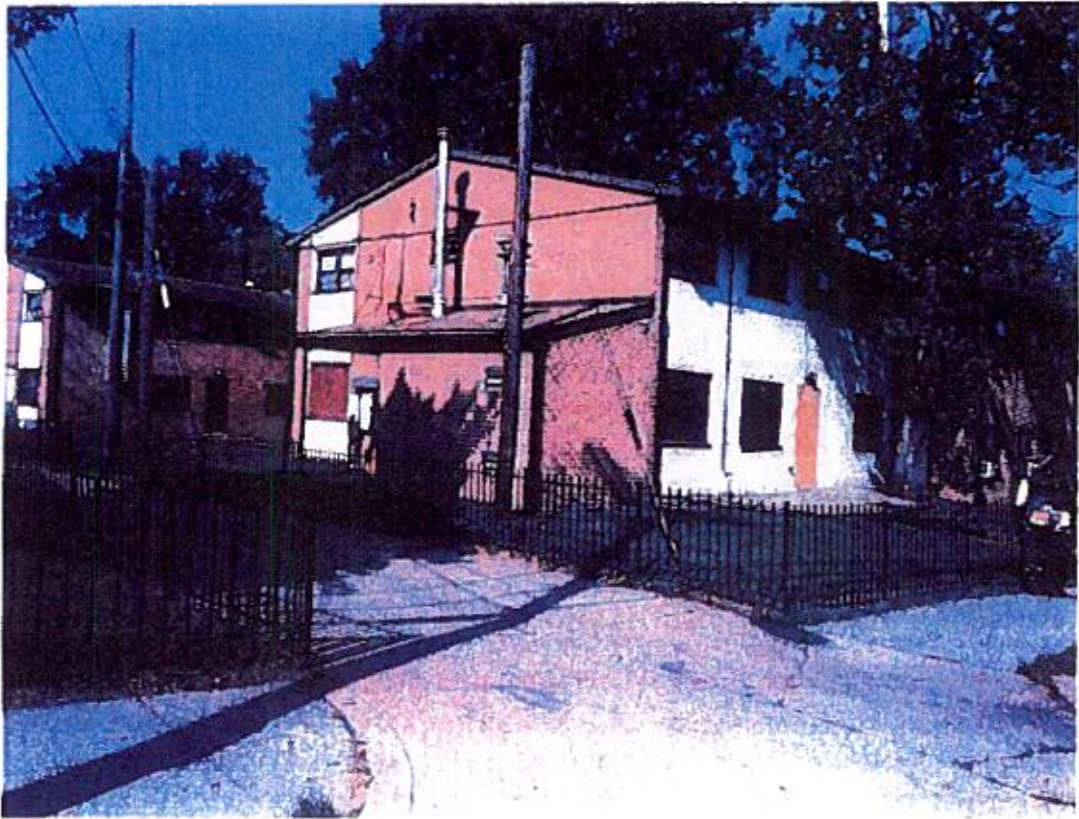
SEAL & SIGNATURE: CANDAS E. PARKER



REG.# _____ EXPIRES: 1-1-23

1529-1553 45th ST NE





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



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

Date: July 31, 2019



Cap Id: R1900163

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:
1501 1507 45TH ST NE

LOT: 0172 SQUARE: 5116 TYPE: Apartment Houses - R-2 VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

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

② **B1900163**

Application Date: **JUNE 17, 2019**

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1501-1507 45th St	NE	Seven	5116	—	172

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
DC HOUSING AUTHORITY	1133 North Capitol St NE	202 535 2730	agould@dchousing.org
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
CDKM - Kim Mitchell	1331 H Street NW Ste 975	202 420 0091	kim@cdkmconsulting.com

3. TYPE OF PERMIT

14. Check all that apply: Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
Two story brick multifamily dwelling		TWO	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Residential Multifamily		Brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
140	35	20	98000

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Bozzuto Contractors, Inc	24. Contractor's Address (Including zip code) 6406 Ivy Ln, Ste 700 Greenbelt MD	25. Contractor's Phone 301-220-0100
---	---	---

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

33. Plumber's Name Charles A. Klein & Son Inc	34. Plumber's License Number PGM1001044	35. Raze Method (ball, bulldozer, by hand, etc.) Excavator
---	---	--

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

2. The Certificate should:

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

36. Insurance Company Riggs, Counselman, Michaels	37. Policy or Certificate No. 30CSEQU0651	38. Expiration Date 07-01-2020
---	---	--

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

Asbestos Locations:

- Floor Tile & Assoc. Mortars
- Gray Dryw-all Joint Compound
- Interior Door & Radiator Caulks
- Exterior Vent & Electrical Caulks
- Roof Flashing Caulks

LEAD-BASED PAINT

- Ceramic wall Tiles
- Ceramic Sinks & Toilets
- Metal Radiators
- Metal Beilings & Bulusters
- Wood Door Casings
- Wood Stair Components

GOVERNMENT OF THE DISTRICT OF COLUMBIA
**CERTIFICATION FOR
RAZE PERMIT APPLICATION**

This certifies that DC Housing Authority (referred to as Owner) owns the property at
(Legal Name of Property Owner)

1501-1507 45th St NE and that the person signing below has the legal authority to execute this Certification
(Property Address)

and to make the representations and certifications below, on behalf of the Owner:

I am applying for a Raze Permit for the subject property.

I understand that the Raze Permit must be issued prior to any raze activity or operations.

If I do not have a Raze Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.

AS (Initial here to certify that you have read and understand this paragraph)

A. Use of Property as Housing Accommodation

I hereby certify that the structure to be razed IS a housing accommodation.
(is/is not)

If the structure is a housing accommodation, complete Section B. If the structure is not a housing accommodation, skip to Section C and the signature block.

B. Additional Provisions Applicable to Razing of "Housing Accommodations"

I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:

Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.

Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.

AS (Initial here to certify that you have read and understand this paragraph)

I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, *et seq.*, and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:

Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, before issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.

Providing tenants with a 180-day Notice to Vacate that complies with and notifies each tenant of his/her potential right to relocation assistance.

AS (Initial here to certify that you have read and understand this paragraph)

C. Execution and Certification Applicable to All Applicants

I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.

Name of Owner: DC Housing Authority
(Print Name of Owner)

Signature: [Signature]

Name of Agent: _____
(Print Name of Authorized Agent)

Signature: _____

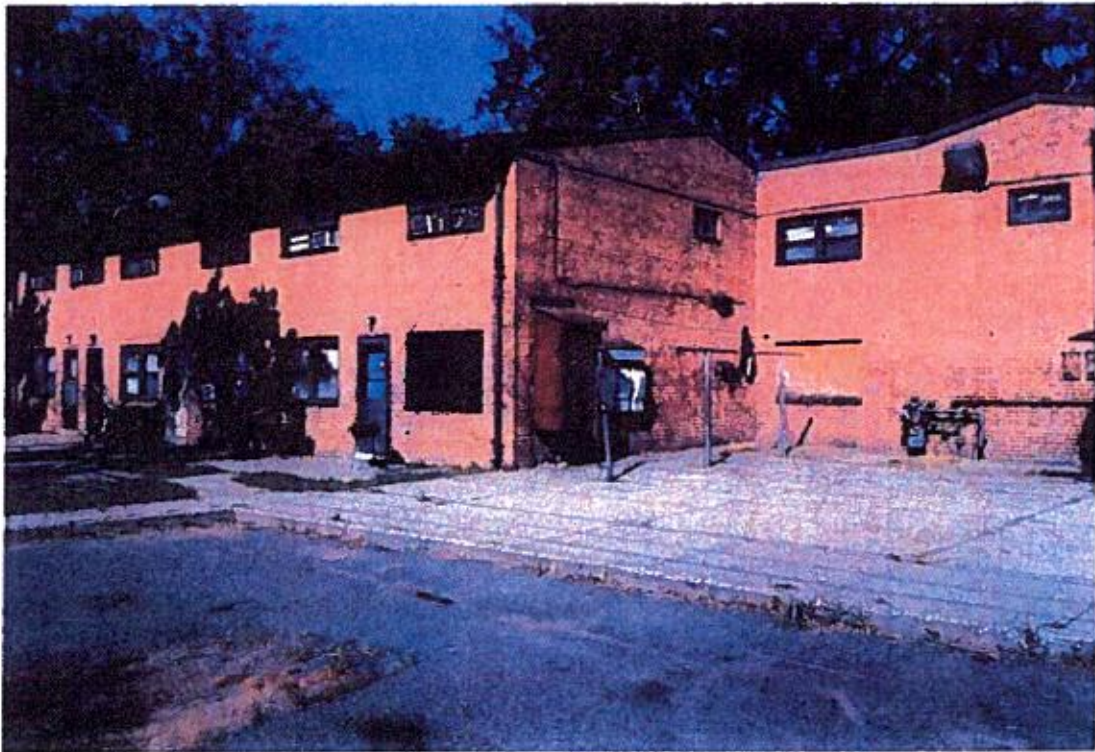
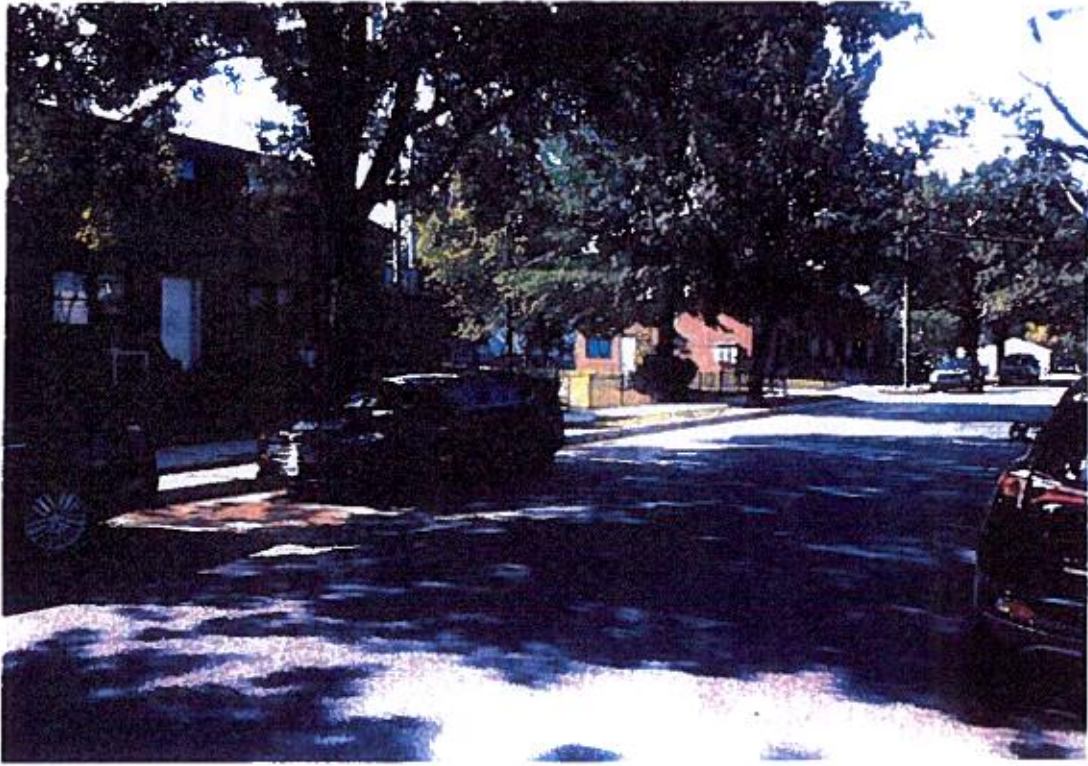
PUBLIC NOTARY NAME: Candace E. Parker

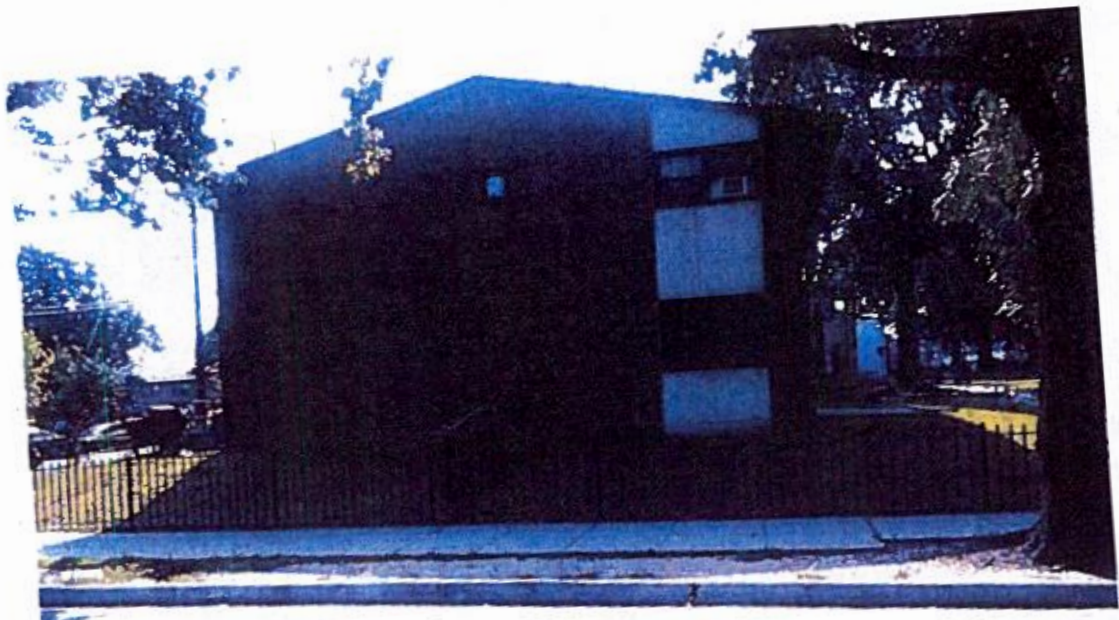
SEAL & SIGNATURE: Candace E. Parker



REG.# _____ EXPIRES: 1-1-23

1501-1507 45th ST NE





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



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

Date: July 30, 2019



Cap Id: R1900162

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:
4509 4513 QUARLES ST NE

LOT: 0177 SQUARE: 5116 TYPE: Apartment Houses - R-2 VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

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

② **R190016Z**

Application Date: **JUNE 17, 2019**

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4509-4513 Quarles St	NE	Seven	5116	—	177

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
DC HOUSING AUTHORITY	1133 North Capitol St NE	202 535 2730	agould@dchousing.org
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
CDKM - Kim Mitchell	1331 H Street NW Ste 975	202 420 0091	kim@cdkmconsulting.com

3. TYPE OF PERMIT

14. Check all that apply: Raze Permit

4. DESCRIPTION OF BUILDING



15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:		
Two story brick multifamily dwelling	TWO		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Residential Multifamily	Brick		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
140	35	20	98000

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A RAZE PERMIT

23. Raze Contractor's Name Bozzuto Contractors, Inc	24. Contractor's Address (including zip code) 6406 Ivy Ln, Ste 700 Greenbelt MD	25. Contractor's Phone 301-220-0100
---	---	---

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

33. Plumber's Name Charles A. Klein & Son Inc	34. Plumber's License Number PGM1001044	35. Raze Method (ball, bulldozer, by hand, etc.) Excavator
---	---	--

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


2. The Certificate should:

- Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024
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- Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.
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- If the insurance is for one specific address only, state that, "Razing Operations at _____ (address of raze operation)"

36. Insurance Company Riggs, Counselman, Michaels	37. Policy or Certificate No. 30CSEQU0651	38. Expiration Date 07-01-2020
---	---	--


39. Asbestos in Building? If yes, indicate location: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only		
<p><i>Asbestos Locations:</i></p> <ul style="list-style-type: none"> • Floor Tile & Assoc. Mastics • Gray Drywall Joint Compound • Interior Door & Radiator Caulks • Exterior Vent & Electrical Caulks • Roof Flashing Caulks <p><i>LSAD-base paint</i></p> <ul style="list-style-type: none"> • Ceramic wall Tiles • Ceramic Sinks & Toilets • Metal Radiators • Metal Railings & Balusters • Wood Door Casings • Wood Stair Components 	Fee	By	Date


GOVERNMENT OF THE DISTRICT OF COLUMBIA
**CERTIFICATION FOR
RAZE PERMIT APPLICATION**

This certifies that DC Housing Authority (referred to as Owner) owns the property at
(Legal Name of Property Owner)
4509-4513 Quarles St NE and that the person signing below has the legal authority to execute this Certification
(Property Address)
and to make the representations and certifications below, on behalf of the Owner:
I am applying for a Raze Permit for the subject property.
I understand that the Raze Permit must be issued prior to any raze activity or operations.
If I do not have a Raze Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.
 (Initial here to certify that you have read and understand this paragraph)


A. Use of Property as Housing Accommodation
I hereby certify that the structure to be razed IS a housing accommodation.
(is/is not)

If the structure is a housing accommodation, complete Section B. If the structure is not a housing accommodation, skip to Section C and the signature block.

B. Additional Provisions Applicable to Razing of "Housing Accommodations"
I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:
Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.
Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.
 (Initial here to certify that you have read and understand this paragraph)

I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, *et seq.*, and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:
Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, **before** issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.
Providing tenants with a 180-day Notice to Vacate that complies with and notifies each tenant of his/her potential right to relocation assistance.
 (Initial here to certify that you have read and understand this paragraph)

C. Execution and Certification Applicable to All Applicants
I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.

Name of Owner: DC Housing Authority Signature: 
(Print Name of Owner)
Name of Agent: _____ Signature: _____
(Print Name of Authorized Agent)

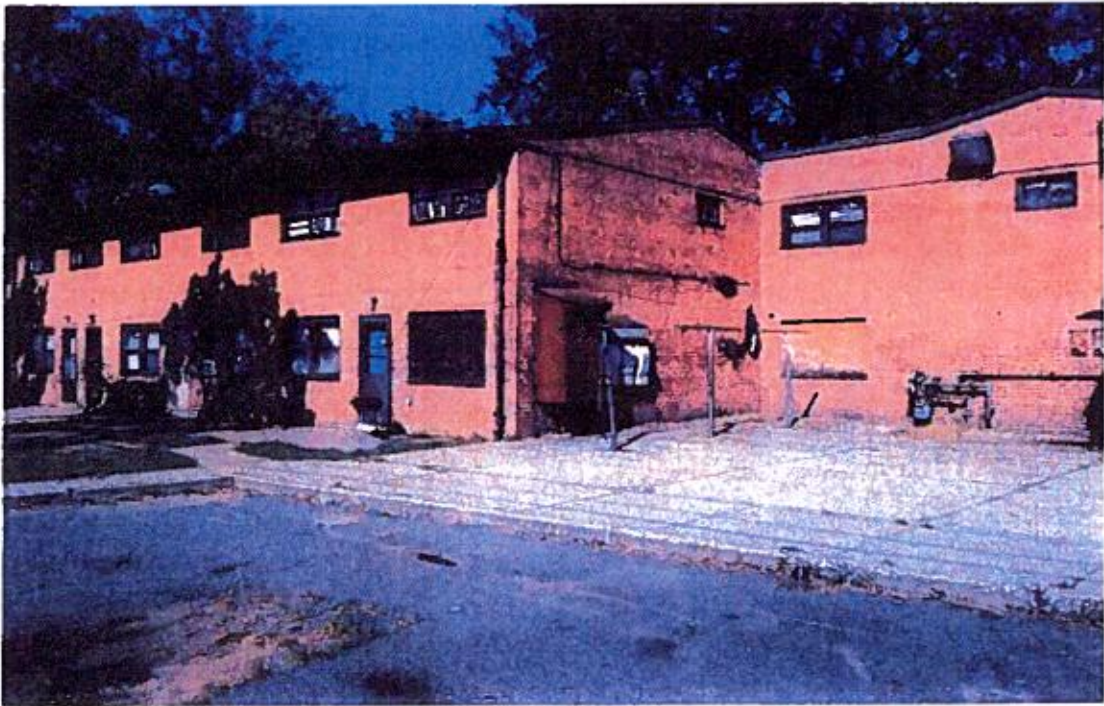
PUBLIC NOTARY NAME: CANDAS E. PARKER

REG.# _____ EXPIRES: 1-1-23

SEAL & SIGNATURE 



4509-4513 Quarles ST NE





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



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

Date: July 31, 2019



Cap Id: R1900165

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:
4501 4507 QUARLES ST NE

LOT: 0176 SQUARE: 5116 TYPE: Apartment Houses - R-2 VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

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

② R1900165

Application Date: JUNE 17, 2019

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4501-4507 Quarles St	NE	Seven	5116	—	176

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
DC HOUSING AUTHORITY	1133 North Capitol St NE	202 535 2730	agould@dchousing.org
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
CDKM - Kim Mitchell	1331 H Street NW Ste 975	202 420 0091	kim@cdkmconsulting.com

3. TYPE OF PERMIT

14. Check all that apply: Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
Two story brick multifamily dwelling		TWO	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Residential Multifamily		Brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
140	35	20	98000

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A RAZE PERMIT

23. Raze Contractor's Name Bozzuto Contractors, Inc	24. Contractor's Address (including zip code) 6406 Ivy Ln, Ste 700 Greenbelt MD	25. Contractor's Phone 301-220-0100
---	---	---

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

33. Plumber's Name Charles A. Klein & Son Inc	34. Plumber's License Number PGM1001044	35. Raze Method (ball, bulldozer, by hand, etc.) Excavator
---	---	--

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

2: The Certificate should:

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

36. Insurance Company Riggs, Counselman, Michaels	37. Policy or Certificate No. 30CSEQU0651	38. Expiration Date 07-01-2020
---	---	--

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

Asbestos Locations:

- Floor tile & Assoc. Mortars
- Gray Drywall Joint Compound
- Interior Door & Radiator Caulks
- Exterior Vent & Electrical Caulks
- Roof Flashing Caulks

LEAD-base point

- Ceramic wall Tiles
- Ceramic Sinks & toilets
- Metal Radiators
- Metal Beilings & Balusters
- Wood Door Casings
- Wood Stair Components

GOVERNMENT OF THE DISTRICT OF COLUMBIA
**CERTIFICATION FOR
 RAZE PERMIT APPLICATION**

This certifies that DC Housing Authority (referred to as Owner) owns the property at
(Legal Name of Property Owner)
4501-4507 Quarles St NE and that the person signing below has the legal authority to execute this Certification
(Property Address)

and to make the representations and certifications below, on behalf of the Owner.

I am applying for a Raze Permit for the subject property.

I understand that the Raze Permit must be issued prior to any raze activity or operations.

If I do not have a Raze Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.

[Signature] (Initial here to certify that you have read and understand this paragraph)

A. Use of Property as Housing Accommodation

I hereby certify that the structure to be razed IS a housing accommodation.
(is/is not)

If the structure is a housing accommodation, complete Section B. If the structure is not a housing accommodation, skip to Section C and the signature block.

B. Additional Provisions Applicable to Razing of "Housing Accommodations"

I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:

Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.

Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.

[Signature] (Initial here to certify that you have read and understand this paragraph)

I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, et seq., and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:

Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, before issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.

Providing tenants with a 180-day Notice to Vacate that complies with and notifies each tenant of his/her potential right to relocation assistance.

[Signature] (Initial here to certify that you have read and understand this paragraph)

C. Execution and Certification Applicable to All Applicants

I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.

Name of Owner: DC Housing Authority
(Print Name of Owner)

Signature: [Signature]

Name of Agent: _____
(Print Name of Authorized Agent)

Signature: _____

PUBLIC NOTARY NAME:
CANDACE E. PARKER

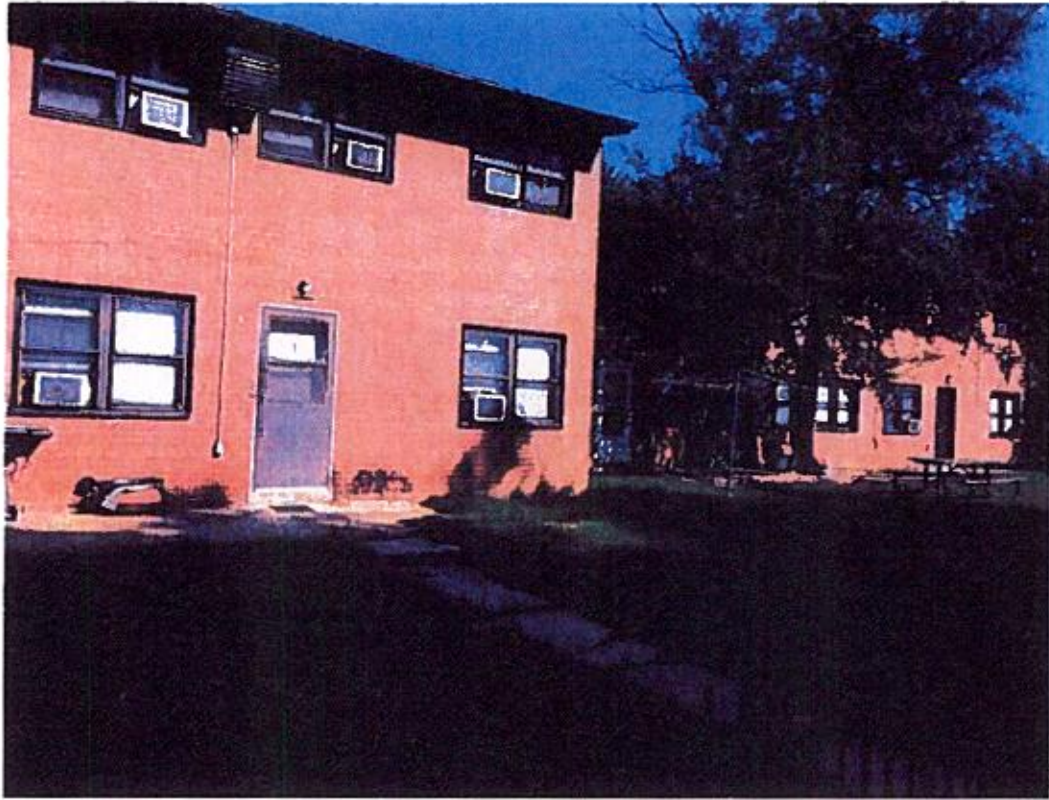
SEAL & SIGNATURE
Candace E. Parker



REG.# _____ EXPIRES:
1-1-23

4501-4507 Quarles ST NE





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



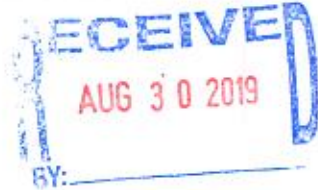
Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557

Date: July 26, 2019



Cap Id: R1900160

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:
1514 1528 KENILWORTH AVE NE

LOT: SQUARE: 5116 TYPE: Single Family Dwelling - R-3 VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

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

R1900160

Application Date: **JUNE 1, 2019**

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1514-1528 Kenilworth Ave NE	NE	Seven	5116	—	180

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
DC HOUSING AUTHORITY	1133 North Capitol St NE	202 535 2730	agould@dchousing.org
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
CDKM - Kim Mitchell	1331 H Street NW Ste 975	202 420 0091	kim@cdkmconsulting.com

3. TYPE OF PERMIT

14. Check all that apply

Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg		
Two story brick multifamily dwelling	TWO		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Residential Multifamily	Brick		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
120	35	20	84000

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Bozzuto Contractors, Inc	24. Contractor's Address (including zip code) 6406 Ivy Ln, Ste 700 Greenbelt MD	25. Contractor's Phone 301-220-0100
---	---	---

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

33. Plumber's Name Charles A. Klein & Son Inc	34. Plumber's License Number PGM1001044	35. Raze Method (ball, bulldozer, by hand, etc.) Excavator
---	---	--

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

2. The Certificate should:

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

36. Insurance Company Riggs, Counselman, Michaels	37. Policy or Certificate No. 30CSEQU0651	38. Expiration Date 07-01-2020
---	---	--

39. Asbestos in Building? If yes, indicate location: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only		
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- Asbestos Location:**
- Floor tile & Assoc. Mastics
 - Gray Drywall Joint Compound
 - Interior Door & Radiator Caulks
 - Exterior Vent & Electrical Caulks
 - Roof Flashing Caulks

- Lead-based paint**
- Ceramic Wall Tiles
 - Ceramic Sinks in toilets
 - Metal Radiators
 - Metal Railings & Balusters
 - Wood Door Casings
 - Wood Stair Components

Fee	By	Date
-----	----	------

GOVERNMENT OF THE DISTRICT OF COLUMBIA
CERTIFICATION FOR
RAZE PERMIT APPLICATION

This certifies that DC Housing Authority (referred to as Owner) owns the property at
(Legal Name of Property Owner)
1514-1528 Kenilworth Ave NE and that the person signing below has the legal authority to execute this Certification
(Property Address)
 and to make the representations and certifications below, on behalf of the Owner:
 I am applying for a Raze Permit for the subject property.
 I understand that the Raze Permit must be issued prior to any raze activity or operations.
 If I do not have a Raze Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.
AS (Initial here to certify that you have read and understand this paragraph)

A. Use of Property as Housing Accommodation
 I hereby certify that the structure to be razed IS a housing accommodation.
(IS/IS NOT)

If the structure is a housing accommodation, complete Section B. If the structure is not a housing accommodation, skip to Section C and the signature block.

B. Additional Provisions Applicable to Razing of "Housing Accommodations"
 I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:
 Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.
 Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.
AS (Initial here to certify that you have read and understand this paragraph)

I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, *et seq.*, and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:
 Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, **before** issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.
 Providing tenants with a 180-day Notice to Vacate that complies with and notifies each tenant of his/her potential right to relocation assistance.
AS (Initial here to certify that you have read and understand this paragraph)

C. Execution and Certification Applicable to All Applicants
 I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.
 Name of Owner: DC Housing Authority Signature: [Signature]
(Print Name of Owner)
 Name of Agent: _____ Signature: _____
(PRINT NAME OF AUTHORIZED AGENT)

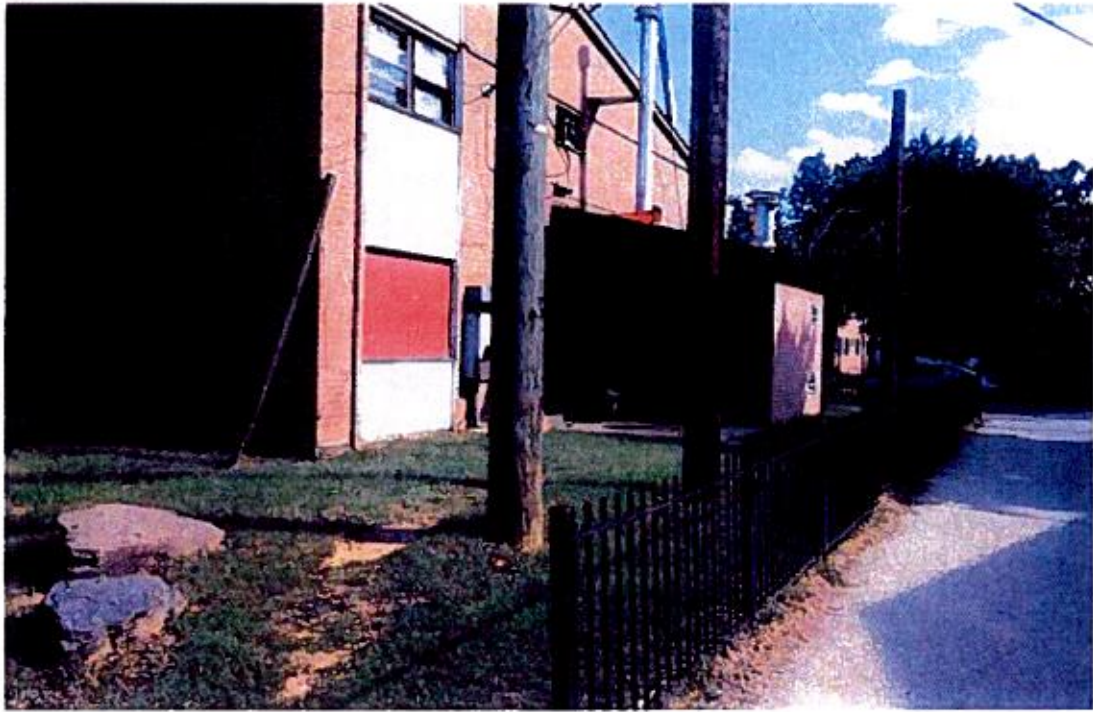
PUBLIC NOTARY NAME: Candace E. Parker

REG.# _____ EXPIRES: 1-1-23

SEAL & SIGNATURE
Candace E. Parker


1514 - 1528 Kenilworth Ave 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 - 9567

Date: July 26, 2019



Cap Id: R1900159

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:
1530 1544 KENILWORTH AVE NE

LOT: SQUARE: 5116 TYPE: Single Family Dwelling - R-3 VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

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

R1900159

Application Date: **JUNE 17, 2019**

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1530-1544 Kenilworth Ave NE	NE	Seven	5116	—	179

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
DC HOUSING AUTHORITY	1133 North Capitol St NE	202 535 2730	agould@dchousing.org
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
CDKM - Kim Mitchell	1331 H Street NW Ste 975	202 420 0091	kim@cdkmconsulting.com

3. TYPE OF PERMIT

14. Check all that apply: Raze Permit


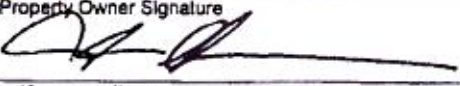
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg		
Two story brick multifamily dwelling	TWO		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Residential Multifamily	Brick		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
140	35	20	98000

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A RAZE PERMIT

23. Raze Contractor's Name Bozzuto Contractors, Inc		24. Contractor's Address (Including zip code) 6406 Ivy Ln, Ste 700 Greenbelt MD		25. Contractor's Phone 301-220-0100	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature 			
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature 			
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction 30c. Any raze permit application for a building(s) involving party walls must include 2 copies of a plan that show how the party wall(s) will be protected.			
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.			
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
		Fee	By	Date	

33. Plumber's Name Charles A. Klein & Son Inc		34. Plumber's License Number PGM1001044		35. Raze Method (ball, bulldozer, by hand, etc.) Excavator	
---	--	---	--	--	--

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- If the insurance is for one specific address only, state that, "Razing Operations at _____"
(address of raze operation)

36. Insurance Company Riggs, Counselman, Michaels		37. Policy or Certificate No. 30CSEQU0651		38. Expiration Date 07-01-2020	
---	--	---	--	--	--

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

Asbestos Location:

- Floor Tile & Assoc. Mastics
- Gray Drywall Joint Compound
- Interior Door & Radiator Caulks
- Exterior Vent & Electrical Caulks
- Roof Flashing Caulks

LSAO- base point

- Ceramic wall Tiles
- Ceramic Sinks & toilets
- Metal Radiators
- Metal Beilings & Bulusters
- Wood door Casings
- Wood Stair Components

GOVERNMENT OF THE DISTRICT OF COLUMBIA
**CERTIFICATION FOR
 RAZE PERMIT APPLICATION**

This certifies that DC Housing Authority (referred to as Owner) owns the property at
(Legal Name of Property Owner)
1530-1544 Kenilworth Ave NE and that the person signing below has the legal authority to execute this Certification
(Property Address)
 and to make the representations and certifications below, on behalf of the Owner.
 I am applying for a Raze Permit for the subject property.
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(is/is not)

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 Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.
 AS (Initial here to certify that you have read and understand this paragraph)

I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, et seq., and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:
 Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, before issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.
 Providing tenants with a 180-day Notice to Vacate that complies with and notifies each tenant of his/her potential right to relocation assistance.
 AS (Initial here to certify that you have read and understand this paragraph)

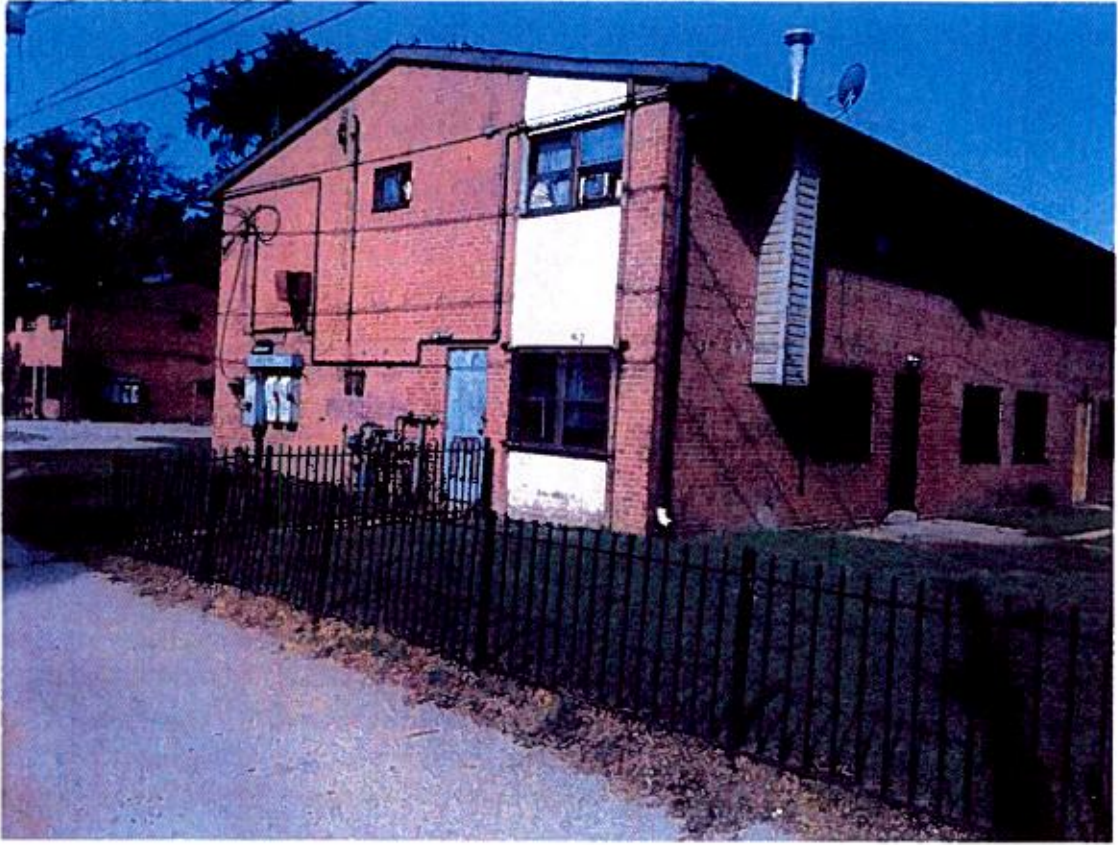
C. Execution and Certification Applicable to All Applicants
 I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.
 Name of Owner: DC Housing Authority Signature: [Signature]
(Print Name of Owner)
 Name of Agent: _____ Signature: _____
(Print Name of Authorized Agent)

PUBLIC NOTARY NAME:
CANDAS E. PACKER
REG.# _____ **EXPIRES:**
1-1-23

SEAL & SIGNATURE
[Signature]
 PUBLIC NOTARY SEAL: CANDAS E. PACKER, PUBLIC NOTARY, DC, EXPIRES 1-1-23, DISTRICT OF COLUMBIA

1530-1544 Kenilworth Ave 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: August 13, 2019



Cap Id: R1900157

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:

1546 1572 KENILWORTH AVE NE

LOT: SQUARE: 5116 TYPE: Single Family Dwelling - R-3 VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

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

R1900157

Application Date: **JUNE 17, 2019**

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1546-1572 Kenilworth Ave NE	NE	Seven	5116	—	178

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
DC HOUSING AUTHORITY	1133 North Capitol St NE	202 535 2730	agould@dchousing.org
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
CDKM - Kim Mitchell	1331 H Street NW Ste 975	202 420 0091	kim@cdkmconsulting.com

3. TYPE OF PERMIT

14. Check all that apply: Raze Permit

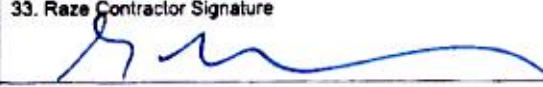
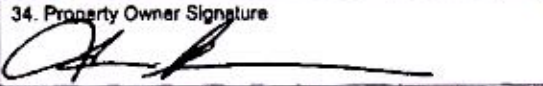
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg.		
Two story brick multifamily dwelling	TWO		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Residential Multifamily	Brick		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
230	35	20	161000

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A RAZE PERMIT

23. Raze Contractor's Name Bozzuto Contractors, Inc		24. Contractor's Address (Including zip code) 6406 Ivy Ln, Ste 700 Greenbelt MD		25. Contractor's Phone 301-220-0100	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature 			
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature 			
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction 30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.			
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.			
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
		Fee	By	Date	

33. Plumber's Name Charles A. Klein & Son Inc	34. Plumber's License Number PGM1001044	35. Raze Method (ball, bulldozer, by hand, etc.) Excavator
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1. You must submit a Certificate of Insurance covering the raze operation/contractor-- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

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

36. Insurance Company Riggs, Counselman, Michaels	37. Policy or Certificate No. 30CSEQU0651	38. Expiration Date 07-01-2020
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39. Asbestos in Building? If yes, indicate location:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only			
		Fee	By	Date	

- Asbestos Locations:*
- Floor Tile & Assoc. Mortars
 - Gray Drywall Joint Compound
 - Interior Door & Radiator Caulks
 - Exterior Vent & Electrical Caulks
 - Roof Flashing Caulks
- Lead-based paint*
- Ceramic Wall Tiles
 - Ceramic Sinks & Toilets
 - Metal Radiators
 - Metal Railings & Balusters
 - Wood Door Casings
 - Wood Stair Components

GOVERNMENT OF THE DISTRICT OF COLUMBIA
**CERTIFICATION FOR
RAZE PERMIT APPLICATION**

This certifies that DC Housing Authority (referred to as Owner) owns the property at
(Legal Name of Property Owner)
1546-1572 Kenilworth Ave NE and that the person signing below has the legal authority to execute this Certification
(Property Address)
and to make the representations and certifications below, on behalf of the Owner:
I am applying for a Raze Permit for the subject property.
I understand that the Raze Permit must be issued prior to any raze activity or operations.
If I do not have a Raze Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.
AB (Initial here to certify that you have read and understand this paragraph)

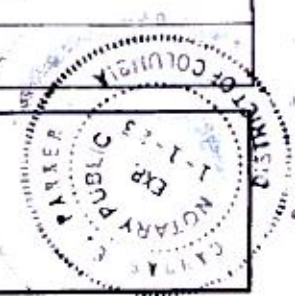
A. Use of Property as Housing Accommodation
I hereby certify that the structure to be razed IS a housing accommodation.
(IS/IS NOT)
If the structure is a housing accommodation, complete Section B. If the structure is not a housing accommodation, skip to Section C and the signature block.

B. Additional Provisions Applicable to Razing of "Housing Accommodations"
I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:
Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.
Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.
AB (Initial here to certify that you have read and understand this paragraph)

I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, *et seq.*, and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:
Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, before issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.
Providing tenants with a 180-day Notice to Vacate that complies with and notifies each tenant of his/her potential right to relocation assistance.
AB (Initial here to certify that you have read and understand this paragraph)

C. Execution and Certification Applicable to All Applicants
I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.
Name of Owner: DC Housing Authority Signature: *[Signature]*
(Print Name of Owner)
Name of Agent: _____ Signature: _____
(Print Name of Authorized Agent)

PUBLIC NOTARY NAME: CANDACE PARKER
REG.# _____ EXPIRES: 1-1-23

SEAL & SIGNATURE
[Signature]


1546-15 + L Kenilworth Ave NE

