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 dwellling	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 Qwuarles 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

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:		
			18
Name of releasing	HPO Official. (print)	27	

Print Form

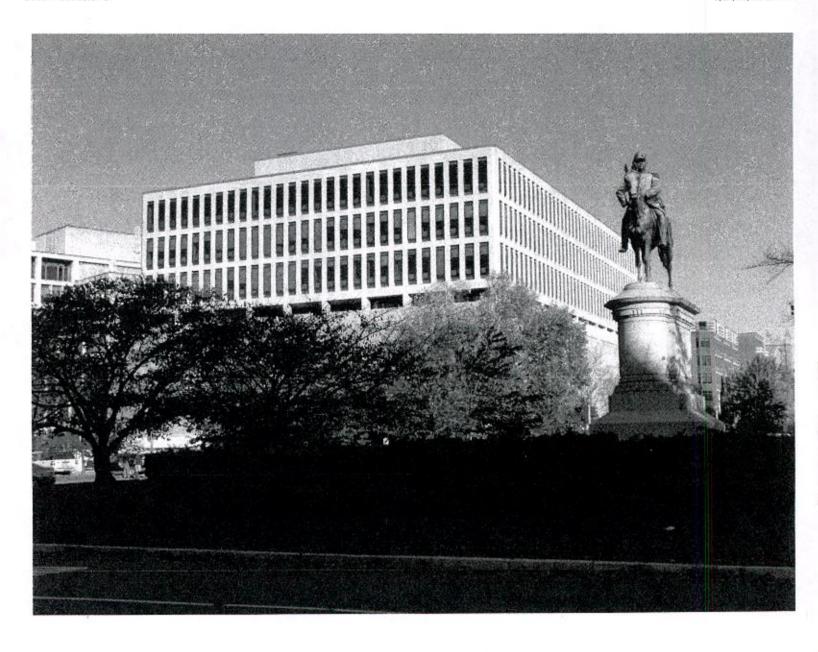
Government of the District of Columbia



APPLICATION FOR RAZE PERMIT

Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide detailed information. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any entered information will void this application. The owner of record must sign the application with an original signature. 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 5/3/2019 Application Date: INFORMATION ON PROPERTY 2. Quad 3. Ward 4b. Suffix 1. Address of Proposed Work 4a. Square 5 Lot 0181 1601 Massachusetts Ave 0162 NW Two 2. APPLICANT INFORMATION 7. Complete mailing address (include zip) 8. Phone Number(s) 6. Property Owner Government of the Commonwealth of Australia 1601 Massachusetts Ave (202) 797-3000 media.us@dfat.gov.au Washington, DC 20036 10. Agent/Contractor for Owner (if applicable) 11. Complete mailing address (include zip) 12. Phone Number(s) 13. Email 3245 Rio Dr #1009 info@citypermit.us (202) 798-2720 City Permit Falls Church, VA 22041 14. Check all that apply Raze Permit 4. DESCRIPTION OF BUILDING 16. Existing Number of Stories of Bldg: 15. Description of Building to be Razed (e.g., two story brick single family dwelling) six story embassy 18. Materials of Building (brick, wood, etc.) 17. Use(s) of Property (specifically indicate if any use is residential.) concrete, steel office 22. Bldg Volume (cu ft) (L x W x H) 21. Bldg Height (ft) 20. Bldg Width (ft) 19. Bldg Length (ft) 70 2.009.000 205 140 OFFICIAL USE ONLY CONDITIONS/ COMMENTS:

		SE	CTION A. RAZE PER	MIT				
23, Raze Contractor's Name		24. Contrac	tor's Address (including z	ip code)	25. Contract	or's Phone		
TBD		TBD			ТВО			
26. Historic District?	No	No 33. Raze Contractor Signature						
27. CFA?	☐Yes	⊠ No						
28. Raze Entire Building?	⊠Yes	□ No	34. Property Owne	ar Signature				
29. Building Condemned?	☐Yes	⊠No						
30a. Party Wall?	⊠ No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction						
				cation for a building(s) involving party walls must b at show how the party wall(s) will be protected.				
31. Building Vacant?	□No	Building must be v	acant before	ore Raze Permit issuance.				
32. Public Space Vault?		s⊠No		Official Use Only				
•		Feo	Ву		Date			
33. Plumber's Name		34. Piumb	er's License Number		35. Raze Me	thod (ball, bulldozer, by hand, etc.)		
TBD		TBD			bulldozer, i	ball, hand		
1. You must submit a Certificate of Inst square feet or less in area and not must be square feet or less in area and not must be square feet or less in area and not must be square feet of the instance a square feet of the	urance as: 0 notice cance insurance co overs "Razing	e story, wholi eputy Directo flation clause verage: Bodil g Operations	y detached from any other or, Permit Division, 1100 - e. ly Injury, \$100,000; Aggre in the District of Columbi	er building on 4th St SW, W egate, \$300,0 a," if the scop	the same or a /ashington, DC 100; and Prope se of the insura	djoening premises. 20024		
36. Insurance Company	ON THE PROPERTY OF	37. Polic	cy or Certificate No.		38. Expira	Address of the second s		
Co. modaro Company		1						
39. Asbestos in Building? If yes, indicate location:	☐Yes	⊠ No		0	fficial Use	Only		
			Fee	Бу		Date		





Permit Operations Division 1100 4th Street SW

Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557

ate: July 26, 2019

Cap Id:

R1900156

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:

1555 1569 45TH ST NE

LOT:

Data

SQUARE: 5116 TYPE:

VACANT: Yes

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

CLEARANCE

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

Date.	Signature	
Name of releasing	HPO Official. (print)	

Clanatura

Print Form



APPLICATION FOR RAZE PERMIT

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

litering any e il signature.	ntered information will	void this	applicati	ion.	The own	er of	record must s	ign the	
	DCMR 12 Building Code S	Suppleme	nt Chapt	er l	§ 105.1.7,	105	1.7.1, 105.1.7	1.1,	
The second of th		+ / 12 1 1 1 1 1	A	pplic	cation Date	JUN	E 17, 2019		
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		2. Qua	3. Ward	d_	4s. Square	•	4b. Suffix	5. Lot	
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	2 APPLICAN	INFOR	MATIO	N					=
	7. Complete mailing addres	s (include	zip) 8.	Pho	one Number	(5)	9. Email		
ITY	1133 North Capitol St	NE	20	02 5	535 2730		agould@	dchousing.org	
(if applicable)	11. Complete mailing addre	ss (includ	zip) 12	. Ph	one Numbe	r(s)	13. Email		
	1331 H Street NW Ste	975	20	02 4	420 0091		kim@cdk	mconsulting.	om
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Raze Per								***	
	4. DESCRIPTION	ON OF E	UILDIN	G				=	
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ally indicate if a	ny use is residential.)		18. Materi	als	of Building (brick,	wood, etc.)		
			Brick	1-15					
20. Btd	g Width (fi)	21. Bld	g Height (f	t)			22. Bldg Volume	e (cu ft) (L x W x	H)
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	OFFICIAL	USE O	MLY		THE REAL PROPERTY.	1			
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	I signature. e in the 2013 ection 155A D 156 E ITY (if applicable) Raze Pen e Razed (e.g., to by dwelling ally indicate if a	I signature. In the 2013 DCMR 12 Building Code Section 1554 I Shall INFORMATIO 1. INFORMATIO 2. APPLICAN 7. Complete mailing address ITY 1133 North Capitol St 11. Complete mailing address 1331 H Street NW Ste 3. TYPE Raze Permit 4. DESCRIPTION Razed (e.g., two story brick single family dwolly dwelling ally indicate if any use is residential.) 20. Bidg Width (ft) 20. Bidg Width (ft)	I signature. In the 2013 DCMR 12 Building Code Supplementary I INFORMATION ON P 2. Quant NE 2. APPLICANT INFOR 7. Complete mailing address (include ITY 1133 North Capitol St NE 11. Complete mailing address (include 1331 H Street NW Ste 975 3. TYPE OF PERI Raze Permit 4. DESCRIPTION OF E Razed (e.g., two story brick single family dwelling) by dwelling ally indicate if any use is residential.) 20. Bidg Width (ft) 21. Bid 20.	a in the 2013 DCMR 12 Building Code Supplement Chapter	a in the 2013 DCMR 12 Building Code Supplement Chapter is in the 2013 DCMR 12 Building	a in the 2013 DCMR 12 Building Code Supplement Chapter I § 105.1.7, ection 1554 Application Date 1. INFORMATION ON PROPERTY 2. Quad 3. Ward 4s. Squan NE Seven 5116 2. APPLICANT INFORMATION 7. Complete mailing address (include zip) 8. Phone Number 202 535 2730 ITY 1133 North Capitol St NE 202 535 2730 Ith Complete mailing address (include zip) 12. Phone Number 202 420 0091 3. TYPE 0F PERMIT 4. DESCRIPTION OF BUILDING 8 Razed (e.g., two story brick single family dwelling) by dwelling ally indicate if any use is residential) 18. Materials of Building (Brick 20 Bldg Width (ft) 21. Bldg Height (ft) 20	I signature. In the 2013 DCMR 12 Building Code Supplement Chapter I § 105.1.7, 105. Application Date INFORMATION ON PROPERTY 2. Quad 3. Ward NE Seven 5116 2. APPLICANT INFORMATION 7. Complete mailing address (include zip) 8. Phone Number(s) 202 535 2730 ITY 1133 North Capitol St NE 202 535 2730 Iff applicable 11. Complete mailing address (include zip) 12. Phone Number(s) 1331 H Street NW Ste 975 202 420 0091 3. TYPE OF PERMIT Raze Permit 4. DESCRIPTION OF BUILDING PRICE	The in the 2013 DCMR 12 Building Code Supplement Chapter 1 § 105.1.7, 105.1.7, 105.1.7. Application Date 1. INFORMATION ON PROPERTY 2. Quad 3. Ward 4a. Square 4b. Suffix NE Seven 5116 2. APPLICANT INFORMATION 7. Complete mailing address (include zip) 8. Phone Number(s) 9. Email 1133 North Capitol St NE 202 535 2730 agould@ (if applicable) 11. Complete mailing address (include zip) 12. Phone Number(s) 13. Email 1331 H Street NW Ste 975 202 420 0091 kim@cdk 3. TYPE OF PERMIT Raze Permit 4. DESCRIPTION OF BUILDING 16. Existing Number 19. If any use is residential) 18. Materials of Building (brick, wood, etc.) Brick 20. Bidg Width (ft) 21. Bidg Height (ft) 22. Bidg Volume 20. Bidg Woldth (ft) 22. Bidg Volume 20. Bidg Woldth (ft) 20. Bidg Volume 20. Bidg Woldth (ft) 20. Bidg Volume 20. Bidg Vo	application Date Information on Property 2. Quad 3. Ward 4s. Square 4b. Suffix 5. Lot Properties and Square 4b. Suffix 5. Lot 2. APPLICANT INFORMATION 7. Complete mailing address (include zip) 8. Phone Number(s) 9 Email agould@dchousing.org (if applicable) 11. Complete mailing address (include zip) 12. Phone Number(s) 13. Email 4b. Suffix 5. Lot 2. APPLICANT INFORMATION 7. Complete mailing address (include zip) 12. Phone Number(s) 13. Email 4b. Suffix 5. Lot 2. APPLICANT INFORMATION 7. Complete mailing address (include zip) 12. Phone Number(s) 13. Email 4b. Suffix 6b. Suffix 6b

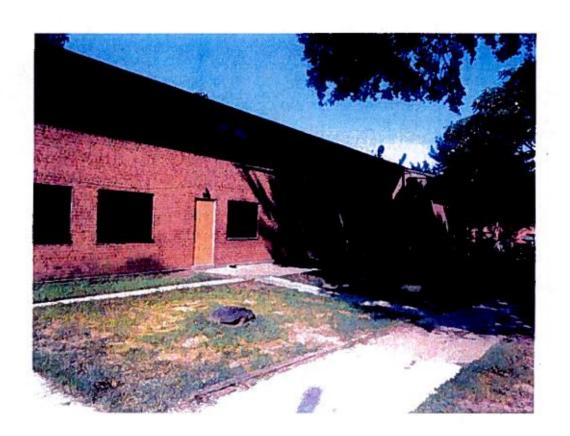
		SE	CTION A RAZE PERM	TIN	THE RESERVE OF THE PARTY OF THE	STATE STATE OF THE PARTY NAMED IN		
23. Raze Contractors Name	actor's Address (Including zip code) 25. Contractor's Phone							
Bozzuto Contractors, Inc		6406 lvy	Ln, Ste 700 Greenbelt	t MD	301-220-0100			
26. Historic District?	□Ye	s X No	No 33. Raze Contractor Signature					
27. CFA?	□ Ye	s No	7/1/2					
28. Raze Entire Building?	⊠Ye	s No	34. Properly Owner	Signature	/			
29. Building Condemned?	□Ye	s 🗷 No	-					
30a. Party Wall?	□Ye	s⊠ No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction 30c. Any raze permit application for a building(s) involving party walls must be					
31. Building Vacant?	Ø ∨e	s 🗖 No	include 2 copies of a	a plan that	show how the party wa	il(s) will be protected.		
		10-4 0	Building must be vac		Raze Permit issuance.			
32. Public Space Vault?		s⊠No	Fee	Ву	Official Use Only	Date		
3. Plumber's Name		34. Plumb	er's License Number		35. Raze Method (ba	i, buildozer, by hand, etc.)		
Charles A. Klein & Son Inc	425	PGM100	1044		Excavator			
If the insurance is for one Insurance Company	specific addi		te that, "Razing Operations by or Certificate No.	81	(address of raze			
Riggs, Counselman, Michaels		30CSEQ	•		38. Expiration Da 07-01-2020	te		
9. Asbestos in Building?		□No			fficial Use Only	Erfolge 1975 A		
yes, indicate location:			Fee	By		Date		
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This certifies that DC Housing Au	thority Name of Property Owner)	(referred to as Owner) owns the property at
1555-1569 45th Street NE		
(Property Address)	jand that the per	erson signing below has the legal authority to execute this Certification
and to make the representations a	and certifications below	w, on behalf of the Owner:
I am applying for a Raze Per	mit for the subject prop	pperty.
I understand that the Raze F	ermit must be issued p	prior to any raze activity or operations.
If I do not have a Raze Permit bef penalties under District of Columb	ore I start any activity of ia laws.	or operations to raze the structure, I will be subject to criminal or civil (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 t	o be razed IS	a housing accommodation.
If the structure is a housing accommodati	on, complete Section B. If the	the structure is not a housing accommodation, skip to Section C and the signature block.
B. Additional Provisions Applic	able to Razing of "Ho	ousing Accommodations"
l agree, in accordance with DC OI	ficial Code (DCOC) §	§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:
Demolish any housing accor other transient residential ac	nmodation or rental uni commodation.	nit for the purpose of constructing or expanding a hotel, motel, inn, or
Construct or expand a hotel, or rental unit demolished after	motel, inn, or other tra er July 17, 1985.	ansient residential occupancy on the site of a housing accommodation About (Initial here to certify that you have read and understand this paragraph)
3404.02, et seq., and in subchapte	er VII of the "Rental Ho	in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42- pusing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with quirements include, but are not limited to:
Providing tenants with an op before issuing a Notice to Va	portunity to purchase the	the housing accommodation, via a written copy of an offer for sale, demolition or discontinuance of housing use.
Providing tenants with a 180 relocation assistance.	-day Notice to Vacate t	that complies with and notifies each tenant of his/her potential right to (Initial here to certify that you have read and understand this paragraph)
C. Execution and Certification A	pplicable to All Appli	
I certify that I have read and under and accurate to the best of my kno permits issued as a result of it, ma that failure to get a Raze Permit be	rstand the requirements owledge. If I fail to follow by be revoked under DC efore I start operations	ts in this certification and that any representations I made here are true ow the above requirements, I acknowledge that this application, and any CRA's authority and discretion. I acknowledge that I have been advised to raze the structure may subject the to criminal and/or civil penalties.
Name of Owner. DC Housing Auth (Print Name		Signature. 4
Name of Agent: (Print Name	or Authorized Agent)	Signature:
0 -		0.105
POBLIC NOTARY NAME: +	REKER	SER & SIGNATURE LEE
REG.# EXPI	RES: 23	4 3 18470
		Page 4 of 5 Effective October 10, 2017

1555 - 1569 45th ST NE









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)	

Print Form

Government of the District of Columbia



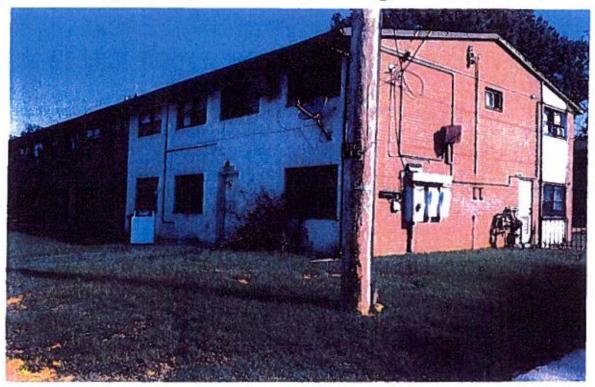
APPLICATION FOR RAZE PERMIT

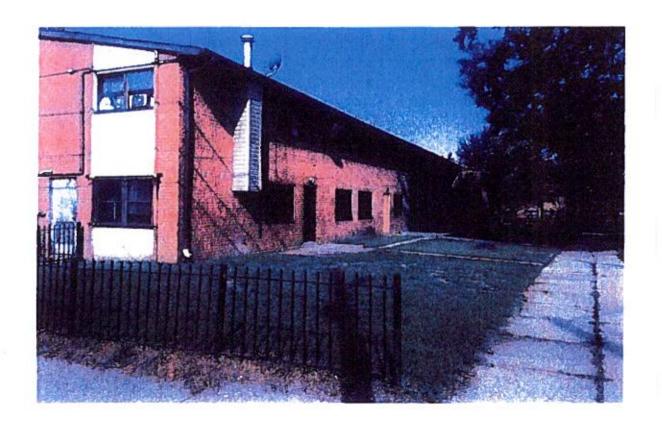
Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide detailed information. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any entered information will void this application. The owner of record must sign the application with an original signature. 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 JUNE 1, 2019 Application Date: 1. INFORMATION ON PROPERTY 2. Quad 3. Ward 4b. Suffix 1. Address of Proposed Work 4a. Square 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 Fmail 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. Bidg Volume (cu ft) (L x W x H) 155 35 20 108500 OFFICIAL USE ONLY CONDITIONS/ COMMENTS:

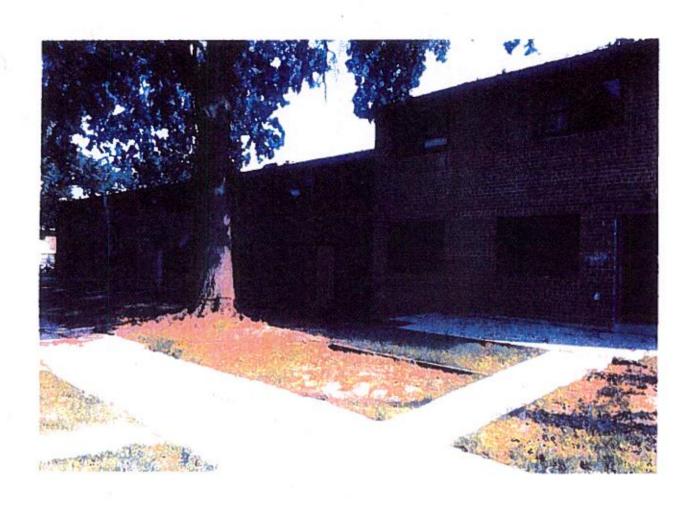
23. Raze Contractor's Name	24. Contractor's Address (including zip code)			25. Contractor's Phone				
Bozzuto Contractors, Inc		6406 Ivy Ln, Ste 700 Greenbeltt MD			301-220-0100			
26. Historic District?	□Yes	₹ No	33. Raze Contractor S	ignature	,			
27. CFA?	☐Yes	⊠ No	Tu	~	1			
28. Raze Entire Building?	▼ Yes	□No	34. Property Owner Si	gnature				
29. Building Condemned?	□Yes	⊠No	- Cha					
30a. Party Wall? ☐ Yes		⊠ No	Notification Form which safeguards during construction					
• • • •						involving party walls must be wall(s) will be protected.		
31. Building Vacant?		□No	Building must be vacar					
32. Public Space Vault?	□Yes	⊠No	20.007004,000,000	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Official Use Onl	Marks		
**************************************			Fee	В		Date		
33. Plumber's Name		34. Plumbe	r's License Number	- 14	35. Raze Method	[ball, buildozer, by hand, etc.		
Charles A. Klein & Son Inc		PGM1001			Excavator			
The Certificate should: Show the holder of the instruction include a 30-day advance include these amounts of State that the Insurance of	surance as: De notice cancell insurance cove overs "Razing	puty Director lation clause. erage: Bodily Operations in	Injury, \$100,000; Aggregate the District of Columbia," if	St SW, V e, \$300, f the sco	Vashington, DC 200	24 amage, \$100,000.		
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The Certificate should: Show the holder of the instruction include a 30-day advance include these amounts of State that the insurance cell if the insurance is for one	surance as: De notice cancell insurance cove overs "Razing	puty Director lation clause. erage: Bodily Operations in ss only, state 37. Policy	, Permit Division, 1100 4th s Injury, \$100,000; Aggregate the District of Columbia," it that, 'Razing Operations at y or Certificate No.	St SW, V e, \$300, f the sco	Vashington, DC 2000 000; and Property D pe of the Insurance i (address of re 38. Expiration	24 amage, \$100,000. is for blanket coverage. iza operation)		
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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. (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.
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 to criminal and/or civil penalties. Name of Owner: DC Housing Authority (Print Name of Owner) Signature: Signature:
PUBLIC NOTARY NAME: HACKEC SERL & SIGNATURE WILLIAM SERVICE WILLIAM SERV
REG.# EXPIRES:

1509-1527 45th ST. NE









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)	

Print Form



APPLICATION FOR RAZE PERMIT

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

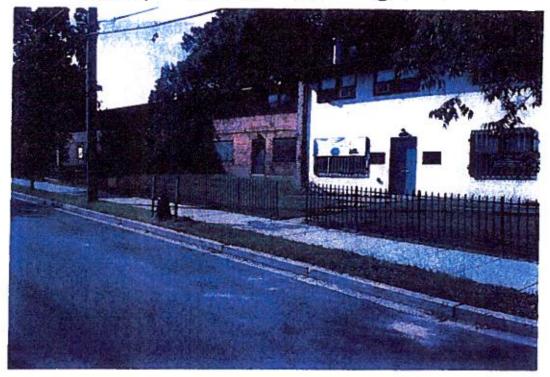
Applicable code sections are in the 2013 DCMR 12 Building Code Supplement Chapter I § 105.1.7, 105.1.7.1, 105.1.7.1.1,

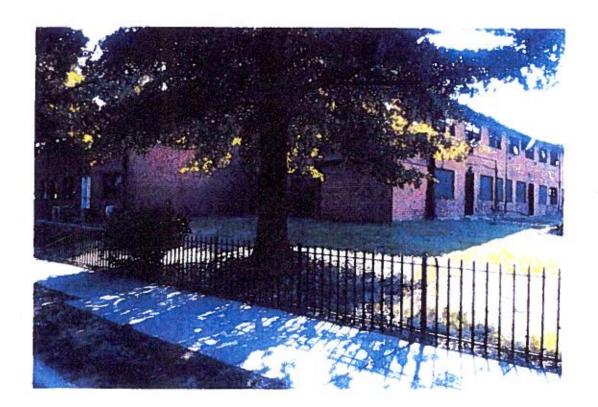
B19001	55				Appli	cation Date:	JUN	IE 17, 2019	
		1. INFORMA		-	_				
1. Address of Proposed Work			2. Quad	3. V	Vard	4a. Square		4b. Suffix	5. Lot
1529-1553 45th St			NE	Se	ven	5116		_	174
		2. APPLICA	-						
6. Property Owner		7. Complete mailing add	iress (include z	dp)	8. Ph	one Number(3)	9. Email	
DC HOUSING AUTHORIT	Y	1133 North Capitol	St NE		202	535 2730		agould@d	dchousing.org
10. Agent/Contractor for Owner (if	applicable)	11. Complete mailing ad	ldress (include	zip)	12. PI	hone Number	(5)	13. Email	
CDKM - Kim Mitchell		1331 H Street NW S	Ste 975		202	420 0091	_	kim@cdk	mconsulting.com
		3 TVP	E OF PERM	III			-		
14. Check all that apply:	Raze Pen								
		4. DESCRIP		UILE	ING	1111			
15. Description of Building to be F	Razed (e.g., t	wo story brick single family	y dwelling)				16	Existing Numbe	r of Stories of Bldg
Two story brick multifamily	dwelling						1	wo	
17. Use(s) of Property (specifical)	y Indicate if a	ny use is residential.)		18. M	sterials	of Building (t	rick	wood, etc.)	
Residential Multifamily				Brick					
19. Bldg Length (ft)	20. Bld	g Width (ft)	21. Bldg	Heig	ht (ft)			22. Bldg Volume	(cu ft) (L x W x H)
140	35		20					133000	
	Mary La	OFFIC	IAL USE ON	(LY	LEN.	MARINE THE			
CONDITIONS/ COMMENTS:									

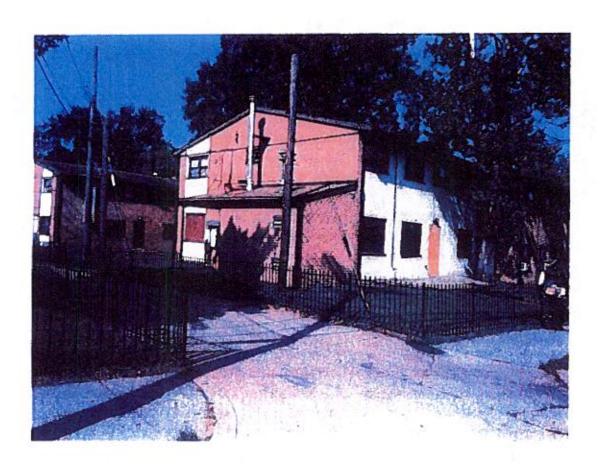
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Raze Contractor's Name 24. Contractor's Address (includin			ode)	25. Contractor's Pho	ne		
	6406 Ivy L	n, Ste 700 Greenbeltt M	MD	301-220-0100			
□Ye	s X No	33. Raze Contractor S	33. Raze Contractor Signature				
DY	es 🗵 No						
⊠Y€	s No	34. Propady Owner Signature					
□Ye	s 🗷 No	14					
□Ye	es 🗷 No	Notification Form	which:	safeguards during o	construction		
		include 2 copies of a	pian that	show how the party wa	il(s) will be protected.		
図Ye	es 🗖 No	Building must be vaca	nt before	Raze Permit Issuance.			
ПҮ	es 🗵 No	ENGLISHED WHITE		A STATE OF THE PARTY OF THE PAR			
	_	Fee	8	y	Date		
	34. Plumbe	er's License Number		35. Raze Method (ba	II, buildozer, by hand, etc.)		
	PGM100	1044		Excavator			
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	□ Ye	Yes No Yes Yes No Yes Yes	Yes No 33. Raze Contractor S Yes No 34. Propady Owner S Yes No 30b. If yes, adjace Notification Form 30c. Any raze perminented 2 copies of a Yes No Building must be vaca Yes No Fee S No S No Fee S No S No	Section Steep Section Section Steep Section Section Steep Section Steep Section Steep Section	See No 33. Raze Contractor Signature Yes No No Notification Form which safeguards during of the same or adjoining our one story, whichly detached from any other building you plan to raze is note than one story, whichly Director, Permit Division, 1100 4th St SW, Washington, DC 20024 Urance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 Urance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 Urance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 Urance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 Urance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 Urance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 Urance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 Urance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 Urance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 Urance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 Urance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 Urance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 Urance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 Urance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 Urance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 Urance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 Urance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 Urance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 Urance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 Urance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 Urance as: Deputy Director, Permit Division, 1100 4th St SW, Washington		

[Logal Name of Property Owner] [529-1553 45th 6t NE
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PUBLIC NOTARY NAME: SEAL & SIGNATURE!
a charlo
REG.# PEXPIRES:

1529-1553 45th ST NE









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

ate: July 31, 2019 CC

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 h	IPO 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.

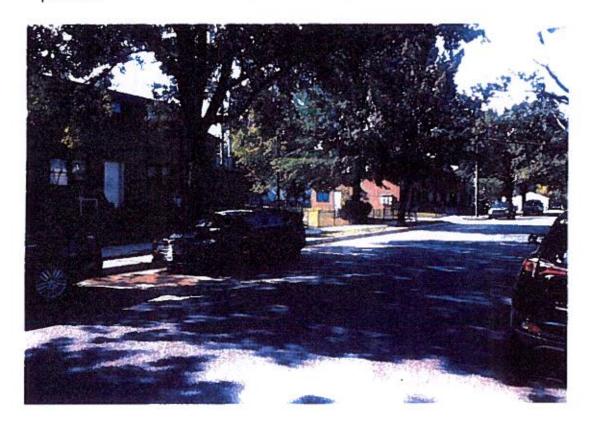
Applicable code sections are in the 2013 DCMR 12 Building Code Supplement Chapter 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1,

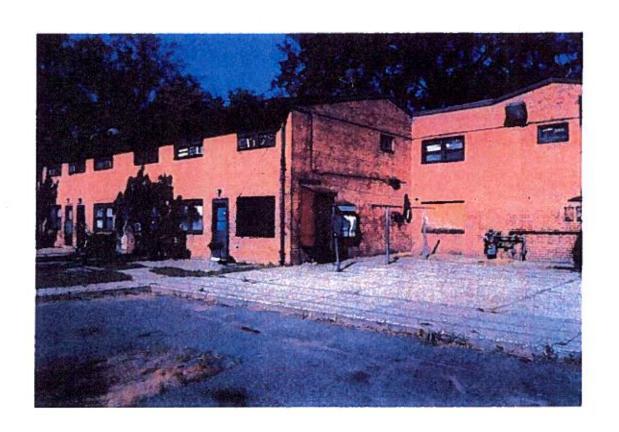
B190	0163				Appli	cation Date:	JUN	IE 17, 2019		
MARKET TO BE		1. INFORMATIO	N ON P	ROPE	ERTY	4-31-31	-0.5	Malia Williams		
1. Address of Proposed Work	1		2. Quad	3. V	Vard	4a. Square	_	4b. Suffix	5. Lot	
1501-1507 45th St			NE	Se	Seven 5116				172	
	ACCUMUM M	2. APPLICANT	COLUMN TWO IS NOT		The same of the sa		(a)	Fee 18/15 (151116	
3. Property Owner		7. Complete mailing address	(include a	zip)	8. Pho	one Number(1)	9. Email		
DC HOUSING AUTHO	RITY	1133 North Capitol St N	NE		202	535 2730		agould@dchousing		
0. Agent/Contractor for Own	er (if applicable)	11. Complete mailing address	s (include	zip)	12. Pf	none Number	(5)	13. Email		
CDKM - Kim Mitchell		1331 H Street NW Ste	975		202	420 0091		kim@cdkn	nconsulting.co	
Janes Barbari Way		3, TYPE 0	E PERA	AIT						
4. Check all that apply:	Raze Pen									
	E Nazer en	The second secon		the same	and the					
15 Description of Building to	be Razed (e.g. t	4. DESCRIPTIO wo story brick single family dw	and the second second	UILC	ING		16	. Existing Number	of Stories of Bide	
Two story brick multifan	27 3 2-27							wo		
17. Use(s) of Property (speci	fically indicate if a	ny use is residential.)	7	18. M.	aterials	of Building (b	rick	, wood, etc.)		
Residential Multifamily				Brick	Ç					
19. Bldg Length (ft)	20. Bld	g Width (ft)	21. Bldç	21. Bldg Height (ft)				22. Bidg Valume (cu ft) (L x W x H		
140	35		20					98000		
	(Individual	OFFICIAL	USE OF	NLY		AME TO				
CONDITIONS/ COMMENTS	All to provide		The st		0/8					

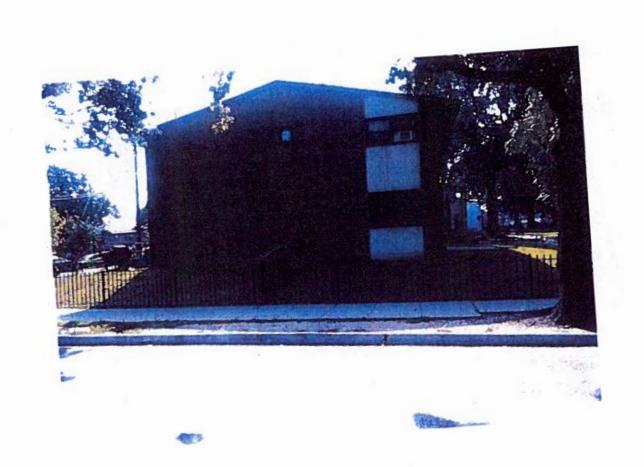
THE RESERVE OF THE PROPERTY OF THE	Paster Street	SE	CTION A RAZE PERMIT	阿太陽松 新疆 來	经验的的人类是是否实现			
23. Raze Contractor's Name		24. Contractor's Address (Including zip cod		25. Contracto	25. Contractor's Phone			
Bozzuto Contractors, Inc		6406 Ivy	Ln, Ste 700 Greenbeltt MD	301-220-01	100			
26. Historic District?	□Ye	s 🗷 No	33. Raze Contractor Signs	33. Raze Contractor Signature				
27. CFA?	□Ye	s 🗷 No		1.1				
28. Raze Entire Building?	▼ Ye	s 🗆 No	34. Property Owner Signal	34. Property Owner Signature				
29. Building Condemned?	□Ye	s 🗷 No	4					
30a. Party Wall?	☐Yes 図 No		30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction 30c. Any raze permit application for a building(s) involving party walls must be					
31. Building Vacant?	XYe:	s □ No	Building must be vacant be		arty wall(s) will be protected.			
32. Public Space Vault?	Dye	s⊠No	Building most be vacant be	Official Use (
oz. r dono opace radir		E	Fee	Ву	Date			
33. Plumber's Name		34. Plumb	er's License Number	35. Raze Meth	nod (ball, buildozer, by hand, etc.)			
Charles A. Klein & Son Inc		PGM100	1044	Excavator				
If the insurance is for one Insurance Company	specific addn		te that, "Razing Operations at cy or Certificate No.		f raze operatión)			
Riggs, Counselman, Michaels		30CSEQ		38. Expiration Date				
39. Asbestos in Building?	₹Yes	<u> </u>	1 10101-11	07-01-2020 Official Use Only				
If yes, indicate location:			Fee	y	Date			
Wester Locations:		,	Total and a second		The state of the s			
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Gray Dryw-11 Ja	Not CON	upawa						
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Exterior Very & Els	ectrico	1 au	UKS					
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· Matal Kailin · WOOD DOON CO	15/295							
	/-	/						

This certifies that DC Housing Authority (Legal Name of Property Owner)	(referred to as Owner) owns the property at
	an alaring below has the local outbooks to avenue this Contification
(Property Address)	on signing below has the legal authority to execute this Certification
and to make the representations and certifications below,	on behalf of the Owner:
I am applying for a Raze Permit for the subject prope	orty.
I understand that the Raze Permit must be issued pri	ior to any raze activity or operations.
If I do not have a Raze Permit before I start any activity or penalties under District of Columbia laws.	operations to raze the structure, I will be subject to criminal or civil
	(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 (IBJS not)	a housing accommodation.
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.
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Providing tenants with a 180-day Notice to Vacate the relocation assistance.	at complies with and notifies each tenant of his/her potential right to (Initial here to certify that you have read and understand this paragraph)
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(Print Name of Owner)	
Name of Agent: (Print Name of Authorized Agent)	Signature:
	www.
REG.# , EXPIRES:	SEAL & SIGNATURES SEAL & SIGNATURES AND SEAL & SIGNATURES
1-1-23	80 12/12

1501-1507 45th ST NE







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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

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.

Name of releasing HPO Official. (print)

Print Form

Government of the District of Columbia



APPLICATION FOR RAZE PERMIT

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

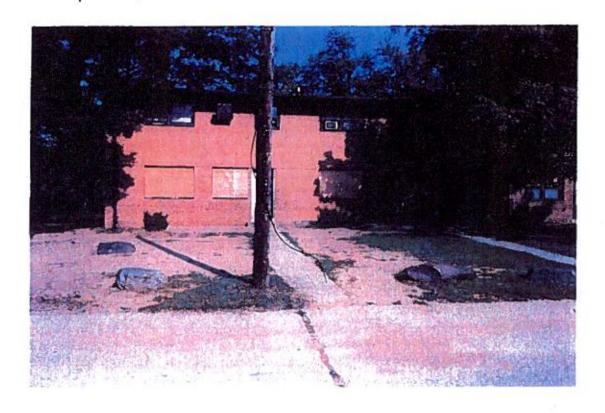
Applicable code sections are in the 2013 DCMR 12 Building Code Supplement Chapter I § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

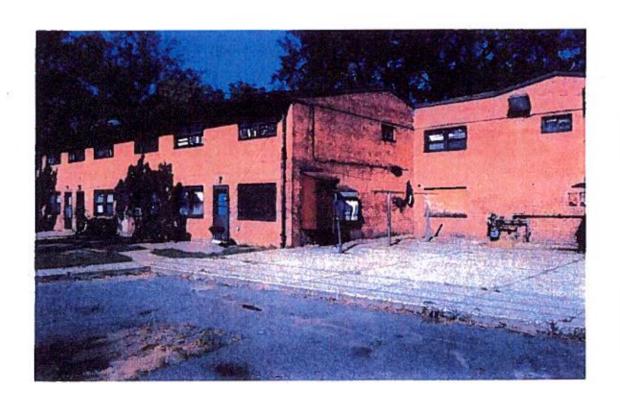
B1900	162				Applic	ation Date:	JUNE	17, 2019		
(2) 经产品的		1. INFORMATIO	-	-	ERTY			21/269		
Address of Proposed Work			2. Qua	nir—	Mard	4a. Square	_	4b. Suffix	5. Lot	
4509-4513 Quarles St			NE	Seven 5116		5116	16 —		177	
	Marie Colores	2. APPLICANT	INFOR	MAT	ION					
6. Property Owner		7. Complete mailing address	(include	lude zip) 8. Phone Number			9. Email			
DC HOUSING AUTHOR	RITY	1133 North Capitol St N	ΙE		202	535 2730		agould@dchousing.org		
10. Agent/Contractor for Own	er (if applicable)	11. Complete mailing addres	s (include	zip)	12.Ph	one Number	(3)	13. Email		
CDKM - Kim Mitchell		1331 H Street NW Ste	975		202 4	420 0091		kim@cdkmconsulting.co		
SASSES THE PROPERTY OF	Kessalah i	3 TYPE 0	FPER	TIN						
14. Check all that apply:	Raze Pem	nit								
	PULL SALES	4. DESCRIPTIO	N OF E	UILC	DING		40		S HOUSE	
15 Description of Building to	be Razed (e.g., tw						16.	Existing Number	of Stories of Bidg	
Two story brick multifarr	nily dwelling				- 100		T	NO	A.Sec.	
17. Use(s) of Property (specif	ically indicate if ar	y use is residential.)	77.	18. M	aterials	of Building (b	rick, v	wood, etc.)		
Residential Multifamily				Brick	<					
19. Bldg Length (ft)	20. Bldg	Width (ft)	21. Bld	21. Bidg Height (ft)			22. Bldg Volume (cu ft) (L x W x		(cuft) (L x W x H	
140	35		20	20			98000			
		OFFICIAL	USE 0	NLY	i Propi			ALZIN EN		
CONDITIONS/ COMMENTS:										

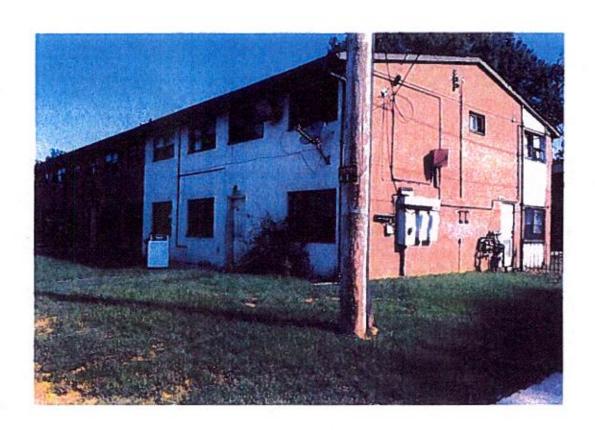
and the same of th		SECTION					
23. Raze Contractor's Name	24	24. Contractor's Address (including zip cod		25. Contractor's Phone			
Bozzuto Contractors, Inc	64	106 Ivy Ln, St	e 700 Greenbeltt MD	301-220-010	00		
26. Historic District?	☐Yes 🗵	S X No 33. Raze Contractor Si		ature			
27. CFA?	□Yes⊠			inature			
28. Raze Entire Building?	R Yes □						
29. Building Condemned?	☐Yes区]No	4				
30a. Party Wall?	□Yes 図 No		30b. If yes, adjacent p Notification Form white	ch safeguards dur			
*					rty wall(s) will be protected.		
31. Building Vacant?]No	Building must be vacant be	fore Raze Permit issu	ance.		
32. Public Space Vault?	□Yes⊠	No	Sounder of the State of	Official Use O			
•			Fee	By	Date		
33. Plumber's Name	3	34. Plumber's Lic	ense Number	35. Raze Metho	od (bell, buildozer, by hand, etc.)		
Charles A. Klein & Son Inc	P	GM1001044		Excavator			
square feet or less in area and not in the Certificate should: Show the holder of the instance include a 30-day advance include these amounts of State that the insurance of	surance as: Depu notice cancellati insurance covers overs "Razing O	ory, wholly detain ity Director, Pen- ion clause. age: Bodily Injur- perations in the	thed from any other building mit Division, 1100 4th St St y, \$100,000; Aggregate, \$ District of Columbia," if the	g on the same or adjo N, Washington, DC 2 100,000; and Property	0024		
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This certifies that DC Housing Auti	nority ame of Property Owner)	(referred to as Owner) owns the property at
(Property Address)	and that the person signif	ng below has the legal authority to execute this Certification
and to make the representations an	d certifications below, on beha	If of the Owner:
I am applying for a Raze Perm	nit for the subject property.	
I understand that the Raze Pe	rmit must be issued prior to an	y raze activity or operations.
If I do not have a Raze Permit before penalties under District of Columbia		ons to raze the structure, I will be subject to criminal or civil (Initial here to certify that you have read and understand this paragraph
A. Use of Property as Housing A	commodation	
I hereby certify that the structure to	be razed IS a h	housing accommodation.
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 Applicat	ole to Razing of "Housing Ac	commodations"
I agree, in accordance with DC Offi	cial Code (DCOC) §§ 42-3506	5.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:
Demolish any housing accom- other transient residential accom-		purpose of constructing or expanding a hotel, motel, inn, or
Construct or expand a hotel, n or rental unit demolished after		sidential occupancy on the site of a housing accommodation
	VII of the "Rental Housing Act	enants Opportunity to Purchase Act," codified in DCOC § 42- t," codified in DCOC §§ 42-3507.01 to 42-3507.03 with its include, but are not limited to:
		ng accommodation, via a written copy of an offer for sale, or discontinuance of housing use.
Providing tenants with a 180-c relocation assistance.	lay Notice to Vacate that comp	olies with and notifies each tenant of his/her potential right to (Initial here to certify that you have read and understand this paragraph
C. Execution and Certification Ap	plicable to All Applicants	
and accurate to the best of my known permits issued as a result of it, may that failure to get a Raze Permit between the Name of Owner: DC Housing Author (Print Name Name of Agent:	wledge. If I fail to follow the above be revoked under DCRA's autority corrections to raze the prity corrections to research the prity corrections to raze the prity corrections the prity corrections to raze the prity corrections the prity c	certification and that any representations I made here are true over requirements, I acknowledge that this application, and any thority and discretion. I acknowledge that I have been advised the structure may subject me to criminal and/or civil penalties. Signature: Signature:
BUBLIC NOTARY NAME:	/ ₂ , ހ	AL & SIGNATURE
REG.# EXPIR	ZZ	3.5404

4509-4513 Quarles ST NE









Permit Operations Division 1100 4th Street SW Washington DC 20024 2) 442 - 4589 Fax (202) 442 - 48

Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557

July 31, 2019 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. Name of releasing HPO Official. (print)

Print Form





APPLICATION FOR RAZE PERMIT

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

Applicable code sections are in the 2013 DCMR 12 Building Code Supplement Chapter I § 105.1.7, 105.1.7.1, 105.1.7.1,

	DILE			-	0.1	Γ	IUNE	17, 2019	
nin			200-2700-2	en inches		cation Date:		17,2015	
Address of Proposed World		1. INFORMATIO	2. Quad	-	-	4a. Square		4b. Suffix	5. Lot
4501-4507 Quarles St			NE NE	1	ven	5116	7	40. Sulix	176
4301-4307 Quaries St			NE_	Se	ven	3110			1/6
	V. State	2. APPLICANT	Control of the Control						
3. Property Owner		7. Complete mailing address	(include a	ip)	8. Pho	one Number(s)	9. Email	
DC HOUSING AUTHO	DRITY	1133 North Capitol St N	NE		202	535 2730		agould@	dchousing.org
10. Agent/Contractor for Ow	ner (if applicable)	11. Complete mailing address	s (include	zip)	12. Ph	one Number(s)	13. Email	
CDKM - Kim Mitchell		1331 H Street NW Ste	975		202	120 0091		kim@cdk	mconsulting.co
		3. TYPE 0	F PERM	ΛIT					
4. Check all that apply:	Raze Pen	mit							
		4. DESCRIPTIO	N OF B	UILC	ING		3111		
15. Description of Building (o be Razed (e.g., t	wo story brick single family dw	elling)				16. E	xisting Numbe	er of Stories of Bldg
Two story brick multifa	mily dwelling						TV	<i>1</i> 0	
17. Use(s) of Property (spec	cifically indicate if a	ny use is residential.)		18. M	aterials	of Building (bi	rick, w	ood, etc.)	
Residential Multifamil	у			Brick	,				
19. Bidg Length (ft)	20. Bld	g Width (ft)	21. Bldg	21. Bldg Height (ft)			22. Bldg Volume (cu ft) (L x W x H)		
140	35		20				98000		
		OFFICIAL	USE O)	ILY	TAX.	94-5-1502			
CONDITIONS/COMMENTS									

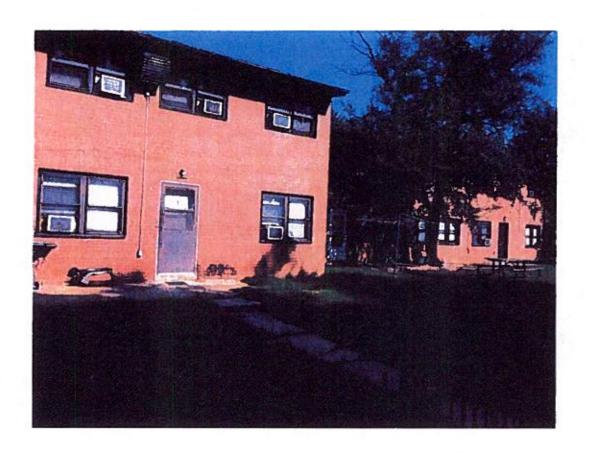
		SEC	TION A. RAZE PERMIT				
23. Raze Contractor's Name			tor's Address (including zip code)	25. Contractor's Phone			
Bozzuto Contractors, Inc		6406 Ivy L	.n, Ste 700 Greenbeltt MD	301-220-0100			
26. Historic District?	□Yes	xNo	33. Raze Contractor Signature				
27. CFA?	☐Yes	⊠ No		~			
28. Raze Entire Building?	¥Yes	□No	34. Property Owner Signatur				
29. Building Condemned?	□Yes	⊠ No	CA (
30a. Party Wall?	□Yes	⊠ No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction 30c. Any raze permit application for a building(s) involving party walls n				
31. Building Vacant?	¥Yes	□No	include 2 copies of a plan the Building must be vacant before	at show how the party wall(s) will be protected.			
32. Public Space Vault?	□Yes	No.	The second secon	Official Use Only			
38			Foo 1	By Date			
33. Plumber's Name		34. Plumbe	r's License Number	35. Raze Method (ball, buildozer, by hand, et-			
Charles A. Klein & Son Inc		PGM100	1044	Excavator			
square teet or less in area and not	urance as: Dep notice cancella insurance cove overs "Razing (story, wholly puty Director ation clause. erage: Bodily Operations in	detached from any other building ; Permit Division, 1100 4th St SW, hjury, \$100,000; Aggregate, \$300 http://doi.org/10.000/j.com/sie.				
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This certifies that	DC Housing A	uthority I Name of Property Own		(referred to as Owner) of	wns the property at
4501-4507 Quar				day has the least suther	to avenue this Cadification
	perty Address)	and that the	person signing be	tow has the legal authorn	y to execute this Certification
and to make the r	representations	and certifications be	elow, on behalf of t	he Owner:	
I am applyin	g for a Raze Pe	ermit for the subject	property.		
l understand	that the Raze	Permit must be issu	ed prior to any raz	e activity or operations.	
If I do not have a penalties under D			11		be subject to criminal or civil read and understand this paragraph)
A. Use of Proper	ty as Housing	Accommodation	(11111	a note to termin a ser you have	read and annotation time paragraphy
I hereby certify the			- le bousi	ng accommodation.	
entral programme programme		(18718	Ton	u - s edrement branch openingeneral	
N 22127772 AM 12274	72.00				p to Section C and the signature block.
		cable to Razing of			
l agree, in accord	ance with DC C	fficial Code (DCOC) §§ 42-3506.02(e	i)-(b) and 14 DCMR § 440	00.2, not to use the permits to:
Demolish an other transie	ny housing acco ant residential a	mmodation or rental ccommodation.	i unit for the purpo	se of constructing or expa	anding a hotel, motel, inn, or
		l, motel, inn, or other ter July 17, 1985.	11		of a housing accommodation e read and understand this paragraph)
3404.02, et seq.,	and in subchap	ter VII of the "Rental	Housing Act," cod	s Opportunity to Purchase dified in DCOC §§ 42-350 lude, but are not limited to	
				commodation, via a writte scontinuance of housing	n copy of an offer for sale, use.
Providing ter relocation as		0-day Notice to Vac	11		ant of his/her potential right to pread and understand this paragraph)
C. Execution and	Certification	Applicable to All A	pplicants		
and accurate to the permits issued as	ne best of my kr a result of it, m a Raze Permit i DC Housing Au (Print Nar	nowledge. If I fail to f ay be revoked unde before I start operati	follow the above re or DCRA's authority ions to raze the str	equirements, I acknowledgy and discretion. I acknowledgy acture may subject me to ture:	entations I made here are true ge that this application, and any riedge that I have been advised criminal and/or civil penalties.
					January Control
MINA	Y NAME: TA	rker	SEGLE	SIGNATURE LINE	DIST.
REG.#	1-1	-23			SYON
	Y1855	- 3-30/2			BEV 12/12

4501-4507 Quarles ST NE









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

July 26, 2019

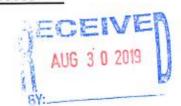


Cap Id:

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)	

Print Form

Government of the District of Columbia



APPLICATION FOR RAZE PERMIT

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

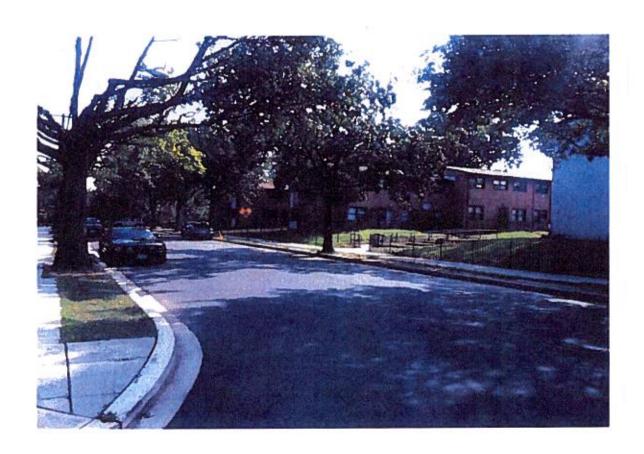
R1900	160			Арры	cation Date:	JNE 1, 2019	
		1. INFORMATIO	N ON P	ROPERTY			
1. Address of Proposed Work			2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1514-1528 Kenilworth A	ve NE		NE	Seven	5116	-	180
		2. APPLICANT	INFOR	MATION		1,000	
5. Property Owner		7. Complete mailing address	(include 2	tip) 8. Pho	one Number(s)	9 Email	
DC HOUSING AUTHO	RITY	1133 North Capitol St N	IE	202	535 2730	agould@	dchousing.org
0. Agent/Contractor for Own	er (if applicable)	11. Complete mailing addres	s (include	zip) 12. Př	none Number(s	13. Email	***************************************
CDKM - Kim Mitchell		1331 H Street NW Ste	975	202	420 0091	kim@cdl	mconsulting.cor
		3. TYPE 0	FPERM	1IT			
4. Check all that apply	⊠ Raze Pen	mit				_	
		4. DESCRIPTIO		UILDING			
		wo story brick single family dwe	elling)				er of Stories of Bldg
Two story brick multifan	nily dwelling					TWO	
17. Use(s) of Property (specif	ically indicate if a	ny use is residential.)		18. Materials	of Building (brid	ck, wood, etc.)	
Residential Multifamily				Brick			
19. Bidg Length (ft)	20. Bid	g Width (ft)	21. Bldg Height (ft)			22. Bidg Volume (cu ft) (L x W x H)	
120	35		20			84000	
	AND DES	OFFICIAL	USE ON	ILY	AND ENG		
CONDITIONS/ COMMENTS:							

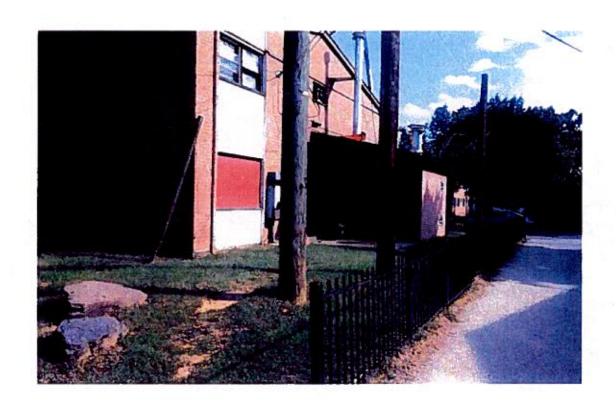
24.							
ctor's Name 24. Contra		ddress (including zip code	e)	25. Contractor's Ph	one		
640	6 Ivy Ln, St	e 700 Greenbeltt MC	0	301-220-0100			
☐Yes 図	No	33. Raze Contractor Signature					
☐Yes⊠I	No	7 1					
x Yes □ N	No	34. Property Owner Signature					
☐Yes 図 N	No	CH					
☐ Yes 🗷 No		30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction 30c. Any raze permit application for a building(s) involving party walls must					
Building Vacant? ☑ Yes ☐ No							
TYes N							
			Ву		Date		
34.	. Plumber's Lice	ense Number		35. Raze Method (ba	all, buildozer, by hand, etc.)		
PG	M1001044			Excavator			
ers Razing Oper	rations in the D	\$100,000; Aggregate, \$ istrict of Columbia," if the	\$300,00 e scope	00; and Property Dam e of the insurance is f	rage, \$100,000. or blanket coverage.		
ers "Razing Oper pecific address on	rations in the D nly, state that, "	istrict of Columbia," If the Razing Operations at	\$300,00 e scope	e of the insurance is f	or blanket coverage.		
pecific address on	rations in the D nly, state that, " . Policy or C	istrict of Columbia," if the Razing Operations at ertificate No.	e scop	e of the insurance is f (address of raza 38. Expiration Da	or blanket coverage.		
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	Yes Yes	Yes No Yes No Yes No Yes No Yes No Yes No Yes No 34. Plumber's Lice PGM1001044 ance covering the raze operations than one story, wholly detact	Yes No Yes No Yes No Yes No 34. Property Owner Sign Yes No 30b. If yes, adjacen Notification Form with 30c. Any raze permit a include 2 copies of a plate include 3 copies of a plate include	Yes No Yes No Yes No 34. Property Owner Signature. Yes No 30b. If yes, adjacent prop Notification Form which s 30c. Any raze permit applicationclude 2 copies of a plan that sinclude 2 copies of a plan that sinclude 2 No Yes No Building must be vacant before Yes No Fee By 34. Plumber's License Number PGM1001044 ance covering the raze operation/contractor—unless the building on the public of the power of the public of the	Yes No Yes No 34. Property Owner Signature. Yes No 30b. If yes, adjacent property owner(s) will Notification Form which safeguards during 30c. Any raze permit application for a building(s) iminclude 2 copies of a plan that show how the party w Yes No Building must be vacant before Raze Permit issuance Yes No Official Use Only		

This certifies that DC Housing Authority (referred to as Owner) owns the property at
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. (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.
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 reed 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 one to criminal and/or civil penalties. Name of Owner: DC Housing Authority Signature:
10 COCU, 1000 30 V3
PUBLIC NOTARY NAME: PARKER SEAL & SIGNATURE ON SEAL & SIGNATURE ON SEAL & SIGNATURE ON SEAL & SIGNATURE OF THE SEAL & SIGNATUR
REG.# /-/-33

1514-1528 Kenilworth Ave NE









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 (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.

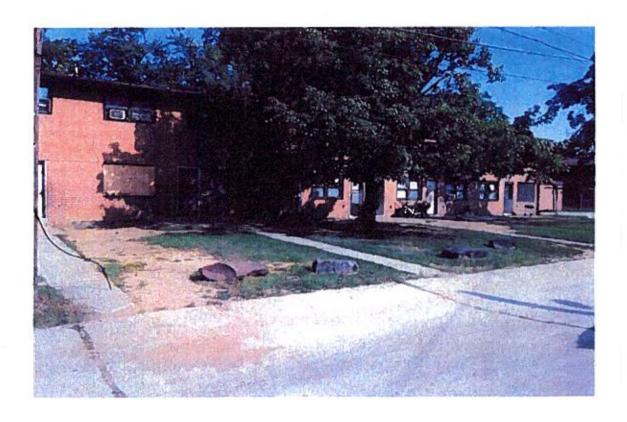
B1900	159				Annil	cation Date: JUI	NE 17, 201	9	
		1. INFORMATIO	NONP	ROP	2.00	Called Date:	THE STATE	e alian	
1. Address of Proposed Work			2. Quad	Name of Street	Ward	4a. Square	4b. Suffix		5. Lot
1530-1544 Kenilworth /	Ave NE		NE	Se	ven	5116	_		179
		2. APPLICANT	INFOR	MAT	ION				
5. Property Owner		7. Complete mailing address	s (include :	zip)	8. Pho	one Number(s)	9. Ema	1	
DC HOUSING AUTHO	RITY	1133 North Capitol St	NE		202	535 2730	agou	id@dch	ousing.org
10. Agent/Contractor for Own	er (if applicable)	11. Complete mailing address	ss (include	zip)	12. Pt	hone Number(s)	13. Em	ail	
CDKM - Kim Mitchell		1331 H Street NW Ste	975	- J	202	420 0091	kim@	cdkmcc	nsulting.co
		3. TYPE (F PERI	TIN					Testant Back
14. Check all that apply:		mit							
Elife vere lichten		4. DESCRIPTIO	The buildings of the same	UILE	DING			烈 建制	
15. Description of Building to	be Razed (e.g., b	wo story brick single family dw	relling)			16	. Existing N	umber of S	Stories of Bldg
Two story brick multifan	nily dwelling			211111			rwo		
17. Use(s) of Property (speci	fically indicate if a	ny use is residential.)		18. M	aterials	of Building (brick	, wood, etc.)		
Residential Multifamily				Brick	(
19. Bldg Length (ft)	20. Bld	g Width (ft)	21. Bldg	21. Bldg Height (ft)				22. Bidg Volume (cu ft) (L x W x H)	
140	35		20	20				98000	
		OFFICIAL	USE OF	ILY	57	NEW PRINCIPLE			
CONDITIONS/ COMMENTS:				N. SV		year.	W	17/14	

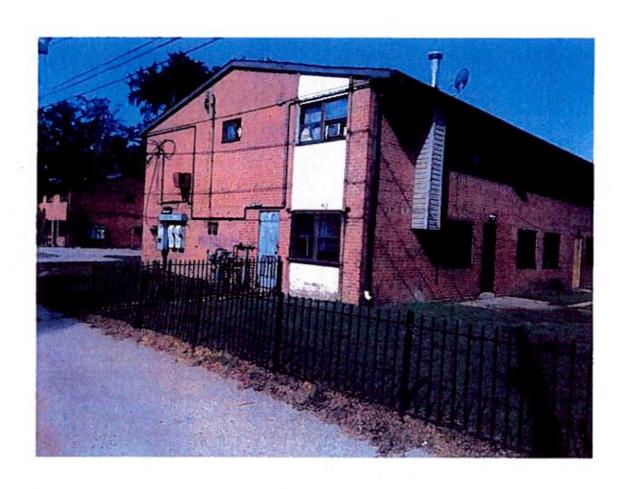
23. Raze Contractor's Name			ION A RAZE PERN				
Barrieta Contrastara Inc		24. Contractor	r's Address (including zip	code)	25. Contractor's Phone		
Bozzuto Contractors, Inc	1-205-3333	6406 lvy Ln	, Ste 700 Greenbeltt	MD	301-220-0100		
26. Historic District?	□Yes	x No	33. Raze Contractor	Signature			
27. CFA?	Yes	⊠ No		n			
28. Raze Entire Building?	X Yes	□No	34. Property Owner	Signature	1		
29. Building Condemned?	□Yes	⊠ No		-6		_	
30a. Party Wall?	☐Yes ☑ No		Notification Form	which :	perty owner(s) will safeguards during	construction	
			include 2 copies of a	nit applica I plan that	tion for a building(s) in t show how the party w	volving party walls must be vall(s) will be protected.	
31. Building Vacant?		No		10000	Raze Permit issuance		
32. Public Space Vault?	□Yes	No	32.82(0.400)		Official Use Only		
			Fee	В	y	Data	
33. Plumber's Name		34. Plumber's	License Number		35. Raze Method (b	all, buildozer, by hand, etc.)	
Charles A. Klein & Son Inc		PGM10010	044		Excavator		
If the insurance is for one s	pecific addre		hat, "Razing Operations	ét	(address of raze	The state of the s	
36 Insurance Company	e Company 37. Policy						
			or Certificate No.		38. Expiration D		
Riggs, Counselman, Michaels		30CSEQUO			38. Expiration D 07-01-2020		
Riggs, Counselman, Michaels 39. Asbestos in Bullding?	▼ Yes	30CSEQUO		C			
Riggs, Counselman, Michaels 39. Asbestos in Bullding? If yes, indicate location:	₹ Yes	30CSEQUO		Ву	07-01-2020		
Riggs, Counselman, Michaels 39. Asbestos in Bullding? If yes, indicate location:		30CSEQUE	0651		07-01-2020	ate	
Riggs, Counselman, Michaels 39. Asbestos in Bullding? If yes, indicate location: Westos Location: Flora Tile & Assoc	. Mass	30CSEQUE	0651		07-01-2020	ate	
Riggs, Counselman, Michaels 39. Asbestos in Bullding? If yes, indicate location: Loca	. Mass	30CSEQUE No tics	0651		07-01-2020	ate	
Riggs, Counselman, Michaels 39. Asbestos in Bullding? If yes, indicate location: Westos Location: Flow Tile & Assoc Gray Drywall Jan Tuketon Doon & Rauk	. Mass int Con lictra	30CSEQUE No tics spand Caulks	Fee		07-01-2020	ate	
Riggs, Counselman, Michaels 39. Asbestos in Bullding? If yes, indicate location: Westos Locatron: Flunt tile: Assoc Gray Drywall Jan Tuketon Doon: Raut Exterior Vest: Electer	. Mass int con lictor choice	30CSEQUE No tics spand Caulks	Fee		07-01-2020	ate	
Riggs, Counselman, Michaels 39. Asbestos in Bullding? If yes, indicate location: Westos Locatron: Flunt tile: Assoc Gray Drywall Jan Tuketon Doon: Raut Exterior Vest: Electer	. Mass int con lictor choice	30CSEQUE No tics spand Caulks	Fee		07-01-2020	ate	
Riggs, Counselman, Michaels 39. Asbestos in Bullding? If yes, indicate location: Westos Location: Flow Tile: Assoc Gray Drywall Jan Twketon Doon: Road Exterior Very & Ste Doof Aushing Cal	. Mass int con lictor choice	30CSEQUE No tics spand Caulks	Fee		07-01-2020	ate	
Riggs, Counselman, Michaels 39. Asbestos in Bullding? If yes, indicate location: ENERTOS LOCATION: FINA TILE: ASSOC Gray Drynall Jan Tukeron Doon: Rad Exterior Vent & Ste 2006 Rushing Car -200-boss pand	. Mass int con lictor chica alks	30CSEQUE No tics spand Caulks	Fee		07-01-2020	ate	
Riggs, Counselman, Michaels 39. Asbestos in Bullding? If yes, indicate location: Westos Locatron: Flow Tile: Assoc Gray Drywall Jan Twketon Doon: Road Exterior Vent: Ele Paof Austing Car " Caramic Sinks" Caramic Sinks:	Hassing Con Diefor Chaico alks	30CSEQUE No Hics Mand Caulks	Fee		07-01-2020	ate	
Riggs, Counselman, Michaels 39. Asbestos in Bullding? If yes, indicate location: EVESTOS LOCATION: FLOWN TILE & ASSOC GROY DRYWALL JOY TWENTON DOSN & PRINT EXTERIOR VENT & ELEN 2001 Flushing Can CELARUIC SINKS & NESTEL LANGERS	Hassing Con Dictor Chican Alks Hoile	30CSEQUE No Hics Apand Carlks L Caul	Fee		07-01-2020	ate	
Riggs, Counselman, Michaels 39. Asbestos in Bullding? If yes, indicate location: Westos Locatron: Flow Tile: Assoc Gray Drywall Jan Twketon Doon: Road Exterior Vent: Ele Paof Austing Car " Caramic Sinks" Caramic Sinks:	Massing Con Victor Con Conico Mistra Conico Mistra	30CSEQUE No Hics Apand Carlks L Caul	Fee		07-01-2020	ate	

This certifies that	DC Housing Auth	nority ame of Property Owner)	(referred to as Own	er) owns the property at
1530-1544 Kenik			een elanina hala.	u boo the level and	basib ta avasuta this Cartifaction
The second secon	operty Address)	and that the per	son signing belov	w nas the legal aut	hority to execute this Certification
and to make the	representations an	d certifications below	, on behalf of the	Owner:	
I am applyir	ng for a Raze Perm	nit for the subject prop	perty.		
I understand	d that the Raze Pe	rmit must be issued p	prior to any raze a	activity or operation	15.
If I do not have a penalties under D	Raze Permit befor District of Columbia	e I start any activity o laws.	10-		will be subject to criminal or civil
A. Use of Proper	rty as Housing Ad	commodation			
I hereby certify th	at the structure to	be razed IS (Is/Is not)		accommodation.	
If the structure is a ho	ousing accommodation	, complete Section B. If th	e structure is not a h	nousing accommodatio	n, skip to Section C and the signature bloo
B. Additional Pro	ovisions Applicat	ole to Razing of "Ho	using Accommo	odations"	
I agree, in accord	tance with DC Offic	cial Code (DCOC) §§	42-3506.02(a)-(b) and 14 DCMR §	4400.2, not to use the permits to:
Demolish ar other transic	ny housing accomment residential acco	nodation or rental uni ommodation.	t for the purpose	of constructing or	expanding a hotel, motel, inn, or
Construct or or rental uni	r expand a hotel, m it demolished after	notel, inn, or other train July 17, 1985.	111	38 - 55	site of a housing accommodation
3404.02, et seq.,	and in subchapter	ith the requirements in VII of the "Rental Hoo MR § 4401. These req	using Act," codific	ed in DCOC §§ 42	hase Act,* codified in DCOC § 42- -3507.01 to 42-3507.03 with ed to:
Providing te before issui	nants with an oppo ing a Notice to Vac	ortunity to purchase the	ne housing accordemolition or disco	nmodation, via a wontinuance of hous	ritten copy of an offer for sale, ing use.
Providing te relocation as		ay Notice to Vacate to	1/-		tenant of his/her potential right to
C. Execution and	d Certification Ap	plicable to All Appli	cants		
I certify that I have and accurate to the permits issued as that failure to get	re read and undersing the best of my knows a result of it, may	tand the requirements riedge. If I fail to follow be revoked under DO ore I start operations prity	s in this certificati w the above requ CRA's authority a	irements, I acknow nd discretion. I ack ture may subject m	presentations I made here are true viedge that this application, and an knowledge that I have been advise and criminal and/or civil penalties.
Name of Agent.		Authorized Agent)	Signatur	e:	
-					A STATE OF THE STA
PUBLIC NOTAR	S Go TAG	KER	seal & si	IGNATURE /	by 3 8
REU.	/-/-a	3			TON LO
				Pac	ge 4 of 5 Effective October 10, 2017

, 1530-1544 Kenilworth Ave NE









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:	
Nama of releasing l	HPO Official. (print)	

Print Form

Government of the District of Columbia



APPLICATION FOR RAZE PERMIT

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

R1900157				Application Date: JUNE 17, 2019						
	all policy in the second	1. INFORMATIO	N ON PE	ROP	ERTY					
Address of Proposed Work			2. Quad	1				4b. Suffix	5. Lot	
1546-1572 Kenilworth A		NE	Se	ven	5116			178	178	
		2. APPLICANT	INFOR	MAT	ION					
8. Property Owner 7. Complete mailin			g address (include zip) 8.			8. Phone Number(s)		9. Email		
DC HOUSING AUTHORITY 1		1133 North Capitol St NE			202 535 2730			agould@dchousing.org		
Agent/Contractor for Owner (if applicable) 11. Complete mailing add			ress (Include zip) 12. Phone Numb			hone Number(r(s) 13. Email			
CDKM - Kim Mitchell		1331 H Street NW Ste 975				420 0091		kim@cdkmconsulting.com		
		3 TYPE	OF PERM	11T				-/1		
14. Check all that apply:	⊠ Raze Per	mit								
		4. DESCRIPTION	THE SERVICE	UILC	DING					
15. Description of Building to	be Razed (e.g., t	wo story brick single family de	veiling)	_				Existing Numbe	r of Stories o	f Bldg:
Two story brick multifar	nily dwelling						T	wo		
17. Use(s) of Property (spec	fically indicate if a	nry use is residential.)		18. M	aterials	of Building (b	ick,	wood, etc.)		
Residential Multifamily	,		1	Brick	k				10	
19. Bidg Length (ft)	20. Bid	lg Width (ft)	21. Bldg Height (ft)				22. Bldg Volume (cu fi) (L x W x H)			
230	35		20				161000			
		OFFICIAL	USE OF	ILY		Albert Mar	- 1			
CONDITIONS/ COMMENTS					K.	PLEAS.				

		SEC.	TION A RAZE PERMIT					
23. Raze Contractor's Name 24.		24. Contractor's Address (Including zip code)			25. Contractor's Phone			
Bozzuto Contractors, Inc		6406 Ivy Ln. Ste 700 Greenbeltt MD			301-220-0100			
26. Historic District?	☐Yes 🗷 No		33. Raze Contractor Signature					
27. CFA?	☐ Yes 🗷 No							
28. Raze Entire Building?	¥Yes □ No		34. Property Owner Signature					
29. Building Condemned?	Yes	No	C.F.					
30a. Party Wall? ☐Yes ☒ No		No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction 30c. Any raze permit application for a building(s) involving party walls must be					
			include 2 copies of a plan that show how the party wall(s) will be protected.					
31. Building Vacant?	¥Yes□]No	Bullding must be vacant	before	e Raze Permit issuance	B.		
32. Public Space Vault?	☐ Yes 🗵	No	Fa.	16	Official Use Only Date			
				ľ				
33. Plumber's Name		34. Plumber	r's License Number		35. Raze Method (t	pati, buildozer, by hand, etc.)		
Charles A. Klein & Son Inc PGM100			1044		Excavator			
			that, "Razing Operations at _		(address of real	- C/1001 V O 3000 C 10		
36. Insurance Company			licy or Certificate No.		38. Expiration Date 07-01-2020			
Riggs, Counselman, Michaels		30CSEQU	00651					
39. Asbestos in Building? If yes, indicate location:	70-000 (100 (100 (100 (100 (100 (100 (100				Official Use Only			
bestos Location:			Fee By			Date		
FLOUR TILE & ASSO	x. Mast			-				
Gray Drywall Ju	and Com	pains	12.2.41	mind	and a second second	and should be a control of the second		
Interior Doon & Ra	dictor C	aulks						
Exterior Vert & &	rectainal	1 cu	lks					
Doof Aushing Co	4/65	764 C						
120, 1000, 100	15 10 10 Table							
-SAD-BASS POINT								
, CELANIC Wall	Tiles	,						
· Cramic Sixks.	of toiled	4						
. Metal Radias								
MATELL ASILI	tas is 2.	luck.						
· wood soon	495 £ 24	luste	· c					

This certifies that DC Housing Auth	ority ame of Property Owner)	(referred to as Owner) owns the property at
		allering but an in the level of the desired this Codification
1546-1572 Kenilworth Ave NE (Property Address)	and that the person	signing below has the legal authority to execute this Certification
and to make the representations and	d certifications below, on	behalf of the Owner:
I am applying for a Raze Permi	it for the subject property	
I understand that the Raze Per	mit must be issued prior	to any raze activity or operations.
If I do not have a Raze Permit before penalties under District of Columbia		erations to raze the structure, I will be subject to criminal or civil (Initial here to certify that you have reed and understand this paragraph)
A. Use of Property as Housing Ac	commodation	
I hereby certify that the structure to t	be razed IS	a housing accommodation.
If the structure is a housing accommodation,		ucture is not a housing accommodation, skip to Section C and the signature block.
B. Additional Provisions Applicab	le to Razing of "Housin	ng Accommodations"
I agree, in accordance with DC Offic	ial Code (DCOC) §§ 42-	3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:
Demolish any housing accommother transient residential acco		the purpose of constructing or expanding a hotel, motel, inn, or
Construct or expand a hotel, m or rental unit demolished after		t (Initiahere to certify that you have read and understand this paragraph)
3404.02, et seq., and in subchapter	VII of the "Rental Housing	e "Tenants Opportunity to Purchase Act," codified in DCOC § 42- g Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with ments include, but are not limited to:
		ousing accommodation, via a written copy of an offer for sale, olition or discontinuance of housing use.
Providing tenants with a 180-d relocation assistance.	ay Notice to Vacate that	complies with and notifies each tenant of his/her potential right to (Initial here to certify that you have read and understand this paragraph)
C. Execution and Certification Ap	olicable to All Applican	
and accurate to the best of my know permits issued as a result of it, may that failure to get a Raze Permit before Name of Owner. DC Housing Author (Print Name of Name of Agent:	viedge. If I fail to follow the be revoked under DCRA ore I start operations to re prity	this certification and that any representations I made here are true to above requirements, I acknowledge that this application, and any is authority and discretion. I acknowledge that I have been advised aze the structure may subject me to criminal and/or civil penalties. Signature: Signature:
	A Additional Page III.	SIGNO SIGNO
	KER	and a signatured by
REG.# / EXPIR	23	

1546-1572 Kenilworth Ave NE

