

**Raze Applications Applied for June 8 through June 27, 2016**

STATUS DATE	Raze Number	Address	Description of Work	DCRA Notice Date	ANC Expiration Date	PER SUB TYPE	SSL	Ward	ANC	Zoning	Applicant	Owner Name
6/27/2016	R1500131	222 MASSACHUSETTS AVE NW, WASHINGTON, DC 20001	To Raze a one story concrete structure.	June 28, 2016	August 12, 2016	Raze	0564 0858	2	2C		INTERAGENCY CONSULTANTS	CAPITOL CROSSING II LLC
6/22/2016	R1600181	1405 CRITTENDEN ST NW, WASHINGTON, DC 20011	RAZE A GARAGE GARAGE IS LOCATED BEHIND 14TH ST AND CRITTENDEN ON LOT 832	June 28, 2016	August 12, 2016	Raze	2706 0029	4	4C	R-4	CLARK	RUSELL CLARK
6/23/2016	R1600810; R1600185	1015 Everts Street NE Washington, DC	Raze SF Dwelling and a one story masonry garage	June 28, 2016	August 12, 2016	Raze	3872 0062	5	5B	R-2	ARIMSE ARCHITECTS	Sakib Kahn
6/15/2016	R1600176	2911 RHODE ISLAND AVE NE, WASHINGTON, DC 20018	RAZE A SINGLE STORY CMU COMMERCIAL BUILDING	June 28, 2016	August 12, 2016	Raze	4310 0807	5	5C	C-2-A	BAZZAZIEH	SHAFI & SULTANA INC
6/27/2016	R1600187	1617 Rhode Island Ave NE	Raze one story metal commercial building	June 28, 2016	August 12, 2016	Raze	4131 0044	5	5C	MU-4	OUSMANE	2951 Mills Ave., Inc.
6/20/2016	R1600182	3724 30TH PL NE, WASHINGTON, DC 20018	RAZE A TWO STORY SFD BUILDING WITH SIDING	June 18, 2016	August 12, 2016	Raze	4304 0004	5	5C	R-1-B	KADY GROUP INC.	MAE F WILSON
6/22/2016	R1600184	1109 - 1115 CONGRESS ST NE, WASHINGTON, DC 20002	RAZEATWO STORY BRICK BUIDLING 1109 - 1115 CONGRESS ST NE	June 28, 2016	August 12, 2016	Raze	0748 0819	6	6C	C-M-1	J STREET DEVELOPMENT	CONGRESS LLC
6/9/2016	R1500125	1625 OLIVE ST NE, WASHINGTON, DC 20019	RAZE A SINGLE STORY BRICK BLDG.	June 28, 2016	August 12, 2016	Raze	5168 0019	7	7D	R-2	KADY GROUP INC.	THE REDEEMED CHRISTIAN CHURCH OF GOD
6/14/2016	R1600175	3344 5TH ST SE, WASHINGTON, DC 20032	RAZE A TWO STORY SINGLE FAMILY DWELLING	June 28, 2016	August 12, 2016	Raze	5972 0032	8	8C	R-2	ROBERT HYMAN	JOHN W CALDWELL



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

**RECEIVED**  
JUN 23 2016  
BY: \_\_\_\_\_

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: June 23, 2016

Cap Id: R1600180

**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:

1015 EVARTS ST NE

LOT: 0062 SQUARE: 3872 TYPE:

VACANT: No

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

**CLEARANCE**

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of releasing HPO Official. (print) \_\_\_\_\_



# APPLICATION FOR RAZE PERMIT

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

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

*R 1600 / 100*

Application Date: 6.17.2016

### 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1015 EVARTS ST	NW	Four	3872	N/A	0062

### 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
SAKIB KHAN	1015 EVARTS ST, NE WASHINGTON DC 20018	202-770-8180	sakibkhan@hotmail.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
TBD	TBD	TBD	TBD

### 3. TYPE OF PERMIT

14. Check all that apply:  Raze Permit

### 4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:		
1 1/2 STOREY WOOD SIDING SINGLE DWELLING W/ ACC APT UNIT	1 1/2		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
RESIDENTIAL SINGLE DWELLING W ACCESSORY APT	WOOD SIDING		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
53'-6"	26'-6"	27'-0"	38,250 CU FT

### OFFICIAL USE ONLY

*38 495.5*

CONDITIONS/ COMMENTS:

**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name TBD		24. Contractor's Address (including zip code) TBD		25. Contractor's Phone TBD	
26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. Raze Contractor Signature			
27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		34. Property Owner Signature			
29. Building Condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30b. If yes, adjacent property owner signature is required.			
31. Building Vacant? <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.			
32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Building must be vacant before Raze Permit issuance.			
<b>Official Use Only</b>					
		Fee		By	
				Date	

33. Plumber's Name TBD		34. Plumber's License Number TBD		35. Raze Method (ball, bulldozer, by hand, etc.) TBD	
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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 TBD		37. Policy or Certificate No. TBD		38. Expiration Date TBD	
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39. Asbestos in Building? If yes, indicate location:		<b>Official Use Only</b>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fee		By	
				Date	



03 - House View Left Side



04 - House View Front Close-up



05 - House View Right Side



06 - House Back View from Backyard



07 - House Back Close-up View from Backyard



01- House View from across Evarts St



02- House View from across Evarts St



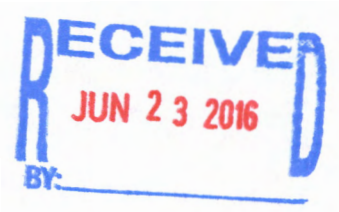
1.



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

Permit Operations Division  
1100 4th Street SW  
Washington DC 20024

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



Date: June 23, 2016

Cap Id: R1600185

**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:  
1015 EVARTS ST NE

LOT: 0062 SQUARE: 3872 TYPE: VACANT: Yes

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

**CLEARANCE**

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of releasing HPO Official. (print) \_\_\_\_\_



# APPLICATION FOR RAZE PERMIT

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

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

R/6 00 185

Application Date: June 23/16

## 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1015 EVARTS ST	NW	Four	3872	N/A	0062

## 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
SAKIB KHAN	1015 EVARTS ST, NE WASHINGTON DC 20018	202-770-8180	sakibkhan@hotmail.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
TBD	TBD	TBD	TBD

## 3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

## 4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
1 STOREY CMU FLAT ROOF 1 CAR GARAGE		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
RESIDENTIAL SINGLE DWELLING W ACCESSORY APT		CONCRETE MASONRY UNIT	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
22'	14'	10'	3,080 CU FT

## OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

Empty space for conditions and comments.

### SECTION A. RAZE PERMIT

23. Raze Contractor's Name		24. Contractor's Address (including zip code)		25. Contractor's Phone	
TBD		TBD		TBD	
26. Historic District?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. Raze Contractor Signature	
27. CFA?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
28. Raze Entire Building?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
29. Building Condemned?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
30a. Party Wall?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. Property Owner Signature	
31. Building Vacant?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30b. If yes, adjacent property owner signature is required.	
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.	
				<b>Official Use Only</b>	
				Fee	By
					Date

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

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

2. The Certificate should:

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

(address of raze operation)

36. Insurance Company		37. Policy or Certificate No.		38. Expiration Date	
TBD		TBD		TBD	

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



01- Garage View from Alley



02- Garage View from Alley



03 - Garage Side View from Backyard



04 - Garage Side and Back View from Backyard



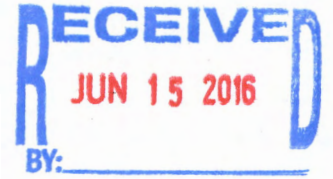
05 - Garage Back View from Backyard



06 - Garage Back View Close-up from Backyard



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: June 15, 2016

Cap Id: R1600176

**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:  
2911 RHODE ISLAND AVE NE

LOT: 0807 SQUARE: 4310 TYPE: VACANT: Yes

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

**CLEARANCE**

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of releasing HPO Official. (print) \_\_\_\_\_



# APPLICATION FOR RAZE PERMIT

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

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

*R16 00 176*

Application Date: 6.15.2016

### 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
2911 Rhode Island av	NE	Five	4310		0808

### 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
2911 Rhode island av llc	4836 Bradley Blvd chevy chase md 20	571-285-6834	zelyasi@gmail.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Nader Bazzazieh	5258 Pine Bark Ct Columbia md 2104	301-509-3803	nader@civil-environmental.c

### 3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

### 4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
single story cmu commerical building		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Church		CMU	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
112	30	15	<del>18750</del> 50,400

### OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:



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

This certifies that 2911 Rhode Island LLC (referred to as Owner) owns the property at  
(Legal Name of Property Owner)

2911 Rhode Island av 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 NOT 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.

ZE  
(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.

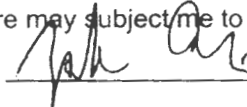
Providing tenants with a 180-day Notice to Vacate that complies with and notifies each tenant of his/her potential right to relocation assistance.

ZE  
(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: Zak Elyasi Managing Member  
(Print Name of Owner)

Signature: 

Name of Agent: Nagar Bazzazieh  
(Print Name of Authorized Agent)

Signature: \_\_\_\_\_



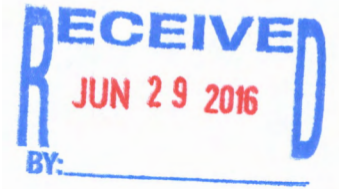
2911 Rhode Island Ave, NE



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: June 28, 2016

Cap Id: R1500187

**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:  
1617 RHODE ISLAND AVE NE

LOT: **0044** SQUARE: **4131** TYPE: VACANT: **Yes**

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

**CLEARANCE**

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of releasing HPO Official. (print) \_\_\_\_\_



# APPLICATION FOR RAZE PERMIT

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

R 16 00 187

Application Date: 06/14/2016

### 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1617 RHODE ISLAND AVE	NE	Five	4131		44 & 45

### 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
2951 MILLS AVE, INC	3203 SHORTRIDGE LANE, MITCHELLV	2408324315	DEMUREN@COMCAST.NET
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
OUSMANE BA	1928 1ST ST NW, WASHINGTON, DC 2	2025380025	OUSMANE39@YAHOO.COM

### 3. TYPE OF PERMIT

14. Check all that apply:  
 Raze Permit

### 4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
RAZE ONE STORY COMMERCIAL BUILDING		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
COMMERCIAL		WOOD, BRICK	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
41	14	8	4592

### OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name <b>OWNER ( 2951 MILLS AVE, INC )</b>	24. Contractor's Address (including zip code) <b>3203 SHORTRIDGE LN, MITCHELLVILLE, MD</b>	25. Contractor's Phone <b>2408324315</b>
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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 signature is required.						
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.						
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.						
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Official Use Only</b>						
		<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Fee</td> <td style="width:33%; border: none;">By</td> <td style="width:33%; border: none;">Date</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table>	Fee	By	Date			
Fee	By	Date						

33. Plumber's Name <b>ROBERT MAJOR</b>	34. Plumber's License Number <b>1182</b>	35. Raze Method (ball, bulldozer, by hand, etc.) <b>BY HAND</b>
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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 <b>COLONY INSURANCE COMPANY</b>	37. Policy or Certificate No. <b>AP133332174</b>	38. Expiration Date <b>09/30/2016</b>
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39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Official Use Only</b>		
		Fee	By	Date



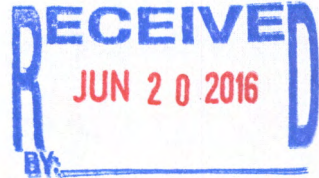
4131 0044 09/09/2004

1617 Rhode Island Av, 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: June 20, 2016

Cap Id: R1600182

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:  
3724 30TH PL NE

LOT: 0004 SQUARE: 4304 TYPE: VACANT, Yes

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

**CLEARANCE**

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of releasing HPO Official. (print) \_\_\_\_\_



# APPLICATION FOR RAZE PERMIT

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

Applicable code sections are in the 2008 DC Building Code Supplement Chapter 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.

R1600 182

Application Date: 06/16/2016

### 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3724 30th Place	NE	Five	4304		0004

### 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Eckington Station LLC	P.O.Box 790 Lanham, MD 20703	301 429 5970	niyit@kadygroup.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Kady Group Inc.	P.O.Box 790, Lanham, MD 20703	301 429 5970	niyit@kadygroup.com

14. Check all that apply:  Raze Permit

15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:
Two Story Building with siding	2

17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)
Single Family Residence	Wood

19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
24.60	30.60	24	18066.24

### OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:



**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name <b>Kady Group Inc</b>	24. Contractor's Address (including zip code) <b>9324 Annapolis Road, Lanham, MD 20706</b>	25. Contractor's Phone <b>301 429 5970</b>
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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 signature is required.
32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.
	Building must be vacant before Raze Permit issuance.
	<b>Official Use Only</b>
	Fee
	By
	Date

33. Plumber's Name <b>Vernon Montague</b>	34. Plumber's License Number <b>954</b>	35. Raze Method (ball, bulldozer, by hand, etc.) <b>Bulldozer</b>
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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 <b>Erie Insurance Company</b>	37. Policy or Certificate No. <b>Q450154371</b>	38. Expiration Date <b>09/01/2016</b>
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39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Official Use Only</b>		
		Fee	By	Date





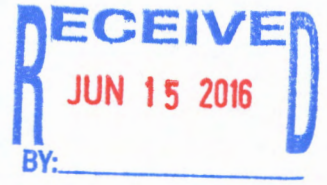


0748 0819 08/22/2004

1109-1115 Congress Street NE



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



Permit Operations Division  
1100 4th Street SW  
Washington DC 20024

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

Date: June 14, 2016

Cap Id: R1600175

**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:  
3344 5TH ST SE

LOT: 0032 SQUARE: 5972 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: 6/20/2016 Signature: *Maloney*

Name of releasing HPO Official. (print) Maloney

FJ-261768

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, whitening out, or otherwise altering any entered information will void this application. The owner of record must sign the application with an original signature.

Applicable code sections are in the 2008 DC Building Code Supplement Chapter 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.

R1600175

Application Date: 05/18/16

### 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3344 5th Street	SE	Eight	5972	0032	

### 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
John Caldwell	2130 Brooks Drive #512, District Heights, MD 20747	202-257-0515	mrcaldwell2@msn.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
RA Hyman Restoration, Inc. /Robert Hyman	10000 Business Parkway Lanham, MD 20706	240-764-1818	bob@rahyman.com

### 3. TYPE OF PERMIT

14. Check all that apply:  
 Raze Permit

### 4. DESCRIPTION OF BUILDING

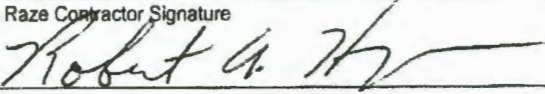
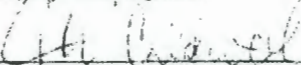
15. Description of Building to be Razed (e.g., two story brick single family dwelling)			16. Existing Number of Stories of Bldg:
Two Story Single Family			2
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Residential		Siding and Wood	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
64	39	21	52416

### OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

157226  
2512

**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name Robert Hyman		24. Contractor's Address (including zip code) 10000 Business Parkway Lanham, MD 20706		25. Contractor's Phone 240-764-1818	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature 			
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28. Raze Entire Building?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature 			
29. Building Condemned?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.			
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.			
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.			
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Official Use Only</b>			
		Fee	By	Date	

33. Plumber's Name Haynes Plumbing		34. Plumber's License Number 1211		35. Raze Method (ball, bulldozer, by hand, etc.) Hydraulic 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 3344 5th Street, SE"  
(address of raze operation)

36. Insurance Company Erie		37. Policy or Certificate No. Q46-0153985		38. Expiration Date 10/01/16	
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39. Asbestos in Building? If yes, indicate location:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Interior Plaster	<b>Official Use Only</b>			
		Fee	By	Date	









LONG FENCE

LONG FENCE

