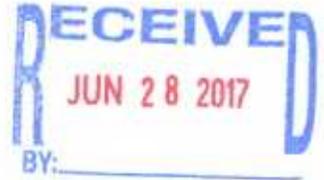


STATUS DATE	ID	Address	Description of Work	DCRA NOTICE DATE	PER SUB TYPE	ANC Expiration Date	ANC	Zoning	Applicant	Owner Name
6/28/2017	R1700182	1344 GIRARD ST NW, WASHINGTON, DC 20009	RAZE OF 1 STORY BRICK DETACHED GARAGE	July 9, 2017	Raze	August 18, 2017	1B	RF-1	JAMES DANGSUN LEE; TBD	JAMES & DANGSUN LEE
6/28/2017	R1700181	3940 MCKINLEY ST NW, WASHINGTON, DC 20015	RAZE OF 1 STORY FRAME DETACHED GARAGE	July 9, 2017	Raze	August 18, 2017	3G	R-2	DAVID LANDSMAN; TBD	ZB MCKINLEY LLC
6/13/2017	R1700174	2910 44TH PL NW, WASHINGTON, DC 20016	RAZE OF 1 STORY FRAME AND STUCCO DETACHED GARAGE	July 9, 2017	Raze	August 18, 2017	3D	R-14	CAS ENGINEERING; HANLON DESIGN BUILD INC	VICTORIA F PHILLIPS
6/13/2017	R1700176	632 JEFFERSON ST NW, WASHINGTON, DC 20011	To Raze one and half story detached single family dwelling.	July 9, 2017	Raze	August 18, 2017	4D	RF-1	TIFFANY BYRD; N/A	Capitol Real Estate Development LLC
7/7/2017	R1700187	6900 GEORGIA AVE NW, WASHINGTON, DC 20012	To raze 14-story concrete and steel framed building	July 9, 2017	Raze	August 18, 2017	4A		TPWR Developers, LLC	Robert Fauteux
7/7/2017	R1700188	6900 GEORGIA AVE NW, WASHINGTON, DC 20012	To raze two-story commercial office building	July 9, 2017	Raze	August 18, 2017	4A		TPWR Developers, LLC	Robert Fauteux
7/7/2017	R1700189	6900 GEORGIA AVE NW, WASHINGTON, DC 20012	To raze two-story commercial office building	July 9, 2017	Raze	August 18, 2017	4A		TPWR Developers, LLC	Robert Fauteux
6/29/2017	R1700183	141 ADAMS ST NW, WASHINGTON, DC 20001	To Raze Small one story detached garage in rear of home, basic electricity. No plumbing. No heating, cooling or	July 9, 2017	Raze	August 18, 2017	5E	RF-1	N/A	HAROLD P. OWENS
6/23/2017	R1700177	415 14TH ST SE, WASHINGTON, DC 20003	One story Grocery Store	July 9, 2017	Raze	August 18, 2017	6B	MU-4		FP CAPITOL HOLDINGS, LLC
6/27/2017	R1700178	312 3RD ST NE, WASHINGTON, DC 20002	RAZE OF GARAGE	July 9, 2017	Raze	August 18, 2017	6C	RA-7	MOORE CONSTRUCTION GROUP LLC; MOORE CONSTRUCTION GROUP LLC	MINOO ROUHANIAN
6/26/2017	R1700172	922 6TH ST NE, WASHINGTON, DC 20002	Raze one story concrete block Garage	July 9, 2017	Raze	August 18, 2017	6C	RF-1		ATLAS VISION LLC
7/7/2017	R1700186	1501 Erie Street SE	raze two-story brick/frame SF Dwelling	July 9, 2017	Raze	August 18, 2017	8B	R-3	Aset Consulting	1501 Erie Street Construction, LLC
6/27/2017	R1700180	2311 MARTIN LUTHER KING JR AVE SE, WASHINGTON, DC 20020	RAZE OF 2 STORY + ATTIC+ BSMT BRICK SINGLE FAMILY BUILDING	July 9, 2017	Raze	August 18, 2017	8A	MU-4	STEPHANIE ERWIN; TBD	HOWARD MABRY



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, 2017

Cap Id: R1700182

**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:  
 1344 GIRARD ST NW

LOT: 0026 SQUARE: 2860 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.

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.

R1700182

Application Date: 6/28/17

## 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1344 Girard St. NW	NW	One	2860		0026

## 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
James & Dangsun Lee	1344 Girard St NW Washington D.C. 20009-6951	571-208-3616	songfullee@yahoo.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email

## 3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

## 4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:		
Detached Garage	1		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
residential parking	brick		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
19	13.9	10	2644

## OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name		24. Contractor's Address (including zip code)		25. Contractor's Phone	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature			
27. CFA?	<input type="checkbox"/> Yes <input 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>			
		Fee	By	Date	

33. Plumber's Name	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>

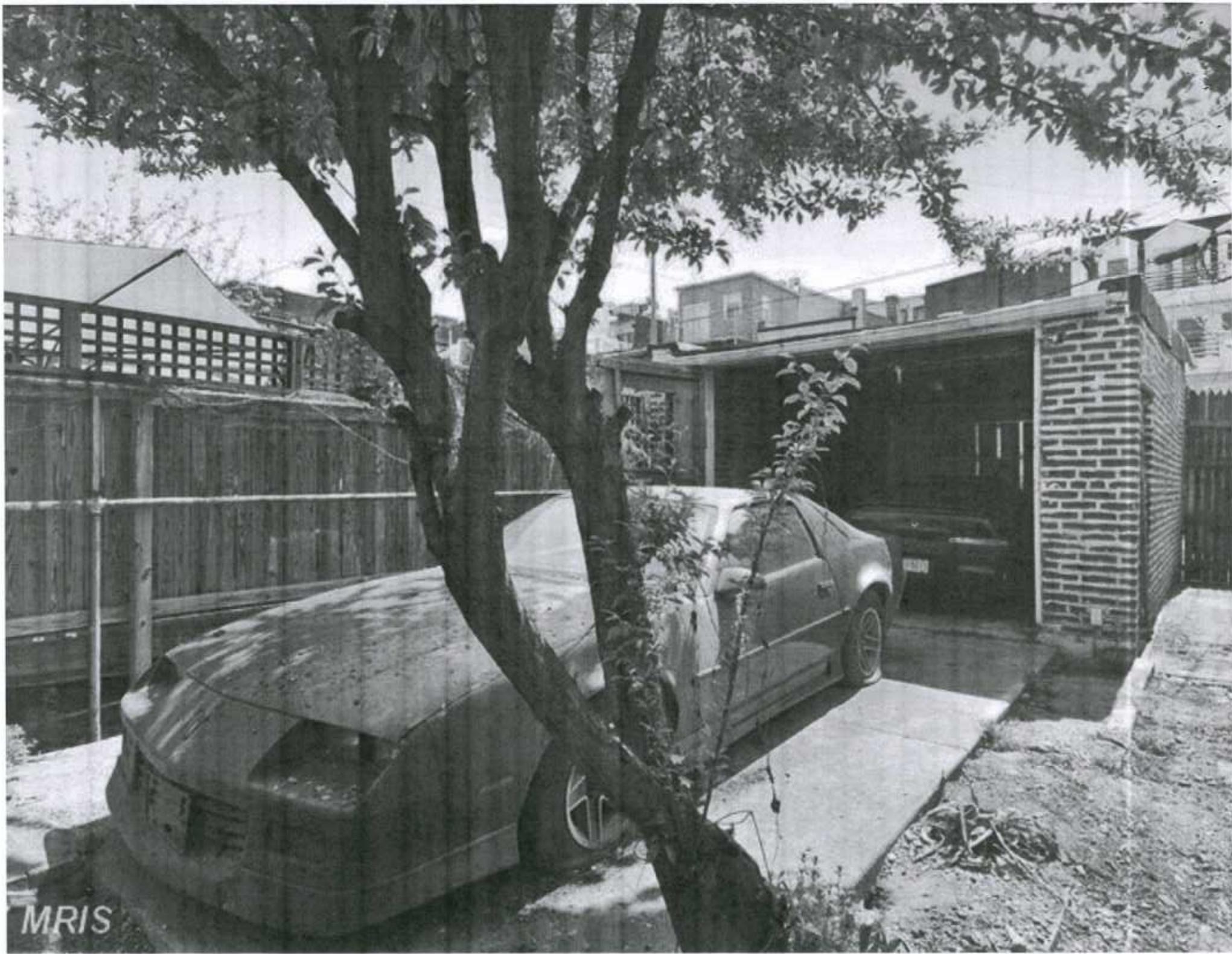
1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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



MRIS



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, 2017

Cap Id: R1700181

**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:  
3940 MCKINLEY ST NW

LOT: 0049 SQUARE: 1747 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.

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

Application Date:

## 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3940 McKinley Street	NW	Three	1747		0049

## 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
ZB McKinley, LLC	1001 Conn Ave, NW, #401, 20036	202-393-7200	dcpermits@casengineering.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
David C. Landsman, CAS Engineering	1001 Conn Ave, NW, #401, 20036	202-393-7200	dcpermits@casengineering.com

## 3. TYPE OF PERMIT

14. Check all that apply:  Raze Permit

## 4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:		
1-story frame detached garage	1		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Single-family residential	Frame		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
18.2	22.0	10	4,004

### OFFICIAL USE ONLY

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
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26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature  TBD
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  [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>
	Fee _____ By _____ Date _____

33. Plumber's Name n/a	34. Plumber's License Number n/a	35. Raze Method (ball, bulldozer, by hand, etc.) n/a
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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:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Official Use Only</b>
		Fee _____ By _____ Date _____







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



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

Date: June 13, 2017

Cap Id: R1700174

**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:  
2910 44TH PL NW

LOT: 0804 SQUARE: 1614 TYPE: **Parking Garages - S-2** 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.

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**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 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

R1700174

Application Date: 06/13/2017

## 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
2910 44th Place	NW	Three	1614		0804

## 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Victoria Phillips c/o Hanlon Design Build, Inc.	4927 Eskridge Terr, NW, 20016	202-244-2942	dcpermits@casengineering.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
David C. Landsman, CAS Engineering	1001 Conn Ave, NW, #401, 20036	202-393-7200	dcpermits@casengineering.com

## 3. TYPE OF PERMIT

14. Check all that apply:  Raze Permit

## 4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
1-story frame and stucco detached garage		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Single-family residential		Frame	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
18.0	18.9	15.0	5,103

## OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

102.06  
10.26

**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name Hanlon Design Build, Inc.	24. Contractor's Address (including zip code) 4927 Eskridge Terr, NW, WDC 20016	25. Contractor's Phone 202-244-2942
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26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>Dickens Agent</i>
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature <i>Dickens Agent</i>
29. Building Condemned?	<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.
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 n/a	34. Plumber's License Number n/a	35. Raze Method (ball, bulldozer, by hand, etc.) n/a
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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 Erie Insurance Group	37. Policy or Certificate No. Q370154833	38. Expiration Date 01/01/2018
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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

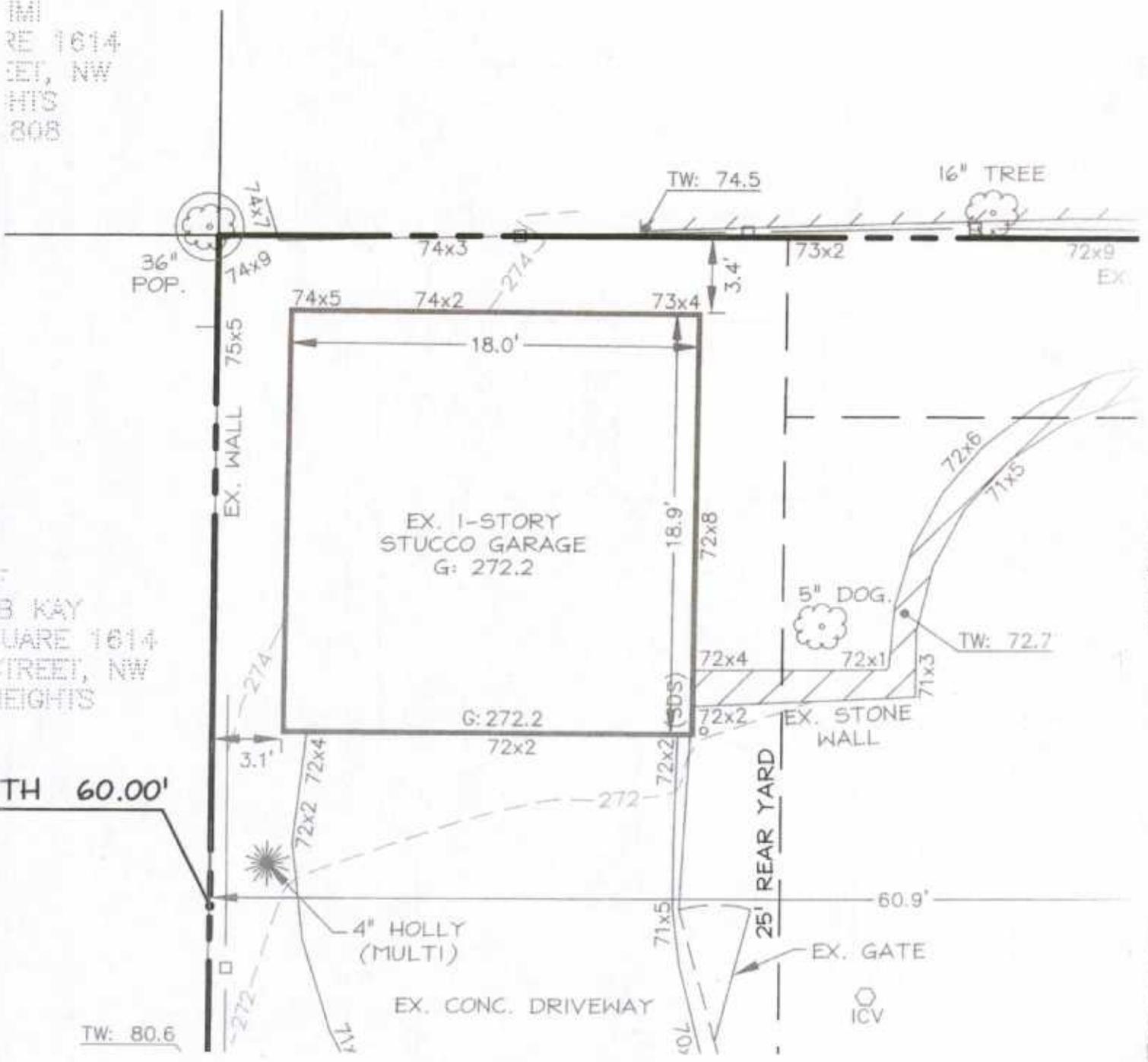




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Government of the District of Columbia  
Department of Consumer and Regulatory Affairs

RECEIVED  
JUN 15 2017  
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 13, 2017

Cap Id: R1700176

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:  
632 JEFFERSON ST NW

LOT: 0064 SQUARE: 3209 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.

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

R1700176

Application Date:

## 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
632 Jefferson Street, N.W.	NW	4 Ent	3209		0064

## 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Capitol Real Estate Development, LLC	4629 Blagden Terr NW Washington, DC	(202) 405-5627	cred_llc@hotmail.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Tiffany Byrd	WDC 20002	(202) 304-9602	aset@consulting.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:		
One and half story, detached single family	1 1/2 stories plus attic		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Residential	Wood frame, wood shingles		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
28.1	30.2	20	17,000

## OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

**SECTION A, RAZE PERMIT**

23. Raze Contractor's Name J & C Builders, Inc.		24. Contractor's Address (including zip code) 4506 St. Barnabas Rd., Temple Hills, MD 207		25. Contractor's Phone (202) 359 - 3584	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>Mark Johnson</i>			
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature <i>Sanjay Patel</i>			
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>			
		Fee	By	Date	

33. Plumber's Name Hallelujah Plumbing, Inc.		34. Plumber's License Number DC WATER/DCRA: LIC#1197		35. Raze Method (ball, bulldozer, by hand, etc.) By hand via deconstruction	
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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 Evanston Insurance Company/ASL		37. Policy or Certificate No. APP90928121		38. Expiration Date 5/05/2018	
---	--	--	--	----------------------------------	--

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





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



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

Date: July 07, 2017

Cap Id: R1700187

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

**Re: Request for clearance of premises subject to razing operations**

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

Address:  
6900 GEORGIA AVE NW

LOT: 0808 SQUARE: 2950 TYPE: VACANT: Yes

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

**CLEARANCE**

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

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

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



# APPLICATION FOR RAZE PERMIT

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

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

Application Date: 07/10/2017

## 1. INFORMATION ON PROPERTY

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

## 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
TPWR Developer, LLC.	800 10th St. NW	202-434-0283	
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Robert Fauteux	800 10th St. NW	571-926-7547	Robert.Fauteux@hines.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:		
14 story concrete and steel framed building	14		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Existing Hosiptal	Concrete Steel		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
425	425	84	15,172,500

## OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name	24. Contractor's Address (including zip code)	25. Contractor's Phone
Northstar Contracting Group, Inc.	3900 Vero Road Baltimore, Md 21227	410.247.5031

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>
		Fee
		By
		Date

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

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
National Union Fire Insurance	895461248	7/1/2018

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

R1700187 – Building 2 – The Parks At Walter Reed



R1700187 – Building 2 – The Parks At Walter Reed







# 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.*

Application Date:

## 1. INFORMATION ON PROPERTY

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

## 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
TPWR Developer, LLC.	800 10th St. NW	202-434-0283	
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Robert Fauteux	800 10th St. NW	571-926-7547	Robert.Fauteux@hines.com

## 3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

## 4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)			16. Existing Number of Stories of Bldg:
2 Story Commercial office building			2
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Office Building		Steel & concrete Framed	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
275	70	20	385,000

## OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name	24. Contractor's Address (including zip code)	25. Contractor's Phone
Northstar Contracting Group, Inc.	3900 Vero Road Baltimore, Md 21227	410.247.5031

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>
		Fee
		By
		Date

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

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
National Union Fire Ins. Co. Pittsburgh	895461248	7/1/2018

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

R1700188 – Building 2A – The Parks At Walter Reed



R1700188 – Building 2A – The Parks At Walter Reed







# APPLICATION FOR RAZE PERMIT

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

Application Date:

1. INFORMATION ON PROPERTY					
1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
6900 Georgia Ave	NW	Four			

2. APPLICANT INFORMATION			
6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
TPWR Developer, LLC.	800 10th St. NW	202-434-0283	
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Robert Fauteux	800 10th St. NW	571-926-7547	Robert.Fauteux@hines.com

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

4. DESCRIPTION OF BUILDING			
15. Description of Building to be Razed (e.g., two story brick single family dwelling)			16. Existing Number of Stories of Bldg:
2 Story Commercial office building			1.5
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Office Building		Steel & concrete Framed	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
200	60	15	180,000

OFFICIAL USE ONLY
CONDITIONS/ COMMENTS:

**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name	24. Contractor's Address (including zip code)	25. Contractor's Phone
Northstar Contracting Group, Inc.	3900 Vero Road Baltimore, Md 21227	410.247.5031

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	30b. If yes, adjacent property owner signature is required.	
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input 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	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.)
TBD	TBD	High Reach Excavators

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
National Union Fire Ins. Co. Pittsburgh	895461248	07/01/2018

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

R1700189 – Building 88 – The Parks At Walter Reed



R1700189 – Building 88 – The Parks At Walter Reed





1042 0109 09/13/2004

415 14<sup>th</sup> Street SE



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



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

Date: June 27, 2017

Cap Id: R1700178

**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:  
312 3RD ST NE

LOT: **0021** SQUARE: **0756** 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.

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

Application Date: 6/13/2017

## 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
312 3RD ST	NE	One	0756		0021

## 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
MINOO ROUHANIAN	312 3RD ST NE WASH. DC20002	301.793.1193	minoo.rouhanian@googlemail.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Angela Staffone	2218 Huntington Av, Alexandria VA 22304	888.486.6673	info@mooreconstructiongroup.com

## 3. TYPE OF PERMIT

14. Check all that apply:  
 Raze Permit

## 4. DESCRIPTION OF BUILDING

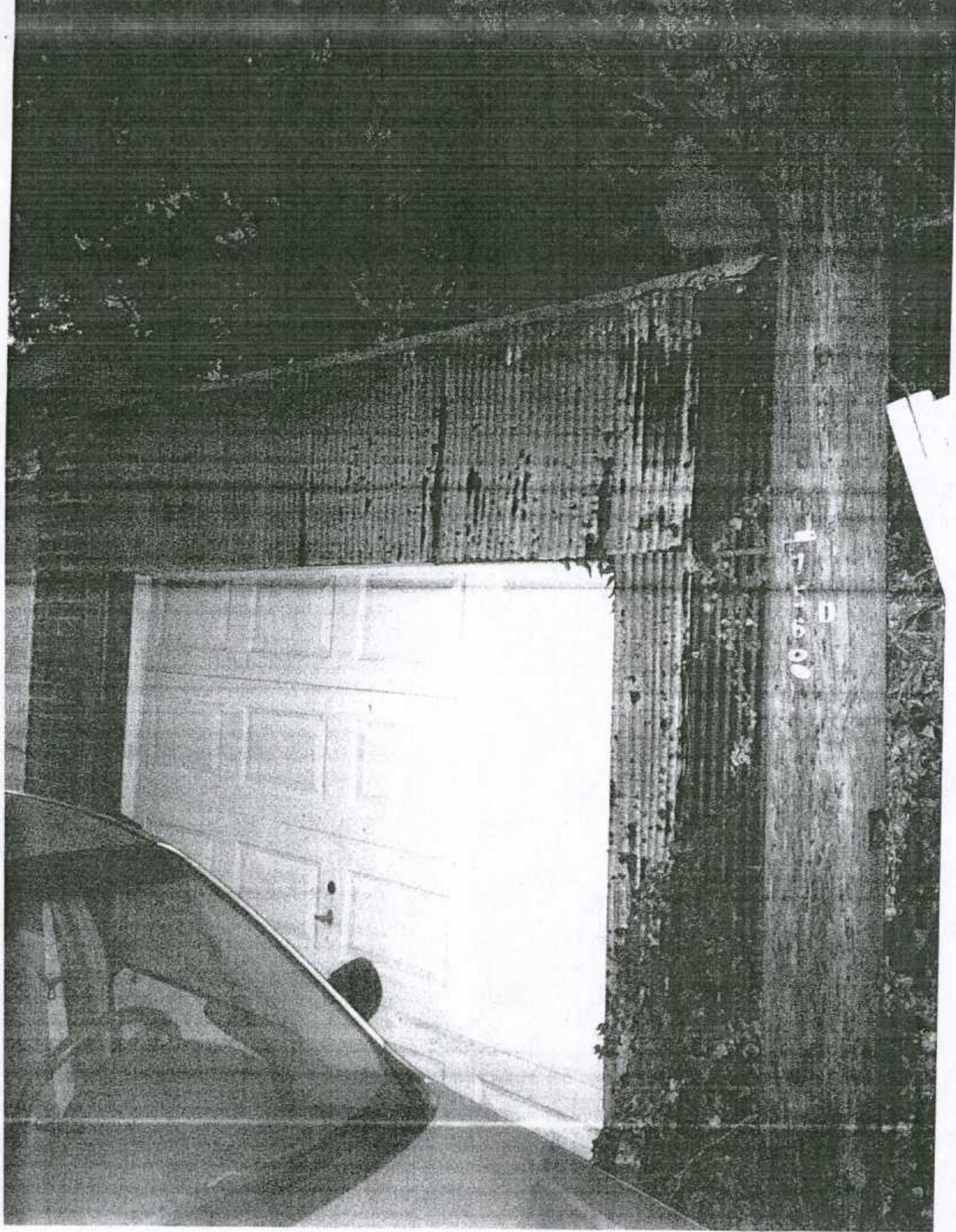
15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:		
Detached Garage	1		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Single Family Residence	Brick, Corrugated Metal, CMU Block, Wood		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
12'6"	14'0"	8'0"	1400 CU FT

## OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name Moore Construction Group LLC		24. Contractor's Address (including zip code) 2218 Huntington Av, Alexandria VA 22303		25. Contractor's Phone 888.486.6673	
26. Historic District? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. CFA? <input type="checkbox"/> Yes <input type="checkbox"/> No		28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. Building Condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		32. Raze Contractor Signature <i>Angel Salas</i>	
31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. Property Owner Signature <i>[Signature]</i>	
				30b. If yes, adjacent property owner signature is required.	
				30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.	
				Building must be vacant before Raze Permit issuance.	
		<b>Official Use Only</b>			
		Fee		By	
		Date			
33. Plumber's Name		34. Plumber's License Number		35. Raze Method (ball, bolt/crow, by hand, etc.)	
				By Hand	
<p>1. You must submit a Certificate of Insurance covering the raze operation/contractor- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.</p> <p>2. The Certificate should:</p> <ul style="list-style-type: none"> <li>• Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20004</li> <li>• Include a 30-day advance notice cancellation clause.</li> <li>• Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.</li> <li>• State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage.</li> <li>• If the insurance is for one specific address only, state that, "Razing Operations at _____ (address of raze operation)"</li> </ul>					
36. Insurance Company		37. Policy or Certificate No.		38. Expiration Date	
Boyd's Mutual Insurance		CPP0051145 06		11/21/2017	
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	





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 26, 2017

Cap Id: R1700172

**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:  
922 6TH ST NE

LOT: **0033** SQUARE: **0831** 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) \_\_\_\_\_



21700172

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 2008 DC Building Code Supplement Chapter 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

Application Date:

## 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
922 6th Street	NW NE	One	0831		0033

## 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Atlas Vision LLC	7926 Jones Branch Dr St 600 McLean, VA 22102	202-315-4002	stephanie@primepermits.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email

## 3. TYPE OF PERMIT

14. Check all that apply:  Raze Permit

## 4. DESCRIPTION OF BUILDING

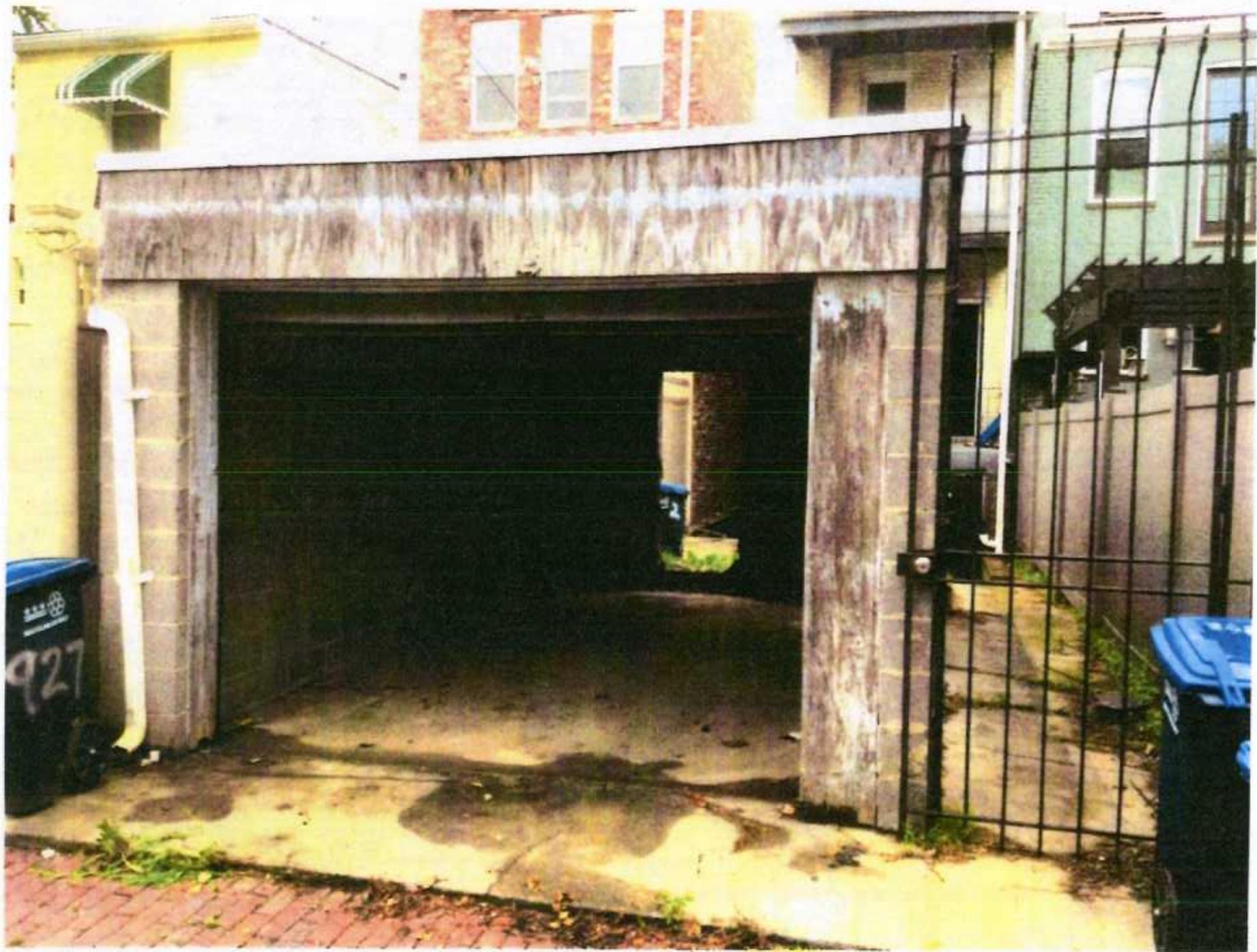
15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg.	
demolition of single story garage with no utility connections		1	
17. Use(s) of Property (specifically indicate if any use is residential)		18. Materials of Building (brick, wood, etc.)	
single family		brick, block	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
11	20	6	1320

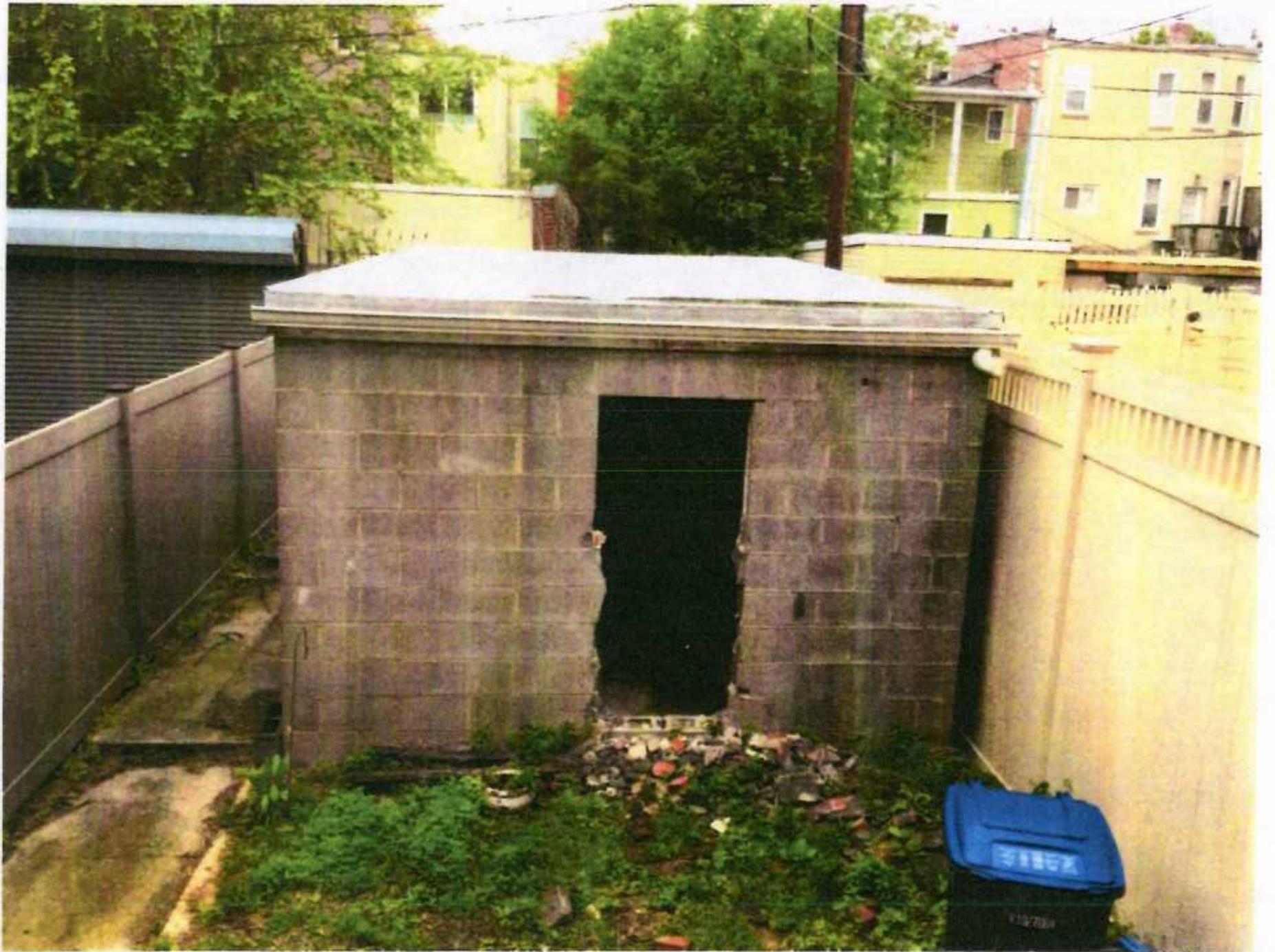
## OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

**SECTION A. RAZE PERMIT**

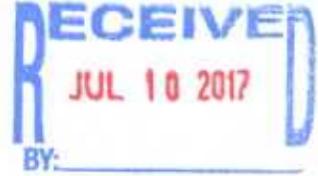
23. Raze Contractor's Name		24. Contractor's Address (including zip code)		25. Contractor's Phone	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature			
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature			
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.			
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input 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		34. Plumber's License Number		35. Raze Method (ball, bulldozer, by hand, etc.)	
<p>1. You must submit a Certificate of Insurance covering the raze operation/contractor- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.</p> <p>2. The Certificate should:</p> <ul style="list-style-type: none"> <li>Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024</li> <li>Include a 30-day advance notice cancellation clause.</li> <li>Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.</li> <li>State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage.</li> <li>If the insurance is for one specific address only, state that, "Razing Operations at _____"</li> </ul>					
36. Insurance Company		37. Policy or Certificate No.		38. Expiration Date	
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	







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



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

Date: July 07, 2017

Cap Id: R1700186

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 ERIE ST SE

LOT: 0805 SQUARE: 5828 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

R1700186

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

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

Application Date: 2-5-1

## 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1501 Erie Street SE	SE NW	One	5828	-	0805

## 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
1501 Erie Street Construction, LLC	4041 KENTON AVE WASHINGTON, DC	(301) 442-2521	ij7Paul@gmail.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Aset	761 14th Street NE Washington, DC 20002	(202) 304-6602	aset2.consulting@gmail.com

## 3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

## 4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:		
SFD	2 story		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
SFD	Brick		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
44	15	25	16,500

## OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:





5828 0805 10/17/2004





5790 0812 10/10/2004

2311 Martin Luther King Jr. Avenue SE