STATUS DATE	ID	Address	Description of Work	DCRA NOTICE	PER SUB	ANC Expiration	ANC	Zoning	Applicant	Owner Name
6/28/2017	R1700182	1344 GIRARD ST NW, WASHINGTON, DC 20009	RAZE OF 1 STORY BRICK DETACHED GARAGE	<b>DATE</b> July 9, 2017	<b>TYPE</b> 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	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,
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



June 28, 2017

# 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

Cap Id:

R1700182

	eservation Office	
1100 4th Street S.	W., Rm E650	
Washington, DC 2	0024	
Re: Request for clea	rance of premises subject to razing operations	
this date with the P	aze the structure identified below, located in the Distriction of the	ny kind of conservation holds
Address:		
1344 GIRARD ST	NW	
LOT: 0026 SQUA	RE: 2860 TYPE: Single Family Dwelling - R-3	VACANT: Yes
the clearance section	ffice of the satisfactory completion of your inspection on below and returning this form to the D.C.R.A. Perm ashington D.C. 20024.	of the premises, by filling out it Operations Division, 1100
	CLEARANCE	
This is to inform yo have no objections	ou that we researched our records concerning the structure to proceeding with the proposed razing of said structure	ure identified above and we e.
Date:	Signature:	
Name of releasing	HPO Official. (print)	
Marine or releasing	THE Official (print)	



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

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

105.1.7.2, and Section 155A.		A CHARLES		ERSENSIBLE OF	
+	(1700182	)	Applic	cation Date: 6	/28/17
	1. INFORMATIO	N ON PR	OPERTY	SESSED IN	
1. Address of Proposed Work		2. Quad	3. Ward	4a. Square	4b. Suffix 5. Lot
1344 Girard	St. NW	NW	One	2860	0026
6. Property Owner	2. APPLICANT 7. Complete mailing address			one Number(s)	9, Email
	A CONTRACT WICH SHARE SHEET	All the state of the state of		1 200 2011	sonafuller@yahoo
James & Dangsun	Lec Washington D.C.	20009-6	15/ 01	1-208-3616	
10. Agent/Contractor for Owner (if appli	cable) 11. Complete mailing address	s (include :	tip) 12. Pl	none Number(s)	13. Email
	3. TYPE (	)F PERM	IT		
14. Check all that apply:	e Permit				
	4. DESCRIPTIO	N OF BU	JILDING		
15. Description of Building to be Razed	(e.g., two story brick single family dw	relling)	1100	16. E	existing Number of Stories of Bidg:
Detached Gara	ige				
17. Use(s) of Property (specifically indi-	cate if any use is residential.)	1	8. Materials	of Building (brick, v	vood, etc.)
residential Parking			MA.E.	bride	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg	Height (ft)	- 2	22. Bidg Volume (cu ft) (L x W x H)
19	13.9	10	)		264
	OFFICIAL	USE ON	LY		
CONDITIONS/ COMMENTS:					
THE PLANT OF THE PARTY OF THE P					

	SEC	CTION A. RAZE PE	RMIT					
23. Raze Contractor's Name	24, Contrac	tor's Address (including	zip code) 25. Contra	actor's Phone				
26. Historic District?	☐Yes ☑No	33. Raze Contrac	ctor Signature					
27. CFA?	☐ Yes ☐ No							
28. Raze Entire Building?	☑Yes ☐ No	34. Property Owner Signature						
29. Building Condemned?	☐Yes ☑No							
30a. Party Wall?	☐ Yes ☐ No	30b. If yes, ac	fjacent property owne	er signature is required.				
						30c. Any raze permit application for a building(s) involving party include 2 copies of a plan that show how the party wall(s) will be		
31. Building Vacant?	Yes □ No	Building must be	vacant before Raze Permi	t issuance.				
32. Public Space Vault?	☐ Yes ☐ No		Official Us					
	(SZN)	Fee	Ву	Date				
33. Plumber's Name	34. Plumb	er's License Number	35. Raze I	Method (ball, bulldozer, by hand, etc.)				
1. You must submit a Certificate of Insusquare feet or less in area and not med. 2. The Certificate should:  Show the holder of the insusus Include a 30-day advance reflected in the insurance cores.  If the insurance is for one seemed.	rance as: Deputy Directo notice cancellation clause isurance coverage: Bodil vers "Razing Operations	y detached from any other, Permit Division, 1100 e. ly Injury, \$100,000; Agg in the District of Columb	ner building on the same of the St SW, Washington, I regate, \$300,000; and Proble," if the scope of the instance at	or adjoining premises.  DC 20024				
36. Insurance Company	37. Polic	cy or Certificate No.	38. Expi	iration Date				
39. Asbestos in Building? If yes, indicate location:	□Yes□No		Official Us	e Only				
II Jos, Indiodic Idealori.		Fee	Ву	Date				





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

**Permit Operations Division** 



Date:	June 28, 2017	Cap Id:	R1700181
D.C.	Historic Preservation Office		
1100	4th Street S.W., Rm E650		
Wash	hington, DC 20024		
Re: Re	dequest for clearance of premises subject to razing opera	tions	
this da	oplication to raze the structure identified below, locate at e with the Permit Operations Division. Our records of is property. We are hereby requesting confirmation from it.	do not reveal any kind of	of conservation holds
Addre	ess:		
3940	MCKINLEY ST NW		
LOT:	0049 SQUARE: 1747 TYPE: Single Family Dwelli	ing - R-3 V	ACANT: Yes
the cle	e notify our office of the satisfactory completion of your learance section below and returning this form to the I treet S.W Washington D.C. 20024.		
	CLEARANCE		
	is to inform you that we researched our records concer no objections to proceeding with the proposed razing of		ified above and we
Date:	: Signature:		
Name	e of releasing HPO Official. (print)		

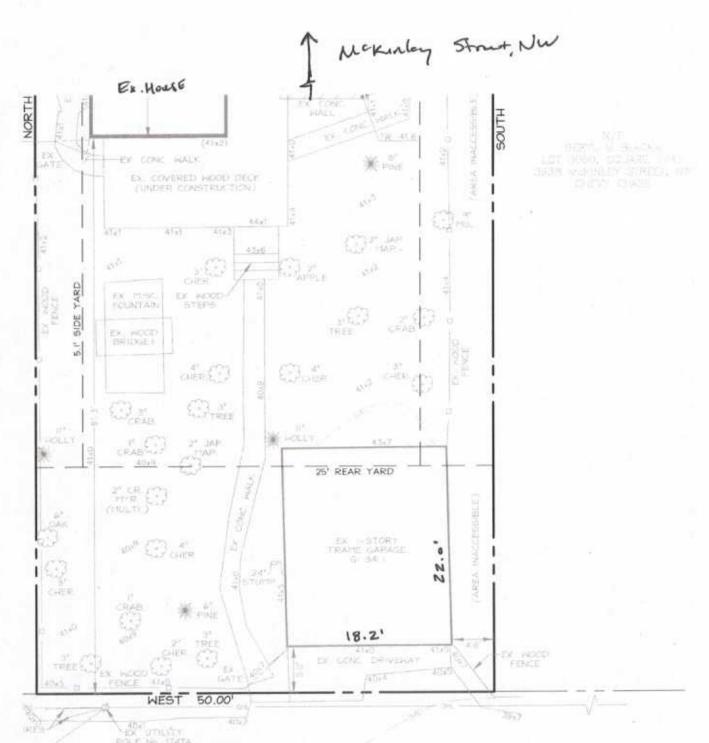


Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide detailed information. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any entered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

Applicable code sections are in the 2008 DC Building Code Supplement Chapter 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2,

05.1.7.2, and Section 155A.	onos-savamboro no Mantaes mustaes	THE REAL PROPERTY OF THE PERSON OF THE PERSO	Charles Mercell		Semientica, et estima patre	
			Appl	ication Date: 06	/27/2017	
	1. INFORMAT	TION ON PE				E CHARLES
Address of Proposed Work	ST STANDACTORATIONS	2. Quad	_	4a. Square	4b. Suffix	5. Lat
3940 McKinley Street		NW	Three	1747		0049
	2. APPLICA	NT INFOR	MATION	100 M		The State of
5. Property Owner	7. Complete mailing addr			none Number(s)	9, Email	
ZB McKinley, LLC	1001 Conn Ave, NW,	#401, 20036	202	-393-7200	dcpermit	s@casengineerin
0. Agent/Contractor for Owner (if applic	able) 11. Complete mailing add	dress (include	zip) 12. P	hone Number(s)	13. Email	
David C. Landsman, CAS Engineer	ring 1001 Conn Ave, NW,	#401, 20036	202	-393-7200	dcpermit	s@casengineerin
	2 TVD	E OF PERM	ALT	da sul de la		
		dwelling)		s of Building (brick	k, wood, etc.)	er of Stories of Bldg
	OFFICE	AL USE OF	NI Y			
CONDITIONS/ COMMENTS:						

THE PARTY OF THE P		SE	CTION A. RAZE PERMIT			THE RESERVE AND PERSONS ASSESSED.	
23. Raze Contractor's Name		24. Contra	ctor's Address (including zip co	de)	25: Contractor's Phone		
TBD		TBD			TBD		
26. Historic District?	□Yes	⊠No	33. Raze Contractor Sig	gnature	4		
27. CFA?	□Yes	⊠ No	TRD				
28. Raze Entire Building?	⋉Yes	□No	34. Property Owner Signature				
29. Building Condemned?	□Yes	⊠ No	3 3		-		
30a. Party Wall?	□Yes	⊠ No	306. If yes adjacent property owner signature is required.				
			30c. Any raze permit application for a building(s) involvin include 2 copies of a plan that show how the party wall(s)		30c. Any raze permit application for a building(s) in include 2 copies of a plan that show how the party of		g(s) involving party walls must be arty wall(s) will be protected.
31. Building Vacant?	⋉Yes	□ No	Building must be vacan	t before	Raze Permit iss	úance.	
32. Public Space Vault?	□Yes	₩ No	Official Use Only				
			Fee	By	,	Date	
33. Plumber's Name		34. Plumb	er's License Number 35. Raze Method (ball, bulldozer, by			nod (ball, buildozer, by hand, etc.)	
n/a	LIII	n/a	n/a				
<ul> <li>Include a 30-day advance</li> <li>Include these amounts of</li> <li>State that the insurance of</li> </ul>	nore than one surance as: De notice cancel insurance cov overs "Razing	eputy Director lation clause verage: Bodi Operations	y detached from any other buil or, Permit Division, 1100 4th SI	t SW, W	Ashington, DC 2000; and Propertoe of the insuran	20024  y Damage, \$100,000. ice is for blanket coverage.	
36. Insurance Company		27 Deli	v as Cadificata Na			of raze operation)	
TBD		TBD	cy or Certificate No.		38. Expirati	on Date	
39. Asbestos in Building? If yes, indicate location:	□Yes			0	fficial Use O	nly	
ir yes, moteste location.			Fee By			Date.	



PUBLIC ALLEY



3947

cas engineering 1001 connecticut ave, nw suite 401 washington, dc 20036 202.393.7200 phone

3940 McKilley Street, NW CAS 17-318-DC N.T.S.









Date:	June 13, 2017	-11	Cap Id:	R1700174
D.C.	Historic Preservation	Office		
1100	4th Street S.W. , Rm E6	550		
Wash	ington, DC 20024			
Re: R	equest for clearance of pro	emises subject to razing operations		
this da	ite with the Permit Opera s property. We are hereby	cture identified below, located in the tions Division. Our records do not re- requesting confirmation from your	eveal any kind o	of conservation holds
Addre	SS:			
2910	44TH PL NW			
LOT:	0804 SQUARE: 1614 T	YPE: Parking Garages - S-2	V	ACANT: No
the cle		satisfactory completion of your insp d returning this form to the D.C.R.A C. 20024		
		CLEARANCE		
		esearched our records concerning the ng with the proposed razing of said s		ified above and we
Date:		Signature:		
Name	of releasing HPO Offic	ial. (print)		
- Tarrio	or releasing the o office			



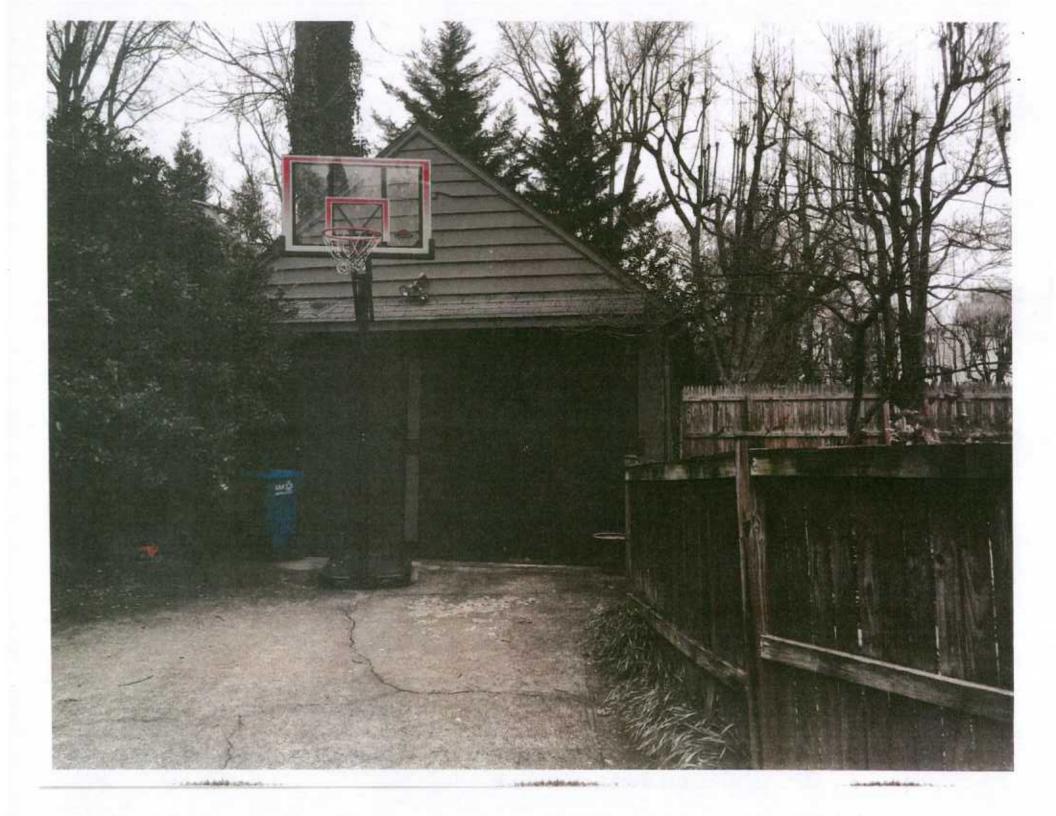
Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any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

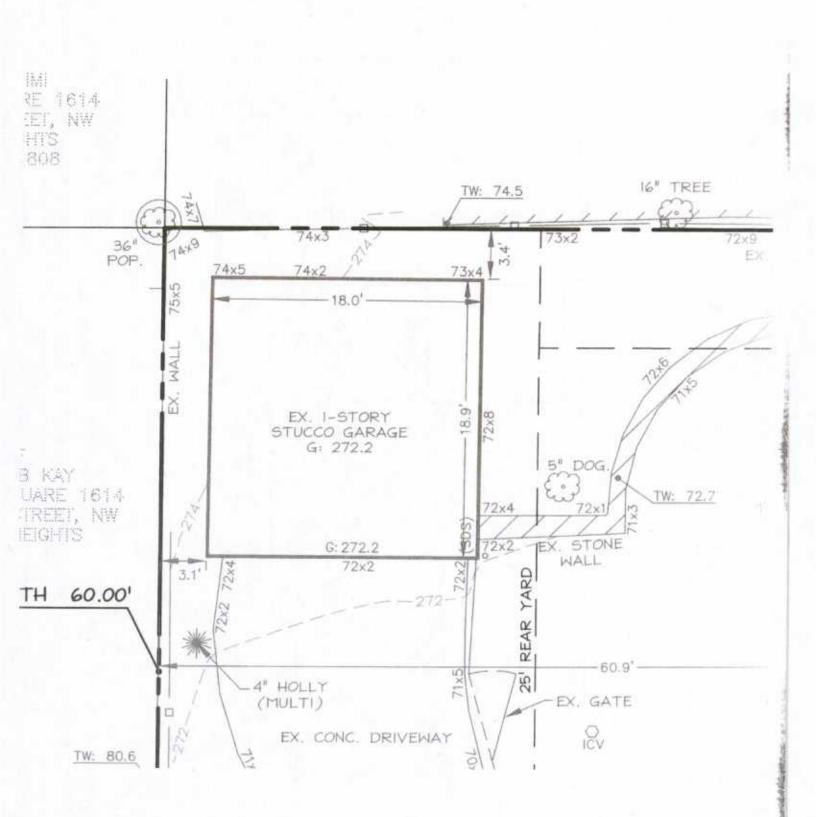
R 170  I. Address of Proposed Work  2910 44th Place	1. INFORMATIO	N ON PROP		cation Date:		
0.0000000000000000000000000000000000000	1. INFORMATIC	M UN PROP	EDTV		AND DESCRIPTION OF THE PERSON NAMED IN	THE RESIDENCE OF THE PARTY OF T
0.0000000000000000000000000000000000000		2. Quad 3.1	Ward	4a. Square	4b. Suffix	5. Lot
		NW Th	ree	1614		0804
	2. APPLICANT	INFORMAT	ION			NAME OF TAXABLE
i. Property Owner	7. Complete mailing address	(include zip)	8. Ph	one Number(s)	9. Email	
Victoria Phillips c/o Hanlon Design Build, Inc.	4927 Eskridge Terr, NW,	20016	202-	244-2942	dcpermits@casengineering	
0. Agent/Contractor for Owner (if applicab	ile) 11. Complete mailing addre	ss (include zip)	12. P	hone Number(s)	13, Email	
David C. Landsman, CAS Engineerin	g 1001 Conn Ave, NW, #4	01, 20036	202-	393-7200	dcpermit	s@casengineering
	3 TYPE (	F PERMIT		E APRIL 10	Dept. Supp.	
4. Check all that apply:	(#####################################	Constitution to the second				
⊠ Raze F	Petro Crimia					
	4. DESCRIPTION		DING		Existing Number	er of Stories of Bldg:
<ol> <li>Description of Building to be Razed (e.</li> </ol>	g., two story brick single family dw	elling)		16	Existing Numbe	t of Stories of blog.
1-story frame and stucco detached of	garage			1		
17. Use(s) of Property (specifically Indicate	if any use is residential.)	18. M	laterials	of Building (brick	wood, etc.)	
Single-family residential		Fram	ne			
19. Bldg Length (ft) 20.	Bldg Width (ft)	21. Bldg Heig	ant (ft)		22. Bldg Volume	e (cu ft) (L x W x H)
18.0	.9	15.0			5,103	
	OFFICIAL	USE ONLY				
CONDITIONS/ COMMENTS:				A DOMESTIC		

102.06

	Contractor's Name 24. Contractor's Address (including zip code) 25. Contractor's Phone					hone	
Hanlon Design Build, Inc.		4927 Eskr	idge Terr, NW, WDC 20016		202-244-2942		
26. Historic District?	□Yes	S No	33. Raze Contractor Sign	ature			
27. CFA?	□Ye	s No	Oseka		Ant.		
28. Raze Entire Building?	x Yes	s □ No	34 Property Owner Signature				
29. Building Condemned?	□Yes	s ⋉ No	Discol a		-tone		
30a. Party Wall?	□Yes	≅ No	30b. If yes, adjacent	prope	erty owner signa	ature is required.	
*1			30c. Any raze permit ap include 2 copies of a plan	plication that si	n for a building(s) i	nvolving party walls must b wall(s) will be protected.	
31. Building Vacant?		□ No	Building must be vacant b	efore R	Raze Permit issuand	e.	
32. Public Space Vault?	□Yes	ĭ No	Barrier State	0	Official Use Only		
			Fee	Ву		Date	
33. Plumber's Name		34. Plumbe	er's License Number		35. Raze Method (	ball, bulldozer, by hand, etc.	
				n/a			
	turance count	n/a					
You must submit a Certificate of In: square feet or less in area and not The Certificate should:  Show the holder of the in Include a 30-day advance Include these amounts of State that the insurance of	surance as: Do e notice cance insurance cov covers "Razing	ing the raze of e story, wholly eputy Directo illation clause verage. Bodily Operations in	y detached from any other building, r, Permit Division, 1100 4th St S	ng on th W, Wa	g you plan to raze in the same or adjoining shington, DC 2002 and Property Da of the insurance is	rnage, \$100,000 for blanket coverage.	
You must submit a Certificate of Insquare feet or less in area and not The Certificate should:  Show the holder of the information include a 30-day advance Include these amounts of State that the insurance of If the insurance is for one	surance as: Do e notice cance insurance cov covers "Razing	ing the raze of a story, wholly eputy Directo llation clause verage. Bodily Operations it is only, state	r, Permit Division, 1100 4th St S  y Injury, \$100,000, Aggregate, \$ in the District of Columbia," if the a that, "Razing Operations at	W, Wa 300,000 scope	g you plan to raze in the same or adjoining shington, DC 2002 0; and Property Da of the insurance is (address of raze)	rmage, \$100,000. for blanket coverage.	
You must submit a Certificate of Insequere feet or less in area and not square feet or less in area and not The Certificate should  Show the holder of the information include a 30-day advance include these amounts of State that the insurance of If the insurance is for one insurance Company	surance as: Do e notice cance insurance cov covers "Razing	ing the raze of story, wholly sputy Directo llation clause verage. Bodily Operations is ses only, state 37. Police	y detached from any other building, Permit Division, 1100 4th St St. y Injury, \$100,000, Aggregate, \$2 in the District of Columbia," if the eathat, "Razing Operations at y or Certificate No.	W, Wa 300,000 scope	g you plan to raze in the same or adjoining shington, DC 2002.  g and Property Date of the insurance is laddress of razes.  (address of razes)	rmage, \$100,000. for blanket coverage.	
Show the holder of the in     Include a 30-day advance     Include these amounts of     State that the insurance of	surance as: Do e notice cance insurance cov covers "Razing	ing the raze of story, wholly eputy Directo llation clause verage. Bodily Operations it is only, state Q3701548	y detached from any other building, Permit Division, 1100 4th St St. y Injury, \$100,000, Aggregate, \$2 in the District of Columbia," if the eathat, "Razing Operations at y or Certificate No.	ng on the	g you plan to raze in the same or adjoining shington, DC 2002 0; and Property Da of the insurance is (address of raze)	mage, \$100,000. for blanket coverage.	













Date:	June 13, 2017	_	Cap Id:	R1700176
D.C.	Historic Preservatio	on Office		
1100 -	4th Street S.W. , Rm I	2650		
Wash	ington, DC 20024			
Re: Re	equest for clearance of p	remises subject to razing operations		
this da	te with the Permit Ope property. We are here	ructure identified below, located in the D rations Division. Our records do not reve by requesting confirmation from your off	al any kind o	f conservation holds
Addre	SS:			
632 .	JEFFERSON ST NW			
LOT: (	0064 SQUARE: 3209	TYPE: Single Family Dwelling - R-3	V	ACANT: Yes
the cle		e satisfactory completion of your inspect and returning this form to the D.C.R.A. P D.C. 20024.		
		CLEARANCE		
		researched our records concerning the st ling with the proposed razing of said stru		fied above and we
Date:		Signature:		
-06/49-0				ì
Name	of releasing HPO Off	icial. (print)		

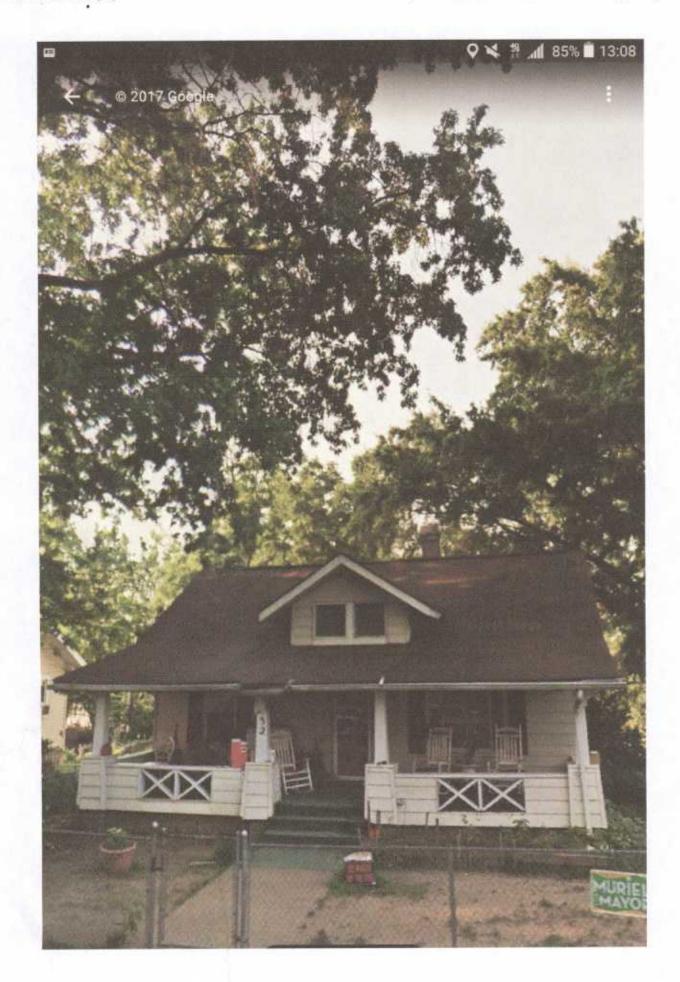


Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide detailed information. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any entered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

Applicable code sections are in the 2008 DC Building Code Supplement Chapter 18 105 1 7 105

105.1.7.2, and Section 15	5A.	Dupprement Ch	ipiei 13 10	J.1.7, 103.1.7.	, 103.1.7.1.1, 1	U5.1.7.1.2,
R	1700176		App	lication Date:		
NAME OF TAXABLE PARTY.	1. INFO	RMATION ON P	ROPERTY			DESIGNATION OF THE PARTY OF THE
1. Address of Proposed World		NATIONAL PROPERTY.	3. Ward	4a. Square	4b. Suffix	5. Lot
632 Jeffers	oun street, n.w.	ww	One	3209		0064
6. Property Owner	2. APPI 7. Complete mailin	LICANT INFOR	arasana presunt	DINE TE		
Capitul Real es		Military of the Control of the Contr		ione Number(s)	9. Email	
Development.		goen ierr	205	)QUS-562	red	LCC@hotm
10. Agent/Contractor for Own	er (if applicable) 11. Complete maili	ng address (include	zip) 12. P	hone Number(s)	13. Email	
Tiffany By	rd woe	20002	\$UZ	304-960	cuseta	consultings
SAN SAN SAN SAN		TYPE OF PERI	ALT			
14. Check all that apply:	/	TIPE OF PERI	11.1	Marie Annie Person		A CHARLES TO HE WAY
	Raze Permit					
<b>美国的</b>	4. DESC	RIPTION OF B	III DING			Solid College House
15. Description of Building to	be Razed (e.g., two story brick single f		DIEDING	16	Existing Numbe	er of Stories of Bldg:
one and ha	If story, detached	I single for	nily			cs plus attic
17. Use(s) of Property (specif	ically indicate if any use is residential.)		8. Materials	of Building (brick,		
Residentia	7			frame,	Section of the section	ingles
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg	Height (ft)		22. Bldg Volume	e (cu ft) (L x W x H)
28.1	30.2		20		17,0	00
	OFF	ICIAL USE ON	LY			PART NUMBER
CONDITIONS/ COMMENTS:	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)					
STATE						
				Water Sales		
			ALC: N	Walter Committee		

		SE	CTION A. RAZE PER	MIT				
23. Raze Contractor's Name		24. Contrac	tor's Address (including z	ip code)	25. Contractor	25. Contractor's Phone		
J & C Builders, Inc.		4506 St. B	Barnabas Rd., Temple Hills, MD 20 (202) 359 - 3584					
26. Historic District?	☐Ye:	s No	33. Raze Contract	or Signature	1101			
27. CFA?	□Ye	s× No	Ma	18	118/14	12ther		
28. Raze Entire Building?	XYes	s □ No	34. Property Owne	r Signature	20	ē.		
29. Building Condemned? ☐Yes ☒ No			fanys	19.7	March			
30a. Party Wall?				acent pro	perty owner sig	nature is required.		
						s) involving party walls must be ty wall(s) will be protected.		
31. Building Vacant?		□ No	Building must be va	cant before	Raze Permit issua	ance.		
32. Public Space Vault?	ПYes	ĭ No			Official Use Or	nly		
			Fee	В	y	Date		
33. Plumber's Name		34. Plumbe	r's License Number		35. Raze Method	d (ball, bulldozer, by hand, etc.)		
Hallelujah Plumbing, Inc.		DC WATE	By hand via deconstruction			econstruction		
You must submit a Certificate of Insusquare feet or less in area and not more than the Certificate should:  Show the holder of the insuspection of the insurance of the insurance is for one state.	urance as: Do notice cance nsurance cov wers "Razing	estory, wholly eputy Director llation clause. verage: Bodily Operations in	Permit Division, 1100 4 Injury, \$100,000; Aggregathe District of Columbia,	th St SW, W gate, \$300,0 " if the scop	the same or adjoing the same or adjoing the same of the insurance of the i	ning premises. 024 Damage, \$100,000.		
86. Insurance Company		37 Policy	or Certificate No.		38. Expiration			
Evanston Insurance Company/AS	iL .	APP90928			5/05/2018	Ananito.		
39. Asbestos in Building? f yes, indicate location:		□ No		0	fficial Use Onl	у		
			Fee	Ву		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 Preservat	ion Office		
1100 4th Street S.W., Rn			
Washington, DC 20024			
Re: Request for clearance o	premises subject to razing ope	rations	
this date with the Permit O	structure identified below, loc perations Division. Our record reby requesting confirmation	s do not reveal any kind of	of conservation holds
Address:			
6900 GEORGIA AVE NV	v		
LOT: 0808 SQUARE: 295	0 TYPE:	V	ACANT: Yes
Please notify our office of the clearance section below 4th Street S.W., Washingto	the satisfactory completion of v and returning this form to th on D.C. 20024.	your inspection of the pro e D.C.R.A. Permit Opera	emises, by filling ou tions Division, 1100
	CLEARANG	E	
	we researched our records con- ceding with the proposed razin		ified above and we
Date:	Signature:		
Name of releasing HPO (	Official. (print)		



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

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

				Applie	cation Date: 07	/10/2017	
	1. INFORMATIO		_		eddin in		61 S 20 mm
Address of Proposed Work  6900 Georgia Ave		2. Quad NW	3. W		4a. Square	4b. Suffix	5. Lot
0300 Georgia Ave							
6. Property Owner	APPLICANT     Complete mailing address	1	ALC: UNKNOWN	The Parks	one Number(s)	9. Emai	
TPWR Developer, LLC.	800 10th St. NW			202-	434-0283		
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing addres	s (include :	zip)	12. PI	none Number(s)	13. Em	ail
Robert Fauteux	800 10th St. NW			571-	926-7547	Robe	rt.Fauteux@hines.co
	3. TYPE 0	F PERM	IIT	75.11	380, ST 111	W. J. D. L.	
14. Check all that apply:  Raze Per	mit						
	4. DESCRIPTIO	N OF B	UILD	ING	U. Vall	as and	WE WE STEE
15. Description of Building to be Razed (e.g.,	two story brick single family dw	elling)				6. Existing Nu	imber of Stories of Bld
14 story concrete and steel framed buil	ding					14	
17. Use(s) of Property (specifically indicate if a	any use is residential.)		18. Ma	aterials	of Building (brid	k, wood, etc.)	U. B. Fra
Existing Hosiptal			Conc	rete S	teel		
19. Bldg Length (ft) 20. Bld	dg Width (ft)	21. Bldg Height (ft)				22. Bldg Volume (cu ft) (L x W x	
425 425		84				15,172,500	
	OFFICIAL	USE ON	ILY	1000	and the state of		

		SEC	TION A. RAZE PE	RMIT	La	THEY BUT BUT BUT				
23. Raze Contractor's Name		24. Contract	tor's Address (including	zip code)	25. Contractor	's Phone				
Northstar Contracting Group, In	c.	3900 Vero	Road Baltimore, Md 21227 410.247.5031							
26. Historic District?	☐Ye:	s⊠No	33. Raze Contra	ctor Signature						
27. CFA?	□Ye	s⊠ No								
28. Raze Entire Building?	ĭ Ye:	s No	34. Property Own	34. Property Owner Signature						
29. Building Condemned?	□Ye	s 🗵 No								
30a. Party Wall?	29001.00940.79840.000.00.000.000.000.000.000.000.000.0			djacent pro	perty owner sig	gnature is required.				
						(s) involving party walls must be arty wall(s) will be protected.				
31. Building Vacant?	⊠Ye	s No	Building must be	vacant befor	e Raze Permit issu	uance.				
32. Public Space Vault?	□Ye	s 🗷 No		TOTAL	Official Use Only					
			Fee	E	By	Date				
33. Plumber's Name		34. Plumbe	er's License Number		35. Raze Meth	od (ball, bulldozer, by hand, etc.)				
TBD		TBD			High Reach Excavators					
1. You must submit a Certificate of Insequare feet or less in area and not 2. The Certificate should:  Show the holder of the insequance of the insequence	surance as: £ e notice cance insurance co covers "Razin	Deputy Director ellation clause overage: Bodil g Operations	y detached from any of or, Permit Division, 1100 c. y Injury, \$100,000; Ago in the District of Colum	her building of 0 4th St SW, pregate, \$300 bia," if the so	washington, DC 2 ,000; and Property ope of the insurance	oining premises.  0024  V Damage, \$100,000. ce is for blanket coverage.				
36. Insurance Company		37. Polic	y or Certificate No.		38. Expiration	f raze operation)				
National Union Fire Insurance	100	89546124	· CHILDREN OF CANAL		7/1/2018	an Date				
39. Asbestos in Building? If yes, indicate location:	⊠Yes	No No			Official Use O	nly				
Maria Ma			Fee	Ву		Date				
						THE PARTY OF THE P				







Date: July 07, 2017

# Government of the District of Columbia Department of Consumer and Regulatory Affairs Permit Operations Division



R1700188

Cap Id:

D.C. Historic Preservation Office	
1100 4th Street S.W., Rm E650	
Washington, DC 20024	
Re: Request for clearance of premises subject to razing opera	utions
An application to raze the structure identified below, locat this date with the Permit Operations Division. Our records on this property. We are hereby requesting confirmation from permit.	do not reveal any kind of conservation holds
Address:	
6900 GEORGIA AVE NW	
LOT: SQUARE: TYPE:	VACANT: Yes
Please notify our office of the satisfactory completion of y the clearance section below and returning this form to the 4th Street S.W., Washington D.C. 20024.	our inspection of the premises, by filling out D.C.R.A. Permit Operations Division, 1100
CLEARANCE	
This is to inform you that we researched our records conce have no objections to proceeding with the proposed razing	rning the structure identified above and we of said structure.
Date: Signature:	
Name of releasing HPO Official. (print)	



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

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.

						Applic	ation Date: 07/	10/2017		
A STATE OF THE STA		1. INFORM	ATIO	N ON PR	OPE	RTY	STEEDY II		NAME AND DESCRIPTION	
Address of Proposed Work				2. Quad	3. V	/ard	4a. Square	4b. Suffix	5. Lot	
6900 Georgia Ave				NW	For	ir				
	1521.58	2. APPLI			_		I SINE NE		E PLOST	
6. Property Owner		7. Complete mailing a	ddress	(include zip) 8. Phone Nu			one Number(s)	9. Email		
TPWR Developer, LLC.		800 10th St. NW			202-	434-0283				
10. Agent/Contractor for Owner (	if applicable)	11. Complete mailing	addres	s (include :	zip)	12, P	none Number(s)	13, Email		
Robert Fauteux		800 10th St. NW				571-	926-7547	Robert.Fa	uteux@hines.com	
e it has the so	SIN'S SHAN	3. T	YPE 0	FPERM	IT			ULTER OUT	MARIL R	
14. Check all that apply:	Raze Pen	mit								
<b>应则是1000000000000000000000000000000000000</b>		4. DESCR	IPTIO	N OF B	JILD	ING			FA IS	
15. Description of Building to be	Razed (e.g., t	wo story brick single far	nily dw	elling)			16	. Existing Number	er of Stories of Bldg:	
2 Story Commercial office b	uilding						2			
17. Use(s) of Property (specifical	lly indicate if a	ny use is residential.)			18. M	aterials	of Building (brick	, wood, etc.)		
Office Building			v		Steel	& con	crete Framed			
19. Bldg Length (ft)	20. Bld	g Width (ft)		21. Bldg Height (ft)				22. Bldg Volume (cu ft) (L x W x H)		
275	70	Tesa III		20	20			385,000		
ALL PARTY OF THE P	DAY BEET	OFF	CIAL	USE ON	ILY	998	my divident	inen koiri		
CONDITIONS/ COMMENTS:										

		SEC	CTION A. RAZE PERM	IT	WELL GOLD	STREET, STREET,			
23. Raze Contractor's Name		24, Contrac	tor's Address (including zip	code)	25. Contractor's	s Phone			
Northstar Contracting Group, In	ic.	3900 Vero	Road Baltimore, Md 21227 410.247.5031						
26. Historic District?	□Ye	es 🗷 No	33. Raze Contractor	Signature					
27. CFA?	□ Ye	es 🗵 No							
28. Raze Entire Building?	ΣY	es 🗆 No	34. Property Owner	34. Property Owner Signature					
29. Building Condemned?	□Ye	es 🗵 No							
30a. Party Wall?	□Yes⊠No		30b. If yes, adjac	ent pro	perty owner sig	nature is required.			
- 1971						s) involving party walls must be rty wall(s) will be protected.			
31. Building Vacant?	⊠Ye	es 🗌 No	Building must be vac	ant before	e Raze Permit issu	ance.			
32. Public Space Vault?	□Ye	es 🗵 No			Official Use Only				
			Fee	В	y	Date			
33. Plumber's Name		34. Plumb	er's License Number		35. Raze Metho	od (ball, bulldozer, by hand, etc.)			
TBD		TBD			High Reach Excavators				
<ul> <li>Include a 30-day advance</li> <li>Include these amounts of</li> <li>State that the insurance of</li> </ul>	surance as: e notice can insurance covers "Razi	Deputy Director cellation clause coverage: Bodil ing Operations	y detached from any other to or, Permit Division, 1100 4th	building on St SW, Nate, \$300, If the sco	Washington, DC 20,000; and Property ope of the insurance	Damage, \$100,000. Se is for blanket coverage.			
36. Insurance Company		37 Polic	cy or Certificate No.		38. Expiratio	raze operation)			
National Union Fire Ins. Co. Pitts	burgh	89546124	A CONTRACTOR OF THE PARTY OF TH		7/1/2018	Tr Dute			
39. Asbestos in Building? If yes, indicate location:	_	s 🗵 No		(	Official Use Or	nly			
			Fee	Ву		Date			







Date: July 07, 2017

# Government of the District of Columbia Department of Consumer and Regulatory Affairs Permit Operations Division



R1700189

Cap Id:

***************************************		
D.C. Historic Preser		
1100 4th Street S.W.,		
Washington, DC 2002		
Re: Request for clearance	e of premises subject to razing operations	s
this date with the Permi	t Operations Division. Our records do no	the District of Columbia, was filed on of reveal any kind of conservation holds our office, in order to release the subject
Address:		
6900 GEORGIA AVE	NW	
LOT: SQUARE:	TYPE: Office - B	VACANT: Yes
	low and returning this form to the D.C.I	nspection of the premises, by filling out R.A. Permit Operations Division, 1100
	CLEARANCE	
	at we researched our records concerning occeeding with the proposed razing of sai	
Date:	Signature:	
Name of releasing HPC	Official. (print)	
ANTHRECENCERES PROCES		

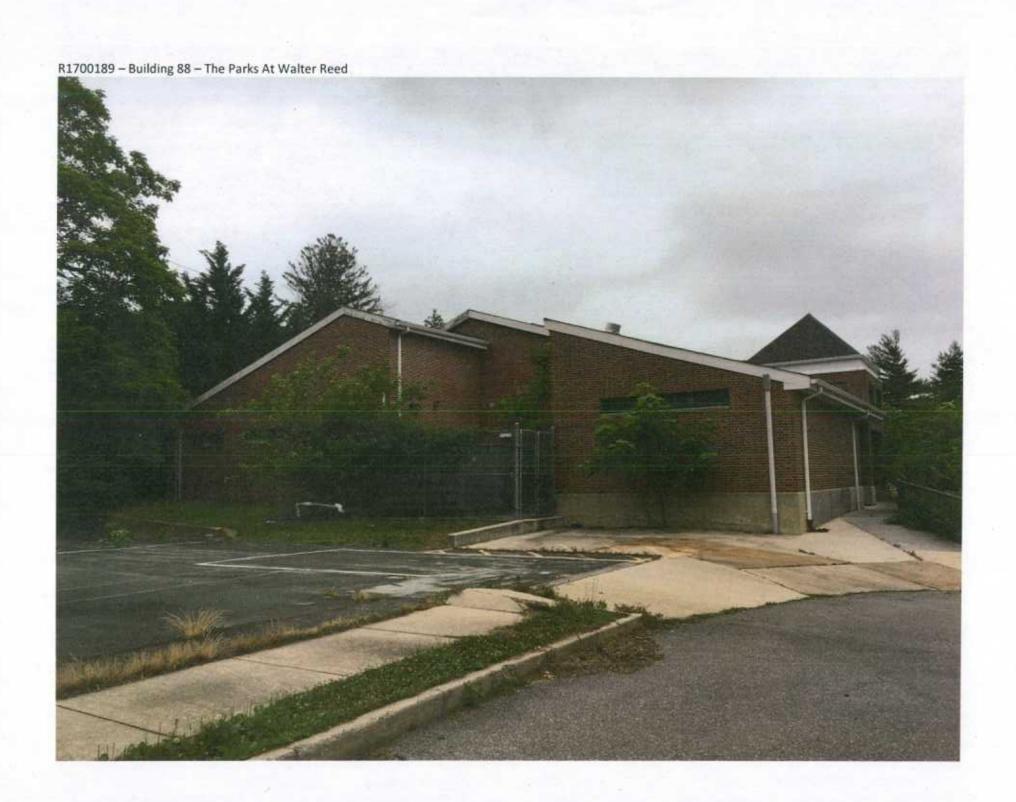


Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any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

OS.1.7.2, und Section 15572					Applic	cation Date: 07/	10/2017	
CAN BE WANTED	1. INFOR	RMATIO	N ON PR	OPE	RTY	MARKET SANS	ULUNA TA	A 1888
Address of Proposed Work			2. Quad	3. W	ard	4a. Square	4b, Suffix	5. Lot
6900 Georgia Ave		10_1	NW	Fou	ır			
THE STANFACTOR OF STANFACTOR			INFORM		CORNEL PROPERTY.	one Number(s)	9, Email	
S. Property Owner	7. Complete mailin	7. Complete mailing address			8, PR	one Number(s)	9. Email	
TPWR Developer, LLC.	800 10th St. NW	1	7		202-	434-0283		
10. Agent/Contractor for Owner (if applic	able) 11, Complete mail	ing addres	s (include	zip)	12. P	none Number(s)	13. Email	
Robert Fauteux	800 10th St. NW	/	1116		571-	926-7547	Robert.Fa	uteux@hines.cor
at a desta de sus sa	3.	TYPE 0	F PERM	IIT	d PUE	V. 33. P.	MOL TOW	Albert Co
14. Check all that apply:	e Permit				П			
DOUGHER DESIGNATION	4. DESC	CRIPTIO	N OF B	UILD	ING	141.15		
15. Description of Building to be Razed		The second second	_	halbel tristed	nen State	16	i. Existing Number	er of Stories of Bldg:
2 Story Commercial office building	9					1	.5	
17. Use(s) of Property (specifically indic	ate if any use is residential	l.)		18. Ma	aterials	of Building (brick	, wood, etc.)	
Office Building				Steel	& cor	crete Framed		
19. Bldg Length (ft)	20. Bldg Width (ft)		21. Bldg Height (ft)				22. Bldg Volume (cu ft) (L x W x F	
200	60		15				180,000	
	OI	FFICIAL	USE OF	NLY	mit.			
CONDITIONS/ COMMENTS:								

		SEL	TION A. RAZE PERMIT						
23. Raze Contractor's Name		24. Contract	or's Address (including zip code)	25. Co	ontractor's Phone				
Northstar Contracting Group, I	nc.	3900 Vero	Road Baltimore, Md 21227 410.247.5031						
26. Historic District?	□Ye	es 🗷 No	33. Raze Contractor Signature						
27. CFA?	□ Ye	es 🗵 No							
28. Raze Entire Building?	×Y€	es 🗆 No	34. Property Owner Signature						
29. Building Condemned?	ilding Condemned? ☐ Yes ☒ No								
a. Party Wall? ☐Yes ☒ No		s × No	30b. If yes, adjacent	property ov	vner signature is required.				
		Ä	30c. Any raze permit app include 2 copies of a plan	lication for a	cation for a building(s) involving party walls must be nat show how the party wall(s) will be protected.				
31. Building Vacant?	⊠Y€	es 🗆 No	Building must be vacant be						
32. Public Space Vault?	DY	s × No		Use Only					
	TOTAL OF		Fee	Ву	Date				
33. Plumber's Name		34. Plumbe	r's License Number	35. Ra	ze Method (ball, bulldozer, by hand, etc				
TBD		TBD			High Reach Excavators				
You must submit a Certificate of In	more than or	COLUMN TO SERVICE STATE OF THE PARTY OF THE	The state of the s	municial lond	THE THE PARTY OF T				
Show the holder of the in Include a 30-day advance Include these amounts o     State that the insurance in Insurance	isurance as: e notice cano f insurance o covers "Razir	Deputy Director cellation clause. overage: Bodily ng Operations in	detached from any other building, Permit Division, 1100 4th St St Injury, \$100,000; Aggregate, \$3 the District of Columbia," if the	W, Washingto	ne or adjoining premises.				
The Certificate should: Show the holder of the in Include a 30-day advance Include these amounts of State that the insurance of the insurance is for one	isurance as: e notice cano f insurance o covers "Razir	Deputy Director cellation clause. overage: Bodily ng Operations in lress only, state	detached from any other building, Permit Division, 1100 4th St St Injury, \$100,000; Aggregate, \$3 the District of Columbia," if the that, "Razing Operations at	W, Washingto 300,000; and scope of the	on, DC 20024  Property Damage, \$100,000. insurance is for blanket coverage,				
The Certificate should:  Show the holder of the in Include a 30-day advance Include these amounts of State that the insurance of the insurance is for one	surance as: e notice cano f insurance c covers "Razin e specific add	Deputy Director cellation clause. overage: Bodily ng Operations in liress only, state 37. Policy	detached from any other building, Permit Division, 1100 4th St St Injury, \$100,000; Aggregate, \$3 the District of Columbia," if the that, "Razing Operations at or Certificate No.	W, Washingto 300,000; and scope of the (ad 38. E	property Damage, \$100,000. insurance is for blanket coverage,  dress of raze operation)  xpiration Date				
The Certificate should:  Show the holder of the in Include a 30-day advance Include these amounts of State that the insurance of the insurance company  National Union Fire Ins. Co. Pitter	surance as: e notice cano f insurance c covers "Razin e specific add	Deputy Director cellation clause. overage: Bodily ng Operations in tress only, state 37. Policy 89546124	detached from any other building, Permit Division, 1100 4th St St Injury, \$100,000; Aggregate, \$3 the District of Columbia," if the that, "Razing Operations at or Certificate No.	W, Washingto 300,000; and scope of the (ad 38. E: 07/01,	property Damage, \$100,000. Insurance is for blanket coverage,  dress of raze operation)  expiration Date				
Show the holder of the in Include a 30-day advance Include these amounts o     State that the insurance in Include these amounts or Include these amounts or Include these amounts or Include these Includes the Include	surance as: e notice cano f insurance c covers "Razin e specific add	Deputy Director cellation clause. overage: Bodily ng Operations in liress only, state 37. Policy	detached from any other building, Permit Division, 1100 4th St St Injury, \$100,000; Aggregate, \$3 the District of Columbia," if the that, "Razing Operations at or Certificate No.	W, Washingto 300,000; and scope of the (ad 38. E: 07/01,	pre or adjoining premises.  on, DC 20024  Property Damage, \$100,000.  insurance is for blanket coverage,  dress of raze operation)  xpiration Date				





1042 0109 09/13/2004

415 14th Street SE



Date: June 27, 2017

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



R1700178

Cap Id:

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

D.C. Historic Prese 1100 4th Street S.W.		
Washington, DC 200		
Re: Request for cleara	nce of premises subject to razing operations	
this date with the Perr	the structure identified below, located in the District nit Operations Division. Our records do not reveal and are hereby requesting confirmation from your office, in	y kind of conservation holds
Address:		
312 3RD ST NE		
LOT: 0021 SQUARE	: 0756 TYPE: Single Family Dwelling - R-3	VACANT: Yes
Blassa notify our offi	ce of the satisfactory completion of your inspection of below and returning this form to the D.C.R.A. Perm	of the premises, by filling out it Operations Division, 1100
	CLEARANCE	
This is to inform you have no objections to	that we researched our records concerning the structure proceeding with the proposed razing of said structure	ure identified above and we e.
Date:	Signature:	
Name of releasing	HPO Official. (print)	



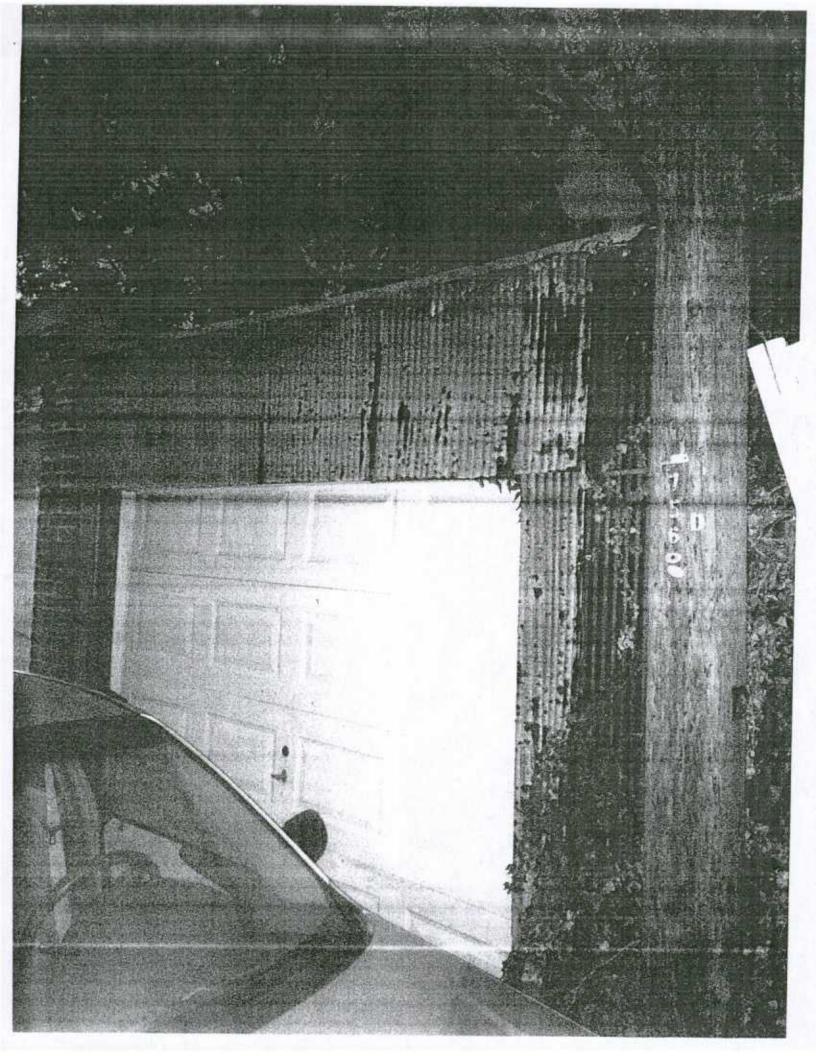
#### APPLICATION FOR RAZE PERMIT

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.

1. INFORMATION ON PROPERTY  1. Address of Proposed Work  312 3RD ST  2. Quad 3. Ward NE One O756  312 3RD ST  2. APPLICANT INFORMATION  7. Complete mailing address (include zip) 312 3RD ST NE WASH. DC20002  301.793.1193  301.793.1193  MINOO ROUHANIAN 312 3RD ST NE WASH. DC20002  301.793.1193  301.793.1193  Minoo.rouhanian@google 10. Agent/Contractor for Owner (if applicable) Angela Staffone  3. TYPE OF PERMIT  4. DESCRIPTION OF BUILDING  15. Description of Building to be Razed (e.g., two story brick single family dwelling)  Detached Garage  17. Use(s) of Property (specifically indicate if any use is residential.)  Single Family Residence  18. Materials of Building (brick, wood, etc.)  Brick, Corrugated Metal, CMU Block, Wood  19. Bidg Length (ft)  20. Bidg Width (ft)  21. Bidg Height (ft)  22. Bidg Volume (cu ft) (L x W x H)					Applica	ation Date: 6/1	3/2017		
2. Quad 3. Ward NE One 0756 5. Lot 0021  2. APPLICANT INFORMATION  7. Complete mailing address (include zip) 8. Phone Number(s) 9. Email minoo.rouhanian@google 13. Agent/Contractor for Owner (if applicable) 11. Complete mailing address (include zip) 12. Phone Number(s) 13. Email minoo.rouhanian@google 13. TYPE 0F PERMIT  4. Check all that apply:  8. Raze Permit  3. TYPE 0F PERMIT  4. Check all that apply:  8. Raze Permit  13. Email info@mooreconstructiong 15. Description of Building to be Razed (e.g., two story brick single family dwelling) 16. Existing Number of Stories of Bidg: 17. Use(s) of Property (specifically indicate if any use is residential.)  15. Description of Building (brick, wood, etc.)  16. Existing Number of Stories of Bidg: 18. Materials of Building (brick, wood, etc.)  17. Use(s) of Property (specifically indicate if any use is residential.)  18. Materials of Building (brick, wood, etc.)  19. Bidg Length (ft) 20. Bidg Width (ft) 21. Bidg Height (ft) 22. Bidg Volume (cu ff) (Lx W x H)		1. INFORMATIO	N ON PE		A 10 TH A 2 TH				PESUZ PE
2. APPLICANT INFORMATION 3. Property Owner 7. Complete mailing address (include zip) 8. Phone Number(s) 9. Email minoo.rouhanian@google 10. Agent/Contractor for Owner (if applicable) 11. Complete mailing address (include zip) 12. Phone Number(s) 13. Email 13. Email 14. Check all that apply:  Table Permit  4. DESCRIPTION OF BUILDING 15. Description of Building to be Razed (e.g., two story brick single family dwelling)  Detached Garage 17. Use(s) of Property (specifically indicate if any use is residential.) 18. Materials of Building (brick, wood, etc.)  Brick, Corrugated Metal, CMU Block, Wood 19. Bidg Length (ft) 20. Bidg Width (ft) 21. Bidg Height (ft) 22. Bidg Volume (cu ft) (L x W x H)	Address of Proposed Work	NAME OF THE OWNER, WHEN PERSONS ASSESSED.	THE REAL PROPERTY.	-	_	4a, Square	4b. Suffix	5, Lo	ıt
MINOO ROUHANIAN  312 3RD ST NE WASH. DC20002  301.793.1193  minoo.rouhanian@google minoo.ro	12 3RD ST		NE	One		0756		002	1
MINOO ROUHANIAN  312 3RD ST NE WASH. DC20002  301.793.1193  minoo.rouhanian@google 11. Complete mailing address (include zip) 12. Phone Number(s) 13. Email 14. Check all that apply:  Raze Permit  4. Check all that apply:  Raze Permit  4. DESCRIPTION OF BUILDING 5. Description of Building to be Razed (e.g., two story brick single family dwelling)  Detached Garage  7. Use(s) of Property (specifically indicate if any use is residential.)  18. Materials of Building (brick, wood, etc.)  Brick, Corrugated Metal, CMU Block, Wood  9. Bldg Length (ft)  20. Bldg Width (ft)  21. Bldg Height (ft)  22. Bldg Volume (cu ft) (L x W x H)		The second secon		_			STATE OF THE PARTY		进制领
11. Complete mailing address (include zip)  Angela Staffone  12. Phone Number(s)  13. Email  info@mooreconstructiong  3. TYPE OF PERMIT  4. Check all that apply:  Raze Permit  4. DESCRIPTION OF BUILDING  15. Description of Building to be Razed (e.g., two story brick single family dwelling)  Detached Garage  17. Use(s) of Property (specifically indicate if any use is residential.)  Single Family Residence  18. Materials of Building (brick, wood, etc.)  Brick, Corrugated Metal, CMU Block, Wood  19. Bidg Length (ft)  20. Bidg Width (ft)  21. Bidg Height (ft)  22. Bidg Volume (cu ft) (L x W x H)	Property Owner	7. Complete mailing address	(include z						
Angela Staffone  2218 Huntington Av, Alexandria VA2  3. TYPE OF PERMIT  4. Check all that apply:  A DESCRIPTION OF BUILDING  15. Description of Building to be Razed (e.g., two story brick single family dwelling)  Detached Garage  1 18. Materials of Building (brick, wood, etc.)  Single Family Residence  19. Bidg Length (ft)  20. Bidg Width (ft)  21. Bidg Height (ft)  22. Bidg Volume (cu ft) (L x W x H)	MINOO ROUHANIAN	312 3RD ST NE WASH.	DC20002		301.7	93.1193	minoo	.rouhanian@	googleria
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23. Race Cortractor's Home		24. Contrac	STION A. RAZE PER	MIT p-code	25 Contractor's	These Control of the last
Moore Construction Group LLC		CONTRACTOR STATE	langton Av. Alexandria		The second second second	
26. Historic District?	Yes	□No	33. Hape Contract	or Signature		
27. CFA?	☐ Yes	□ No	Angel	Shills	E-	
28. Raze Entire Building?	[☐Yes]	□No	34. Property Ourse	Signature		
29. Building Condemned?	□Yes[	No	Alle	· K.	M	
30a. Party Wall?	□Yes[	⊠No	30c. Any race pen	mit applicati	on for a building(s) is	sture is required, moving party walls must be wallys) will be protected.
31. Building Vacant?	ØYes[	JNo	COLUMN TO SERVICE STREET, STRE		Raze Pennit Isozono	A STATE OF THE PARTY OF THE PAR
32. Public Space Vault?	□Yes E	No		The second second	Micial Use Only	
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7. Plumber's Name		34 Plumber	s License Nomber		25. Raze Method It	at buildarer by hand eigh
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Countries Name  (ou must submit a Certificate of this open finet or less in area and not in the Certificate should:  Show the holder of the inside include a 30-day advance of in Skille that the insurance co.  If the known	stance covering nore than one sh stance as: Deput refice currodisti- nsurance covera- vers "Razing Op	The race epo ory, wholly d by Director, I on clower, age: Bodly in terations in the	realization tractor - unless totached from any other b Permit District, 1100 40s hery, \$100,000, Aggregate the District of Columbia, "	St SW, Wa ta, \$300,000 I the scope	By Hand g you plan to saze in he same or adjoints thington, DC 20024 it, and Property Day of the insurance is	on accessory building \$00 promises.  Tage, \$100,000 by blacker coverage.
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Fou must submit a Certificate of lines option finet or less in sees and not in the Certificate should:  Show the holder of the lines Include a 30-day advance of Color that the insurance co the Certificate should the color and the co	stance covering nore than one sh stance as: Deput notice currodistic sturance covera vers "Razing Op pocific address of	the race ope ony, wholly do sty Director, I on classes, ope Bodily in perations in it only, state in 7. Policy of CPP po	realization tractor—unless tetached from any other to Permit Distalon, 1100 4th hery, \$100,000, Aggregate the District of Columbia," law, "Razing Operations as or Certificate No.	SA SW, Was b. \$300,000 I the scope	By Hand  g you plan to sate in he same or adjoints thington, DC 20024  c, and Property Dan of the insurance is  jectimess of sare 38. Expiration Do	on accessory building \$00 promises.  Tope, \$100,000 posterior coverage.







## Government of the District of Columbia Department of Consumer and Regulatory Affairs Permit Operations Division

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, 2	2017	Cap ld:	R1700172
D.C. Historic Pre			
1100 4th Street S.W Washington, DC 20			
AND THE PROPERTY OF THE PARTY O	ance of premises subject to razing oper	rations	
this date with the Per	ze the structure identified below, loca rmit Operations Division. Our records are hereby requesting confirmation fr	do not reveal any kind of	of conservation hold
Address:			
922 6TH ST NE			
LOT: 0033 SQUAR	E: 0831 TYPE:	V	ACANT: No
the clearance section	fice of the satisfactory completion of y to below and returning this form to the shington D.C. 20024.	your inspection of the pre- D.C.R.A. Permit Opera	emises, by filling ou tions Division, 1100
	CLEARANC	E	
This is to inform you have no objections t	u that we researched our records conce o proceeding with the proposed razing	erning the structure iden g of said structure.	ified above and we
Date:	Signature:		
Name of releasing	HPO Official. (print)		



21700172

**Government of the District of Columbia** 

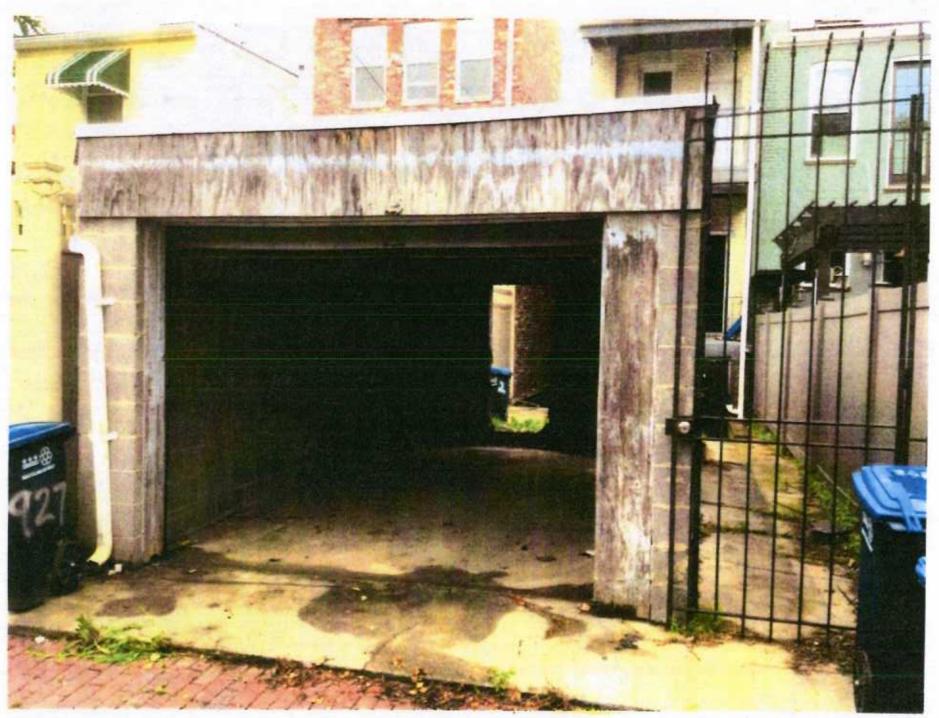
#### **APPLICATION FOR RAZE PERMIT**

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 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.

				Appli	ication Date:		
		1. INFORMATIO					
Address of Proposed Work			2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
455 PH 0	treet		389	One	0331		0033
Sally Here		2. APPLICANT	THE PERSON NAMED IN		-18.05A		
Property Owner		omplete mailing address	The second	0.0	one Number(s)	9. Email	
Atlasvisio	nile 3	126 Jones B	Sranci San.va	13	315 400	o step	epermits
0. Agent/Contractor for Own		Complete mailing addre		The second	hone Number(s)	The second of th	
		Compagnation and the Compagnation of the Compa	STATE OF STATE				
			Will street				
4. Check all that apply:		3. TYPE	OF PERM	ID C			
4. Chock on that apply:	Raze Permit						
	A PARTY OF	4. DESCRIPTIO	ON OF BI	IILDING	N. P. S.	FIRE	IRUO - A
5. Description of Building to	be Razed (e.g., two stor	ry brick single family de	velling)		1	6. Existing Numbe	or of Stories of Bldg:
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7. Use(s) of Property (specif					of Building (brid	k, wood, etc.)	
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		OFFICIAL		ıv			
		OI I TOTAL	. USE UN	LI			

		SE	CTION A. RAZE PER!	MIT		
23. Raze Contractor's Name		24. Contrac	ctor's Address (including zig	code)	25. Contractor	s Phone
26. Historic District?	- 1 bank 8/095	MNo.	33. Raze Contracto	r Signature		
27. CFA?	100000000000000000000000000000000000000	S.EX.No		it .		
28. Raze Entire Building?		□ No	34. Property Owner	Signature		
29. Building Condemned?	☐ Yes	DVN0				
30a. Party Wall?	□ Yes	No		II at	2	nature is required.
						<ul> <li>s) involving party walls must be rty wall(s) will be protected.</li> </ul>
31. Building Vacant?	XYes	□ No	Building must be va			
32. Public Space Vault?	□Yes	No		C	Official Use O	nly
7 (7)			Fee	Ву		Date
33. Plumber's Name		34. Plumb	er's License Number		35. Raze Metho	d (ball, buildozer, by hand, etc.)
<ul> <li>Include a 30-day advance</li> <li>Include these amounts of</li> <li>State that the insurance of</li> </ul>	surance as: Do a notice cance insurance co- covers "Razing	a story, wholi aputy Directo Ration clause verage: Bodil Operations	y detached from any other or, Permit Division, 1100 4t	building on h St SW, Wate, \$300,00 " if the scop	the same or adjournment of the same or adjournment of the same of the insurance of the insu	0024 Damage, \$100,000.
NAME OF TAXABLE PARTY.		Control of the Contro	THE RESERVE AND ADDRESS OF THE PERSON OF THE			raze operation)
36. Insurance Company		37. Polic	cy or Certificate No.		38. Expiratio	
36. Insurance Company		37. Polic	cy or Certificate No.		38. Expiratio	
36. Insurance Company 39. Asbestos in Building? f yes, indicate location:	□ Yes	,	cy or Certificate No.	Of	38. Expiratio	n Date



Lancas and a





Date: July 07, 2017

# Government of the District of Columbia Department of Consumer and Regulatory Affairs Permit Operations Division

TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557



Cap ld: R1700186

Permit Operations Division 1100 4th Street SW Washington DC 20024 Tel. (202) 442 - 4589 Fax (202) 442 - 4862

D.C. Historic Pres	ervation Office	
1100 4th Street S.W		
Washington, DC 200	024	
Re: Request for clears	ance of premises subject to razing operations	
this date with the Pen	e the structure identified below, located in the Distr mit Operations Division. Our records do not reveal a are hereby requesting confirmation from your office,	ny kind of conservation holds
Address:		
1501 ERIE ST SE		
LOT: 0805 SQUARE	: 5828 TYPE: Single Family Dwelling - R-3	VACANT: Yes
	ce of the satisfactory completion of your inspection below and returning this form to the D.C.R.A. Perm nington D.C. 20024.	
	CLEARANCE	
	that we researched our records concerning the struct proceeding with the proposed razing of said structur	
Date:	Signature:	
	DO 045-1-17-1-10	
Name of releasing H	PO Official. (print)	<del></del>



### 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,

The street of Proposed Work  2. Quad 3. Ward 4a. Square 4b. Suffix 5. Lot 0.805  2. APPLICANT INFORMATION  7. Complete mailing address (include zip) 8. Phone Number(s) (Su) 44 Z - Z - Z - Z - Z - Z - Z - Z - Z -	.7.2, and Section 155A.			Applic	ation Date:	1.5.1	
Agent/Contractor for Owner (if applicable)  The complete mailing address (include zip)  The complete mailing a	The same of the	1. INFORM	ATION ON P	OPERTY	to Saver	Ab Suffix	5. Lot
2. APPLICANT INFORMATION  operty Owner  operty Owner  or erice street  Agent/Contractor for Owner (if applicable)  Agent/Contractor for Owner (if applicable)  The street oxishing address (include zip)  The street oxishing address (include z	dress of Proposed Work					40. Odina	
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Agent/Contractor for Owner (if applicable)  Agent/Contractor for Owner (if applicable)  The street oxishing address (include zip)  The street oxishing add	Service Service	2. APPLI	CANT INFOR address (include :	MATION tip) 8. Pho	one Number(s)		
Agent/Contractor for Owner (if applicable)  11. Complete mailing address (include zip)  12. Phone Number(s)  13. Email  13. Email  14. Set  15. I GHR Stricet DE 2003 304 G602  15. Existing Number of Stories of Bldg  16. Existing Number of Stories of Bldg  17. Phone Number(s)  18. Materials of Building (brick, wood, etc.)  18. Materials of Building (brick, wood, etc.)  18. Materials of Building (brick, wood, etc.)  18. Bldg Length (ft)  20. Bldg Width (ft)  21. Bldg Height (ft)  22. Bldg Volume (cu ft) (L x Wx ft)  23. Bldg Length (ft)  25. Do	al arie street		chy Au	30	1947-252	1 137 Par	W Ognai
The strict of th	nstruction s	CC DATA	address (include	zip) 12. P	hone Number(s)	13. Email	
3. TYPE OF PERMIT  Check all that apply:  A. DESCRIPTION OF BUILDING  Description of Building to be Razed (e.g., two story brick single family dwelling)  SFD  Use(s) of Property (specifically indicate if any use is residential.)  SFD  18. Materials of Building (brick, wood, etc.)  Brick  2. Bidg Volume (cu ft) (LxWx ft)  2. Bidg Length (ft)  2. Bidg Volume (cu ft) (LxWx ft)  2. Bidg Volume (cu ft) (LxWx ft)		126 110 Hb S	FIRST NE	6.	1304460	z oseta.	consultinge
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SFD  Use(s) of Property (specifically indicate if any use is residential.)  SFD  Bldg Length (ft)  20. Bldg Width (ft)  21. Bldg Height (ft)  22. Bldg Volume (cu ft) (L x W x ft)  25. LG, 5000	Description of Building to be	e Razed (e.g., two story brick single t	amily dwelling)			7 61	SCU
Use(s) of Property (specifically indicate if any use is residential.)  SFD  20. Bldg Width (ft)  21. Bldg Height (ft)  22. Bldg Volume (cu ft) (L x W x H	SFD						014
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	TA BIN	SECT	ION A. RAZE PERMI	The same	No of Victoria	Marie Street Library of the
23. Raze Contractor's Name		24. Contractor	's Address (including zip c	ode)	25. Contractor's Ph	none
26. Historic District?	□Yes	TYNO	33. Raze Contractor S	Signature		
27. CFA?	Yes					
	-	-	34. Property Owner S		T	
28. Raze Entire Building?	Yes	-	34. Property Owner S	ignature	1	
29. Building Condemned?	□Yes		4			
30a. Party Wall?	☐Yes	□\ <sub>N</sub> o	30b. If yes, adjace	ent prop	erty owner signa	ture is required.
	,					nvolving party walls must be wall(s) will be protected.
31, Building Vacant?	<b>⊡</b> Yes	□No	Building must be vaca	ant before	Raze Permit issuano	e.
32. Public Space Vault?	□Yes	MNo		the same of the sa	Official Use Only	
	-		Fee	Ву		Date
33. Plumber's Name		34. Plumber	s License Number		35. Raze Method (b	pall, bulldozer, by hand, etc.)
1. You must submit a Certificate of Insursquare feet or less in area and not mo 2. The Certificate should:  Show the holder of the insure include a 30-day advance in Include these amounts of in State that the insurance cover if the insurance is for one specific in the insurance in the insurance is for one specific in the insurance in	re than one rance as: De otice cancel surance cov ers "Razing	story, wholly of eputy Director, lation clause, erage: Bodily I Operations in	tetached from any other b Permit Division, 1100 4th Injury, \$100,000; Aggrega the District of Columbia,"	st SW, W te; \$300,0 If the scop	the same or adjoining a shington, DC 2002 (00); and Property Da	mage, \$100,000. for blanket coverage.
36. Insurance Company		37. Policy	or Certificate No.		38. Expiration [	Date
chenault Insurance	services	mk	297448		716	0 18
39. Asbestos in Building? If yes, indicate location:	Yes	No		0	fficial Use Only	
			Fee	Ву		Date



5828 0805 10/17/2004





5790 0812 10/10/2004

2311 Martin Luther King Jr. Avenue SE