

STATUS DATE	ID	Address	Description of Work	DCRA Notice Date	PER TYPE	PER SUB TYPE	SSL	ANC	Zoning	Applicant	Owner Name
10/17/2018	R1900004	618 ROCK CREEK CHURCH RD NW, WASHINGTON, DC 20010	RAZE ONE STORY GARAGE	October 19, 2018	Nov. 30, 2018	Raze	3034 0141	1A	RF-1		JOSEPH ELLIS
9/18/2018	R1800264	2118 14TH ST NW, WASHINGTON, DC 20009	RAZE OF 1-STORY BUILDING	October 19, 2018	Nov. 30, 2018	Raze	0203 0010	1B	ARTS-3	KIM MITCHELL; MCCULLOUGH CONSTRUCTION LLC	MARIA E AYALA
9/27/2018	R1800275	2122 14TH ST NW, WASHINGTON, DC 20009	RAZE OF 2-STORY BRICK BUILDING	October 19, 2018	Nov. 30, 2018	Raze	0203 0809	1B	ARTS-3	KIM MITCHELL; MCCULLOUGH CONSTRUCTION LLC	MARTHAS TABLE INC
9/28/2018	R1800276	2300 H ST NW, WASHINGTON, DC 20037	RAZE A 3 STORY BRICK BUILDING	October 19, 2018	Nov. 30, 2018	Raze	0042 0840	2A	RA-4	TBD	HILLEL AT THE GEORGE WASHINGTON UNIVERSITY INC
10/15/2018	R1800084	1318 10TH ST NW, WASHINGTON, DC 20001	Three-story, brick, single family dwelling circa 1987, renovated 2004,	October 19, 2018	Nov. 30, 2018	Raze	0339 0029	2F	RF-1	N/A	BRASON PROPERTIES LLC
9/25/2018	R1800270	4834 Quebec Street NW	Three-story, brick, SFD	October 19, 2018	Nov. 30, 2018	Raze	1507 0020		R-1-A	CAS Engineering	Wm. Cassidy Jr.
10/19/2018	R1900006	5023 ESKRIDGE TER NW, WASHINGTON, DC 20016	Two-story stucco and frame SFD	October 19, 2018	Nov. 30, 2018	Raze	1411 0826	3D	R-21	CAS Engineering	Two-Headed Carnivore
10/16/2018	R1900003	5511 CAROLINA PL NW, WASHINGTON, DC 20016	Raze One Story-Detached, Garage.	October 19, 2018	Nov. 30, 2018	Raze	1449 0091	3D	R-1-B	MATTHEW GEISS; N/A	BENJAMIN RIELING
9/24/2018	R1800268	5230 GEORGIA AVE NW, WASHINGTON, DC 20011	RAZE 2 CAR GARAGE AND DETACHED OFFICE	October 19, 2018	Nov. 30, 2018	Raze	2930 0803	4C	MU-4	N/A; N/A	WAGS ASSOCIATES
10/17/2018	R1900005	2810 Bladensburg RD NE Washington, DC	One Story Brick/Frame Commercial Building	October 19, 2018	Nov. 30, 2018	Raze	4337 0045	5C	PDR-1	CAS Engineering	2820 Bladensburg Road NE LLC
10/3/2018	R1900001	2216 CHANNING ST NE, WASHINGTON, DC 20018	RAZE A SINGLE FAMILY DWELLING	October 19, 2018	Nov. 30, 2018	Raze	4255 0830	5C	PDR-1	N/A	MOHAMMAD F GULBAN
9/24/2018	R1800265	2001 NEW YORK AVE NE, WASHINGTON, DC 20002	RAZE SINGLE STORY MASONRY BUILDING	October 19, 2018	Nov. 30, 2018	Raze	PAR 01530153	5C	MU-5-B	N/A	JEMALS BUMPER GEORGE LLC
9/24/2018	R1800266	2101 NEW YORK AVE NE, WASHINGTON, DC 20002	RAZE SINGLE STORY MASONRY BUILDING	October 19, 2018	Nov. 30, 2018	Raze	4268 0801	5C	MU-5-B	N/A	JEMALS BUMPER GEORGE LLC
9/24/2018	R1800267	2119 New York Avenue NE Washington, DC	SINGLE STORY MASONRY BUILDING	October 19, 2018	Nov. 30, 2018	Raze	4268 0804	5C	MU-5-B	N/A	JEMALS BUMPER GEORGE LLC
10/4/2018	R1900002	1511 Gales Street NE Washington, DC	Semi-detached two-story frame SFD	October 19, 2018	Nov. 30, 2018	Raze	4541 0049	6A	RA-2	T Byrd	1511 Gales Street NE LLC
9/24/2018	R1800269	900 WESLEY PL SW, WASHINGTON, DC 20024	RAZE 1 STORY BRICK LIBRARY	October 19, 2018	Nov. 30, 2018	Raze	0542 0087	6D	R-3	TBD	DISTRICT OF COLUMBIA



0203 0010 08/04/2004

2118 14th Street NW



0203 0809 08/04/2004

2122 14th Street NW

Jason Bentley 703-300-0797
jason@dcpermitsolutions.com

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: September 28, 2018



Cap Id: R1800276

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:
2300 H ST NW

LOT: 0840 SQUARE: 0042 TYPE: Other (Specify) 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 can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any entered information will void this application. The owner of record must sign the application with an original signature.

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

Application Date:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
2300 H Street	NW	Two	42		820,840

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
GW Hillel	2101 F Street, NW, Washington, DC 2	202-994-5090	adena@gwhillel.org
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Peter Chew	901 Commerce Drive, Upper Marlbor	410-591-6309	pfchew@prospera-us.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:		
3 story brick building	3		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Academic, student and religious services	brick / CMU backup with concrete structure		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
61	56	60	204,960

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name TBD		24. Contractor's Address (including zip code)		25. Contractor's Phone	
26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. Raze Contractor Signature	
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		29. Building Condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. Property Owner Signature Peter Chew <small>Digitally signed by Peter Chew DN: cn=Peter Chew, o=Prospera-US, ou=Vice President, email=plchew@prospera-us.com, c=US Date: 2018.09.20 11:28:29 -0400</small>	
30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction			
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.			
Official Use Only					
		Fee		By	
				Date	

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

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	

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





0339 0029 07/11/2004

1318 10th Street NW

Non-contributing structure determined by HPRB 9/28/2017 when replacement project was approved.

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



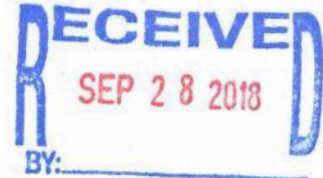
Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557

Date: September 25, 2018



Cap Id: R1800270

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:
4834 QUEBEC ST NW

LOT: 0020 SQUARE: 1507 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 2013 DCMR 12 Building Code Supplement Chapter 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

R1800270

09/25/2018
Application Date: R1800270

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4834 Quebec Street	NW	Three	1507		0020

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
William Cassidy Jr.	4834 Quebec St, NW, WDC 20016	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-DC, LLC	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:
3-story brick single-family dwelling with cellar			3
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Residential		Brick, block and frame	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
27.0	50.5	30	40,905

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name	24. Contractor's Address (including zip code)	25. Contractor's Phone
TBD	TBD	TBD

26. Historic District?	<input 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 <i>Van James J</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(s) will need to sign the Notification Form which safeguards during construction 30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only
		Fee By Date

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

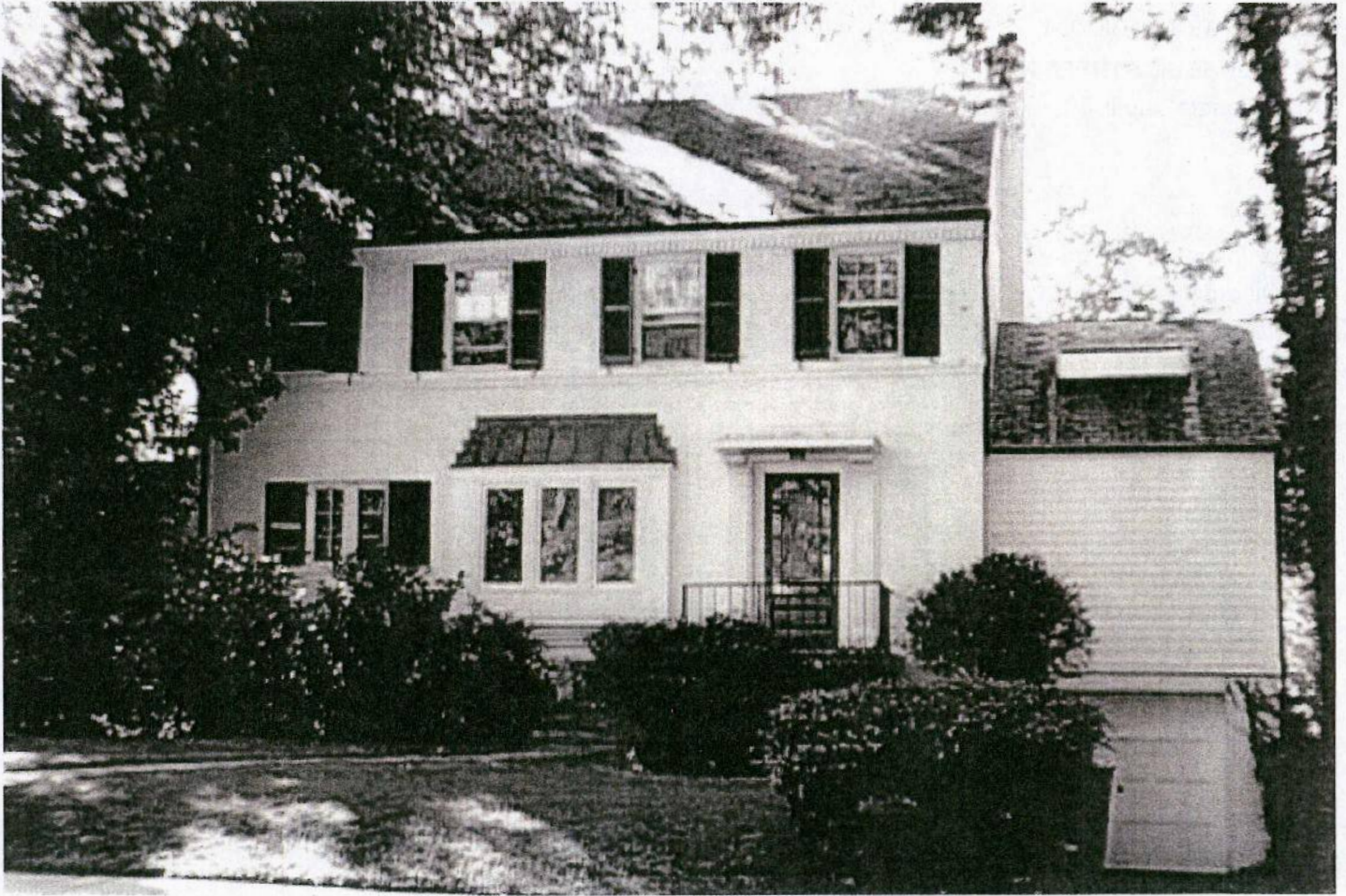
1. You must submit a Certificate of Insurance covering the raze operation/contractor-- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

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

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

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



1507 0020 10/04/2004

PropertyQuest draws information from databases assembled and provided by other agencies. Information is presented for planning purposes only. Please consult the source agencies for definitive answers.

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



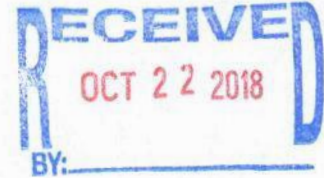
Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557

Date: October 19, 2018



Cap Id: R1900006

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:
5023 ESKRIDGE TER NW

LOT: 0824 SQUARE: 1411 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 2013 DCMR 12 Building Code Supplement Chapter 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A

R1900006

Application Date: 10/19/2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
5023 Eskridge Terrace, NW	NW	Three	1411		0826

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Two-Headed Carnivore	2942 Eskridge Terrace, NW, 20016	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-DC, LLC	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:		
2-story stucco and frame building with lower level	2		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Residence	Stucco and Frame		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
37.2	39.7	20	29,537

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

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



1411 0824 09/30/2004

5023 Eskridge Terrace NW

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



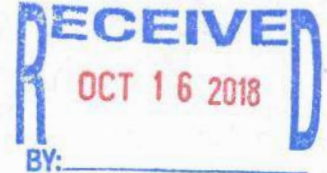
Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557

Date: October 16, 2018



Cap Id: R1900003

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:
5511 CAROLINA PL NW

LOT: 0091 SQUARE: 1449 TYPE: Other (Specify) 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 2013 DCMR 12 Building Code Supplement Chapter 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

Application Date:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
5511 Carolina Place, NW; Washington, DC 20016	NW	Three	1449		0091

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Benjamin Rieling	5511 Carolina Place NW; 20016	202.223.9019	brieling@nomadicrealestat
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Matthew L. Geiss, AIA, NCARB	1200 G Street, NW; Suite 800; 20005	202.769.5202	mgeiss@reformarch.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 story, detached, garage		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Garage		Wood framed, vinyl siding, asphalt shingles	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
19.35	10.3	9.5	1,893.4

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
Jorge Mejia	636 Houston Ave #405, Takoma Park MD 20912	240.498.0134

26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature 
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature 
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.

31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.
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32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only		
		Fee	By	Date

33. Plumber's Name	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.)
N/A - No utilities	N/A - No utilities	by hand

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
N/A - Accessory Building Under 500sf		

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



VIEW OF EXISTING GARAGE



VIEW OF EXISTING GARAGE

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



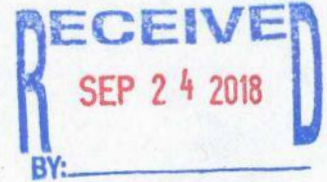
Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557

Date: September 24, 2018



Cap Id: R1800268

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:
5230 GEORGIA AVE NW

LOT: 0803 SQUARE: 2930 TYPE: Other (Specify) 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

Mark@Lock7.com

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

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

Application Date: 08/21/18

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
5230 Georgia ave	NW	4	2930		0803

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
5230 Georgia Ave LLC	1501 11th st NW Wash DC 20001	202-759-0904	Mark@Lock7.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Mark	1501 11th st NW Wash DC 20001	215-565-6181	Mark@Lock7.com

3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

4. DESCRIPTION OF BUILDING

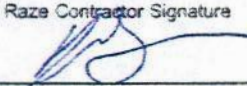
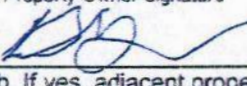
15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:		
2 Car garage and detached office	1		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Auto repair	Brick, CMU, and wood		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
20	15	15	4,500

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Lock7 Development LLC	24. Contractor's Address (including zip code) 1501 11th st NW Washington DC 20001	25. Contractor's Phone 202-670-1360
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26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature 
27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature 
29. Building Condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction 30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.
31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.
32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only
	Fee By Date

33. Plumber's Name Ace Utilities	34. Plumber's License Number 100510	35. Raze Method (ball, bulldozer, by hand, etc.) Bulldozer
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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 Harford Mutual	37. Policy or Certificate No. 9148230	38. Expiration Date 01/01/2019
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39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only
		Fee By Date

warehousecondoproject@gmail.com



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: October 17, 2018



Cap Id: R1900005

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:

2810 BLADENSBURG RD NE

LOT: **0045** SQUARE: **4337** 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 2013 DCMR 12 Building Code Supplement Chapter 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

R1900005

Application Date: 10/17/2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
2810 Bladensburg Road	NE	Five	4337		0045

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
2820 Bladensburg Road NE LLC	PO Box 34153, WDC 20043	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-DC, LLC	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 brick and frame building with canopy	1		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Commercial - Bank	Brick and frame		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
44.5'	23.8'	15	15,887

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name	24. Contractor's Address (including zip code)	25. Contractor's Phone
TBD	TBD	TBD

26. Historic District?	<input 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 <i>Cheryl Allen</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(s) will need to sign the Notification Form which safeguards during construction 30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Building must be vacant before Raze Permit issuance.
Official Use Only		
	Fee	By
		Date

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

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

2. The Certificate should:

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

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

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



4337 0045 09/15/2004

2810 Bladensburg Road NE

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



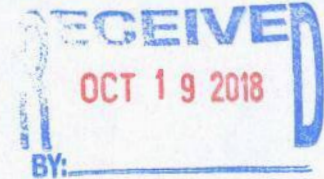
Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557

Date: October 03, 2018



Cap Id: R1900001

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:
2216 CHANNING ST NE

LOT: 0830 SQUARE: 4255 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) _____



4255 0830 09/16/2004

2216 Channing Street NE



4268 0801 09/27/2004

2101 New York Avenue NE



4268 0804 09/27/2004

2119 New York Avenue NE

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



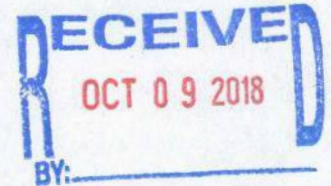
Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557

Date: October 04, 2018



Cap Id: R1900002

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:
1511 GALES ST NE

LOT: SQUARE: 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.

Application Date: 19, September 2018

1. INFORMATION ON PROPERTY

1. Address of Proposed Work Gales 1511 Gales Street	2. Quad NE	3. Ward 6	4a. Square 4541	4b. Suffix —	5. Lot 0049
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2. APPLICANT INFORMATION

6. Property Owner 1511 Gales St. NE LLC	7. Complete mailing address (include zip) 1926 Benning Rd NE Washington DC 20002	8. Phone Number(s) 202-265-1850	9. Email jrbailey@baileyreholdings.com
10. Agent/Contractor for Owner (if applicable) Tiffany Byrd	11. Complete mailing address (include zip) 761 19th Street NE Washington, DC 20002	12. Phone Number(s) 202/304-9602	13. Email 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) Semi-Attached 2 story single family dwelling			16. Existing Number of Stories of Bldg: 2
17. Use(s) of Property (specifically indicate if any use is residential.) Single Family Dwelling		18. Materials of Building (brick, wood, etc.) Wood	
19. Bldg Length (ft) 50	20. Bldg Width (ft) 17	21. Bldg Height (ft) 40	22. Bldg Volume (cu ft) (L x W x H) 34,000

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Redwood Ventures	24 Contractor's Address (including zip code) 1926 Benning Rd NE Washington DC 20002	25. Contractor's Phone 202 265-1850
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26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature
27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature <i>ja</i>
29. Building Condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30a. Party Wall? <input checked="" type="checkbox"/> Yes <input 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 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.
Official Use Only	
Fee	By
	Date

33. Plumber's Name Frank Gaines	34. Plumber's License Number Gaines Plumbing + Heating LIC # 885	35. Raze Method (ball, bulldozer, by hand, etc.) Bulldozer
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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 Rubin Insurance Agency LLC	37. Policy or Certificate No. AVAC167624	38. Expiration Date 11/22/18
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39. Asbestos in Building? If yes, indicate location: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only	
Fee	By	Date



SW Library

LIBRARY NAME	IMAGE	SSL	ADDRESS	WARD	OWNER	YEAR BUILT	DESIGNATED LANDMARK	HISTORIC DISTRICT	PRESERVATION CONSIDERATIONS
Southeast Library		0875-0001	403 7th Street, SE	6	DC	1922	No	Yes - Capitol Hill Historic District	Contributes to the Capitol Hill Historic District and eligible for landmark designation.
Southwest Library		0542-0087	900 Wesley Place, SW	6	DC	1965	No	No	Could contribute to a potential "Southwest" Historic District.
Takoma Park Library		3191-0810	416 Cedar Street, NW	4	DC	1911	No	Yes - Takoma Park Historic District	Contributes to the Takoma Park Historic District and eligible for landmark designation.
Tenley Friendship Library		1729-0808	4130 Albemarle Street, NW	3	DC	2010	No	No	New construction; no considerations at this time.
Washington Highlands Library		6172-W-0813	115 Atlantic Street, SW	8	DC	2010	No	No	New construction; no considerations at this time.