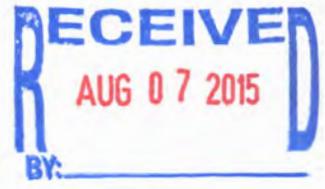


RAZE PERMIT APPLIED AT DCRA JULY 30 - AUGUST 24, 2015

DCRA Issued Date	ID	Address	PER SUB TYPE	DCRA Notice Date	ANC Notice Expiration	STATUS	Ward	ANC	Zoning	Applicant	Owner	Type of Work
8/11/2015	R1500178	2914 SHERMAN AVE NW	Raze	8/25/2015	10/7/2015	New Application	1	1A	R-4	AECOM	POTOMAC ELECTRIC POWER COMPANY	MASONRY BUILDING - INTERIOR WAS DEMOLISHED PREVIOUSLY
8/7/2015	R1500177	1859 MONROE ST NW	Raze	8/25/2015	10/7/2015	New Application	1	1D	R-4	BARROW	SARAH M HALL	one story brick garage with a party wall
8/3/2015	R1500175	3009 DUMBARTON ST NW	Raze	8/25/2015	10/7/2015	New Application	2	2E		N/A; LAURENCE FOOTER	LAURENCE FOOTER	Raze 1 story guest house w/shed
8/11/2015	R1500181	3814 FULTON ST NW	Raze	8/25/2015	10/7/2015	New Application	3	3B	R-2	SHARMA	SUNIL SHARMA	TO RAZE A SINGLE FAMILY DETACHED 2 STORY DWELLING
8/20/2015	R1500189	3507 WOODLEY RD NW	Raze	8/25/2015	10/7/2015	New Application	3	3C	R-1-B	CLIFFORD DIXON	3507 WOODLEY VENTURES LLC	RAZE A WOODEN SHED THAT IS FULLY DETACHED
8/13/2015	R1500184	3831 LIVINGSTON ST NW	Raze	8/25/2015	10/7/2015	Open	3	3G	R-2	CAS	BARBARA L SINTON	two story wood single family dwelling and detached garage
7/30/2015	R1500171	100 GALLATIN ST NE	Raze	8/25/2015	10/7/2015	New Application	5	5A		KOLLAR	DISTRICT OF COLUMBIA	3-WING ONE STORY BRICK EDUCATIONAL BUILDING
8/21/2015	R1500192	5001 FORT TOTTEN DR NE	Raze	8/25/2015	10/7/2015	New Application	5	5A		CAILLOUET	SUPER CONCRETE CORPORATION	RAZE A THREE STORY BRICK AND METAL BUILDING
8/21/2015	R1500191	5001 FORT TOTTEN DR NE	Raze	8/25/2015	10/7/2015	New Application	5	5A		CAILLOUET	SUPER CONCRETE CORPORATION	5 STORY METAL CONCRETE BATCH PLANT
8/13/2015	R1500182	1124 FLORIDA AVE NE	Raze	8/25/2015	10/7/2015	New Application	5	5B	C-2-A	SEQUAR	K TWO LLC	raze a one story commercial building
8/13/2015	R1500183	1126 FLORIDA AVE NE	Raze	8/25/2015	10/7/2015	New Application	5	5B	C-2-A	SEQUAR	K TWO LLC	raze a two s tory commercial building
7/31/2015	R1500172	1325 D ST SE	Raze	8/25/2015	10/7/2015	New Application	6	6B	R-4	DIAZ	INTERNATIONAL GRADUATE UNIVERSITY OF WASHINGTON DC	one story brick building - BUILDING "A"
7/31/2015	R1500173	1325 D ST SE	Raze	8/25/2015	10/7/2015	New Application	6	6B	R-4	DIAZ	INTERNATIONAL GRADUATE UNIVERSITY OF WASHINGTON DC	TWO STORY BRICK BUILDING - BUILDING "B"
8/5/2015	R1500176	1215 3RD ST NE	Raze	8/25/2015	10/7/2015	New Application	6	6C	C-M-1	MAJICH	SQUARE 772 DEVELOPMENT GROUP LTD PTR	TWO STORY OFFICE / WAREHOUSE
8/11/2015	R1500179	33 N ST NE	Raze	8/25/2015	10/7/2015	New Application	6	6C	C-3-C	CAPITOL PERMITS	JBG/33 N STREET LLC	RAZE OF A TWO STRORY MASONRY COMMERCIAL OFFICIAL BUILDING
8/18/2015	R1500187	650 H ST NE	Raze	8/25/2015	10/7/2015	New Application	6	6C	HS-H/C-2-B	DIAZ	ROCK CREEK - 650 H LLC	RAZE A TWO STORY BUILDING
8/18/2015	R1500186	654 H ST NE	Raze	8/25/2015	10/7/2015	New Application	6	6C	HS-H/C-2-B	DIAZ	ROCK CREEK - 650 H LLC	TWO STORY BRICK BUILDING
8/18/2015	R1500188	646 H ST NE	Raze	8/25/2015	10/7/2015	New Application	6	6C	HS-H/C-2-B	DIAZ	ROCK CREEK - 650 H LLC	ONE STORY BRICK BUILDING
8/11/2015	R1500180	1748 W ST SE	Raze	8/25/2015	10/7/2015	New Application	8	8A	R-5-A	MATHEW	SIDNEY B MATTHEWS	RAZE A 3 STORY DUPLEX RETRO RAZE PERMIT -BUILDING FELL DOWN (HOUSE BESIDE THIS ADDRESS)1750 W STREET SE - - - FIRE DAMAGE
8/21/2015	R1500190	3418 4TH ST SE	Raze	8/25/2015	10/7/2015	New Application	8	8C			SW CHURCH OF CHRIST	RAZE A VACANT SINGLE STORY CHURCH

Applications Submitted to Historic Preservation - 1301 Pennsylvania Avenue 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: July 30, 2015

Cap Id: R1500171

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:
100 GALLATIN ST NE

LOT: 0160 SQUARE: 0124 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, whiteing out, or otherwise altering any entered information will void this application. The owner of record must sign the application with an original signature.

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

Application Date: July 16, 2015

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
100 Gallatin St. NE	NE	Five	PAR	0124	0136 & 0160

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
District of Columbia	1350 Pennsylvania Ave NW, Suite 307 Washington, DC 20001	202.387.6669	
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Brenden Kollar	1140 Connecticut Ave, NE, Suite 400 Washington, DC 20036	202.266.3482	bkollar@programmanagers.com

3. TYPE OF PERMIT

14. Check all that apply: Raze Permit

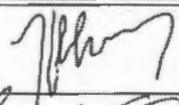
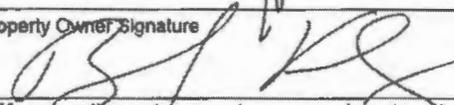
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
3-wing, one-story brick education building		One	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Educational		Brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
220', 56', 50'	57', 81', 81'	16'8" & 12'-0"	312,032 cu. ft.

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS

SECTION A. RAZE PERMIT

23. Raze Contractor's Name MCN Build		24. Contractor's Address (including zip code) 1214 28th Street, NW Washington, DC 20007		25. Contractor's Phone 202.333.3424	
26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. Raze Contractor Signature 			
27. CFA? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		34. Property Owner Signature 			
28. Raze Entire Building? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30b. If yes, adjacent property owner signature is required.			
29. Building Condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.			
30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. Building Vacant? <input checked="" type="checkbox"/> Yes <input checked="" 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 Proair		34. Plumber's License Number PC 1000245		35. Raze Method (ball, buidozer, by hand, etc.) Hoe Rams & Loaders	
------------------------------	--	--	--	---	--

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

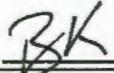
2. The Certificate should.

- 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)

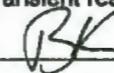
36. Insurance Company Integrated Insurance Solutions		37. Policy or Certificate No. c0125D411A		38. Expiration Date 06/08/2016	
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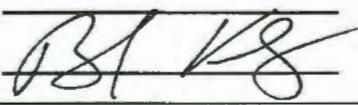
39. Asbestos in Building? If yes, indicate location: Thermal insulation, vinyl floor tile, and drop ceiling tiles		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Official Use Only	
		Fee		By	
				Date	

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

This certifies that District of Columbia (referred to as Owner) owns the property at
(Legal Name of Property Owner)
100 Gallatin Street NE and that the person signing below has the legal authority to execute this Certification
(Property Address)
and to make the representations and certifications below, on behalf of the Owner:
I am applying for a Raze Permit for the subject property.
I understand that the Raze Permit must be issued prior to any raze activity or operations.
If I do not have a Raze Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.
 (Initial here to certify that you have read and understand this paragraph)

A. Use of Property as Housing Accommodation
I hereby certify that the structure to be razed IS NOT IS a housing accommodation.
(is/is not)
If the structure is a housing accommodation, complete Section B. If the structure is not a housing accommodation, skip to Section C and the signature block.

B. Additional Provisions Applicable to Razing of "Housing Accommodations"
I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:
Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.
Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.
 (Initial here to certify that you have read and understand this paragraph)
I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, *et seq.*, and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:
Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, **before** issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.
Providing tenants with a 180-day Notice to Vacate that complies with and notifies each tenant of his/her potential right to relocation assistance.
 (Initial here to certify that you have read and understand this paragraph)

C. Execution and Certification Applicable to All Applicants
I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.
Name of Owner: District of Columbia Signature: _____
(Print Name of Owner)
Name of Agent: Brenden Kollar Signature: 
(Print Name of Authorized Agent)



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 07/14/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Integrated Insurance Solutions 44675 Cape Court, Ste 100 Ashburn, VA 20147 Ken Paulovkin	CONTACT NAME: Rene' Kendrick PHONE (A/C, No, Ext): 703-962-1738 FAX (A/C, No): 703-726-0753 E-MAIL ADDRESS: rkendrick@iis-usa.com												
INSURER(S) AFFORDING COVERAGE													
INSURED MCN Build, Inc. MCN Build LLC 1214 28th Street NW Washington, DC 20007	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>INSURER A : Travelers Casualty & Surety</td> <td style="text-align: right;">NAIC # 19038X</td> </tr> <tr> <td>INSURER B : Travelers P & C of America</td> <td style="text-align: right;">25674X</td> </tr> <tr> <td>INSURER C : Travelers Indemnity Co of CT</td> <td style="text-align: right;">25682</td> </tr> <tr> <td>INSURER D : Steadfast Ins. Co.</td> <td style="text-align: right;">26387</td> </tr> <tr> <td>INSURER E : Hartford Casualty Ins. Co.</td> <td style="text-align: right;">34690</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER A : Travelers Casualty & Surety	NAIC # 19038X	INSURER B : Travelers P & C of America	25674X	INSURER C : Travelers Indemnity Co of CT	25682	INSURER D : Steadfast Ins. Co.	26387	INSURER E : Hartford Casualty Ins. Co.	34690	INSURER F :	
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INSURER E : Hartford Casualty Ins. Co.	34690												
INSURER F :													

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			CO125D411A	06/08/2015	06/08/2016	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMPIOP AGG \$ 2,000,000
							deductibl \$ 0
B	AUTOMOBILE LIABILITY			BA125D4286	06/08/2015	06/08/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		CUP125D411A	06/08/2015	06/08/2016	EACH OCCURRENCE \$ 25,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 25,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10000						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB125D411	06/08/2015	06/08/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Professional			EOC01748190	06/08/2015	06/08/2016	Limit 1,000,000
E	Contractor Equip			42SBAVN8715	06/08/2015	06/08/2016	Leased 50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

INSURER: INSUR-6 INSUREDS NEEDS ONLY	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Existing SSL:

PAR 0124 Lots 136 & 160

Environmental Intake Form

Owner & Contact Information

Complete address of proposed work

Square 0 1 2 4	Suffix (if any) P A A	Lot 136 & 160	Application date (4 numbers for year) 0 7 1 7 2 0 1 5
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Number 1 0 0	Ext	Official street name G A L L A T I N S T R E E T	Quadrant N E	Unit/Suite
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Project name Mamie D. Lee	Application number (if applicable)	Project Description
6. Owner Mamie D. Lee LLC	7. Complete mailing address (include zip) 100 Gallatin St NE Washington, DC 20011	8. Phone 9. Email, if you prefer e-notice
10. Agent for owner, if applicable Brenden Kollar	11. Complete mailing address (include zip) 1140 Connecticut Ave NW, 400 Washington, DC 20036	12. Phone 202-266-3482 13. Email, if you prefer e-notice bkollar@programmanagers.com

Project Scope

Scope (Check all that this project involves.)	No	Yes	If You Answer "Yes"
1. Is this project a residential structure within R-1 through R-5-A zoning districts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Skip to the signature line.
2. Is this project a single-family structure <i>not</i> built in conjunction with 2 or more units?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Is this project an accessory structure, such as a garage, patio, pool, or fence?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is this project only an interior renovation with no building use or capacity change?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is this project in an Economic Development Zone, as defined in DC Official Code § 6-1501 et seq (DC Law 7-177)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Is this project in the Central Employment Area, defined in DC Zoning Regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attach a site plan. If there is no plan, attach a written explanation.
7. Does the project involve <i>only</i> operation, repair, maintenance, or minor alteration of public structures, facilities, mechanical equipment, or topographical features, with <i>negligible or no</i> expansion of use beyond its current use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Does the owner of this site own adjacent or abutting property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Do you plan to develop adjacent/abutting property in next 3 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See EIS Coordinator.
10. Do you plan more development that requires permit(s) on any site in this square in next 3 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Is this project a solid waste facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attach the EIS or equivalent.
12. Have you prepared an Environmental Impact Statement (EIS) or a functional equivalent, as required by the National Environmental Policy Act of 1969 (NEPA)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. Are you claiming an exemption, other than those listed in this form, from the requirement to submit an Environmental Screening Form, under Title 20 § 7202.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attach an explanation; cite relevant section of regulations.
14. Is the total project cost more than \$1.51 million, including site preparation and construction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
15. For projects with a total cost of \$1.51 million or less, check all that apply: <input type="checkbox"/> Contains threatened or endangered plant or animal species. <input type="checkbox"/> Is within 100 feet of a pond, stream, lake, spring, or wetland. <input type="checkbox"/> Project will produce emission of odorous or other air pollutants (from any source, including VOCs). <input type="checkbox"/> Project produce, use, or dispose of hazardous substances, as defined in 20 DCMR 7299. <input type="checkbox"/> Will be built on land where the water table depth is less than 3 feet. <input type="checkbox"/> Will require blasting. <input type="checkbox"/> Will generate medical, infectious, radioactive, or hazardous waste.	<input type="checkbox"/>	<input type="checkbox"/>	If you check any item, attach EISF or equivalent.

I certify that all statements on this application are true and complete to the best of my knowledge and belief. I agree to comply with all applicable DC laws and regulations. The making of false statements on this application is punishable by criminal penalties. (DC Code Sec. 22-2514)

Signature of Owner/Authorized Agent

Date

OFFICIAL USE ONLY

Environmental Impact Screening Form Required

Yes. Referred to EIS Coordinator No

DCRA Reviewer

Date

NOTE: Building permit approval is not the same as approval of an action or entire project under the Environmental Policy Act of 1989. If you build on the same, adjacent, or abutting property, or expand on work covered by this Environmental Intake Form within 3 years, you may be required to file an EISF for the whole project, including the part covered by this application and permit approval. If the action violates any federal or DC environmental laws, an EISF can be required.

To report waste, fraud, or abuse by any DC government office or official, call the Inspector General: 1-800-521-1639

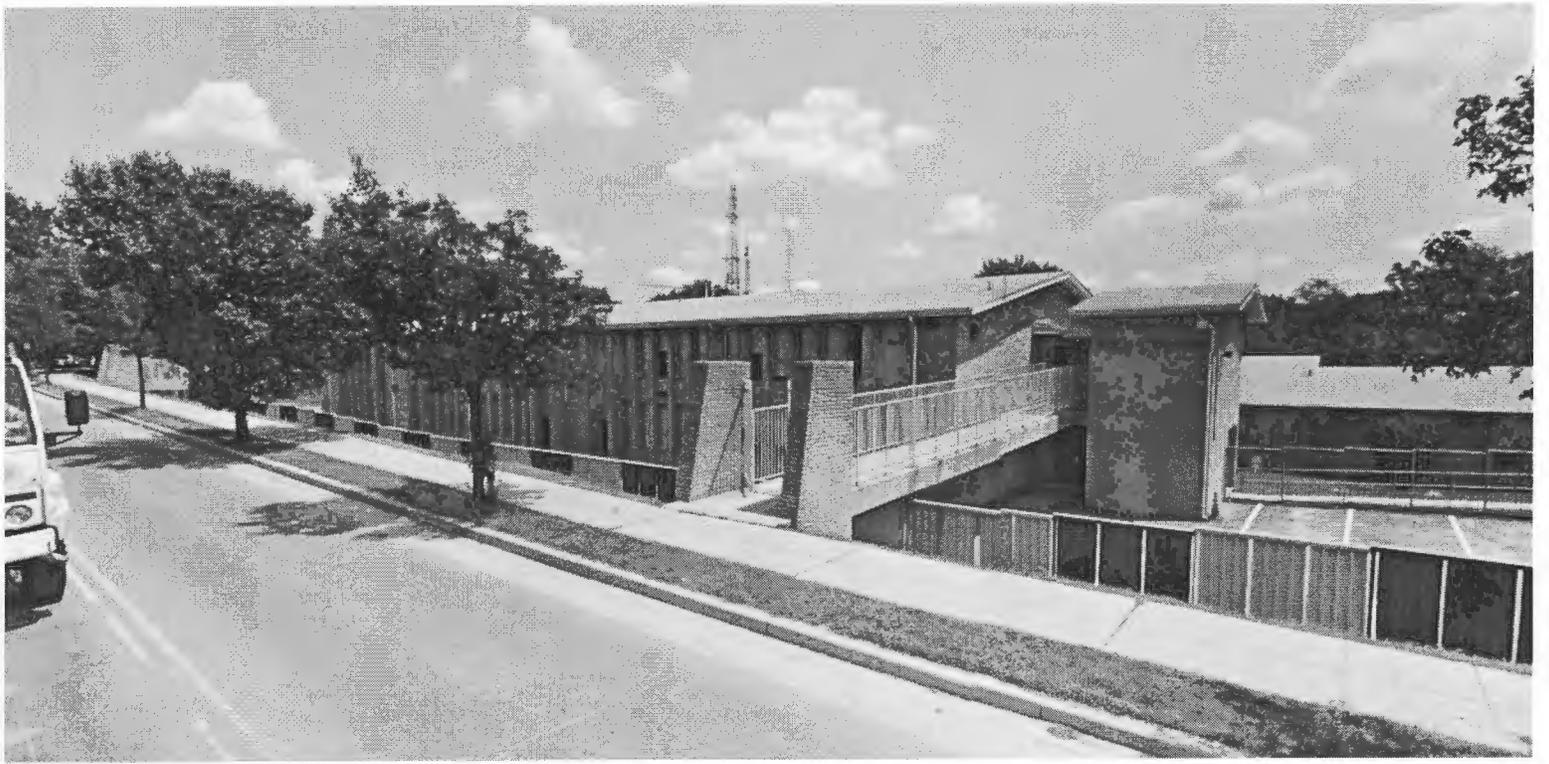


To Be Razed

To Be Razed

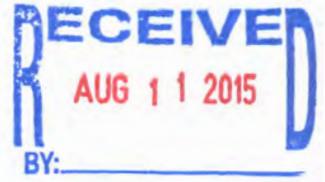
To Be Razed







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: August 11, 2015

Cap Id: R1500178

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:
2914 SHERMAN AVE NW

LOT: 0807 SQUARE: 2852 TYPE: VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

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

R1500178

Application Date: **08/10/2015**

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
2914 SHERMAN AVE	NW	One	2852		0807

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Pepco Holdings, Inc.	701 9th St, NW Washington, DC 20004	202-872-3466	cparikh@pepco.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
AECOM	12420 MILESTONE CENTER DR, SUITE 500	301-820-3198	sarah.j.napier@aecom.com

3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

4. DESCRIPTION OF BUILDING

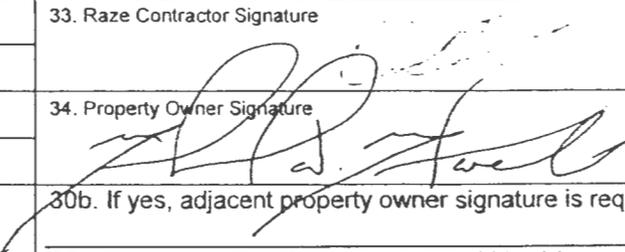
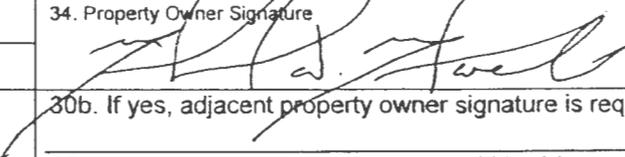
15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
Masonry Building - interior demolished previously		3	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Former apartment building		Brick, Block, Concrete, Wood	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
110	38	28	117,040

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Ontario Specialty Contracting, Inc.	24. Contractor's Address (including zip code) 333 Ganson Street Buffalo, NY 14203	25. Contractor's Phone 716-856-3333
---	--	--

26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature 
27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. Building Condemned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature 
32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.
	30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.
	Building must be vacant before Raze Permit issuance.
Official Use Only	
	Fee By Date

33. Plumber's Name Kalos Construction Company	34. Plumber's License Number PC1000634	35. Raze Method (ball, bulldozer, by hand, etc.) Mechanically Utilizing an 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 2914 SHERMAN AVE"
(address of raze operation)

36. Insurance Company National Union Fire Insurance Company	37. Policy or Certificate No. 7267144	38. Expiration Date 07/01/2016
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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



MADISON INVESTMENTS
A REAL ESTATE COMPANY
madisoninvestments.net

Homes

PROPERTY

PROPERTY

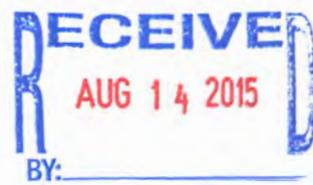
PROPERTY



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: August 13, 2015

Cap Id: R1500182

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:
1124 FLORIDA AVE NE

LOT: **0808** SQUARE: **4070** 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



DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

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.

R15 00 182

Application Date: 08/12/2015

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1124 Florida Ave	NE	Five	4070		808

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
KTWO LLC	907 N ST NW #C2 WASH DC 20001	202 352 0381	sequarh@yahoo.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
N/A			

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 COMMERCIAL BUILDING			1
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
AUTO MECHANIC		BRICK AND CONCRETE	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
134	53	10	45,790 cu ft

OFFICIAL USE ONLY

71,020 cu ft.

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

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

26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature
27. CFA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only
		Fee
		By
		Date

33. Plumber's Name	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.)
home & Business Plumbing	DPM673	Bulldozer and 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

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

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

This certifies that K TWO, LLC (referred to as Owner) owns the property at
(Legal Name of Property Owner)
1124 FLORIDA AVE NE and that the person signing below has the legal authority to execute this Certification
(Property Address)

and to make the representations and certifications below, on behalf of the Owner:

I am applying for a Raze Permit for the subject property.

I understand that the Raze Permit must be issued prior to any raze activity or operations.

If I do not have a Raze Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.

HS (Initial here to certify that you have read and understand this paragraph)

A. Use of Property as Housing Accommodation

I hereby certify that the structure to be razed IS NOT a housing accommodation.
(is/is not)

If the structure is a housing accommodation, complete Section B. If the structure is *not* a housing accommodation, skip to Section C and the signature block.

B. Additional Provisions Applicable to Razing of "Housing Accommodations"

I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:

Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.

Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.

HS (Initial here to certify that you have read and understand this paragraph)

I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, *et seq.*, and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:

Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, **before** issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.

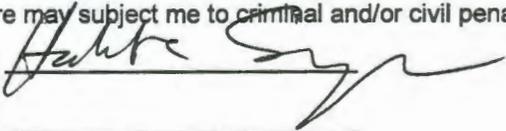
Providing tenants with a 180-day Notice to Vacate that complies with and notifies each tenant of his/her potential right to relocation assistance.

HS (Initial here to certify that you have read and understand this paragraph)

C. Execution and Certification Applicable to All Applicants

I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.

Name of Owner: HABTE SEQUAR, MANAGER
(Print Name of Owner)

Signature: 

Name of Agent: _____
(Print Name of Authorized Agent)

Signature: _____



DUSTY...



LAWRENCE

LOUD LIFE!

BORKER

AMERICA'S CAR CENTER

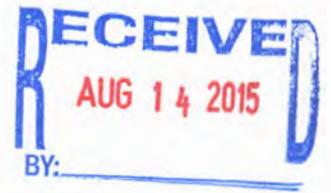
AMERICA'S CAR CENTER



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: August 13, 2015

Cap Id: R1500183

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:
1126 FLORIDA AVE NE

LOT: 0808 SQUARE: 4070 TYPE: VACANT: Yes

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

CLEARANCE

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

Date: Signature:

Name of releasing HPO Official. (print)



APPLICATION FOR RAZE PERMIT

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

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

R15 00 183

Application Date: 08/12/2015

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1126 Florida Ave	NE	Five	4070		808

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
K TWO LLC	907 N ST NW #C2 WASH DC 20001	202 352 0381	sequarh@yahoo.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
HABTE SEQUAR	907 N ST NW #C2. 20001 DC.	202 352 0381	sequarh@yahoo.com

3. TYPE OF PERMIT

14. Check all that apply: Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
TWO STORY COMMERCIAL BUILDING		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
OFFICE		BRICK AND WOOD	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
65	22	22	31,460 cu ft

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
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26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature 34. Property Owner Signature 30b. If yes, adjacent property owner signature is required. 30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.						
27. CFA?	<input type="checkbox"/> Yes <input type="checkbox"/> No							
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Building must be vacant before Raze Permit issuance.						
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							
Official Use Only								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Fee</td> <td style="width:33%;">By</td> <td style="width:33%;">Date</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			Fee	By	Date			
Fee	By	Date						

33. Plumber's Name home & Business Plumbing	34. Plumber's License Number DPM673	35. Raze Method (ball, bulldozer, by hand, etc.) Bulldozer and Hand
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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 	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								
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Fee</td> <td style="width:33%;">By</td> <td style="width:33%;">Date</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			Fee	By	Date			
Fee	By	Date								

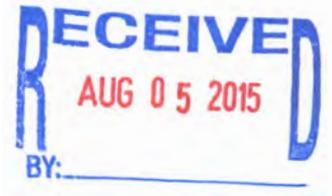




Government of the District of Columbia
Department of Consumer and Regulatory Affairs

Permit Operations Division
1100 4th Street SW
Washington DC 20024

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



Date: August 05, 2015

Cap Id: R1500176

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:
1215 3RD ST NE

LOT: 0006 SQUARE: 0772 TYPE: VACANT: No

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

CLEARANCE

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

Date: Signature:

Name of releasing HPO Official. (print)



APPLICATION FOR RAZE PERMIT

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

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

R 15 00 176

Application Date: August 3, 2015

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1215 3 RD STREET	NE	Six	0772		06 & 07

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
SQUARE 772 DEVELOPMENT GROUP, LLC	5101 WISCONSIN AVE, NW #200 WASHINGTON, DC 20016	202-882-1100	SMAJICH@THEWILKES-COMPANY.COM
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
STEVEN MAJICH	5101 WISCONSIN AVE, NW #200 WASHINGTON, DC 20016	202-882-1100	SMAJICH@THEWILKES-COMPANY.COM

3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:		
TWO STORY OFFICE / WAREHOUSE	2		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
OFFICE / WAREHOUSE	MASONRY / BRICK		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
150	120	20	360,000

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name CELTIC DEMOLITION	24. Contractor's Address (including zip code) 2030 GALLENGER AVE. ALEXANDRIA, VA 22314	25. Contractor's Phone 703-779-4103
--	--	---

26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>Don [Signature]</i>	
27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
29. Building Condemned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
31. Building Vacant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature <i>Deborah A. [Signature]</i>	
32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.	
30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.		
Building must be vacant before Raze Permit issuance.		
Official Use Only		
Fee	By	Date

33. Plumber's Name OTTO SEIDEL	34. Plumber's License Number DPM567	35. Raze Method (ball, bulldozer, by hand, etc.) 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 NAVIGATORS INSURANCE CO	37. Policy or Certificate No. NY14641164601C	38. Expiration Date 10-1-15
---	--	---------------------------------------

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

CERTIFICATION FOR RAZE PERMIT APPLICATION

This certifies that SQUARE 772 DEVELOPMENT GROUP, LLC (referred to as Owner) owns the property at
(Legal Name of Property Owner)

1215 3RD STREET, NE and that the person signing below has the legal authority to execute this Certification
(Property Address)

and to make the representations and certifications below, on behalf of the Owner:

I am applying for a Raze Permit for the subject property.

I understand that the Raze Permit must be issued prior to any raze activity or operations.

If I do not have a Raze Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.

_____ (Initial here to certify that you have read and understand this paragraph)

A. Use of Property as Housing Accommodation

I hereby certify that the structure to be razed IS NOT a housing accommodation.
(is/is not)

If the structure is a housing accommodation, complete Section B. If the structure is *not* a housing accommodation, skip to Section C and the signature block.

B. Additional Provisions Applicable to Razing of "Housing Accommodations"

I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:

Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.

Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.

_____ (Initial here to certify that you have read and understand this paragraph)

I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, *et seq.*, and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:

Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, **before** issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.

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

_____ (Initial here to certify that you have read and understand this paragraph)

C. Execution and Certification Applicable to All Applicants

I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.

Name of Owner: Square 772 Development Group, LLC
(Print Name of Owner)

Signature: Berkley M. Sheavil *Berkley M. Sheavil*

Name of Agent: Berkley M. Sheavil
(Print Name of Authorized Agent)

Signature: Berkley M. Sheavil *Berkley M. Sheavil*



CERTIFICATE OF LIABILITY INSURANCE

CELT-3

OP ID: JM

DATE (MM/DD/YYYY)

04/29/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Associates, Inc. 21 Church St, Suite 100 Rockville, MD 20850 Daniel West	CONTACT NAME: Shannon L. Batson PHONE (A/C, No, Ext): 301-838-8827 E-MAIL ADDRESS: sbatson@insassoc.com	FAX (A/C, No): 301-838-8827
	INSURER(S) AFFORDING COVERAGE	
INSURED Celtic Demolition, Inc. Suite 200 2050 Ballenger Avenue Alexandria, VA 22314	INSURER A: Navigators Insurance Company	NAIC # 42307
	INSURER B: LM Insurance Corp	
	INSURER C: Selective Ins Co of Southeast	39926
	INSURER D: Starr Indemnity & Liab #38318	
	INSURER E: Chesapeake Employers'	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			NY14CGL116460IC	10/01/2014	10/01/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ -0-
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COM/OP AGG \$ 2,000,000
							\$
C	AUTOMOBILE LIABILITY			S2080837	10/01/2014	10/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$
							\$
D	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			1000021254	10/01/2014	10/01/2015	EACH OCCURRENCE \$ 10,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 10,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10000						Excess of \$ GL/AL/EL
E B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			4682255 (MD) WC535S536882014 (VA & DC)	10/01/2014	10/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> N/A				E L EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E L DISEASE - EA EMPLOYEE \$ 1,000,000
							E L DISEASE - POLICY LIMIT \$ 1,000,000
A	Pollution Liability			CH14ECP300446IC	10/01/2014	10/01/2015	Condition \$ 5,000,000 Aggregate \$ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Razing Operations in the District of Columbia

CERTIFICATE HOLDER**CANCELLATION**

DEPUT02 DCRA Deputy Chef Building Official, Permit Operations Division 1100 4th St SW Washington, DC 20024	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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SUBJECT PHOTOGRAPHS



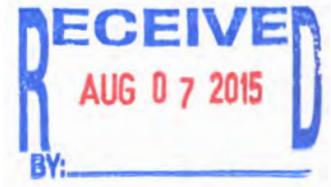
Front View of Subject Property



Rear View of Subject Property – Adjoining Public Alley



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: March 23, 2015

Cap Id: R1500078

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:
1301 PENNSYLVANIA AVE NW

LOT: 0800 SQUARE: 0254 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

HISTORIC / CFA

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.

R15 000 78

Application Date: *3.23.15*

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1301 Pennsylvania Ave	NW	2	0254		0835

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
1301 Associates LP	1001 G St NW Washington DC 20001	202-637-0800	mbrung@quad1.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Interagency Consultants	24 1/2 Q St NW Washington DC 2000	202-255-7656	jd@interagencyconsultants.

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:	
12 Story Office Building		12	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Office		Concrete	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
246	90	131	2,900,340

OFFICIAL USE ONLY

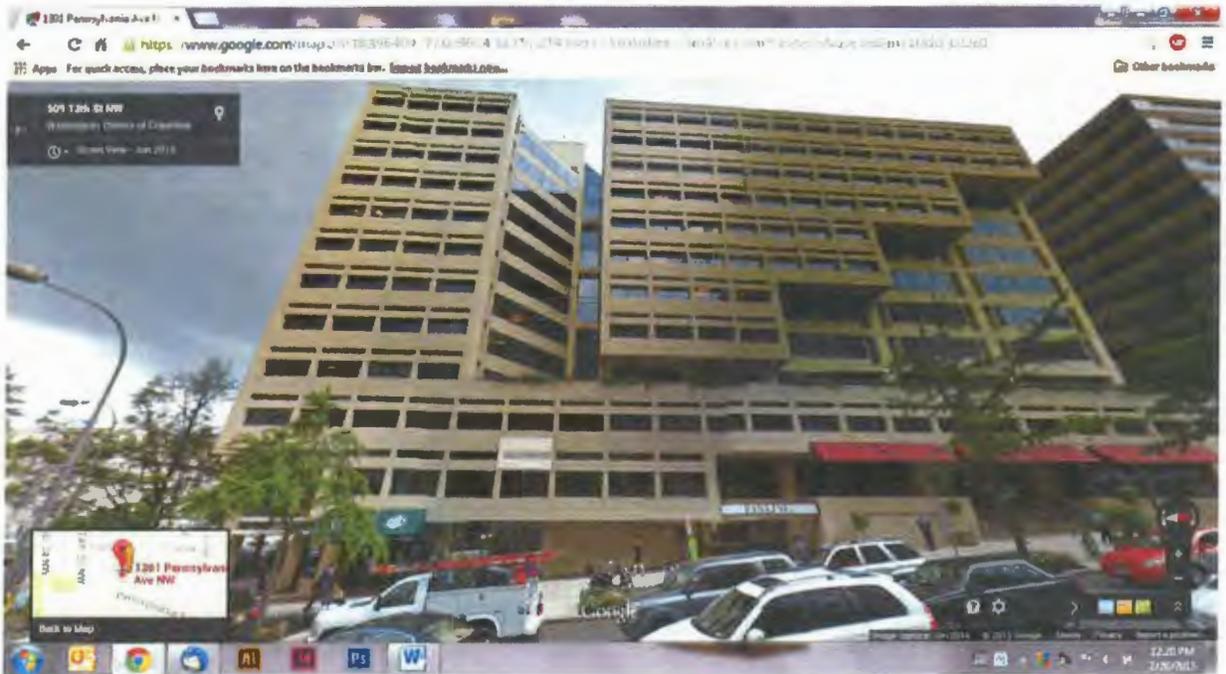
CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Hansel Phelps Construction Co		24. Contractor's Address (including zip code) 4437 Brookfield Corporate Dr, Suite 207 Ch		25. Contractor's Phone 703-828-3200	
26. Historic District?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	33. Raze Contractor Signature <i>Troy A. [Signature]</i>			
27. CFA?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
28. Raze Entire Building?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature <i>[Signature]</i>			
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.			
30a. Party Wall?	<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.			
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only			
		Fee	By	Date	
33. Plumber's Name <i>James M. Haller</i>		34. Plumber's License Number <i>DPM1000276</i>		35. Raze Method (ball, bulldozer, by hand, etc.) <i>Ball, by hand</i>	
<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 600 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 _____ (address of raze operation)" 					
36. Insurance Company Flood and Peterson		37. Policy or Certificate No. CL153900132		38. Expiration Date 01/01/16	
39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
		Fee	By	Date	



Northwest Corner of Pennsylvania Ave and 13th St NW



1301 Pennsylvania Ave, 13th Street Elevation



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 31, 2015

Cap Id: R1500172

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:
1325 D ST SE - Building A

LOT: 0827 SQUARE: 1042 TYPE: VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

Applicable code sections are in the 2008 DC Building Code Supplement Chapter 1-5 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

Building A R 15 00 172

Application Date: 7/31/15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1325 D Street SE	SE	One	1042		827

2. APPLICANT INFORMATION

6. Authorized Agent of Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
1325 D Street, LLC	4601 N Fairfax Dr. Ste 1150, Arlington, VA 22203	703-442-4926	
10. Permit Expediter	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Melissa Diaz	2735 Hartland Rd. Ste 200, Falls Church, VA 22043	703-283-1118	mdiaz@dfmdevelopment.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 Brick Building		One	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
School		Brick Mortar	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
114'	57'	18	116,964 cu ft

OFFICIAL USE ONLY

CONDITIONS/COMMENTS:

SECTION A. RAZE PERMIT

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

26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature						
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature						
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.						
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.						
Official Use Only								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Fee</td> <td style="width:33%;">By</td> <td style="width:33%;">Date</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>			Fee	By	Date			
Fee	By	Date						

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

You must submit a Certificate of Insurance covering the raze operation to a contractor unless you are holding your plan to raze is an accession building 500 square feet or less in area and not more than one story wholly detached from any other building on the same lot, adjoining lot or street.

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, \$500,000, and Property Damage, \$700,000
- State that the insurance covers: Razing Operations in the District of Columbia. The scope of the insurance is for blank of coverage
- If the insurance is for one specific address only, state that: Razing Operations at (address) (see condition)

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

39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only							
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Fee</td> <td style="width:33%;">By</td> <td style="width:33%;">Date</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>		Fee	By	Date			
Fee	By	Date							



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



Permit Operations Division
1100 4th Street SW
Washington DC 20024

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

Date: July 31, 2015

Cap Id: R1500173

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:
1325 D ST SE - Building B

LOT: 0827 SQUARE: 1042 TYPE: VACANT: Yes

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

CLEARANCE

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

Date: Signature:

Name of releasing HPO Official. (print)



APPLICATION FOR RAZE PERMIT

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

Applicable code sections are in the 2008 DC Building Code Supplement Chapter 18-105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

Building B R15 00 173

Application Date: 7/31/15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work 1325 D St SE	2. Quad SE	3. Ward One	4a. Square 1042	4b. Suffix	5. Lot 827
---	---------------	----------------	--------------------	------------	---------------

2. APPLICANT INFORMATION

6. Property Owner (Authorized Agent) 1325 D St, LLC	7. Complete mailing address (include zip) 4601 N. Fairfax Dr. Ste 1150 Arlington, VA 22203	8. Phone Number(s) 703-442-4926	9. Email
10. Agent/Contractor for Owner (if applicable) Permit Expediter Melissa Diaz	11. Complete mailing address (include zip) 2735 Hartland Rd. Ste 200 Falls Church VA 22043	12. Phone Number(s) 703-283-1118	13. Email mdiaz@dofmdevelopment.com

3. TYPE OF PERMIT

14. Check all that apply: <input checked="" type="checkbox"/> Raze Permit
--

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling) Two Story Brick Building		16. Existing Number of Stories of Bldg. Two	
17. Use(s) of Property (specifically indicate if any use is residential.) School		18. Materials of Building (brick, wood, etc.) Brck Mortar	
19. Bldg Length (ft) 63'	20. Bldg Width (ft) 83'	21. Bldg Height (ft) 26'	22. Bldg Volume (cu ft) (L x W x H) 133,954 cu ft

OFFICIAL USE ONLY

133,954

CONDITIONS/COMMENTS

SECTION A. RAZE PERMIT

23. Raze Contractor's Name		24. Contractor's Address (including zip code)		25. Contractor's Phone	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature			
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature			
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.			
		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.)	
<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 no 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 _____ (address of raze operation). 					
36. Insurance Company		37. Policy or Certificate No.		38. Expiration Date	
39. Asbestos In Building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only			
If yes, indicate location:		Fee	By	Date	



BUILDING A



BUILDING B



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 13, 2015

Cap Id: R1500159

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:
1382 MORRIS RD SE

LOT: 0800 SQUARE: 5803 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: 7/24/2015 Signature: [Handwritten Signature]

Name of releasing HPO Official. (print) Malay



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.

R1500159

Application Date: JULY 13, 15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work 1382 Morris Road SE	2. Quad NW	3. Ward One	4a. Square 5803	4b. Suffix	5. Lot 0800
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2. APPLICANT INFORMATION

6. Property Owner Leroy Barley	7. Complete mailing address (include zip) 1382 Morris Road SE	8. Phone Number(s) 202-723-6020	9. Email palacedesigns@comcast.
10. Agent/Contractor for Owner (if applicable) Alice Harrington	11. Complete mailing address (include zip) 36 Longfellow Street NW	12. Phone Number(s) 202-723-6020	13. Email palacedesigns@comcast.r

3. TYPE OF PERMIT

14. Check all that apply: <input checked="" type="checkbox"/> Raze Permit
--

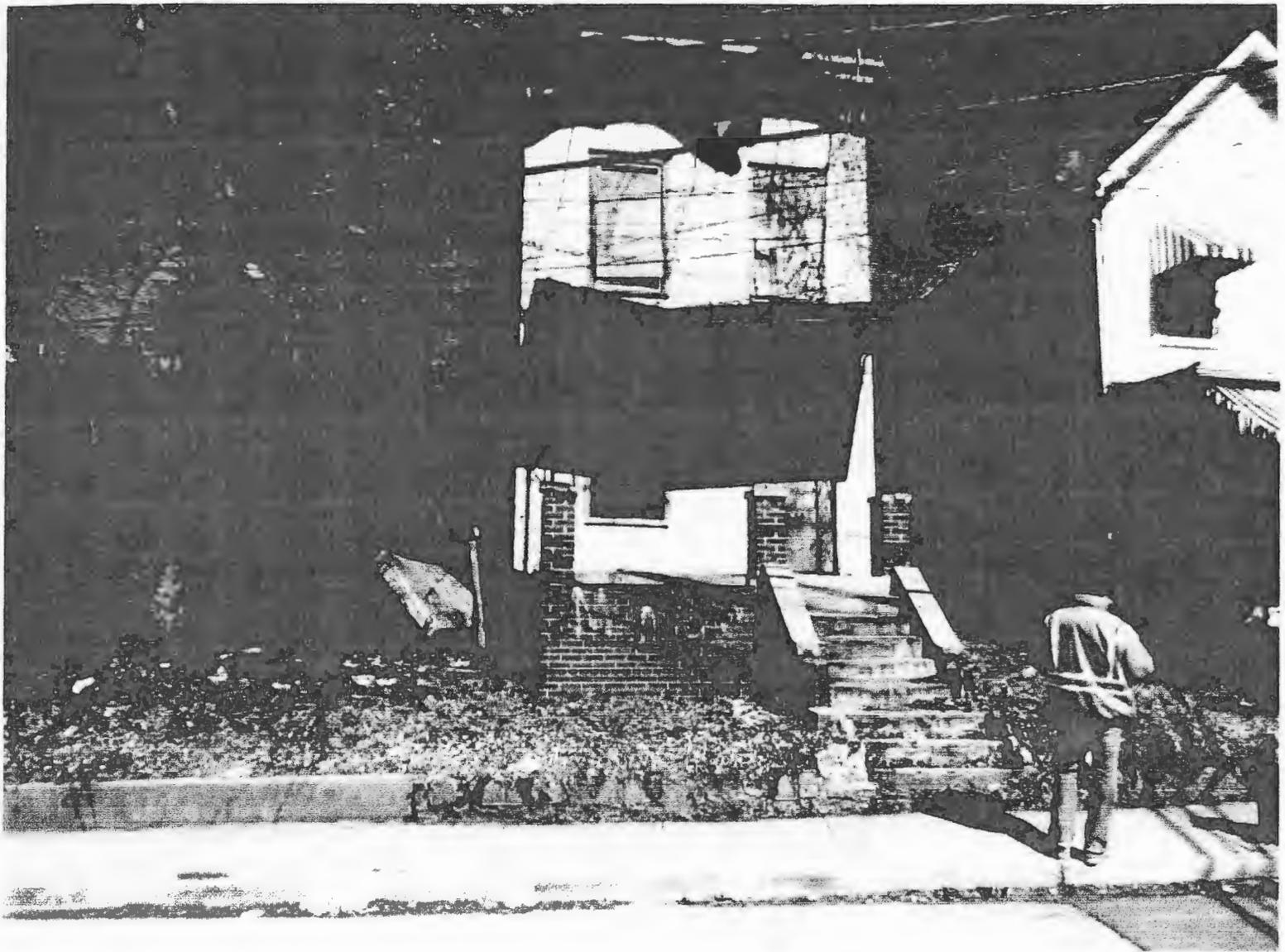
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling) two story vacant building		16. Existing Number of Stories of Bldg: 2	
17. Use(s) of Property (specifically indicate if any use is residential.) residential		18. Materials of Building (brick, wood, etc.) wood, brick, etc	
19. Bldg Length (ft) 50	20. Bldg Width (ft) 16	21. Bldg Height (ft) 30	22. Bldg Volume (cu ft) (L x W x H) 24,000

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

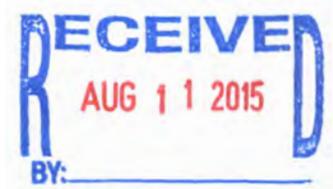
23. Raze Contractor's Name DC GENERAL CONSTRUCTION, LLC		24. Contractor's Address (including zip code) 50 RHODE ISLAND AVENUE, NE WDC		25. Contractor's Phone 202-265-	
26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. Raze Contractor Signature			
27. CFA? <input type="checkbox"/> Yes <input type="checkbox"/> No					
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		34. Property Owner Signature			
29. Building Condemned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30b. If yes, adjacent property owner signature is required.			
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.			
31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Building must be vacant before Raze Permit issuance.			
32. Public Space Vault? <input type="checkbox"/> Yes <input type="checkbox"/> No		Official Use Only			
		Fee		By	
				Date	
33. Plumber's Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		34. Plumber's License Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		35. Raze Method (ball, bulldozer, by hand, etc.) ball, bulldozer, hand	
<p>1. You must submit a Certificate of Insurance covering the raze operation/contractor– unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.</p> <p>2. The Certificate should:</p> <ul style="list-style-type: none"> • Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024 • Include a 30-day advance notice cancellation clause. • Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000. • State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage. • If the insurance is for one specific address only, state that, "Razing Operations at _____" (address of raze operation) 					
36. Insurance Company Erie Insurance Exchange		37. Policy or Certificate No. Q382851358		38. Expiration Date 02/28/2016	
39. Asbestos in Building? If yes, indicate location:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Official Use Only	
		Fee		By	
				Date	



SAM_0952.JPG



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: August 11, 2015

Cap Id R1500180

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
 1748 W ST SE

LOT: 0832 SQUARE: 5778 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: 8/11/2015 Signature: *[Handwritten Signature]*

Name of releasing HPO Official. (print) Maloney



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.

R15 00180

Application Date: 8.11.15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work 1748 W ST SE	2. Quad	3. Ward 8	4a. Square 5778 832	4b. Suffix	5. Lot 832
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2. APPLICANT INFORMATION

6. Property Owner Sallie Matthews	7. Complete mailing address (include zip) 138 Michigan Ave # 514 NE. Washington DC. 20003	8. Phone Number(s) (202) 678-0460	9. Email
10. Agent/Contractor for Owner (if applicable) True Integrity LLC.	11. Complete mailing address (include zip) 9652 Whitacre Rd. #1 Columbia MD 21045	12. Phone Number(s) (202) 492-4436	13. Email TrueIntegrity@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) 3-STORY Duplex (Brick)		16. Existing Number of Stories of Bldg: 4	
17. Use(s) of Property (specifically indicate if any use is residential.) Residential		18. Materials of Building (brick, wood, etc.) Brick	
19. Bldg Length (ft) 40'	20. Bldg Width (ft) 23'	21. Bldg Height (ft) 30'	22. Bldg Volume (cu ft) (L x W x H) 27,600

OFFICIAL USE ONLY

CONDITIONS/COMMENTS

SECTION A. RAZE PERMIT

23. Raze Contractor's Name <i>Wendell Matthews</i>	24. Contractor's Address (including zip code) <i>9652 Whiteacre Rd #1 Columbia MD 21045</i>	25. Contractor's Phone <i>(202)498-4436</i>
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26. Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No	33. Raze Contractor Signature <i>Wendell Matthews</i>
27. CFA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. Building Condemned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
30a. Party Wall?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature <i>Salleen P Matthews</i>
31. Building Vacant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.
32. Public Space Vault?	<input type="checkbox"/> Yes <input type="checkbox"/> No	30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.
Building must be vacant before Raze Permit issuance.		

Official Use Only		
Fee	By	Date

33. Plumber's Name	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 <i>Allrisk (Geico)</i>	37. Policy or Certificate No. <i>XL8-0003874</i>	38. Expiration Date <i>9/30/15</i>
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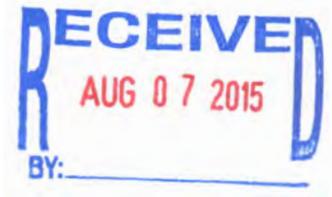
39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only		
		Fee	By	Date

1698 W St SE
Washington, District of Columbia
Street View - Jul 2014





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: August 07, 2015

Cap Id: R1500177

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:
1859 MONROE ST NW

LOT: 0084 SQUARE: 2615 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

HISTORIC

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.

R15 00 177

Application Date: *8/7/10*

1. INFORMATION ON PROPERTY

1. Address of Proposed Work <i>1859 MONROE ST. N.W.</i>	2. Quad	3. Ward	4a. Square <i>2618</i>	4b. Suffix	5. Lot <i>84</i>
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2. APPLICANT INFORMATION

6. Property Owner <i>MS. SARAH HALL</i>	7. Complete mailing address (include zip) <i>1859 MONROE ST. N.W.</i>	8. Phone Number(s)	9. Email
10. Agent/Contractor for Owner (if applicable) <i>JASPER KEN BARRON</i>	11. Complete mailing address (include zip) <i>8006 BRETT PL. GREENSBELT, Md.</i>	12. Phone Number(s) <i>301-602-8230</i>	13. Email <i>JKENBARRON@GMAIL.COM</i>

3. TYPE OF PERMIT

14. Check all that apply: <input checked="" type="checkbox"/> Raze Permit
--

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling) <i>ONE STORY BRICK GARAGE</i>		16. Existing Number of Stories of Bldg: <i>ONE</i>	
17. Use(s) of Property (specifically indicate if any use is residential.) <i>S.F.H.</i>		18. Materials of Building (brick, wood, etc.) <i>BRICK.</i>	
19. Bldg Length (ft) <i>18'-0"</i>	20. Bldg Width (ft) <i>11'-0"</i>	21. Bldg Height (ft) <i>11'-0"</i>	22. Bldg Volume (cu ft) (L x W x H) <i>N/A</i>

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:	<i>2,178.00 CU.FT</i>
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SECTION A. RAZE PERMIT

23. Raze Contractor's Name <i>MS. SARAH HALL</i>	24. Contractor's Address (including zip code) <i>1859 MONROE ST. N.W.</i>	25. Contractor's Phone
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26. Historic District?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	33. Raze Contractor Signature
27. CFA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
28. Raze Entire Building?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30a. Party Wall?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.
30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.		

31. Building Vacant?	<input type="checkbox"/> Yes <input checked="" 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 <i>N/A.</i>	34. Plumber's License Number <i>N/A</i>	35. Raze Method (ball, bulldozer, by hand, etc.) <i>BY HAND.</i>
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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 <i>N/A</i>	37. Policy or Certificate No. <i>N/A</i>	38. Expiration Date <i>N/A.</i>
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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	

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

This certifies that Ms. SARAH HALL (referred to as Owner) owns the property at
(Legal Name of Property Owner)
1889 MONROE ST. N.W. and that the person signing below has the legal authority to execute this Certification
(Property Address)

and to make the representations and certifications below, on behalf of the Owner:

I am applying for a Raze Permit for the subject property.

I understand that the Raze Permit must be issued prior to any raze activity or operations.

If I do not have a Raze Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.

SKM (Initial here to certify that you have read and understand this paragraph)

A. Use of Property as Housing Accommodation

I hereby certify that the structure to be razed IS NOT a housing accommodation.
(is/is not)

If the structure is a housing accommodation, complete Section B. If the structure is *not* a housing accommodation, skip to Section C and the signature block.

B. Additional Provisions Applicable to Razing of "Housing Accommodations"

I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:

Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.

Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.

SKB (Initial here to certify that you have read and understand this paragraph)

I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, *et seq.*, and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:

Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, **before** issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.

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

JVK (Initial here to certify that you have read and understand this paragraph)

C. Execution and Certification Applicable to All Applicants

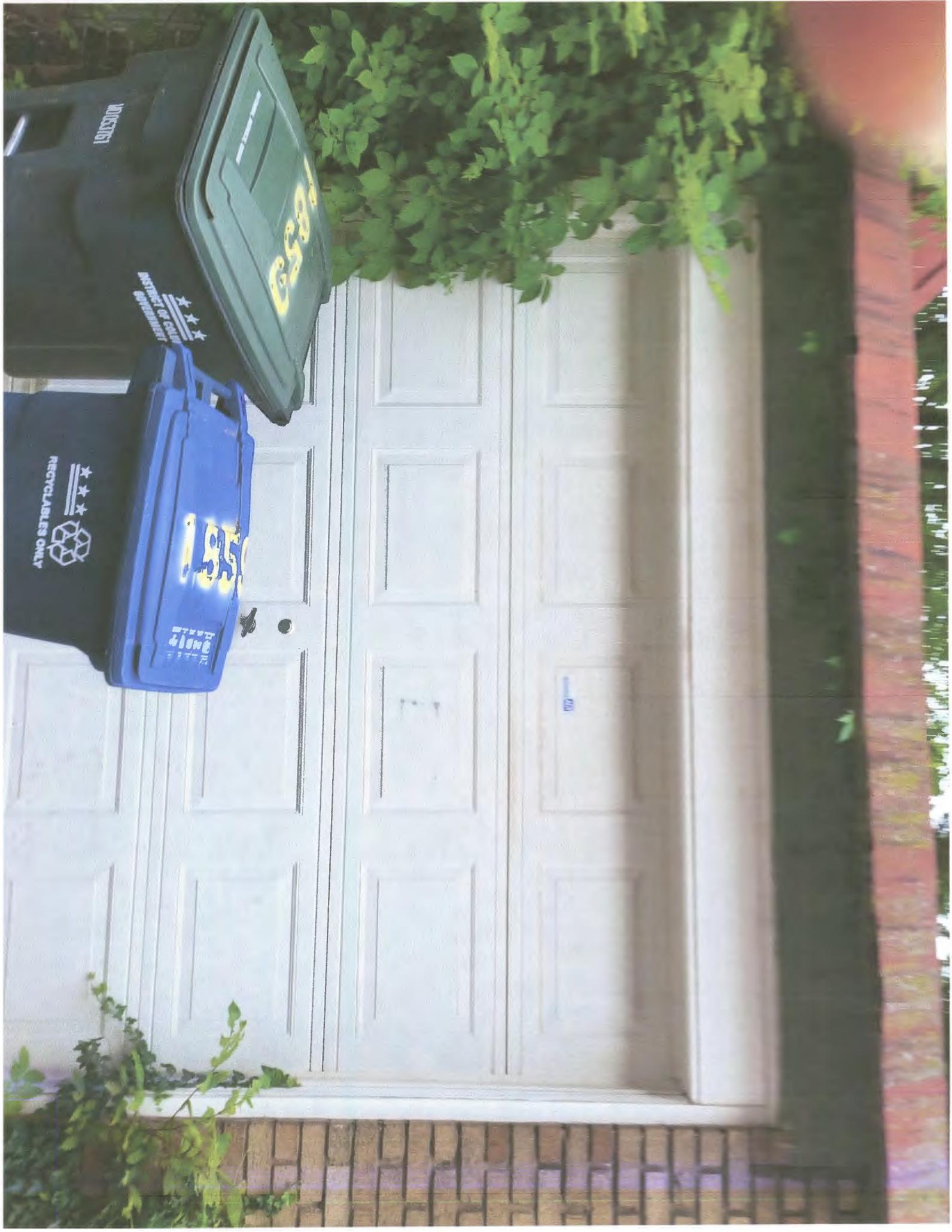
I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.

Name of Owner: _____
(Print Name of Owner)

Signature: _____

Name of Agent: Jasper K. Barro
(Print Name of Authorized Agent)

Signature: Jasper K. Barro



WASTE

6589

WASTE MANAGEMENT
CITY OF CHICAGO

RECYCLABLES ONLY

185

WASTE MANAGEMENT
CITY OF CHICAGO

501



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

RECEIVED
AUG 13 2015
BY: _____

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

Date: August 13, 2015

Cap Id: R1500175

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:
3009 DUMBARTON ST NW

LOT: 0137 SQUARE: 1242 TYPE: Single Family Dwelling - R-3 VACANT: No

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

CFA

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

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

R1500175

R/1500175

Application Date: 8.3.15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3009 Dumbarton St. NW	NW	One	1242		6137

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Laurence Fodor	3009 Dumbarton St. NW Washington DC 20007	917309-9456	bannister@reed.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Same	Same		

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 shed GUEST HOUSE w/ SHED	1		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Storage	Siding, wood		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
18' 1/2 x 19' 1/2	18' 1/2	8	2,812 cu ft

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

No Utilities connected
RF

NEED TO VERIFY THERE ARE NO UTILITIES

SECTION A: RAZE PERMIT

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

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

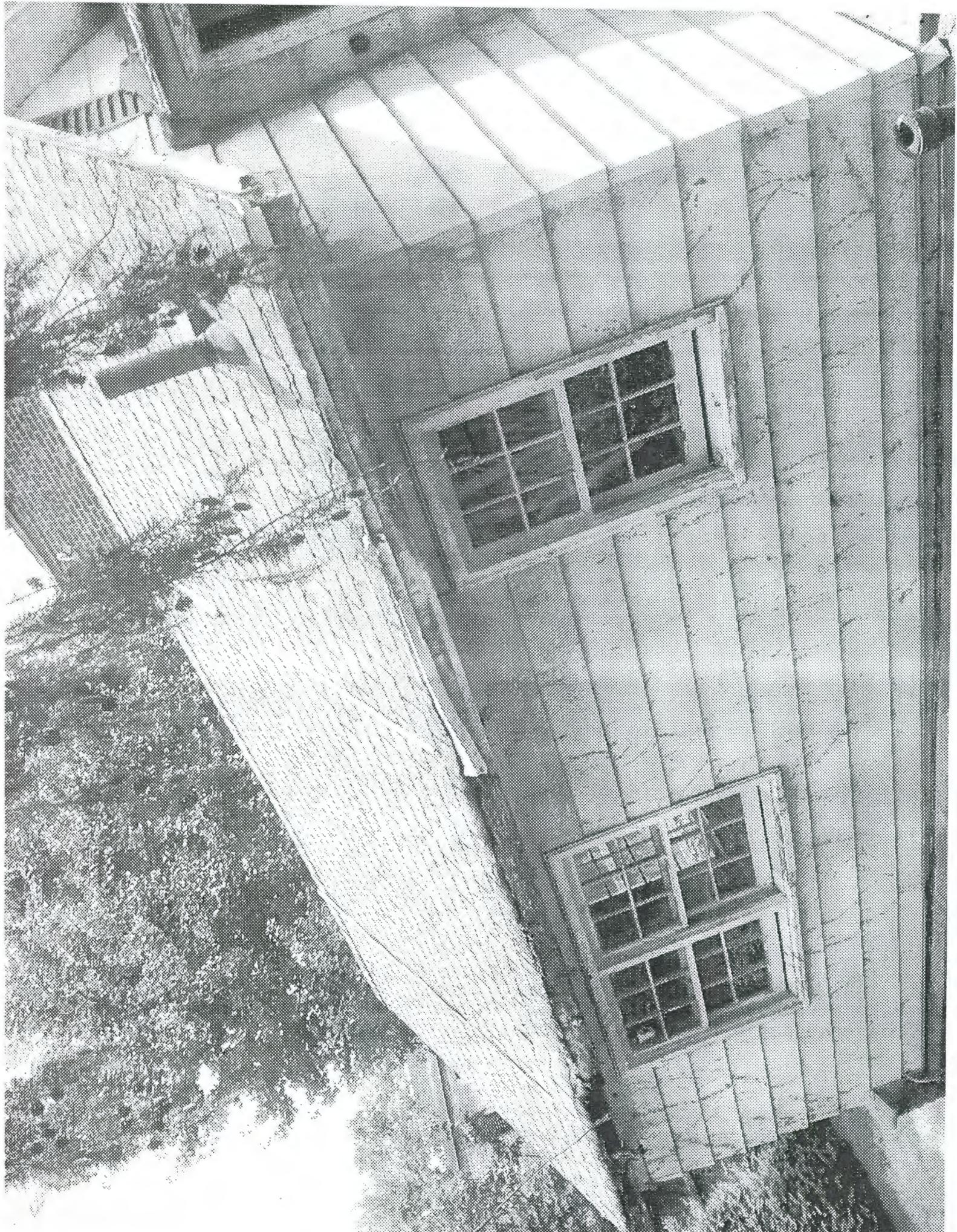
1. You must submit a Certificate of Insurance covering the raze operation/contractor- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

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)

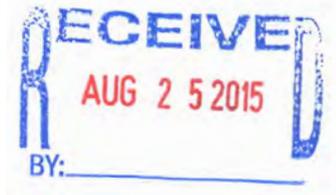
36. Insurance Company		37. Policy or Certificate No.		38. Expiration Date	

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





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: August 21, 2015

Cap Id: R1500190

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:
3418 4TH ST SE

LOT: 0180 SQUARE: 5969 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)

DCRA

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
APPLICATION FOR
RAZE PERMIT AND/OR SUPPLEMENTAL RAZING OPERATIONS PERMIT**

Please type or print legibly in ink. Provide *detailed information*. Write N/A (non-applicable) for items that do not apply.

Erasing, crossing out, writing out, or otherwise altering any entered information will void this application.

The owner of record must sign this application with an original signature.

Applicable code sections are in the 2005 DC Building Code Supplement, Chapter 15, 101.2.4, 107.2-10. (B), and 100.1.

Application Date: 8/18/2015**1. INFORMATION ON PROPERTY**

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3418 4th Street SE	SE	8	5969		0169

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Bright Beginnings, Inc.	128 M Street NW Washington, DC 20001	(202)842-9090	bgaines@brightbeginningsinc.org
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Kim Mitchell	1615 New Hampshire Ave NW, 4th fl. Washington, DC 20009	(202)332-0090	kim@cdkmconsulting.com

3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit Supplemental Razing Operations Permit

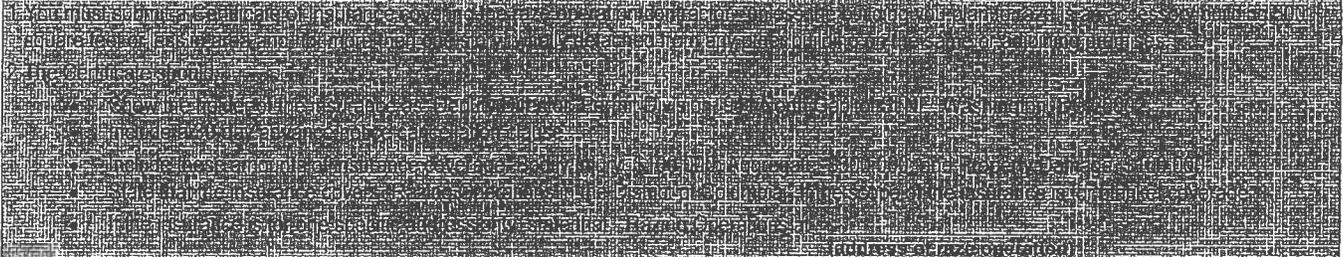
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
Vacant, single story church		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Vacant		Masonry	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
69'	69'	12'	57,132 cu ft

OFFICIAL USE ONLY

SECTION A. RAZE PERMIT		
23. Raze Contractor's Name TBD	24. Contractor's Address (including zip code) TBD	25. Contractor's Phone TBD
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature
27. Fine Arts District?	<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>Betty J. Gainer</i>
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Supplemental Raze Operations Permit issuance.
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only

SECTION B. SUPPLEMENTAL RAZE OPERATIONS PERMIT		
35. Raze Contractor's Name	36. Contractor's Address (including zip code)	37. Contractor's Phone
38. Plumber's Name	39. Plumber's License Number	40. Raze Method (ball, bulldozer, by hand, etc.)



41. Insurance Company	42. Policy or Certificate No.	43. Expiration Date
44. Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No	52. Raze Contractor Signature
45. Fine Arts District?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
46. Raze Entire Building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	53. Property Owner Signature
47. Building Condemned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
48a. Party Wall?	<input type="checkbox"/> Yes <input type="checkbox"/> No	47b. If you answer yes, adjacent property owner must sign here.
49. Building Vacant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	47c. Any raze permit application for a building(s) involving party walls must include 2 copies of a plan that shows how the party wall(s) will be protected.
50. Public Space Vault?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only
51. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only

GOVERNMENT OF THE DISTRICT OF COLUMBIA
CERTIFICATION FOR RAZE PERMIT APPLICATION

This certifies that Bright Beginnings, Inc. (referred to as Owner) owns the property at 3418 4th Street SE and that the person signing below has the legal authority to execute this Certification

and to make the representations and certifications below, on behalf of the Owner:

I am applying for a Raze Permit and intend to apply for a Supplemental Razing Operations Permit.

I understand that the Raze Permit does not authorize any raze activity on the Property and that DCRA must grant me a Supplemental Razing Operations Permit before I can start any raze activity or operations.

I understand that a Raze Permit merely allows me to go to the next step in the raze process -- to get the required clearances and releases for a Supplemental Razing Operations Permit.

If I do not have a Raze Permit and a Razing Operations Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.

Initial here to certify that you have read and understand this paragraph

A. Use of Property as Housing Accommodation

I hereby certify that the structure to be razed is not a housing accommodation.

If the structure is a housing accommodation, complete Section B. If the structure is not a housing accommodation, skip to Section C and the signature block.

B. Additional Provisions Applicable to Razing of "Housing Accommodations"

I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:

Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.

Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.

Initial here to certify that you have read and understand this paragraph

I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, et seq., and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:

Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, before issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.

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

Initial here to certify that you have read and understand this paragraph

C. Execution and Certification Applicable to All Applicants

I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Supplemental Razing Operations Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.

Name of Owner: Betty Jo Gaines / Bright Beginnings

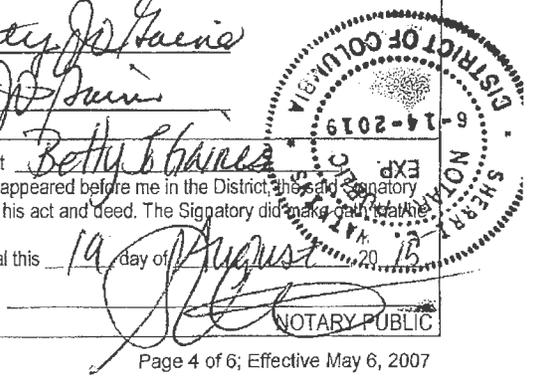
Signature: Betty Jo Gaines

Name of Agent: Betty Jo Gaines

Signature: Betty Jo Gaines

I, Shepp Watters, a Notary Public in and for the District of Columbia, do hereby certify that Betty Jo Gaines (Signatory) whose name is signed to this Certification with the date of the 19 day of Aug, 2015, personally appeared before me in the District, the said Signatory is personally well known to me as the person who executed the said Certification, and acknowledged the same to be his act and deed. The Signatory did make a voluntary and careful reading and fully understand the same; his execution was voluntary.

Given under my hand and official seal this 19 day of August 2015







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

RECEIVED
AUG 20 2015
BY: _____

Permit Operations Division
1100 4th Street SW
Washington DC 20024

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

Date: August 20, 2015

Cap Id: R1500189

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:
3507 WOODLEY RD NW

LOT: 0030 SQUARE: 1949 TYPE: VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

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

R15 00189

Application Date: 8.20.15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3507 Woodley Rd NW					

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
3515 Woodley Ventures LLC	1120 Park Rd Washington DC 20011	202 744-6123	
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Clifford Dixon	2120 S. Pollard St Arlington VA	202 705-1453	dixancl166nd@gmail.com

3. TYPE OF PERMIT

14. Check all that apply: Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
Shed/Garage Fully detached		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Residential Garage/shed		Wood	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
25	12	10	3,000 cu ft

OFFICIAL USE ONLY

CONDITIONS/COMMENTS

SECTION A. RAZE PERMIT

23. Raze Contractor's Name		24. Contractor's Address (including zip code)		25. Contractor's Phone	
26. Historic District?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	33. Raze Contractor Signature			
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature			
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.			
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.			
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.			
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
		Fee	By	Date	
33. Plumber's Name		34. Plumber's License Number		35. Raze Method (ball, bulldozer, by hand, etc.)	
<p>1. You must submit a Certificate of Insurance covering the raze operation/contractor-- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story wholly detached from any other building on the same or adjoining premises.</p> <p>2. The Certificate should:</p> <ul style="list-style-type: none"> • 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 type="checkbox"/> No	Official Use Only			
		Fee	By	Date	

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

This certifies that 3515 Woodley Ventures LLC (referred to as Owner) owns the property at
(Legal Name of Property Owner)
3507 Woodley Rd NW and that the person signing below has the legal authority to execute this Certification
(Property Address)

and to make the representations and certifications below, on behalf of the Owner:

I am applying for a Raze Permit for the subject property.

I understand that the Raze Permit must be issued prior to any raze activity or operations.

If I do not have a Raze Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.

MP (Initial here to certify that you have read and understand this paragraph)

A. Use of Property as Housing Accommodation

I hereby certify that the structure to be razed is not a housing accommodation.
(is not)

If the structure is a housing accommodation, complete Section B. If the structure is *not* a housing accommodation, skip to Section C and the signature block.

B. Additional Provisions Applicable to Razing of "Housing Accommodations"

I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:

Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.

Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.

MP (Initial here to certify that you have read and understand this paragraph)

I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, *et seq.*, and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:

Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, **before** issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.

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

MP (Initial here to certify that you have read and understand this paragraph)

C. Execution and Certification Applicable to All Applicants

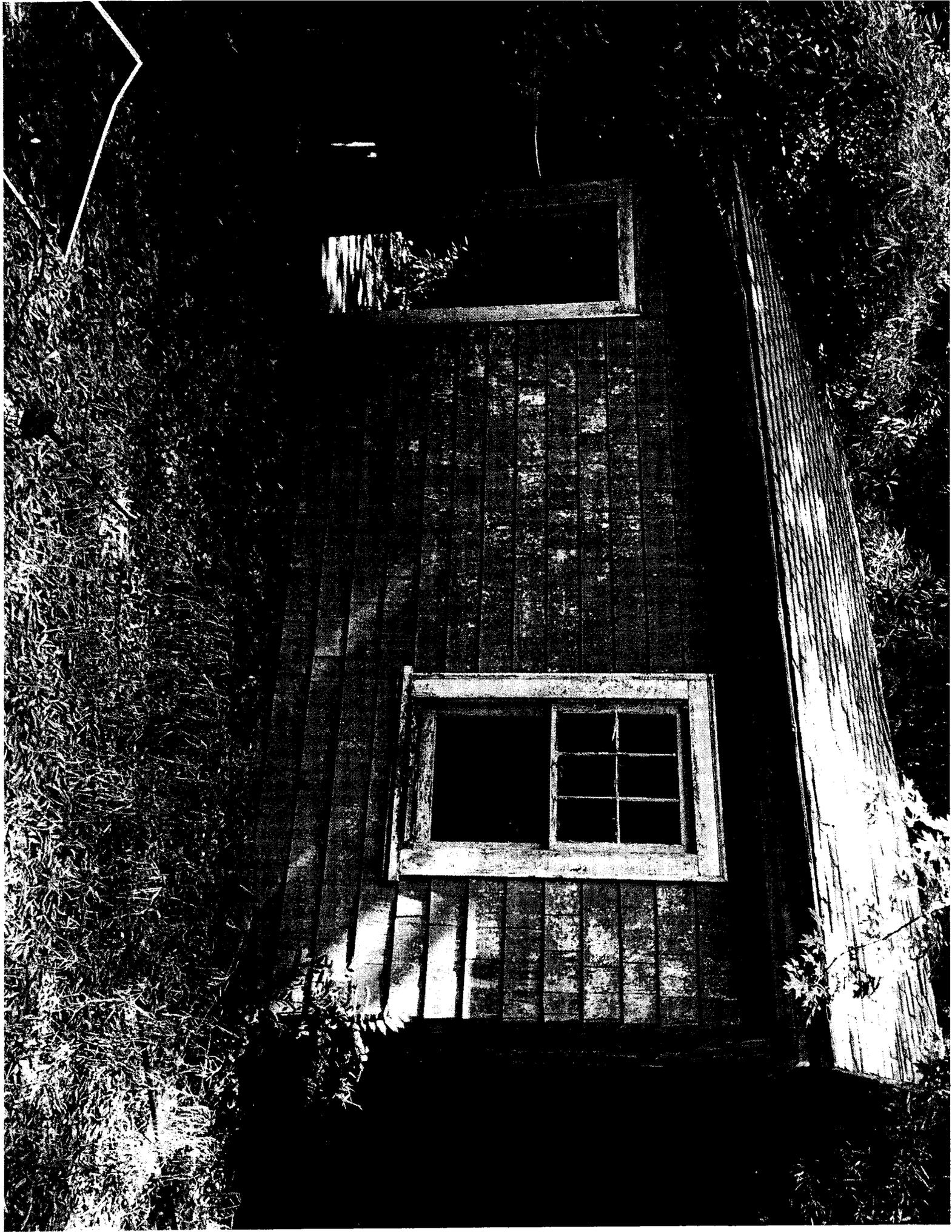
I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.

Name of Owner: 3515 Woodley Ventures LLC
(Print Name of Owner)

Signature: [Signature]

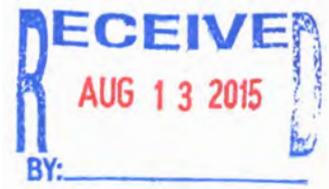
Name of Agent: Clifford Dixon
(Print Name of Authorized Agent)

Signature: [Signature]





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: August 11, 2015

Cap Id: R1500181

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:
3814 FULTON ST NW

LOT: **0044** SQUARE: **1812** TYPE: VACANT: **Yes**

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

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

R 15 00 181

Application Date: 8.11.15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3814 Fulton St NW	NW		1812		0044

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
S. Sharma	4415 P St NW 20007	301-526-7077	
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
JAY ROPER		2404261073	

3. TYPE OF PERMIT

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

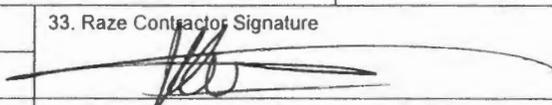
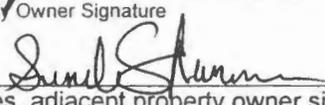
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
Single family detached 2 story dwelling		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Single family		Brick, wood, masonry	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
38'	30'	28'	31920'

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

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

33. Plumber's Name		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 type="checkbox"/> No		Official Use Only	
		Fee		By	Date

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

This certifies that Sumil Sharma (referred to as Owner) owns the property at
(Legal Name of Property Owner)
3814 Fulton St NW and that the person signing below has the legal authority to execute this Certification
(Property Address)

and to make the representations and certifications below, on behalf of the Owner:

I am applying for a Raze Permit for the subject property.

I understand that the Raze Permit must be issued prior to any raze activity or operations.

If I do not have a Raze Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.

SS (Initial here to certify that you have read and understand this paragraph)

A. Use of Property as Housing Accommodation

I hereby certify that the structure to be razed IS NOT a housing accommodation.
(is/is not)

If the structure is a housing accommodation, complete Section B. If the structure is *not* a housing accommodation, skip to Section C and the signature block.

B. Additional Provisions Applicable to Razing of "Housing Accommodations"

I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:

Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.

Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.

_____ (Initial here to certify that you have read and understand this paragraph)

I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, *et seq.*, and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:

Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, **before** issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.

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

_____ (Initial here to certify that you have read and understand this paragraph)

C. Execution and Certification Applicable to All Applicants

I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.

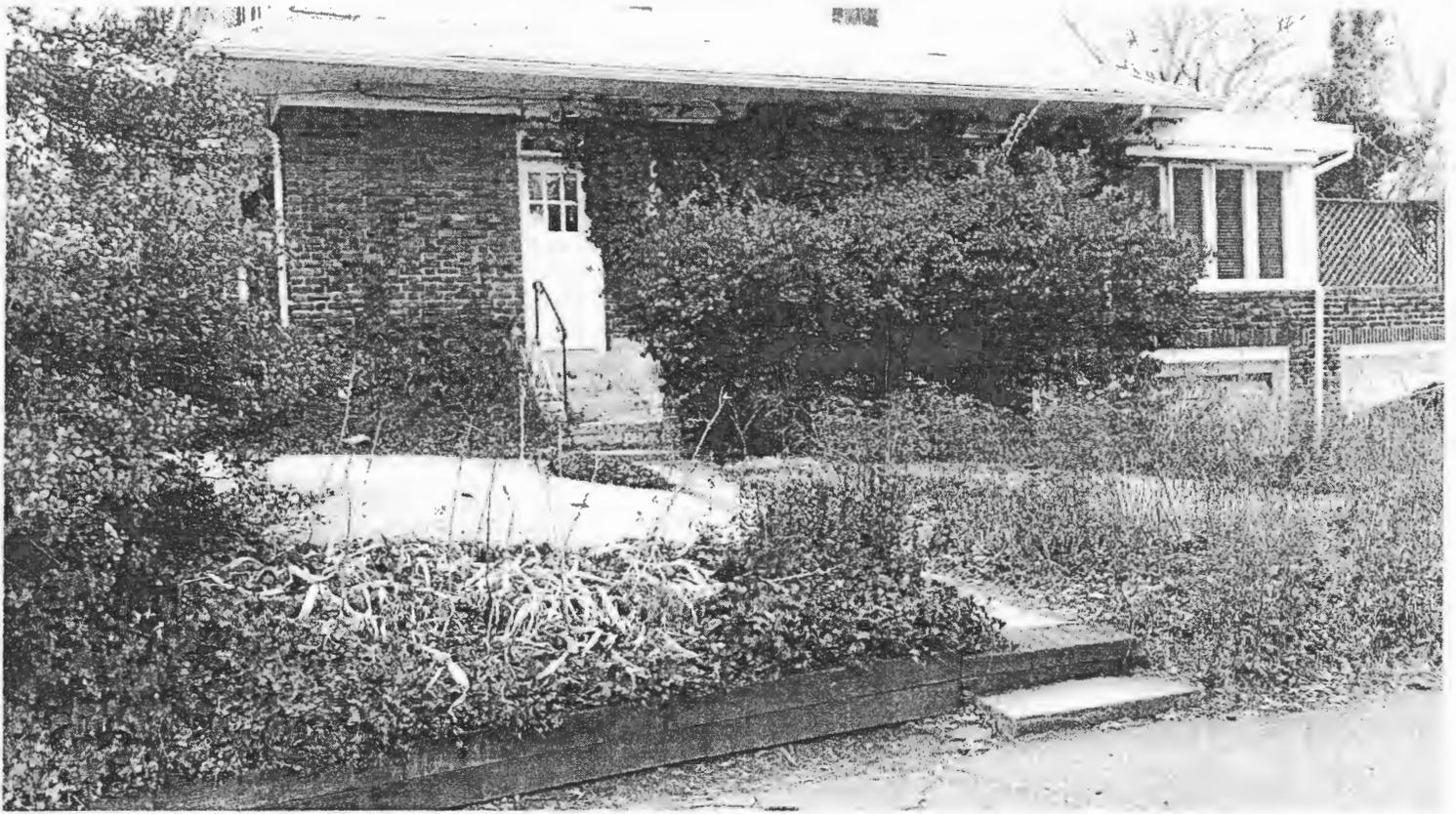
Name of Owner: S. Sharma
(Print Name of Owner)

Signature: Sumil Sharma

Name of Agent: _____
(Print Name of Authorized Agent)

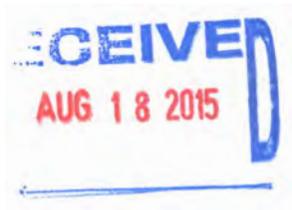
Signature: _____







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 9567

Date: August 13, 2015

Cap Id: R1500184

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:
3831 LIVINGSTON ST NW

LOT: 0812 SQUARE: 1859 TYPE: VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

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

Application Date: August 13, 2015

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3831 Livingston Street	NW	Three	1859		0812

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
3831 Livingston, LLC	c/o CAS Engineering, 1001 Conn. Ave. NW	202-393-7200	dcpermits@casengineering.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
David C. Landsman, CAS Engineering	1001 Conn. Ave., NW, #401, 20036	202-393-7200	dcpermits@casengineering.com

3. TYPE OF PERMIT

14. Check all that apply
 Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg	
Two-story wood siding single-family dwelling and detached garage		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Single-family residential		Wood and frame	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
45	31	20	27,900

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Donald Murphy Excavating	24. Contractor's Address (including zip code) 18019 Shaffer Mill Road, Mount Airy, MD 21	25. Contractor's Phone 443-277-6920
--	---	--

26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>Donald Murphy</i>
27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature <i>[Signature]</i>
29. Building Condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.
	30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.
31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.
32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only
	Fee _____ By _____ Date _____

33. Plumber's Name Crescent Plumbing, Michael Sydorko	34. Plumber's License Number 1015	35. Raze Method (ball, bulldozer, by hand, etc.) 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 Day, Deadrick & Marshall, Inc.	37. Policy or Certificate No. BK052880128	38. Expiration Date 08/22/2015
---	--	-----------------------------------

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

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

This certifies that 3831 Livingston, LLC (referred to as Owner) owns the property at
(Legal Name of Property Owner)

3831 Livingston Street, NW and that the person signing below has the legal authority to execute this Certification
(Property Address)

and to make the representations and certifications below, on behalf of the Owner:

I am applying for a Raze Permit for the subject property.

I understand that the Raze Permit must be issued prior to any raze activity or operations.

If I do not have a Raze Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.

AJZ (Initial here to certify that you have read and understand this paragraph)

A. Use of Property as Housing Accommodation

I hereby certify that the structure to be razed IS NOT a housing accommodation.
(is/is not)

If the structure is a housing accommodation, complete Section B. If the structure is *not* a housing accommodation, skip to Section C and the signature block.

B. Additional Provisions Applicable to Razing of "Housing Accommodations"

I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to

Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.

Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.

_____ (Initial here to certify that you have read and understand this paragraph)

I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, *et seq.*, and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:

Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, **before** issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.

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

_____ (Initial here to certify that you have read and understand this paragraph)

C. Execution and Certification Applicable to All Applicants

I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.

Name of Owner: 3831 Livingston, LLC
(Print Name of Owner)

Signature: _____

Name of Agent: David C. Landsman, CAS Engineering
(Print Name of Authorized Agent)

Signature: _____

DAVID CRAIG LANDSMAN
NOTARY PUBLIC
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES OCT 31, 2016
Registration No. 7507752



DONAL-4 OP ID: RB

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/12/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Day, Deadrick & Marshall, Inc. P.O. Box 1840 Beltsville, MD 20704-1840 Stephen J. Deadrick, CLU, CIC		CONTACT NAME: Becky Baxley PHONE (A/C, No, Ext): 301-937-1500 E-MAIL ADDRESS: becky@ddminsurance.com FAX (A/C, No): 301-937-1706	
INSURED: Donald Murphy Excavating 18019 Shaeffer Mill Rd. Mt. Airy, MD 21771		INSURER(S) AFFORDING COVERAGE INSURER A: Liberty Mutual NAIC # 24074 INSURER B: Builders Mutual INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		BKO52880128	08/22/2015	08/22/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> Hired AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		BAW52880128	08/22/2015	08/22/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000		USO52880128	08/22/2015	08/22/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR-PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below		WCP1038817-0	04/01/2015	04/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Job: 3831 Livingston Street NW Washington, DC

CERTIFICATE HOLDER

CANCELLATION

Chief, Permit Center
 Permit Processing Division
 941 N. Capitol St. NE Rm.2100
 Washington, DC 20002

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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1859 0812 06/23/2004



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Office of Tax and Revenue

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- Tax Forms and Publications
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CFO HOME

TAXPAYER SERVICE CENTER

REAL PROPERTY SERVICES

- Property Tax Rate
- Property Tax Rates and Calculation
- Property Assessment Process
- Property Assessment Appeals
- Tax Relief/Credits
- Search Real Property Sales Database
- Search Real Property Assessment Database

Property Features SSL: 1859 0812

Updates to the information below are done on a semi-annual basis, March 1 and September 1.

Building Type	Single
Building Style	1.5 Story Fin
Living Area	1086
Year Built	1925
Bed Rooms	3
Bath Rooms	1
1/2 Bath Rooms	1
Total Rooms	7
Wall	Wood Siding
Floor	Hardwood
Heat	Hot Water Rad
Air Conditioning	None
Fireplace(s)	1
Interior Condition	Average
Exterior Condition	Average
Overall Condition	Average

**Click here to view the Glossary of Terms for the Property Features data

Click here for the District of Columbia Department of Consumer and Regulatory Affairs (DCRA) historical property information.

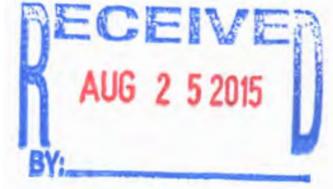
- [View Tax Information](#)
- [View Property Features](#)
- [View Payments](#)
- [View Current Tax Bill](#)

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			Mobile Site	

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- Feedback
- Privacy & Security
- Terms & Conditions



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: August 14, 2015

Cap Id: R1500188

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:
646 H ST NE & 648 H ST NE

LOT: 0802 SQUARE: 0858 TYPE: VACANT: No

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____

646-648 H Street NE – R1500188





APPLICATION FOR RAZE PERMIT

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

Applicable code sections are in the 2008 DC Building Code Supplement Chapter 1-5 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

R15 00 188

Application Date: 8/14/2015

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
646-648 H St.	NE	Six	0858		1, 2, 800, 801, 802

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Rock Creek - 650 H, LLC	1155 Connecticut Ave. NW Ste 700, Washington, DC 20036	202-835-1200	jlstuvka@rockcreekpg.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Melissa Diaz	2735 Hartland Rd, Ste 200, Falls Church, VA 22043	703-283-1118	mdiaz@dfmdevelopment.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 Building			2
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Commercial (Office/Retail)			
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
44	34	15	22,440

OFFICIAL USE ONLY

CONDITIONS/COMMENTS

SECTION A. RAZE PERMIT

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

26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature						
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature						
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
30a. Party Wall?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.						
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.						
31. Building Vacant?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Building must be vacant before Raze Permit issuance.						
32. Public Space Vault?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only						
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Fee</td> <td style="width:33%;">By</td> <td style="width:33%;">Date</td> </tr> <tr> <td style="height: 30px;"></td> <td style="height: 30px;"></td> <td style="height: 30px;"></td> </tr> </table>	Fee	By	Date			
Fee	By	Date						

33. Plumber's Name	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:

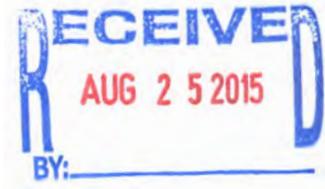
- Show the holder of the insurance as: Deputy Director, Permit Division, 3100 4th St. SW, Washington, DC 20024.
- Include a 30-day advance notice cancellation clause.
- Include these amounts of insurance coverage: Bodily Injury: \$100,000; Aggregate: \$300,000; and Property Damage: \$100,000.
- State 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only						
If yes, indicate location:								
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Fee</td> <td style="width:33%;">By</td> <td style="width:33%;">Date</td> </tr> <tr> <td style="height: 30px;"></td> <td style="height: 30px;"></td> <td style="height: 30px;"></td> </tr> </table>	Fee	By	Date			
Fee	By	Date						



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



Permit Operations Division
1100 4th Street SW
Washington DC 20024

Tel. (202) 442 - 4589 Fax (202) 442 - 4862

TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557

Date: August 14, 2015

Cap Id: R1500187

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

Re: Request for clearance of premises subject to razing operations

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

Address:

650 H ST NE & 652 H ST NE

LOT: 0800 SQUARE: 0858 TYPE:

VACANT: No

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

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

R15 00 187

Application Date: **8/14/2015**

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
<i>650-652 H St.</i>	<i>NE</i>	<i>Six</i>	<i>0858</i>		<i>1, 2, 800, 801, 802</i>

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
<i>Rock Creek - 650 H, LLC</i>	<i>1155 Connecticut Ave. NW Ste 700, Washington, DC 20036</i>	<i>202-835-1200</i>	<i>jlastuvka@rockcreekpg.com</i>
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
<i>Melissa Diaz</i>	<i>2735 Hartland Rd, Ste 200, Falls Church, VA 22043</i>	<i>703-283-1118</i>	<i>mdiaz@dfmdevelopment.com</i>

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:	
<i>2 Story Brick Building</i>		<i>2</i>	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
<i>Commercial (Office/Retail)</i>			
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
<i>73</i>	<i>34</i>	<i>25</i>	<i>62,050</i>

OFFICIAL USE ONLY

CONDITIONS/COMMENTS

SECTION A. RAZE PERMIT

23. Raze Contractor's Name	24. Contractor's Address (including zip code)	25. Contractor's Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30a. Party Wall?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature
31. Building Vacant?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.
32. Public Space Vault?	<input type="checkbox"/> Yes <input type="checkbox"/> No	30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.
		Building must be vacant before Raze Permit issuance.
Official Use Only		
		Fee
		By
		Date

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

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

2. The Certificate should:

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

36. Insurance Company	37. Policy or Certificate No.	38. Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

650-652 H Street NE - R1500187





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: August 14, 2015

Cap Id: R1500186

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:
654 H ST NE

LOT: 0001 SQUARE: 0858 TYPE: VACANT: No

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

CLEARANCE

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

Date: Signature:

Name of releasing HPO Official. (print)



APPLICATION FOR RAZE PERMIT

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

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

R15 00 186

Application Date: 8/14/2015

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
654 H St.	NE	Six	0858		1, 2, 800, 801, 802

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Rock Creek - 650 H, LLC	1155 Connecticut Ave, NW Ste 700, Washington, DC 20036	202-835-1200	jlstuvka@rockcreekpg.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Melissa Diaz	2735 Hartland Rd, Ste 200, Falls Church, VA 22043	703-283-1118	mdiaz@dfmdevelopment.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 Brick Building		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Commercial (Office/Retail)			
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
70	17	28	33,320

OFFICIAL USE ONLY

CONDITIONS/COMMENTS

SECTION A. RAZE PERMIT

23. Raze Contractor's Name	24. Contractor's Address (including zip code)	25. Contractor's Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature
27. CFA?	<input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.
31. Building Vacant?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.
32. Public Space Vault?	<input type="checkbox"/> Yes <input 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.)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

2. The Certificate should:

- Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St. SW, Washington, DC 20024.
- Include a 30-day advance notice cancellation clause.
- Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$500,000; and Property Damage, \$100,000.
- State that the insurance covers Razing Operations in the District of Columbia and the scope of the insurance is for blanket coverage.
- If the insurance is for one specific address only, state that: "Razing Operations at _____ (address of raze operation)"

36. Insurance Company	37. Policy or Certificate No.	38. Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

654 H Street NE - R1500186

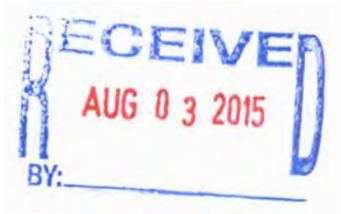




Government of the District of Columbia
Department of Consumer and Regulatory Affairs

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 23, 2015

Cap Id: R1500164

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:
7700 GEORGIA AVE NW

LOT: **0021** SQUARE: **2957** 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) _____



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
APPLICATION FOR
RAZE PERMIT AND/OR SUPPLEMENTAL RAZING OPERATIONS PERMIT**

Please type or print legibly in ink. Provide *detailed information*. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whitening out, or otherwise altering any entered information will void this application. The owner of record must sign the application with an original signature. Applicable code sections are in the 2003 DC Building Code Supplement Chapter I § 107.2.4 107.2.10 (5), and 110.1.

Application Date: _____

1. INFORMATION ON PROPERTY					
1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
7700 GEORGIA AVE	NW	One	2957		21

2. APPLICANT INFORMATION			
6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
CAPITAL BUILDING, INC	10205 CAVANAUGH FARM WY Rockville, MD 20850	301-340-0243	
10. Agent/Contractor for Owner (if applicable) John Giysupe Jill R. Klein	11. Complete mailing address (include zip) 10205 Cavanaugh Farm WY Rockville, MD 20850	12. Phone Number(s) 252-26-6737 240-899-2263	13. Email Ranod@bl.com jill.r.klein@gmail.com

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

4. DESCRIPTION OF BUILDING			
15. Description of Building to be Razed (e.g., two story brick single family dwelling)			16. Existing Number of Stories of Bldg:
Two story brick single family building/detached home and a vacant one story brick commercial front that formerly housed a retail food facility.			2
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Vacant Residential & Vacant Commercial		wood-frame house & brick commercial	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
65.838'	50'	20'	65.838'

OFFICIAL USE ONLY

SECTION A. RAZE PERMIT

23. Raze Contractor's Name <i>Selective Wrecking & Abatement LLC</i>		24. Contractor's Address (including zip code) <i>8340-A Beechcraft Ave Gaithersburg, MD 20879</i>		25. Contractor's Phone <i>240-631-2582 240-631-9015</i>	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>Just [Signature]</i>			
27. Fine Arts District?	<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>Jim R Kler</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 <i>Partial</i>	30b. If yes, adjacent property owner signature is required. <i>Same ownership: Capital Building, Inc</i>			
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Supplemental Raze Operations Permit issuance.			
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
		Fee	By	Date	

SECTION B. SUPPLEMENTAL RAZE OPERATIONS PERMIT

35. Raze Contractor's Name <i>Selective Wrecking + Abatement, LLC</i>		36. Contractor's Address (including zip code) <i>8340-A Beechcraft Ave. Gaithersburg, MD 20879</i>		37. Contractor's Phone <i>301-330-0965</i>	
38. Plumber's Name		39. Plumber's License Number		40. Raze Method (bail, bulldozer, by hand, etc.) <i>Hand & Front Loader</i>	

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, 941 North Capitol St NE, Washington, DC 20002
- 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)

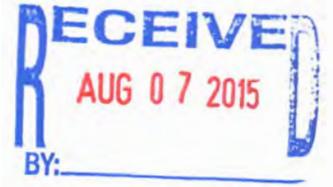
41. Insurance Company		42. Policy or Certificate No.		43. Expiration Date	
44. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	52. Raze Contractor Signature <i>Just [Signature]</i>			
45. Fine Arts District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
46. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	53. Property Owner Signature <i>Jim R Kler</i>			
47. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
48a. Party Wall?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Partial</i>	47b. If you answer yes, adjacent property owner must sign here. <i>Jim R Kler</i>			
		47c. Any raze permit application for a building(s) involving party walls must include 2 copies of a plan that shows how the party wall(s) will be protected.			
49. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Supplemental Raze Operations Permit issuance.			
50. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
51. Asbestos in Building? If yes, indicate location: <i>* See Attached Asbestos Report From ECS</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fee	By	Date	



7700 GA Ave 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: June 26, 2015

Cap Id: R1500147

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:
901 H ST NE

LOT: 0055 SQUARE: 0912 TYPE: VACANT: No

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

CLEARANCE

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

Date: 8/11/2015 Signature: [Handwritten Signature]

Name of releasing HPO Official. (print) Maboney



APPLICATION FOR RAZE PERMIT

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

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

R15 00 147

Application Date: 6/26/15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
901 H Street, NE, Washington DC	NE	Six	912		55

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Parcel Seven Associates, LLC	1100 New Jersey Avenue, SE, Washin	571-382-22102	lmoses@rappaportco.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email

3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)			16. Existing Number of Stories of Bldg:
one story brick retail center building			1
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
retail center		brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
494' 1"	141'	17"	1,184,118' 1"

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name <div style="border: 1px solid black; padding: 2px;">TBD</div>	24. Contractor's Address (including zip code) <div style="border: 1px solid black; padding: 2px;">TBD</div>	25. Contractor's Phone <div style="border: 1px solid black; padding: 2px;">TBD</div>
---	--	---

26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature
31. Building Vacant?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.
		Building must be vacant before Raze Permit issuance.
Official Use Only		
		Fee
		By
		Date

33. Plumber's Name <div style="border: 1px solid black; padding: 2px;">TBD</div>	34. Plumber's License Number <div style="border: 1px solid black; padding: 2px;">TBD</div>	35. Raze Method (ball, bulldozer, by hand, etc.) <div style="border: 1px solid black; padding: 2px;">TBD</div>
---	---	---

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 <div style="border: 1px solid black; padding: 2px;">TBD</div>	37. Policy or Certificate No. <div style="border: 1px solid black; padding: 2px;">TBD</div>	38. Expiration Date <div style="border: 1px solid black; padding: 2px;">TBD</div>
--	--	--

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

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

This certifies that Parcel Seven Associates LLC (referred to as Owner) owns the property at
(Legal Name of Property Owner)

901 H Street, NE and that the person signing below has the legal authority to execute this Certification
(Property Address)

and to make the representations and certifications below, on behalf of the Owner:

I am applying for a Raze Permit for the subject property.

I understand that the Raze Permit must be issued prior to any raze activity or operations.

If I do not have a Raze Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.

jm (Initial here to certify that you have read and understand this paragraph)

A. Use of Property as Housing Accommodation

I hereby certify that the structure to be razed IS NOT a housing accommodation.
(is/is not)

If the structure is a housing accommodation, complete Section B. If the structure is *not* a housing accommodation, skip to Section C and the signature block.

B. Additional Provisions Applicable to Razing of "Housing Accommodations"

I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:

Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.

Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.

jm (Initial here to certify that you have read and understand this paragraph)

I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, *et seq.*, and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:

Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, **before** issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.

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

jm (Initial here to certify that you have read and understand this paragraph)

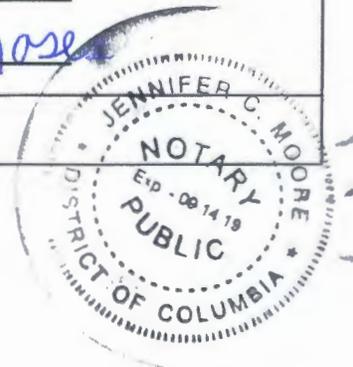
C. Execution and Certification Applicable to All Applicants

I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.

Name of Owner: Parcel Seven Associates LLC Signature: _____
(Print Name of Owner)

Name of Agent: Lindsay Moses Signature: Lindsay Moses
(Print Name of Authorized Agent)

JENNIFER C. MOORE
District of Columbia Notary Public
My Commission Expires September 14, 2019





Environmental Intake Form

Owner & Contact Information

Complete address of proposed work

Square	Suffix (if any)	Lot	Application date (4 numbers for year)
912		55	06262015

Number	Ext	Official street name	Quadrant	Unit/Suite
901		H STREET	NE	

Project name H Street	Application number (if applicable)	Project Description
---------------------------------	------------------------------------	---------------------

6. Owner Parcel Seven Ass. LLC	7. Complete mailing address (include zip) 1100 New Jersey Ave SE Washington DC 20003	8. Phone 571-382-1245	9. Email, if you prefer e-notice lmoses@rappaport.com
--	--	---------------------------------	---

10. Agent for owner, if applicable Lindsay Moses	11. Complete mailing address (include zip) " "	12. Phone " "	13. Email, if you prefer e-notice " "
--	--	-------------------------	---

Project Scope

Scope (Check all that this project involves.)	No	Yes	If You Answer "Yes"
1. Is this project a residential structure within R-1 through R-5-A zoning districts?			Skip to the signature line.
2. Is this project a single-family structure not built in conjunction with 2 or more units?			
3. Is this project an accessory structure, such as a garage, patio, pool, or fence?			
4. Is this project only an interior renovation with no building use or capacity change?			
5. Is this project in an Economic Development Zone, as defined in DC Official Code § 6-1501 et seq (DC Law 7-177)?			
6. Is this project in the Central Employment Area, defined in DC Zoning Regulations?			Attach a site plan. If there is no plan, attach a written explanation.
7. Does the project involve only operation, repair, maintenance, or minor alteration of public structures, facilities, mechanical equipment, or topographical features, with negligible or no expansion of use beyond its current use?			
8. Does the owner of this site own adjacent or abutting property?			
9. Do you plan to develop adjacent/abutting property in next 3 years?			
10. Do you plan more development that requires permit(s) on any site in this square in next 3 years?			See EIS Coordinator.
11. Is this project a solid waste facility?			Attach the EIS or equivalent.
12. Have you prepared an Environmental Impact Statement (EIS) or a functional equivalent, as required by the National Environmental Policy Act of 1969 (NEPA)?			Attach an explanation; cite relevant section of regulations.
13. Are you claiming an exemption, other than those listed in this form, from the requirement to submit an Environmental Screening Form, under Title 20 § 7202.			If you're not claiming an exemption, attach an EISF.
14. Is the total project cost more than \$1.51 million, including site preparation and construction?			If you check any item, attach EISF or equivalent.
15. For projects with a total cost of \$1.51 million or less, check all that apply:			
<input type="checkbox"/> Contains threatened or endangered plant or animal species.			
<input type="checkbox"/> Is within 100 feet of a pond, stream, lake, spring, or wetland.			
<input type="checkbox"/> Project will produce emission of odorous or other air pollutants (from any source, including VOCs).			
<input type="checkbox"/> Project produce, use, or dispose of hazardous substances, as defined in 20 DCMR 7299.			
<input type="checkbox"/> Will be built on land where the water table depth is less than 3 feet.			
<input type="checkbox"/> Will require blasting.			
<input type="checkbox"/> Will generate medical, infectious, radioactive, or hazardous waste.			

I certify that all statements on this application are true and complete to the best of my knowledge and belief. I agree to comply with all applicable DC laws and regulations. The making of false statements on this application is punishable by criminal penalties. (DC Code Sec. 22-2514)

Signature of Owner/Authorized Agent _____

Date _____

OFFICIAL USE ONLY

Environmental Impact Screening Form Required

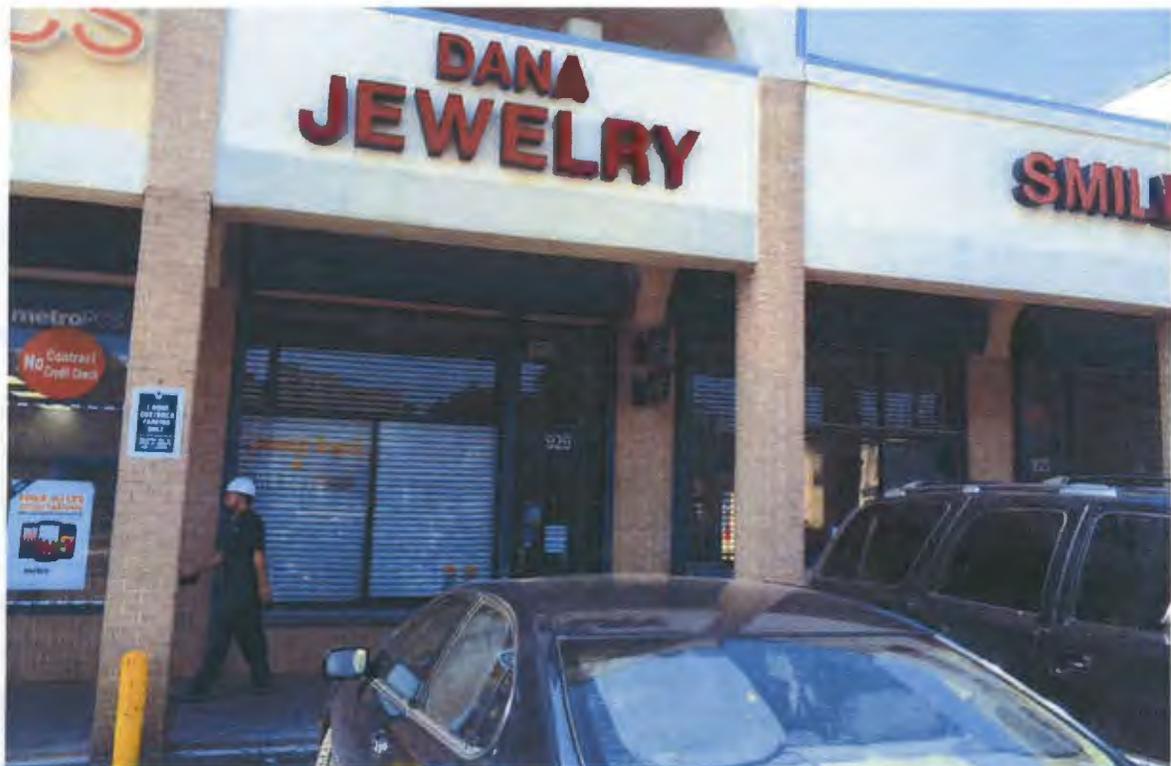
Yes. Referred to EIS Coordinator No DCRA Reviewer _____ Date _____

NOTE: Building permit approval is not the same as approval of an action or entire project under the Environmental Policy Act of 1989. If you build on the same, adjacent, or abutting property, or expand on work covered by this Environmental Intake Form within 3 years, you may be required to file an EISF for the whole project, including the part covered by this application and permit approval. If the action violates any federal or DC environmental laws, an EISF can be required.

To report waste, fraud, or abuse by any DC government office or official, call the Inspector General: 1-800-521-1639

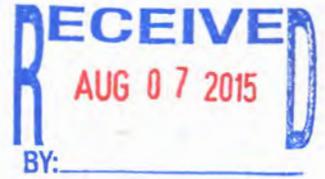








Government of the District of Columbia
Department of Consumer and Regulatory Affairs



Permit Operations Division
1100 4th Street SW
Washington DC 20024

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

Date: June 26, 2015

Cap Id: R1500146

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:
961 H ST NE

LOT: 0055 SQUARE: 0912 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: 8/11/2015 Signature: [Handwritten Signature]

Name of releasing HPO Official. (print) [Handwritten Name: Malone]



APPLICATION FOR RAZE PERMIT

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

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

R 1500 146

Application Date: 6/26/15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
961 H Street, NE, Washington DC	NE	Six	912		55

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Parcel Seven Associates, LLC	1100 New Jersey Avenue, SE, Washin	571-382-22102	lmoses@rappaportco.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email

3. TYPE OF PERMIT

14. Check all that apply: Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
one story brick building		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
former bank		brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
49'	51'	15' 3"	37,485' 3"

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name <div style="border: 1px solid black; padding: 2px;">TBD</div>	24. Contractor's Address (including zip code) <div style="border: 1px solid black; padding: 2px;">TBD</div>	25. Contractor's Phone <div style="border: 1px solid black; padding: 2px;">TBD</div>
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26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature			
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature			
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.			
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.			
		Building must be vacant before Raze Permit issuance.			
Official Use Only					
		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">Fee</td> <td style="width:33%; border-bottom: 1px solid black;">By</td> <td style="width:33%; border-bottom: 1px solid black;">Date</td> </tr> </table>	Fee	By	Date
Fee	By	Date			

33. Plumber's Name <div style="border: 1px solid black; padding: 2px;">TBD</div>	34. Plumber's License Number <div style="border: 1px solid black; padding: 2px;">TBD</div>	35. Raze Method (ball, bulldozer, by hand, etc.) <div style="border: 1px solid black; padding: 2px;">TBD</div>
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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 <div style="border: 1px solid black; padding: 2px;">TBD</div>	37. Policy or Certificate No. <div style="border: 1px solid black; padding: 2px;">TBD</div>	38. Expiration Date <div style="border: 1px solid black; padding: 2px;">TBD</div>
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39. Asbestos in Building? If yes, indicate location:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only		
		Fee	By	Date



Environmental Intake Form

Owner & Contact Information

Complete address of proposed work

Square 0912	Suffix (if any)	Lot 0055	Application date (4 numbers for year) 06262015
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Number 901	Ext	Official street name H Street NE	Quadrant NE	Unit/Suite
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Project name H Street	Application number (if applicable)	Project Description mixed-use development
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6. Owner Parcel Seven Ass. LLC	7. Complete mailing address (include zip) 1100 New Jersey Ave SE Washington DC 20003	8. Phone 571-382-1245	9. Email, if you prefer e-notice Imoses@rappaportco.com
10. Agent for owner, if applicable Lindsay Moses	11. Complete mailing address (include zip) " "	12. Phone " "	13. Email, if you prefer e-notice " "

Project Scope

Scope (Check all that this project involves.)	No	Yes	If You Answer "Yes"
1. Is this project a residential structure within R-1 through R-5-A zoning districts?			Skip to the signature line.
2. Is this project a single-family structure not built in conjunction with 2 or more units?			
3. Is this project an accessory structure, such as a garage, patio, pool, or fence?			
4. Is this project only an interior renovation with no building use or capacity change?			
5. Is this project in an Economic Development Zone, as defined in DC Official Code § 6-1501 et seq (DC Law 7-177)?			
6. Is this project in the Central Employment Area, defined in DC Zoning Regulations?			Attach a site plan. If there is no plan, attach a written explanation.
7. Does the project involve only operation, repair, maintenance, or minor alteration of public structures, facilities, mechanical equipment, or topographical features, with negligible or no expansion of use beyond its current use?			
8. Does the owner of this site own adjacent or abutting property?			See EIS Coordinator.
9. Do you plan to develop adjacent/abutting property in next 3 years?			
10. Do you plan more development that requires permit(s) on any site in this square in next 3 years?			Attach the EIS or equivalent.
11. Is this project a solid waste facility?			
12. Have you prepared an Environmental Impact Statement (EIS) or a functional equivalent, as required by the National Environmental Policy Act of 1969 (NEPA)?			Attach an explanation; cite relevant section of regulations.
13. Are you claiming an exemption, other than those listed in this form, from the requirement to submit an Environmental Screening Form, under Title 20 § 7202.			
14. Is the total project cost more than \$1.51 million, including site preparation and construction?			If you're not claiming an exemption, attach an EISF.
15. For projects with a total cost of \$1.51 million or less, check all that apply: <input type="checkbox"/> Contains threatened or endangered plant or animal species. <input type="checkbox"/> Is within 100 feet of a pond, stream, lake, spring, or wetland. <input type="checkbox"/> Project will produce emission of odorous or other air pollutants (from any source, including VOCs). <input type="checkbox"/> Project produce, use, or dispose of hazardous substances, as defined in 20 DCMR 7299. <input type="checkbox"/> Will be built on land where the water table depth is less than 3 feet. <input type="checkbox"/> Will require blasting. <input type="checkbox"/> Will generate medical, infectious, radioactive, or hazardous waste.			

I certify that all statements on this application are true and complete to the best of my knowledge and belief. I agree to comply with all applicable DC laws and regulations. The making of false statements on this application is punishable by criminal penalties. (DC Code Sec. 22-2514)

Signature of Owner/Authorized Agent _____

Date _____

OFFICIAL USE ONLY

Environmental Impact Screening Form Required

Yes. Referred to EIS Coordinator No DCRA Reviewer _____ Date _____

NOTE: Building permit approval is not the same as approval of an action or entire project under the Environmental Policy Act of 1989. If you build on the same, adjacent, or abutting property, or expand on work covered by this Environmental Intake Form within 3 years, you may be required to file an EISF for the whole project, including the part covered by this application and permit approval. If the action violates any federal or DC environmental laws, an EISF can be required.

To report waste, fraud, or abuse by any DC government office or official, call the Inspector General: 1-800-521-1639

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

This certifies that Parcel Seven Associates LLC (referred to as Owner) owns the property at
(Legal Name of Property Owner)
9101 H St. NE and that the person signing below has the legal authority to execute this Certification
(Property Address)

and to make the representations and certifications below, on behalf of the Owner:

I am applying for a Raze Permit for the subject property.

I understand that the Raze Permit must be issued prior to any raze activity or operations.

If I do not have a Raze Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.

jm (Initial here to certify that you have read and understand this paragraph)

A. Use of Property as Housing Accommodation

I hereby certify that the structure to be razed IS NOT a housing accommodation.
(is/is not)

If the structure is a housing accommodation, complete Section B. If the structure is *not* a housing accommodation, skip to Section C and the signature block.

B. Additional Provisions Applicable to Razing of "Housing Accommodations"

I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:

Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.

Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.

jm (Initial here to certify that you have read and understand this paragraph)

I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, *et seq.*, and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:

Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, **before** issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.

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

jm (Initial here to certify that you have read and understand this paragraph)

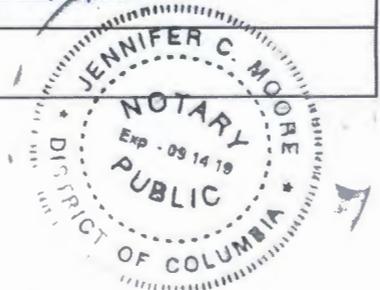
C. Execution and Certification Applicable to All Applicants

I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.

Name of Owner: Parcel Seven Associates LLC Signature: _____
(Print Name of Owner)

Name of Agent: Lindsay Moses Signature: Lindsay Moses
(Print Name of Authorized Agent)

JENNIFER C. MOORE
District of Columbia Notary Public
My Commission Expires September 14, 2019





RAZE PERMIT APPLIED AT DCRA JULY 30 - AUGUST 24, 2015

DCRA Issued Date	ID	Address	PER SUB TYPE	DCRA Notice Date	ANC Notice Expiration	STATUS	Ward	ANC	Zoning	Applicant	Owner	Type of Work
8/11/2015	R1500178	2914 SHERMAN AVE NW	Raze	8/25/2015	10/7/2015	New Application	1	1A	R-4	AECOM	POTOMAC ELECTRIC POWER COMPANY	MASONRY BUILDING - INTERIOR WAS DEMOLISHED PREVIOUSLY
8/7/2015	R1500177	1859 MONROE ST NW	Raze	8/25/2015	10/7/2015	New Application	1	1D	R-4	BARROW	SARAH M HALL	one story brick garage with a party wall
8/3/2015	R1500175	3009 DUMBARTON ST NW	Raze	8/25/2015	10/7/2015	New Application	2	2E		N/A; LAURENCE FOOTER	LAURENCE FOOTER	Raze 1 story guest house w/shed
8/11/2015	R1500181	3814 FULTON ST NW	Raze	8/25/2015	10/7/2015	New Application	3	3B	R-2	SHARMA	SUNIL SHARMA	TO RAZE A SINGLE FAMILY DETACHED 2 STORY DWELLING
8/20/2015	R1500189	3507 WOODLEY RD NW	Raze	8/25/2015	10/7/2015	New Application	3	3C	R-1-B	CLIFFORD DIXON	3507 WOODLEY VENTURES LLC	RAZE A WOODEN SHED THAT IS FULLY DETACHED
8/13/2015	R1500184	3831 LIVINGSTON ST NW	Raze	8/25/2015	10/7/2015	Open	3	3G	R-2	CAS	BARBARA L SINTON	two story wood single family dwelling and detached garage
7/30/2015	R1500171	100 GALLATIN ST NE	Raze	8/25/2015	10/7/2015	New Application	5	5A		KOLLAR	DISTRICT OF COLUMBIA	3-WING ONE STORY BRICK EDUCATIONAL BUILDING
8/21/2015	R1500192	5001 FORT TOTTEN DR NE	Raze	8/25/2015	10/7/2015	New Application	5	5A		CAILLOUET	SUPER CONCRETE CORPORATION	RAZE A THREE STORY BRICK AND METAL BUILDING
8/21/2015	R1500191	5001 FORT TOTTEN DR NE	Raze	8/25/2015	10/7/2015	New Application	5	5A		CAILLOUET	SUPER CONCRETE CORPORATION	5 STORY METAL CONCRETE BATCH PLANT
8/13/2015	R1500182	1124 FLORIDA AVE NE	Raze	8/25/2015	10/7/2015	New Application	5	5B	C-2-A	SEQUAR	K TWO LLC	raze a one story commercial building
8/13/2015	R1500183	1126 FLORIDA AVE NE	Raze	8/25/2015	10/7/2015	New Application	5	5B	C-2-A	SEQUAR	K TWO LLC	raze a two s tory commercial building
7/31/2015	R1500172	1325 D ST SE	Raze	8/25/2015	10/7/2015	New Application	6	6B	R-4	DIAZ	INTERNATIONAL GRADUATE UNIVERSITY OF WASHINGTON DC	one story brick building - BUILDING "A"
7/31/2015	R1500173	1325 D ST SE	Raze	8/25/2015	10/7/2015	New Application	6	6B	R-4	DIAZ	INTERNATIONAL GRADUATE UNIVERSITY OF WASHINGTON DC	TWO STORY BRICK BUILDING - BUILDING "B"
8/5/2015	R1500176	1215 3RD ST NE	Raze	8/25/2015	10/7/2015	New Application	6	6C	C-M-1	MAJICH	SQUARE 772 DEVELOPMENT GROUP LTD PTR	TWO STORY OFFICE / WAREHOUSE
8/11/2015	R1500179	33 N ST NE	Raze	8/25/2015	10/7/2015	New Application	6	6C	C-3-C	CAPITOL PERMITS	JBG/33 N STREET LLC	RAZE OF A TWO STRORY MASONRY COMMERCIAL OFFICIAL BUILDING
8/18/2015	R1500187	650 H ST NE	Raze	8/25/2015	10/7/2015	New Application	6	6C	HS-H/C-2-B	DIAZ	ROCK CREEK - 650 H LLC	RAZE A TWO STORY BUILDING
8/18/2015	R1500186	654 H ST NE	Raze	8/25/2015	10/7/2015	New Application	6	6C	HS-H/C-2-B	DIAZ	ROCK CREEK - 650 H LLC	TWO STORY BRICK BUILDING
8/18/2015	R1500188	646 H ST NE	Raze	8/25/2015	10/7/2015	New Application	6	6C	HS-H/C-2-B	DIAZ	ROCK CREEK - 650 H LLC	ONE STORY BRICK BUILDING
8/11/2015	R1500180	1748 W ST SE	Raze	8/25/2015	10/7/2015	New Application	8	8A	R-5-A	MATHEW	SIDNEY B MATTHEWS	RAZE A 3 STORY DUPLEX RETRO RAZE PERMIT -BUILDING FELL DOWN (HOUSE BESIDE THIS ADDRESS)1750 W STREET SE - - - FIRE DAMAGE
8/21/2015	R1500190	3418 4TH ST SE	Raze	8/25/2015	10/7/2015	New Application	8	8C			SW CHURCH OF CHRIST	RAZE A VACANT SINGLE STORY CHURCH

Applications Submitted to Historic Preservation - 1301 Pennsylvania Avenue NW