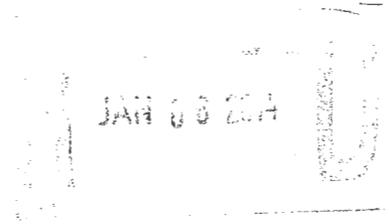




Government of the District of Columbia
Department of Consumer and Regulatory Affairs

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: January 02, 2014

Cap Id: R1400057

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:
5015 HAYES ST NE

LOT 0009 SQUARE: 5179 TYPE Single Family Dwelling - R-3 VACANT Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

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

R1400057

Application Date: JAN 2, 2014

1. INFORMATION ON PROPERTY

1. Address of Proposed Work 5015 HAYES ST #	2. Quad NE	3. Ward 7th	4a. Square	4b. Suffix	5. Lot
--	---------------	----------------	------------	------------	--------

2. APPLICANT INFORMATION

6. Property Owner GOLDIE VINCENT	7. Complete mailing address (include zip) 5015 HAYES ST NE WASHINGTON DC 20019	8. Phone Number(s)	9. Email
10. Agent/Contractor for Owner (if applicable) FOREST VALLEY TREE & LAWN, LLC	11. Complete mailing address (include zip) 1500 ASPEN ST BALTIMORE, MD 21226	12. Phone Number(s) 410) 360-7645	13. Email CHARLES REMNES FVT@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) ONE, 2-STORY SF STRUCTURE WITH ACCESSORY STRUCTURE - 2 STORY BLOCK			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, & BLOCK	
19. Bldg Length (ft) 40	20. Bldg Width (ft) 20	21. Bldg Height (ft) 20	22. Bldg Volume (cu ft) (L x W x H) 16,000

OFFICIAL USE ONLY

CONDITIONS/COMMENTS:
ACCESSORY BLDG - (L) 32 (W) 16 (H) 20 - (V) 10,240

SECTION A. RAZE PERMIT

23. Raze Contractor's Name EXCALIBUR SITE SVCS		24. Contractor's Address (including zip code) 1500 ASPEN ST BALTIMORE MD 21226		25. Contractor's Phone 410) 360-7645	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>Bailey Bunker</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>Soldie Vincent</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 PHILIP PERSONETT	34. Plumber's License Number 68882	35. Raze Method (ball, bulldozer, by hand, etc.) EXCAVATOR
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1. You must submit a Certificate of Insurance covering the raze operation/contractor - unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises

2. The Certificate should:

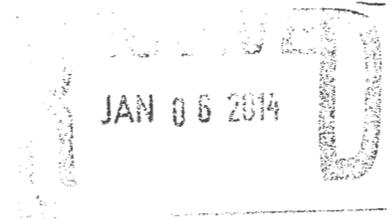
- Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024
- Include a 30-day advance notice cancellation clause
- Include these amounts of insurance coverage: Bodily Injury: \$100,000; Aggregate: \$300,000; and Property Damage: \$100,000;
- State that the insurance covers "Razing Operations in the District of Columbia" if the scope of the insurance is for blanket coverage.
- If the insurance is for one specific address only, state that "Razing Operations at **505 HAYES ST NE WASHINGTON DC** (address of raze operation) **20019**"

36. Insurance Company HARFORD MUTUAL	37. Policy or Certificate No. 9116354	38. Expiration Date 1/3/2015
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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
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: January 02, 2014

Cap Id: R1400056

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:
5019 HAYES ST NE

LOT: 0010 SQUARE: 5179 TYPE: Single Family Dwelling - R-3 VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

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

12140056

Application Date: December 26, 2013

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
5019 Hayes	NE	Eight			

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Goldie Vincent	5019 Hayes St NE, Washington DC 200		
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Forest Valley Tree & Turf, LLC	1500 Aspen St, Baltimore, MD 21226	410-360-7645	charlesreminesfvt@gmail.com

3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

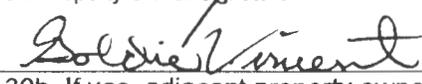
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
three, 2-story wood & masonry houses - Old, 2-story SF Home		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
residential		wood, brick, block	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
60	20	20	24000

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Excalibur Site Services, Inc		24. Contractor's Address (including zip code) 1500 Aspen St, Baltimore, MD 21226		25. Contractor's Phone 410-360-7645	
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 Philip Personett		34. Plumber's License Number 68882		35. Raze Method (ball, bulldozer, by hand, etc.) Excavator	
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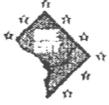
1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

- Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024
- Include a 30-day advance notice cancellation clause.
- Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.
- State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage.
- If the insurance is for one specific address only, state that, "Razing Operations at 5019 HAYES ST NE, WASHINGTON DC 20011"
(address of raze operation)

36. Insurance Company Harford Mutual		37. Policy or Certificate No. 9116354		38. Expiration Date 1/3/2015	
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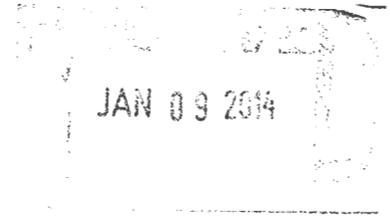
39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
		Fee	By	Date	



Government of the District of Columbia
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: January 09, 2014

Cap Id: R1400058

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:
5520 HAWTHORNE PL. NW

LOT: 0876 SQUARE: 1438 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) _____

Contact
Karen Martino
202 744 2375
When ready for pick up



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.

Application Date: 10/20/2013

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
5520 HAWTHORNE PLACE	NW	One	1438		0876

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
* 5520 HAWTHORNE PL. LLC	* P.O. Box 88 BARRETT PARK, MD 20835	* 301-949-1706	KEATINGPK @AOL.COM
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
KAREN MARTINO/CAS ENGINEERING	108 W RIDGEVILLE BLVD, MT. AIRY, MD	202-744 2375	karen@casengineering.com

3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
2-Story Home with cellar and detached garage and		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brck, wood, etc.)	
RESIDENTIAL - SINGLE FAMILY		MASONRY + FRAME	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
32.8	26.0	18.0	

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name * PATRICK K. KEATING AND CO., INC.		24. Contractor's Address (including zip code) * P.O. Box 88 GARRET PARK, MD 20896		25. Contractor's Phone * 301-949-1706	
26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. Raze Contractor Signature * [Signature]			
27. Fine Arts District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. Property Owner Signature * [Signature]			
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input 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		Building must be vacant before Raze Permit issuance.			
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		By	Date

33. Plumber's Name * HACKER & SONS INC.		34. Plumber's License Number * DPM 1144		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, 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) 					
36. Insurance Company		37. Policy or Certificate No.		38. Expiration Date	

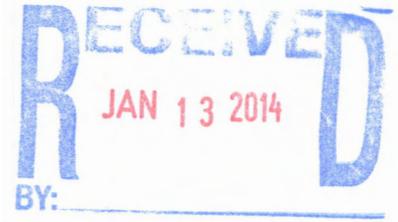
39. Asbestos in Building? If yes, indicate location:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Official Use Only	
				Fee	By
				Date	



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: November 20, 2013

Cap Id: R1400039

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:

1105 4TH ST NE

LOT: 0019 SQUARE: 0805 TYPE:

VACANT:

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) _____

6th fl



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.

 R1400039

Application Date: ~~XXXXXX~~ November 17, 2013

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1105 4th Street	NE	Six	0805 0019		

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Greater Pleasant Grove Baptist Church	1514 E Street, SE 20003-2443	202-413-5663	jwreen919@aol.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Baltimore-Washington Contracting Co	1343 Fairmont St NW, Wash., DC 2000	703-994-5543	darylhflood@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:	
Two Story brick single family dwelling and garage		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Residential		Brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
19	15	18	5130

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Baltimore-Washington Contracting Co/and	24. Contractor's Address (including zip code) 1343 Fairmont St., NW Washington, DC 200	25. Contractor's Phone 703-994-5543
--	--	---

26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>C</i> 34. Property Owner Signature <i>Kevin Jones & Wood</i> 30b. If yes, adjacent property owner signature is required. <i>JSK November 17, 2013</i> 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 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	Building must be vacant before Raze Permit issuance.						
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 Jones & Wood, Inc.	34. Plumber's License Number PC711	35. Raze Method (ball, bulldozer, by hand, etc.) By 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 Western World/TAPCO	37. Policy or Certificate No. NPP1364309	38. Expiration Date 08/29/2013
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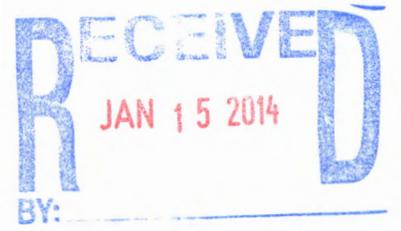
39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only								
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Fee</td> <td style="width:33%;">By</td> <td style="width:33%;">Date</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: January 15, 2014

Cap Id: R1400060

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:
5209 D ST SE

LOT: 0032 SQUARE: 5314 TYPE: Single Family Dwelling - R-3 VACANT: Yes

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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

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

R1400060

Application Date: _____

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
5209 Dist. SE Washington DC 20019					32

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
5209 Townhomes LLC	8105 Rivergate Lane Bowie MD 20715	202-369-7186	Krinvest772@aol.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Bronwyn Scott	8105 6714 Village Park Dr Greenbelt MD 20770	202-369-7186	bronwynscott@mrts.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 single family dwelling	1		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Residential			
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
39.1'	24.1'	12'	7538

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

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



5015, 5019 Hayes Street NE



1438 0876 09/28/2004

5520 Hawthorne Place NW



0805 0019 08/23/2004

1105 4th Street NE (center rowhouse)



2314 0035 08/23/2004

5209 D Street SE