

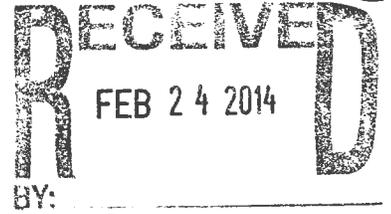


Government of the District of Columbia
Department of Consumer and Regulatory Affairs

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: February 21, 2014

Cap Id: R1400072

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:
2922 GLOVER DR NW

LOT: 0073 SQUARE: 1620 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 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 14 000 72

Application Date: **2.21.14**

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
2922 Glover Drive	NW	Three	1620		0073

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Matthew Nimetz	1185 PARK AVE; NEW YORK NY10128	212 715 4000	
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Foxhall Real Estate, LLC	4725 Wisconsin Ave. NW, Suite 275, WASHINGTON, DC 20016	202 415 2577	donmalnati@mmgdevelopment.com

3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

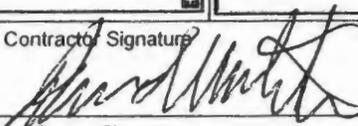
4. DESCRIPTION OF BUILDING

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 and wood, single family residence		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Single family home		Brick, wood floors	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
40	28	26	29120

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Renovations Unlimited, Inc		24. Contractor's Address (including zip code) 4725 Wisconsin Ave. NW, Suite 275, Washin		25. Contractor's Phone 202 415 2577	
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 SEE AGENCY LETTER			
		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 Donald E. DeCarr	34. Plumber's License Number DPM706	35. Raze Method (ball, bulldozer, by hand, etc.) bulldozer
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1. You must submit a Certificate of Insurance covering the raze operation/contractor- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

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

36. Insurance Company Harford Mutual	37. Policy or Certificate No. 91 26909	38. Expiration Date 01/01/2015
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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

Buildings on Glover Drive NW Between 2922 and 2922

This project has been funded in part by a U.S. Department of the Interior, National Park Service Historic Preservation Fund grant administered by the District of Columbia's Historic Preservation Office.

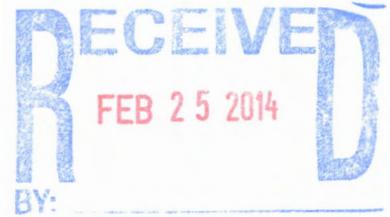
<i>Square-Lot</i>	<i>Address</i>	<i>Material</i>	<i>Purpose</i>	<i>Permit</i>	<i>Date</i>	<i>Cost</i>
1620 0073	2922 Glover Drive NW	31 x 25	brick & frame dwelling	117191	9/11/1928	\$8,500
	<i>Owner</i> Miller, W. C. & A. N.	<i>Architect</i>	MacNeil, G. E.	<i>Builder</i>	Miller, W. C. & A. N.	
	<i>Updated?</i> Yes	<i>Extant?</i>	Yes			



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: February 25, 2014

Cap Id: R1400078

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:
4525 BENNING RD SE

LOT: 0121 SQUARE: 5350 TYPE: Restaurants - A-2 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)



APPLICATION FOR RAZE PERMIT

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

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

Application Date:

2/24/14

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4525 Benning Rd., NE SE	NW	One	5350		0121

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
4525 Benning Road, LLC	400 7th Street, SE WDC 20003	202.546.2053	KENRIC@DBTDEVELOPMENT.COM
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Kenric Walwyn	400 7th Street, SE WDC 20003	256.457.2220	KENRIC@DBTDEVELOPMENT.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 CMU & wood frame commercial building			1
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Commercial- fast food restaurant		CMU, wood	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
70	60	12	50,400

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name OWNER	24. Contractor's Address (including zip code) 400 7th Street, SE Washington, DC 20003	25. Contractor's Phone 202.546.0640
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26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>Paul B. Tols</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 type="checkbox"/> Yes <input checked="" 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>Paul B. Tols</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 Cranford Mechanical	34. Plumber's License Number DPM 703	35. Raze Method (ball, bulldozer, by hand, etc.) Bulldozer
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1. You must submit a Certificate of Insurance covering the raze operation/contractor- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

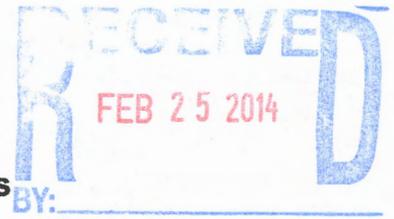
- Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024
- Include a 30-day advance notice cancellation clause.
- Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.
- State that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

36. Insurance Company Millers Capital Insurance Company	37. Policy or Certificate No. CPP068234007	38. Expiration Date 11/29/2014
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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: February 18, 2014

Cap Id: R1400071

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:
1100 W ST NW

LOT: 0805 SQUARE: 0303 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 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

R14 000 71

Application Date: **18 FEB. 2014**

1. INFORMATION ON PROPERTY

1. Address of Proposed Work 1100 W STREET NW WDC 20001	2. Quad NW	3. Ward 1	4a. Square 0303	4b. Suffix	5. Lot 0805
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2. APPLICANT INFORMATION

6. Property Owner 202 DEVELOPMENT, LLC.	7. Complete mailing address (include zip) 114 NORTH JACKSON ST. ARLINGTON VA. 22201	8. Phone Number(s)	9. Email
10. Agent/Contractor for Owner (if applicable) M. GAINES-KELLY	11. Complete mailing address (include zip) 1508 CONSTANCE ST. SILVER SPRING MD.	12. Phone Number(s) (202) 415-7740	13. Email GKELLYCORP@GMAIL.COM

3. TYPE OF PERMIT

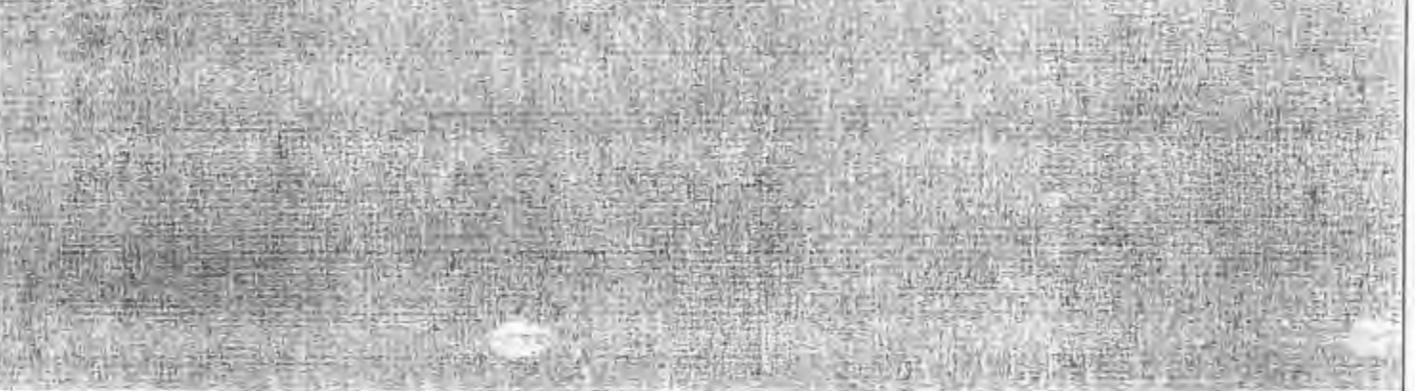
14. Check all that apply: <input checked="" type="checkbox"/> Raze Permit
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4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling) 2 TWO STORY BRICK,		16. Existing Number of Stories of Bldg: 2	
17. Use(s) of Property (specifically indicate if any use is residential.) CHURCH		18. Materials of Building (brick, wood, etc.) BRICK, WOOD FRAMING	
19. Bldg Length (ft) 45	20. Bldg Width (ft) 16⁶	21. Bldg Height (ft) 20⁰	22. Bldg Volume (cu ft) (L x W x H) 14,850⁰⁰ FEET

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:



SECTION A. RAZE PERMIT

23. Raze Contractor's Name 202 DEVELOPMENT, i/c.		24. Contractor's Address (including zip code) 114 N. JACKSON ST. ARLINGTON, VA 22201		25. Contractor's Phone (703) 868-1184	
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 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	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 MOUNT VERNON FIRE INS. CO.	37. Policy or Certificate No. CL2654546	38. Expiration Date 01/31/15
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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

Buildings on W Street NW Between 1100 and 1100

This project has been funded in part by a U.S. Department of the Interior, National Park Service Historic Preservation Fund grant administered by the District of Columbia's Historic Preservation Office.

<u>Square-Lot</u>	<u>Address</u>	<u>Material</u>	<u>Purpose</u>	<u>Permit</u>	<u>Date</u>	<u>Cost</u>
0303 0805	1100 W Street NW	17 x 50 cinder block	apartment &	230936	4/1/1940	\$5,000
	<i>Owner</i> Wire, Preston E.	<i>Architect</i> Santmyers, George T.	<i>Builder</i> Wire, Preston E.			
	<i>Updated?</i> Yes	<i>Extant?</i> Yes	church in 2008			



1620 0073 07/28/2004

2922 Glover Drive NW



5350 0121 10/07/2004

4525 Benning Road SE



0303 0805 08/18/2004

1100 W Street NW