



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

2013 MAR 02 11:27
DISTRICT OFFICE
COLUMBI PLANNING

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: April 26, 2013

Cap Id: R1300098

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:
2100 FOXHALL RD NW

LOT: 0850 SQUARE: 1374 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 13 000 98

Application Date: April 12, 2013

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
2100 Foxhall Road	NW	Three	1374		0850

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
The George Washington University	2121 I ST NW 701; WASH. DC 20052	202-994-6673	eselbst@gwu.edu
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
CARLOS ROJAS	3606 Norton Pl NW WASHINGTON DC 20011	202 494-6994	Carlos @ ARCH-SERV.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 gatehouse at former W Street entrance	1		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
former security gatehouse	brick, wood, glass		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
38'5"	48'2"	20'	36,480

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:



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 13 000 98

Application Date: **April 12, 2013**

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
2100 Foxhall Road	NW	Three	1374		0850

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
The George Washington University	2121 I ST NW 701; WASH. DC 20052	202-994-6673	eselbst@gwu.edu
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
CARLOS ROJAS	3606 NORTH M PL NW WASHINGTON DC 20016	202 494-6994	Carlos @ ARCH-SERV.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 gatehouse at former W Street entrance		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
former security gatehouse		brick, wood, glass	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
38'5"	48'2"	20'	36,480

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:



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

2013 MAY 02 11:38
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: May 02, 2013

Cap Id: R1300112

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:
4319 E ST SE

LOT: 0131 SQUARE: 5394 TYPE: Single Family Dwelling - R-3 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)



R1300112

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, 105.1.7.3, and Section 155A.

Application Date: April 23 2013

1. INFORMATION ON PROPERTY

1. Address of Proposed Work 4319 E Street	2. Quad SE	3. Ward 7	4a. Square 5394	4b. Suffix	5. Lot 0131
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2. APPLICANT INFORMATION

6. Property Owner RANESH BUTANI	7. Complete mailing address (include zip) 2021 STANNON PLACE SE	8. Phone Number(s) 202 899 8400	9. Email BUTANI @ hrgm.com
10. Agent/Contractor for Owner (if applicable) NSD&J, Inc.	11. Complete mailing address (include zip) 307 MLK AVE SE #200, WDC 20032	12. Phone Number(s) 202561-0012	13. Email nsdeinc@yahoo.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) SINGLE STORY FAMILY DWELING	16. Existing Number of Stories of Bldg. 1		
17. Uses of Property (specifcally indicate if any use is residential) RESIDENTIAL	18. Materials of Building (brick, wood, etc.) WOOD AND CONCRETE		
19. Bldg Length (ft) 29'5"	20. Bldg Width (ft) 23'3"	21. Bldg Height (ft) 9'	22. Bldg Volume (cu ft) (L x W x H) CF

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT		
23. Raze Contractor's Name <i>NSD&E, Inc.</i>	24. Contractor's Address (including zip code) <i>324 MLK Ave SE, #200 WDC 20032</i>	25. Contractor's Phone <i>202 561 0012</i>
26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	29. Raze Contractor Signature <i>Rensie K</i>
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	34. Property Owner Signature <i>[Signature]</i>	
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	
Building must be vacant before Raze Permit issuance.		
Official Use Only		
Fee By Date		
33. Plumber's Name <i>James Lynn</i>	34. Plumber's License Number <i>879</i>	35. Raze Method (ball, bulldozer, by hand etc.) <i>Loader</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 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 _____" <small>(address of raze operation)</small> 		
36. Insurance Company <i>US Capital Associates</i>	37. Policy or Certificate No. <i>USC-746206</i>	38. Expiration Date <i>4-7-2014</i>
38. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only
Fee By Date		

5/3/2013

Received: 4:43 PM



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: April 23, 2013

Cap Id: R1300090

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:
4334 KLINGLE ST NW

LOT: 0811 SQUARE: 1622 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) _____



FJ-93104167

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: 4/23/13

1. INFORMATION ON PROPERTY

1. Address of Proposed Work 4334 KLINGLE STREET	2. Quad NW	3. Ward	4a. Square 1622	4b. Suffix	5. Lot 811
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2. APPLICANT INFORMATION

8. Property Owner IVAILO GUENOV	7. Complete mailing address (include zip) 7604 ARNET LANE BETHESDA, MD 20817	8. Phone Number(s) 703-686-9413	9. Email
10. Agent/Contractor for Owner (if applicable) HENRY NICODEMUS	11. Complete mailing address (include zip) PCI 15809 PARAMOUNT DR ROCEVILLE, MD 20855	12. Phone Number(s) 301-330-9880	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) TWO STORY WOOD FRAME/SIDING SINGLE FAMILY DWELLING		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, SINGLE, CONC FDN	
19. Bldg Length (ft) 52	20. Bldg Width (ft) 33	21. Bldg Height (ft) 25	22. Bldg Volume (cu ft) (L x W x H) 42,900.0

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name PARAMOUNT CONSTRUCTION, INC		24. Contractor's Address (including zip code) 15809 PARAMOUNT DR ROCKVILLE, MD 20855		25. Contractor's Phone 301-330-9880	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>Hank Nicodemus</i> - AGENT			
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature <i>[Signature]</i>			
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 NEPTALI VASQUES	34. Plumber's License Number DPM 1000795	35. Raze Method (ball, bulldozer, by hand, etc.) BULL DOZER / BY HAND
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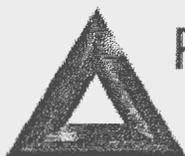
1 You must submit a Certificate of Insurance covering the raze operation/contractor- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

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 DOWNS + ASSOC., INC	37. Policy or Certificate No. Q 430153078	38. Expiration Date 7/1/2014
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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



PARAMOUNT CONSTRUCTION, INC.
DESIGN & BUILD

15809 Paramount Drive Rockville, Maryland 20855-9945.

Phone: (301) 330-9880 Fax (301) 330-9882

www.paramountconstruction.net

DC Historic Preservation Office

1100 4th Street, SW, Rm E650

Washington, DC 20024

Fax (202)442-7638 - 5 pages, including cover

May 3, 2013

To Whom It May Concern:

Please find attached a copy of the DCRA razing application, the razing letter as given to me by DCRA that needs a sign-off from a DC HPO representative and a photo of the residence to be demolished/razed.

The project is:

Guenov Residence, 4334 Kingle St, NW, Washington, DC 20016.

The contractor is:

Paramount Construction, Inc., 15809 Paramount Dr. Rockville, MD 20855.

The agent/contact name is:

Henry F. Nicodemus (Hank), Paramount Construction - 301-330-9880, ext. 202.

Please contact me if you have any questions or problems. Thank you for your prompt attention to this matter.

-Henry F. Nicodemus

Paramount Construction, INC.



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

2013 MAY -8 PM 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: May 03, 2013

Cap Id: R1300113

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:
15 O ST SW

LOT: **0075** SQUARE: **0653** 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.

R 13 00 113

Application Date: 5-3-13

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
15 O Street	SW	Six	06 53		0530075

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
FUND SOUTH CAPITOL LLC	1420 SPRING HILL RD 5200 MCLEAN, VA 22102	(703) 556-5771	jjohnson@ccidentivng.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
COLIN CLARK	4529 44 th ST NW WDC	202 669-5984	

3. TYPE OF PERMIT

14. Check all that apply: Raze Permit

4. DESCRIPTION OF BUILDING

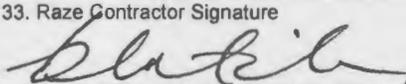
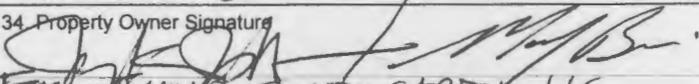
15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
2-STORY CMU AND WOOD FRAME		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
COMMERCIAL		CMU, WOOD	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
43.2	30.7	22'±	29100 CF

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:
ANC 6D
CG/C2C

122 8312

SECTION A. RAZE PERMIT

23. Raze Contractor's Name ACECO, LLC		24. Contractor's Address (including zip code) 901 Stoddard Place, Silver Spring, MD 20910		25. Contractor's Phone 301-588-0707	
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  East River South Capital, LLC			
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 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.)
		Piece by piece using equipment

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
Arch Specialty Insurance Company	12 EMP 43692 07	06/13/13

39. Asbestos in Building?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only		
If yes, indicate location:		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: April 23, 2013

Cap Id: R1300092

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:
6211 DIX ST NE

LOT: **0045** SQUARE: **5268** 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

To whom it may concern. We got signoff for this property already under address for next door. Please see attached doc

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:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
6211 Dix Street	NE	Seven	5268		0045

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
G3 Holdings LLC	3027 Hubbard Rd Landover MD 20785	2025673607	paola.arellano@8a.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Alex Shewchuk	3027 Hubbard Rd Landover MD 20785	2025673638	Alex.Shewchuk@8a.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 building with unfinished basement		2 stories plus one basement	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
vacant		wood trusses, limited steel beams, brick structural facade	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
52	36	27	50,544

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Goel Services	24. Contractor's Address (including zip code) 6201 Dix Street, NE Washington DC 20019	25. Contractor's Phone 202.457.0111
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i. 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. 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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		
Fee	By	Date

33. Plumber's Name A.L.Merton	34. Plumber's License Number DPM0000001267	35. Raze Method (ball, bulldozer, by hand, etc.) Mech. Means/Wet Method/ 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 _____ (address of raze operation)"

36. Insurance Company Bonding + Insurance Specialists Agency, Inc.	37. Policy or Certificate No. 12 EMP 71665 04	38. Expiration Date 01/01/14
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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

CERTIFICATION FOR RAZE PERMIT APPLICATION

This certifies that G3 HOLDINGS LLC (referred to as Owner) owns the property at 62 H Dix Street, NE Washington, DC 20019 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:

(Legal Name of Property Owner)
(Property Address)

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.

PKG (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.

PKG (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.

PKG (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: PK Goel Signature: [Signature]
(Print Name of Owner)

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



2100 Foxhall Road NW

(brick gatehouse – former W Street entrance)



5394 0131 10/07/2004

4319 E Street SE



1622 0811 07/27/2004

4334 Klinge Street NW



0653 0075 09/27/2004

15 O Street SW



5268 0804 07/29/2004

6211 Dix Street NE