



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

2012 NOV 19 PM 12:38

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

DISTRICT OF COLUMBIA
OFFICE OF PLANNING

Date: November 13, 2012

Cap Id: R1300009

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:
401 403 15TH ST SE

LOT: 0010 SQUARE: 1062 TYPE: Retail or Wholesale Store - M 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: 11/19/2012 Signature: [Handwritten Signature]

Name of releasing HPO Official. (print) Maloney



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

2012 11 02 11:54
 DISTRICT OF COLUMBIA
 OFFICE OF PLANNING

Date: November 02, 2012

Cap Id: R1300007

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 N ST NW

LOT: 0061 SQUARE: 0555 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) _____



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's 105.1.1, 105.1.1.1, 105.1.1.1.1, 105.1.1.2, 105.1.1.2.1, and Section 155A.

R13 0000 7

Application Date: 11/2/12

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	100 N. St. NW	2. Quad	NW	3. Ward	5	4a. Square	0555	4b. Suffix		5. Lot	0826
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2. APPLICANT INFORMATION

6. Property Owner	District of Columbia	7. Complete mailing address (include zip)	2000 - U STREET, N.W. WASHINGTON, DC 20009	8. Phone Number(s)	202-645-5836	9. Email	Alfonso.Flore/ww @ DC.GOV
10. Agent/Contractor for Owner (if applicable)	KADCON Corporation	11. Complete mailing address (include zip)	1653 31st St NW Washington, DC 20007	12. Phone Number(s)	202-944-9400	13. Email	ppc@kadcon.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:
Single story commercial building, metal frame structure on slab on grade.			1
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Vacant - formerly used as a library.		Metal.	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
52	52	12	32,448

OFFICIAL USE ONLY

CONDITIONS/COMMENTS

SECTION A RAZE PERMIT

23. Raze Contractor's Name KADLOW Corporation	24. Contractor's Address (Including zip code) 1053 31st St. NW 20007	25. Contractor's Phone 202-944-9400
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26. Historic District? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	33. Raze Contractor Signature <i>Phu Kim</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>Steve Luchis</i>
29. Building Condemned? <input 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 checked="" type="checkbox"/> No	Official Use Only
	Fee: _____ By: _____ Date: _____

33. Plumber's Name John E. Barry Plumbing	34. Plumber's License Number 979	35. Raze Method (ball, bulldozer, by hand, etc.) Light Equipment, 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 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.

2. The Certificate should:

- Show the holder of the insurance as: Deputy Director (from) Division - 1100 11th 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 Co.	37. Policy or Certificate No. QA7-1250616	38. Expiration Date 11/12/12
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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 THE DISTRICT OF COLUMBIA (referred to as Owner) owns the property at
(Legal Name of Property Owner)
100 N 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.

A.F. (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) §§ 42-3606.02(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 §§ 42-3607.01 to 42-3607.03 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: THE DISTRICT OF COLUMBIA
(Print Name of Owner)

Signature: _____

Name of Agent: Matthew Fluehling
(Print Name of Authorized Agent)

Signature: Matthew Fluehling



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

NOV 20 PM 1:11
 DISTRICT OF COLUMBIA
 OFFICE OF 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: November 14, 2012

Cap Id: R1300010

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:
 5037 MILLWOOD LN NW

LOT: 0012 SQUARE: 1434 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) _____

PLEASE RETURN APPROVED CLEARANCE TO:

karen@casengineering.com
 202-744-2375 (phone) OR 301-607-8045 (fax)
 or Mail to:
 CAS Engineering
 108 W. Ridgeville Blvd
 Mt. Airy, MD 21771



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:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
5037 MILLWOOD LANE, NW	NW	Three	1434		0012

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
JAMES RIEPE, JR	3729 COREY PL, NW WASH DC 20016		
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, MD 21771	2027442375	karen@casengineering.com

3. TYPE OF PERMIT

14. Check all that apply: Raze Permit

4. DESCRIPTION OF BUILDING

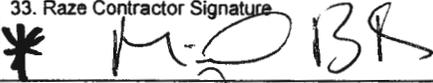
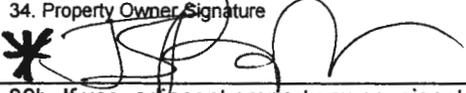
15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
2-STORY BRICK + FRAME SINGLE FAMILY DWELLING WITH CELLAR		2 + C	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
RESIDENTIAL		BRICK + FRAME	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
45	40	20	36,000

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name BANKS DEVELOPMENT LLC	24. Contractor's Address (including zip code) 4811 ST. ELMO AVE. BETHESDA, MD 20914	25. Contractor's Phone 202-369-9558
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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	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.

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- 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 _____



1062 0010 09/14/2004

401-403 15th Street SE



100 N Street NW



1434 0012 09/29/2004

5037 Millwood Lane NW