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

2013 APR -9 PM 1:09

DISTRICT OF COLUMBIA
OFFICE OF PLANNING

Date: **April 05, 2013** Cap Id: **R1300078**

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:
1338 G ST NW

LOT: **0055** SQUARE: **0253** 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) _____

Print Form

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

Government of the District of Columbia

APPLICATION FOR RAZE PERMIT

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

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

Application Date: ~~February 19, 2012~~ April 5 2013

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1338 G Street	NW	~~One~~ 2	0253		0055

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
The Cafesjian Family Foundation, Inc.	15 S. 5th Street, Minn., MN 55402	612-436-2021	gary.jones@glcenterprises.
10. Agent/Contractor for Owner (if applicable)	**11. Complete mailing address (include zip)**	**12. Phone Number(s)**	**13. Email**

3. TYPE OF PERMIT

14. Check all that apply:

☒ Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:
Three story brick and wood structure	3

17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)
Vacant commercial	Brick/wood

19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
104	18	30	56160

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
ACECO, LLC	901 Stoddard Pl., Silver Spring, MD 20910	301-588-0707

26. Historic District?	☐ Yes ☒ No	33. Raze Contractor Signature
27. CFA?	☐ Yes ☒ No	
28. Raze Entire Building?	☒ Yes ☐ No	34. Property Owner Signature
29. Building Condemned?	☐ Yes ☒ No	
30a. Party Wall?	☐ Yes ☒ 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?	☒ Yes ☐ No	Building must be vacant before Raze Permit issuance.
32. Public Space Vault?	☐ Yes ☒ No	Official Use Only Fee / By / Date

33. Plumber's Name	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.)
Magnolia Plumbing, Inc.	PC1000672	Piece by piece, hand, excavator

1. You must submit a Certificate of Insurance covering the raze operation/contractor - unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.
2. The Certificate should:
   - Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024
   - Include a 30-day advance notice cancellation clause.
   - Include these amounts of insurance coverage: Bodily Injury, $100,000; Aggregate, $300,000; and Property Damage, $100,000.
   - State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage.
   - If the insurance is for one specific address only, state that, "Razing Operations at _____ (address of raze operation)"

36. Insurance Company	37. Policy or Certificate No.	38. Expiration Date
Arch Specialty Insurance Company	12 EMP 43692 07	06/30/13

39. Asbestos in Building? If yes, indicate location:	☐ Yes ☒ No	Official Use Only Fee / By / Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA

CERIFICATION FOR
RAZE PERMIT APPLICATION

This certifies that The Cafesjian Family Foundation, Inc. (referred to as Owner) owns the property at
(Legal Name of Property Owner)

1338 G Street, NW and that the person signing below has the legal authority to execute this Certification
(Property Address)

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

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

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

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

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

A. Use of Property as Housing Accommodation

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

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

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

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

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

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

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

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

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

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

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

C. Execution and Certification Applicable to All Applicants

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

Name of Owner: The Cafesjian Family Foundation, Inc. Signature: Cafesjian - President
(Print Name of Owner)

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

ANGELA DANSO NOTARY PUBLIC COMMISSION EXPIRES 06-21-2010 HOWARD COUNTY

Maryland
Howard
6/21/2010
Angela Danso

REV 11/11

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

2013 APR -9 PM 1:09

DISTRICT OF COLUMBIA
OFFICE OF PLANNING

Date: **April 05, 2013** Cap Id: **R1300077**

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:
1340 G ST NW

LOT: **0054** SQUARE: **0253** 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) _____

Print Form

Government of the District of Columbia

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

APPLICATION FOR RAZE PERMIT

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

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

Application Date: ~~February 19, 2012~~ April 5 2013

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1340 G Street	NW	~~One~~ 2	0253		0054

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
The Cafesjian Family Foundation, Inc.	15 S. 5th Street, Minn., MN 55402	612-436-2021	gary.jones@glcenterprises

10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Krissy Ger + Lisa Oser	14615 Country Creek Ln N. Potomac, MD 20878	301-613-6148	Lisa@LS Permitting.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 story brick and wood structure	3

17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)
Vacant commercial	Brick/wood

19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
104	18	30	56160

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
ACECO, LLC	901 Stoddard Pl., Silver Spring, MD 20910	301-588-0707

26. Historic District?	☐ Yes ☒ No	33. Raze Contractor Signature
27. CFA?	☐ Yes ☒ No	
28. Raze Entire Building?	☒ Yes ☐ No	34. Property Owner Signature
29. Building Condemned?	☐ Yes ☒ No	
30a. Party Wall?	☐ Yes ☒ 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?	☒ Yes ☐ No	Building must be vacant before Raze Permit issuance.
32. Public Space Vault?	☐ Yes ☒ No	Official Use Only Fee / By / Date

33. Plumber's Name	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.)
Magnolia Plumbing, Inc.	PC1000672	Piece by piece, hand, excavator

1. You must submit a Certificate of Insurance covering the raze operation/contractor - unless the building you plan to raze is an accessory building 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, 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	06/30/13

39. Asbestos in Building? If yes, indicate location:	☐ Yes ☒ No	Official Use Only Fee / By / Date

REV 11/11

GOVERNMENT OF THE DISTRICT OF COLUMBIA

CERIFICATION FOR
RAZE PERMIT APPLICATION

This certifies that The Cafesjian Family Foundation, Inc. (referred to as Owner) owns the property at
(Legal Name of Property Owner)

1340 G Street, NW and that the person signing below has the legal authority to execute this Certification
(Property Address)

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

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

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

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

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

A. Use of Property as Housing Accommodation

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

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

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

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

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

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

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

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

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

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

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C. Execution and Certification Applicable to All Applicants

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Name of Owner: The Cafesjian Family Foundation, Inc. Signature: [signature] - President
(Print Name of Owner)

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

ANGELA DANSO
COMMISSION EXPIRES
NOTARY PUBLIC
6-21-2016
HOWARD COUNTY, MD

State Maryland
County Howard
Expire 6/21/2016
Signature Angela Danso

REV 11/11

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

2013 APR -9 PM 1:09

DISTRICT OF COLUMBIA
OFFICE OF PLANNING

Date: **April 05, 2013** Cap Id: **R1300076**

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:
1342 G ST NW

LOT: **0053** SQUARE: **0253** 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) _____

Print Form

Government of the District of Columbia

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

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: ~~February 19, 2012~~ April 5, 2013

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1342 G Street	NW	~~One~~ 2	0253		0053

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
The Cafesjian Family Foundation, Inc.	15 S. 5th Street, Minn., MN 55402	612-436-2021	gary.jones@glcenterprises.
10. Agent/Contractor for Owner (if applicable)	**11. Complete mailing address (include zip)**	**12. Phone Number(s)**	**13. Email**
Krissy Ger + Lisa Oser	14615 Contry Creek Ln N. Potomac MD 20878	301-613-6148	Lisa@LJPermitting.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 story brick and wood structure	3

17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)
Vacant commercial	Brick/wood

19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
84	18	30	45360

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?	☐ Yes ☒ No	33. Raze Contractor Signature
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33. Plumber's Name	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.)
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2. The Certificate should:
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   - Include these amounts of insurance coverage: Bodily Injury, $100,000; Aggregate, $300,000; and Property Damage, $100,000
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36. Insurance Company	37. Policy or Certificate No.	38. Expiration Date
Arch Specialty Insurance Company	12 EMP 43692 07	06/30/13

39. Asbestos in Building? If yes, indicate location:	☐ Yes ☒ No	Official Use Only: Fee / By / Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA

CERIFICATION FOR
RAZE PERMIT APPLICATION

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(Legal Name of Property Owner)

1342 G Street, NW and that the person signing below has the legal authority to execute this Certification
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_____ (Initial here to certify that you have read and understand this paragraph)

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

C. Execution and Certification Applicable to All Applicants

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Name of Owner: The Cafesjian Family Foundation, Inc. Signature: _____ President
(Print Name of Owner)

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

State Maryland
County Howard
Expire 6/21/2016
Signature Angela Danso

ANGELA DANSO
MY COMMISSION EXPIRES
NOTARY PUBLIC
06-21-2016
HOWARD COUNTY, MD

REV 11/11

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

2013 APR -9 AM 10: 57

Date: **March 18, 2013** Cap Id: **R1300061**

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:
777 17TH ST NE

LOT: **0941** SQUARE: **4507** 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: 4-11-2013 **Signature:** D Maloney

Name of releasing HPO Official. (print) Maloney

Government of the District of Columbia

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

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 § 105.1.2, 105.1.2.1, 105.1.2.1.1, 105.1.2.1.2, 105.1.2.2, and Section 155A.

R13 00061

Application Date: 03/07/2013

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
777 17th STREET NE, WASHINGTON DC 20002	NE	5	4507	N/A	941

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
HE/DC No. 4, LLC	4445 WILLARD AVE STE 700 CHEVY CHASE, MD 20815	240-333-3219	DGerhart@JBGR.com
10. Agent/Contractor for Owner (if applicable)	**11. Complete mailing address (include zip)**	**12. Phone Number(s)**	**13. Email**
PERDOMO COMPANIES Attn: SETH KORNFELD	6000 JEFFERSON PLAZA ROCKVILLE, MD 20852	(703) 928-4084	skornfeld@perdomocompanies.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 COMMERCIAL BLOCK BUILDING	ONE (1)

17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)
COMMERCIAL / CONVENIENCE STORE (ABANDONED)	WHITE, BLOCK (CMU)

19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
60'	45'	15'	40,500 Ft³

OFFICIAL USE ONLY

CONDITIONS/COMMENTS

1185098

REV 11/11

SECTION A. RAZE PERMIT

23. Raze Contractor's Name	24. Contractor's Address (including zip code)	25. Contractor's Phone
PERDOMO COMPANIES	600 JEFFERSON PLAZA ROCKVILLE, MD 20852	(703) 928-4084

26. Historic District?	☐ Yes ☑ No	33. Raze Contractor Signature
27. CFA?	☐ Yes ☑ No	
28. Raze Entire Building?	☑ Yes ☐ No	34. Property Owner Signature
29. Building Condemned?	☑ Yes ☐ No	
30a. Party Wall?	☐ Yes ☑ 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?	☑ Yes ☐ No	Building must be vacant before Raze Permit issuance.
32. Public Space Vault?	☐ Yes ☑ No	Official Use Only Fee / By / Date

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

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, totally detached from any other building on the same or adjoining premises.
2. The Certificate should:
   - Show the holder of the insurance as: Director, Permit Division, 1100 4th St SW, Washington, DC 20024
   - Include a 30-day advance notice cancellation clause
   - Include the amounts of insurance coverage: Bodily Injury $500,000 Per Occurrence, $1,000,000 and Property Damage $100,000
   - Indicate 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
Erie Insurance	Q32-2420992	8/26/2013

39. Asbestos in Building? If yes, indicate location:	☑ Yes ☐ No	Official Use Only Fee / By / Date

REV 11/11

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

2013 APR 10 PM 2:51

APR 10 2013

DIST. OF COLUMBIA

Date: **March 14, 2013** Cap Id: **R1300060**

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:
613 MASSACHUSETTS AVE NW

LOT: **0023** SQUARE: **0484** 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: 4-11-2013 **Signature:** D Malony

Name of releasing HPO Official. (print) Malony

Print Form

Government of the District of Columbia

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 60

Application Date: 3-13-2013

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
613 MASSACHUSETTS AVE	NW	One	484		25

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
635 MASS AVE LLC	2200 Pennsylvania Ave WASH DC 20037	202 585.0800	

10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
CARLOS ROJAS	3606 NORTON PLACE 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:
two stories brick building	1

17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)
OFFICE	brick

19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
60'	20'	12	14,400.

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

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

26. Historic District?	☐ Yes ☑ No	33. Raze Contractor Signature
27. CFA?	☐ Yes ☑ No	
28. Raze Entire Building?	☑ Yes ☐ No	34. Property Owner Signature
29. Building Condemned?	☐ Yes ☑ No	
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Fee	By	Date

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   - 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:	☐ Yes ☑ No	**Official Use Only**

Fee	By	Date

4507 0941 08/02/2004

777 17th Street NE

0253 0054 09/10/2004

1338, 1340, 1342 G Street NW

0484W 0023 09/26/2004

613 Massachusetts Avenue NW