RAZE PERMITS APPLIED AT DCRA SEPTEMBER 21 – OCTOBER 5, 2015

DCRA ISSUED DATE	ID	ADDRESS	DCRA NOTICE DATE	ANC EXPIRATION DATE	SUB TYPE	STATUS	WARD	ANC	APPLICANT	OWNER NAME	TYPE OF WORK
9/24/2015	R1500204	740 IRVING ST NW	10/6/2015	11/18/2015	Raze	New Application	1	1A	NA	MATTHEW MEDVENE	To Raze a small two story single family dwelling
9/21/2015	R1500209	3225 GEORGIA AVE NW	10/6/2015	11/18/2015	Raze	New Application	1	1A	BROWN	650 LAMONT BL LLC	Mixed use
9/30/2015	R1500177	1859 MONROE ST NW	10/6/2015	11/18/2015	Raze	New Application	1	1D	BARROW	SARAH M HALL	One story brick garage with a party wall
10/1/2015	R1600001	605 NEW YORK AVE NW	10/6/2015	11/18/2015	Raze	New Application	2	2C	DUNHAM	JEMALS A VS LLC	Three strotybrick and wood framed commercial building
10/1/2015	R1600002	1024 6TH ST NW	10/6/2015	11/18/2015	Raze	New Application	2	2C	DUNHAM	JEMALS A VS LLC	Two story brick and wood framed commercial building
10/1/2015	R1600003	612 L ST NW	10/6/2015	11/18/2015	Raze	New Application	2	2C	DUNHAM	JEMALS A VS LLC	Three story brick and wood framed commercial building
9/28/2015	R1400153	1801 6TH ST NW	10/6/2015	11/18/2015	Raze	New Application	2	2C	STARIKA	E DAVID SAMUEL	Two story brick single family dwelling
9/25/2015	R1500175	3009 DUMBARTON ST NW	10/6/2015	11/18/2015	Raze	New Application	2	2E	N/A; LAURENCE FOOTER	LAURENCE FOOTER	Raze 1 story guest house w/shed
9/24/2015	R1400180	3070 PORTER ST NW	10/6/2015	11/18/2015	Raze	New Application	3	3C	ARAFAT	HAITHAN ARAFAT	Raze a split level house sfd
9/24/2015	R1400181	3070 PORTER ST NW	10/6/2015	11/18/2015	Raze	New Application	3	3C	ARAFAT	HAITHAN ARAFAT	To raze a brick car garage
9/29/2015	R1500213	3425 QUEBEC ST NW	10/6/2015	11/18/2015	Raze	Open	3	3C	; TBD	CHRISTOPHER S STERN	Raze existing garage
9/30/2015	R1500214	3628 DAVIS ST NW	10/6/2015	11/18/2015	Raze	Open	3	3C	CAS	CRATON PROPERTIES LLC	One story brick detached garage
10/1/2015	R1600005	2948 UNIVERSITY TER NW	10/6/2015	11/18/2015	Raze	Permit Issued	3	3D	NA	HERTHA S OWEN	3story brick building
10/1/2015	R1600004	2946 UNIVERSITY TER NW	10/6/2015	11/18/2015	Raze	Permit Issued	3	3D	FAKRI	HERTHA S OWEN	3 story brick house

9/23/2015	R1500210	5439 NEVADA AVE NW	10/6/2015	11/18/2015	Raze	Permit Issued	3	3G		MATTHEW F REEVES	To Raze a 1 story detached brick Garage in rear of yard.
9/23/2015	R1500211	51 N ST NE	10/6/2015	11/18/2015	Raze	Permit Issued	6	6C	PHIL PITTINGER-DUNHAM	51 N RESIDENTIAL LLC	Seven story brick commercial office building.
9/23/2015	R1500212	3240 MINNESOTA AVE SE	10/6/2015	11/18/2015	Raze	Permit Issued	7	7A		D R SHIELDS	To Raze a wood Garage in rear yard
9/22/2015	R1500081	2717 WADE RD SE	10/6/2015	11/18/2015	Raze	Permit Issued	8	8C	MARGNI	F W DEWS	Two story stucco frame house
9/22/2015	R1500035	4019 1ST ST SE	10/6/2015	11/18/2015	Raze	Ready for Issuance	8	8D	;	DORA MURPHY	raze a single family dwelling

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

RECEIVED
SEP 24 2015
BY:

Date: **September 18, 2015** Cap Id: **R1500207**

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:
3223 GEORGIA AVE NW

LOT: **0028** SQUARE: **3041** 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) _____

Government of the District of Columbia

APPLICATION FOR RAZE PERMIT

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

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.

R1500207

Application Date: 9.18.15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3223 GEORGIA AVENUE	NW	One	3041		0028

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
650 LAMONT BL LLC	1900 M STREET NW 20036	202.341.5233	TKELLY@BRICKLANEDC.COM
10. Agent/Contractor for Owner (if applicable)	**11. Complete mailing address (include zip)**	**12. Phone Number(s)**	**13. Email**
NICHOLAS BROWN	3204 TOWER OAKS BLVD 20852	301.762.9001x21	NSBROWN@MADDOXINC.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 COMMERCIAL BUILDING ~~/TWO STORY BRICK RESIDENTIAL~~ ORANGE	2

17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)
MIXED USE (RETAIL/RESIDENTIAL)	BRICK

19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
20	71	24	34,080

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

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. See attached 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.)

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

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 650 LAMONT BL LLC (referred to as Owner) owns the property at
(Legal Name of Property Owner)

3223 GEORGIA AVENUE 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.

_____ **(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: TAYLOR KELLY (Print Name of Owner) Signature: Taylor Kelly

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

SHEILA MARIE NOTARY PUBLIC Expiration Apr 30, 2016 DISTRICT OF COLUMBIA

DISTRICT OF COLUMBIA: SS
SUBSCRIBED AND SWORN TO BEFORE ME
THIS 8 DAY OF Sept. 2015.
Sheila Marie
NOTARY PUBLIC
My Commission Expires 4/30/2016

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

RECEIVED SEP 24 2015 BY:

Date: **September 21, 2015** Cap Id: **R1500209**

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:
3225 GEORGIA AVE NW

LOT: **0029** SQUARE: **3041** 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) _____

Government of the District of Columbia

APPLICATION FOR RAZE PERMIT

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

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.

R1500209

Application Date: 9.18.15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3225 Georgia Avenue	NW	One	3041		0028

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
650 Lamont BL LCC	1900 M Street NW 20036	202-341-5223	tkelly@bricklaneDC.COM
10. Agent/Contractor for Owner (if applicable)	**11. Complete mailing address (include zip)**	**12. Phone Number(s)**	**13. Email**
Nicholas Brown	3204 Tower Oaks BLVD Rockville MD	301-762-9001 X 21	nsbrown@maddoxinc.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 Commercial Building (PURPLE)	2

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

19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
20	71	24	34,080

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

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.)

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

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 650 LAMONT BL LLC (referred to as Owner) owns the property at
(Legal Name of Property Owner)

3225 GEORGIA AVENUE 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.

_____ (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: TAYLOR KELLY Signature: Taylor Kelly
(Print Name of Owner)

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

SHEILA MARIE NOTARY PUBLIC DISTRICT OF COLUMBIA Expiration Apr 30, 2016

DISTRICT OF COLUMBIA: SS
SUBSCRIBED AND SWORN TO BEFORE ME
THIS 8 DAY OF Sept. 2013.
Sheila Marie
NOTARY PUBLIC
My Commission Expires 4/30/2016

REV 11/11

PLANET CHOCOLATE CITY
washington, dc

11/12

RECEIVED
OCT 0 1 2015
BY:

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: **September 30, 2015** Cap Id: **R1500214**

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:
3628 DAVIS ST NW

LOT: **0006** SQUARE: **1935** 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

APPLICATION FOR RAZE PERMIT

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

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.

R15 00 214

Application Date: 9/29/2015

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3628 Davis Street	NW	Three	1935		0006

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Craton Properties, LLC	3628 Davis Street, NW, WDC 20007	202-244-2942	dcpermits@casengineering
10. Agent/Contractor for Owner (if applicable)	**11. Complete mailing address (include zip)**	**12. Phone Number(s)**	**13. Email**
David C. Landsman, CAS Engineering	1001 Conn. Ave., NW, #401, 20036	202-393-7200	dcpermits@casengineering

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 detached accessory building/garage	1

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

19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
21	14	12	3,528

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
Hanlon Design Build	4927 Eskridge Terr, NW, WDC 20016	202-244-2942

26. Historic District?	☐ Yes ☒ No	33. Raze Contractor Signature — Agent Hanlon Design Build
27. CFA?	☐ Yes ☒ No	
28. Raze Entire Building?	☐ Yes ☒ No	34. Property Owner Signature — Agent
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.)
Michael Sydorko / Crescent Plumbing	1015	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, 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
Erie Insurance Group	Q370154833	1/1/2016

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 Craton Properties, LLC (referred to as Owner) owns the property at
(Legal Name of Property Owner)

3628 Davis 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.

P.L. **(Initial here to certify that you have read and understand this paragraph)**

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(is/is not)

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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: Craton Properties
(Print Name of Owner)

Signature: _____ - Agent

Name of Agent: David C. Landsman, CAS Engineering
(Print Name of Authorized Agent)

Signature: _____ Agent

DAVID CRAIG LANDSMAN
NOTARY PUBLIC
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES OCT. 31, 2015
Registration No. 7507752

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/28/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Lindquist Insurance Associates
PO Box 351
New Market, MD 21774

CONTACT NAME:
PHONE (A/C, No, Ext): (301)865-1311 FAX (A/C, No): (301)865-1819
E-MAIL ADDRESS: lindquist@lindquistinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Erie Insurance Group	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Hanlon Design Build Inc
4927 Eskridge Terrace NW
Washington, DC 20016-3442

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			Q370154833	1/1/2015	1/1/2016	EACH OCCURRENCE	$	1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	1,000,000
							MED EXP (Any one person)	$	5,000
							PERSONAL & ADV INJURY	$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	2,000,000
	POLICY X PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	2,000,000
	OTHER:							$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$	
	ANY AUTO						BODILY INJURY (Per person)	$	
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$	
								$	
A	UMBRELLA LIAB X OCCUR			Q281970117	4/19/2015	4/19/2016	EACH OCCURRENCE	$	3,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	3,000,000
	DED 0 RETENTION $							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Q850104478	1/1/2015	1/1/2016	X PER STATUTE / OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$	100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	100,000
							E.L. DISEASE - POLICY LIMIT	$	500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
For razing operations in the District of Columbia

CERTIFICATE HOLDER

Deputy Director
Permit Division
1100 4th Street, SW
Washington, DC 20024

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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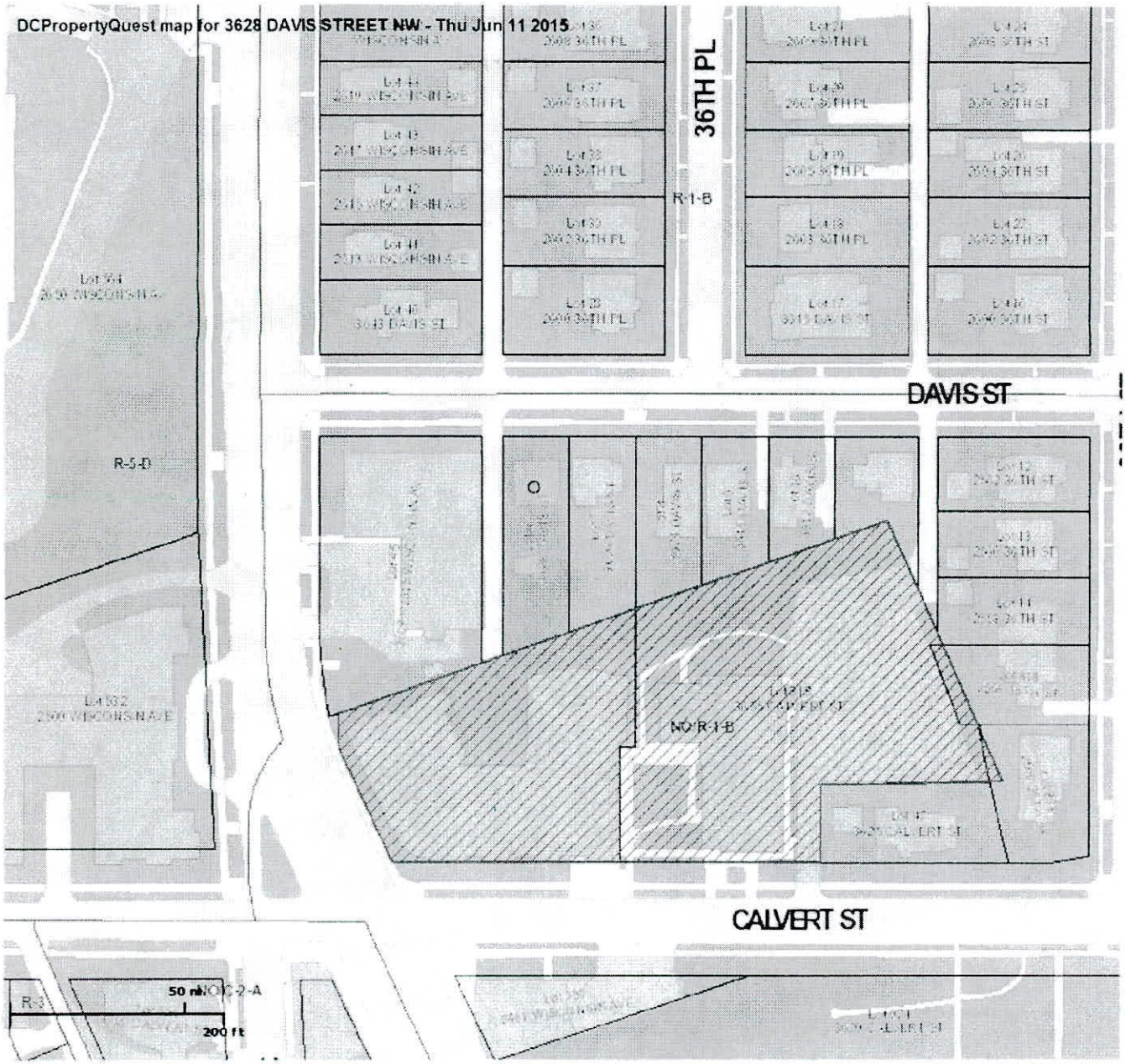
DCPropertyQuest map for 3628 DAVIS STREET NW - Thu Jun 11 2015



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

RECEIVED
SEP 2 5 2015
BY:

Date: **September 23, 2015** Cap Id: **R1500211**

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:
51 N ST NE

LOT: **0860** SQUARE: **0672** TYPE: **Office - B** 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

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/501211

Application Date: 9/22/2015

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
51 N Street NE, Washington DC,	NE	Six	672		860

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
51 N Residential, L.L.C.	4445 Willard Ave., Suite 400, Chevy C	240-333-3679	jpkelly@jbg.com
10. Agent/Contractor for Owner (if applicable)	**11. Complete mailing address (include zip)**	**12. Phone Number(s)**	**13. Email**
Phil Pittinger-Dunham	490 M St. SW, Apt W103, DC, 20024	202-387-6669	phil@capitolpermits.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:
7 story brick commercial office building	7

17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)
used as a commercial office building	Brick

19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
125.5	142.6	93.0	1,666,690

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
TBD	TBD	TBD

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	mechanical demolition

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
TBD	TBD	TBD

39. Asbestos in Building? If yes, indicate location:	☒ Yes ☐ No	**Official Use Only**

Fee	By	Date

M St NE

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

RECEIVED
SEP 24 2015
BY:

Date: **September 18, 2015** Cap Id: **R1500208**

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:
650 LAMONT ST NW

LOT: **0029** SQUARE: **3041** 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) _____

Government of the District of Columbia

APPLICATION FOR RAZE PERMIT

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

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.

R15 00 208

Application Date: 9.18.15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
650 LAMONT STREET	NW	One	3041		0029

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
650 LAMONT BL LLC	1900 M STREET NW 20036	202.341.5233	TKELLY@BRICKLANEDC.COM
10. Agent/Contractor for Owner (if applicable)	**11. Complete mailing address (include zip)**	**12. Phone Number(s)**	**13. Email**
NICHOLAS BROWN	3204 TOWER OAKS BLVD 20852	301.762.9001x21	NSBROWN@MADDOXINC.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 COMMERCIAL BUILDING~~ / TWO STORY BRICK RESIDENTIAL	2

17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)
MIXED USE (RETAIL/RESIDENTIAL)	BRICK

19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
20	71	24	34,080

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

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.)

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

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 650 LAMONT BL LLC (referred to as Owner) owns the property at
(Legal Name of Property Owner)

650 LAMONT 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.

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

C. Execution and Certification Applicable to All Applicants

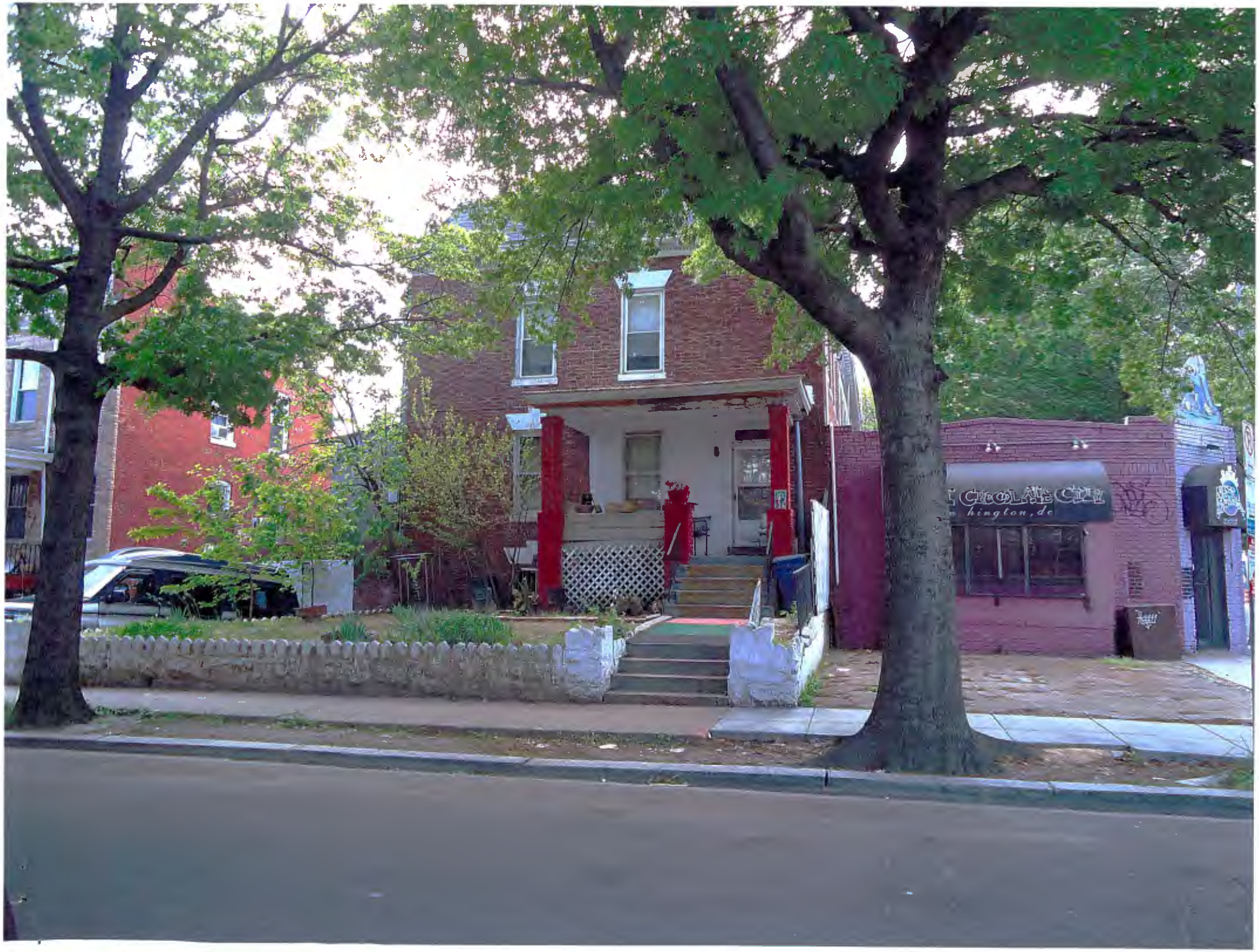
I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be 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: TAYLOR KELLY (Print Name of Owner) Signature: Taylor Kelly

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

SHEILA MARIE NOTARY PUBLIC Expiration Apr 30, 2016 DISTRICT OF COLUMBIA

DISTRICT OF COLUMBIA: SS
SUBSCRIBED AND SWORN TO BEFORE ME
THIS 8th DAY OF Sept. 2015.
Sheila Marie
NOTARY PUBLIC
My Commission Expires 4/30/2016


CHOCOLATE CITY
hington, dc

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

RECEIVED
SEP 29 2015
BY:

Date: **September 29, 2015** Cap Id: **R1500213**

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:
3425 QUEBEC ST NW

LOT: **0101** SQUARE: **2063** 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) _____

6 TH FLOOR

From: **Christopher stern** sternopher@gmail.com
Subject: **More garage**
Date: **September 26, 2015 at 1:58 PM**
To: **Bettina @ Chaia** bettina@chaiadc.com

From: **Bettina @ Chala** bettina@chaiadc.com
Subject: Garage
Date: September 26, 2015 at 1:50 PM
To: bettina@chaiadc.com

Print Form

Government of the District of Columbia

APPLICATION FOR RAZE PERMIT

R1500213

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: 9/23/2015

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3425 Quebec St. NW		Three	2063		0101

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Christopher and Bettina Stern	3425 Quebec St. NW	202-664-3481	sternopher@gmail.com
10. Agent/Contractor for Owner (if applicable)	**11. Complete mailing address (include zip)**	**12. Phone Number(s)**	**13. Email**
n/a	n/a		

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:
Free standing, one story garage	1

17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)
garage/storage	wood, roofing shingles

19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
19 feet	20 feet	Approximately 12 feet	380

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 TBD
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.)

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
State Farm	09-BC-6606-0	4/16/16

39. Asbestos in Building? If yes, indicate location:	☐ Yes ☑ 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

RECEIVED
SEP 22 2015
BY:

Date: **September 22, 2015** Cap Id: **R1500210**

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:
5439 NEVADA AVE NW

LOT: **0033** SQUARE: **1992** 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) _____

R1500210

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: _____

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
5439 Nevada Ave NW	NW	3	1992		0033

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Matthew Reeves	5439 Nevada Ave. NW 20015	202-417-1454	~~202 417 1454~~ reevesmt@gmail.com
10. Agent/Contractor for Owner (if applicable)	**11. Complete mailing address (include zip)**	**12. Phone Number(s)**	**13. Email**
Robert J. Klein	2718 Cortland Pl NW 20008	240 848-4857	robklein1dc@gmail.com

3. TYPE OF PERMIT

14. Check all that apply:

☑ Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:
Raze brick 1 story detached garage	1

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

19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
~~24~~ 18	~~24~~ 18	~~14~~ 12	3,500

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

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.)
		By hand

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

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 _____ (referred to as Owner) owns the property at
(Legal Name of Property Owner)

_____ 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 _____ 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: _____ Signature: _____
(Print Name of Owner)

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