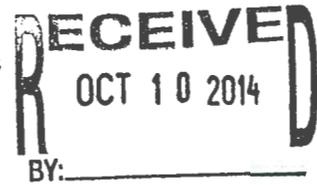




Government of the District of Columbia
 Department of Consumer and Regulatory Affairs

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: July 10, 2014

Cap Id: R1400148

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:
 3626 DAVIS ST NW

LOT: 0007 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) _____

PLEASE RETURN APPROVED CLEARANCE TO:
 karen@casengineering.com
 202-744-2375 (phone) OR 301-607-8045 (fax)
 or Mail to
 CAS Engineering
 103 W Ridgville Blvd
 Mt. Airy, MD 21771



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.

R1400148

Application Date:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3626 DAVIS STREET, NW	NW	One	1935		0007

2. APPLICANT INFORMATION

6. Property Owner John + Barbara Dyer	7. Complete mailing address (include zip) 3624 Davis St. NW	8. Phone Number(s) 202.604.2709	9. Email
10. Agent/Contractor for Owner (if applicable) K.MARTINO / CAS ENGINEERING	11. Complete mailing address (include zip) 108W.Ridgeville Blvd, Mt. Airy, MD 21277	12. Phone Number(s) 202-744-2375	13. Email karen@casengineering.com

3. TYPE OF PERMIT

14. Check all that apply.

 Raze Permit

4. DESCRIPTION OF BUILDING

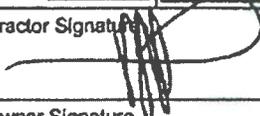
15. Description of Building to be Razed (e.g., two story brick single family dwelling) 2-STORY, FRAME + STUCCO SINGLE FAMILY HOME		16. Existing Number of Stories of Bldg: 2 + C	
17. Use(s) of Property (specifically indicate if any use is residential.) SINGLE FAMILY RESIDENTIAL		18. Materials of Building (brick, wood, etc.) FRAME + STUCCO	
19. Bldg Length (ft) 25.7	20. Bldg Width (ft) 28.1	21. Bldg Height (ft) 22.0	22. Bldg Volume (cu ft) (L x W x H) 15888

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Opal, LLC	24. Contractor's Address (including zip code) 6428 79th St Cabin John, MD 20818	25. Contractor's Phone 301 320-3979
--	---	---

26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature 
27. Fine Arts District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature
30b. If yes, adjacent property owner signature is required.		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected. Building must be vacant before Raze Permit issuance.
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Official Use Only		
Fee		By
		Date

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

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, 941 North Capitol St NE, Washington, DC 20002
- 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)"

26. Insurance Company Ernie	37. Policy or Certificate No. QCR0250493	38. Expiration Date 12/2/14
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39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only		
		Fee	By	Date

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

<i>Permit Number</i>	7334	<i>Date</i>	5/27/1921
<i>Owner</i>	Carr, Ira J.	<i>Roll of Microfilm</i>	203
<i>Architect</i>	Gaver & Brown		
<i>Builder</i>	Gaver & Brown		
<i>Quantity</i>	1		
<i>Stories</i>	2	<i>Material</i>	frame
<i>Width</i>	28	<i>Depth</i>	26
<i>Purpose</i>	dwelling	<i>Number of Families</i>	1
<i>Store?</i>	<input type="checkbox"/>		
<i>Solid/Filled</i>	solid	<i>Material of Foundation</i>	concrete
<i>Front Material</i>	wood siding	<i>Type of Stone</i>	
<i>Type of Roof</i>	pitch	<i>Roof Material</i>	comp
<i>Heat</i>	hot water	<i>No Plumbing or Gasfitting</i>	<input type="checkbox"/>
<i>No Electric</i>	<input type="checkbox"/>	<i>Roughing In Only</i>	<input type="checkbox"/>
<i>Estimated Cost</i>	\$7,000	<i>No Sewer Available</i>	<input type="checkbox"/>

Notes

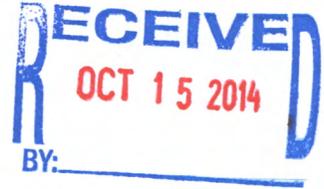
<i>Updated</i>	<i>Extant</i>	<i>Square</i>	<i>Lot</i>	<i>Address</i>				<i>House Type</i>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1935	0007	3626	Davis	Street	NW	Detached



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 October 06, 2014

Cap Id: R1500001

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:
1618 14TH ST NW

LOT: 0134 SQUARE: 0208 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) _____



HISTORIC

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.

R15 00001

Application Date: 10.6.14

1. INFORMATION ON PROPERTY

1. Address of Proposed Work 1618 14 th Street NW Washington, DC 20009	2. Quad NW	3. Ward TWO	4a. Square 0208	4b. Suffix	5. Lot 0134
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2. APPLICANT INFORMATION

6. Property Owner 1618 14 th Street NW, LLC	7. Complete mailing address (include zip) c/o Newbridge Management LLC 9464 Newbridge Drive Potomac, Md. 20854	8. Phone Number(s) 202-674-7080	9. Email shjaffe@nbingt.com
10. Agent/Contractor for Owner (if applicable) JEFFREY OWENS OWENS TECHNOLOGIES, INC.	11. Complete mailing address (include zip) 1121 LUXMANOR ROAD ROCKVILLE MD 20852	12. Phone Number(s) 301-213-4845	13. Email jowens@2@comcast.net

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) MASONRY AND WOOD	16. Existing Number of Stories of Bldg: TWO STORIES		
17. Use(s) of Property (specifically indicate if any use is residential) RETAIL / COMMERCIAL	18. Materials of Building (brick, wood, etc.)		
19. Bldg Length (ft) 61	20. Bldg Width (ft) 26	21. Bldg Height (ft) 28	22. Bldg Volume (cu ft) (L x W x H) 44,408

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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		33. Raze Contractor Signature	
27. CFA?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
28. Raze Entire Building?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
29. Building Condemned?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. Property Owner Signature	
30a. Party Wall?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
				30b. If yes, adjacent property owner signature is required.	
				30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.	
31. Building Vacant?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Building must be vacant before Raze Permit issuance.	
32. Public Space Vault?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Official Use Only	
				Fee	By
					Date

33. Plumber's Name		34. Plumber's License Number		35. Raze Method (ball, bulldozer, by hand, etc.)	
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1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

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

(address of raze operation)

36. Insurance Company		37. Policy or Certificate No.		38. Expiration Date	
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39. Asbestos in Building?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Official Use Only	
If yes, indicate location:				Fee	By
					Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA
**CERTIFICATION FOR
RAZE PERMIT APPLICATION**

This certifies that 1618 14th Street NW, LLC (referred to as Owner) owns the property at
(Legal Name of Property Owner)
1618 14th 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.

 AS (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.

 AS (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.

 AS (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: 1618 14th Street NW, LLC
(Print Name of Owner)

Signature: *Stephen Jaffe*

Name of Agent: STEPHEN JAFFE
(Print Name of Authorized Agent)

Signature: *Stephen Jaffe*



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: November 06, 2014

Cap Id: R1500018

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:
5509 C ST SE

LOT: 0014 SQUARE: 5293 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.

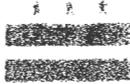
CLEARANCE

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: 11-6-14 Signature: [Handwritten Signature]

Name of releasing HPO Official. (print) [Handwritten Name]

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS



NOTICE TO PROCEED

Address: 5509 C STREET SE
Square: 5293 LOT: 0014
Control # 14-01130

TO : MIRACLE CLEANING & MAINTENANCE
439 10TH STREET NE
WASHINGTON DC 20002

FROM : PAUL WATERS
DEPUTY DIRECTOR

SUBJECT : IMMEDIATE RAZE

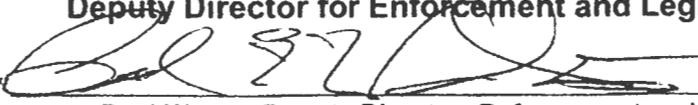
THE PROPERTY IDENTIFIED ABOVE HAS BEEN DECLARED UNSAFE AND AN IMMINENT DANGER TO CITIZENS IN AND AROUND THIS LOT BY THE DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS. IMMEDIATE REMOVAL HAS BEEN ORDERED UNDER DC CODE 42-3131.01.

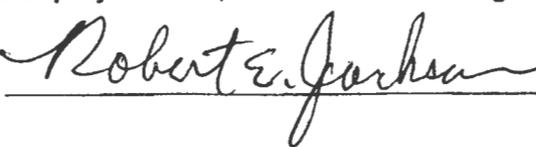
- ACCORDINGLY, you are directed to remove the structure immediately. The Department of Consumer and Regulatory Affairs will coordinate the removal of utility services to this structure, but per statement of work, you are required to confirm the cut-offs.*

BECAUSE OF THE EXISTING DANGER POSED BY THIS STRUCTURE, WORK MUST COMMENCE WITHIN 2 DAYS OF PERMIT ISSUANCE.

Contract Award

- Any questions regarding this NOTICE may be directed to Robert Spriggs, Enforcement Program Manager on (202) 442-4406 or Paul Waters, Deputy Director for Enforcement and Legislative Affairs on (202) 442-8410

By:  Date: 10/24/14
Paul Waters Deputy Director, Enforcement and Legislative Affairs

Contractor Signature:  Date: 10/29/14



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
5509 C ST. S.E.			5293		0014

2. APPLICANT INFORMATION			
6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
DC GOVT	DCRA 1100 4TH ST N.W	202- 442-8929	
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
ROBERT E. JACKSON MCM CORP	439 10TH ST NE WASH DC 20002	202- 546-1629	re.jacksonjr @msn.com

3. TYPE OF PERMIT
14. Check all that apply: <input checked="" type="checkbox"/> 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:
BRICK & WOOD / Single family			1
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Residential		BRICK & WOOD	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
30	15	15	6,750

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Miracle Cleaning & Maintenance Corporation		24. Contractor's Address (including zip code) 439 10TH ST NE, WASH DC 20002		25. Contractor's Phone 202-546-1629	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>Robert E. Jackson</i>			
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature			
29. Building Condemned?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.			
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.			
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.			
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
		Fee	By	Date	

33. Plumber's Name JAMES S. LYNN	34. Plumber's License Number DPM979	35. Raze Method (ball, bulldozer, by hand, etc.) HAND & HAMMER
--	---	--

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 COLONY INS. CO.	37. Policy or Certificate No. APP88102113	38. Expiration Date 7-17-2015
39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only
		Fee
		By
		Date



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



Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557

Date: November 04, 2014

Cap Id: R1500016

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:
3949 52ND ST NW

LOT: **0815** SQUARE: **1458** 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) _____

PLEASE RETURN APPROVED CLEARANCE TO:

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



APPLICATION FOR RAZE PERMIT

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

Applicable code sections are in the 2008 D.C. 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.

R150 0016

Application Date: **11.4.2014**

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3949 52nd STREET, NW	NW	One	1458		815

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
BRENT SHAW Allison Shaw	3825 52ND ST, NW WASH. DC 20016		
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
K.MARTINO/CAS ENGINEERING	108W.RidgevilleBlvdMt.AiryMD21771	2027442375	karen@casengineering.com

3. TYPE OF PERMIT

14. Check all that apply:
 Raze Permit

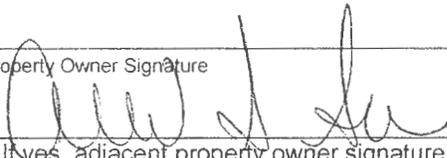
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
1.5-STORY SINGLE FAMILY DETACHED HOME, WITH LOWER LEVEL		1.5	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
RESIDENTIAL SINGLE FAMILY HOME		STONE + FRAME	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
36	75	13	35100

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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. Raze Contractor Signature	
27. Fine Arts District?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
28. Raze Entire Building?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
29. Building Condemned?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
30a. Party Wall?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. Property Owner Signature 	
31. Building Vacant?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30b. If yes, adjacent property owner signature is required. 	
32. Public Space Vault?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.	
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, 941 North Capitol St NE, Washington, DC 20002
- 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Official Use Only	
If yes, indicate location:					
		Fee		By	
				Date	

Buildings on 52nd Street NW Between 3949 and 3949

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

<i>Square-Lot</i>	<i>Address</i>	<i>Material</i>	<i>Purpose</i>	<i>Permit</i>	<i>Date</i>	<i>Cost</i>
1458 0815	3949 52nd Street NW	0 x 0	dwelling	B-11078	5/7/1956	\$0
	<i>Owner</i>	<i>Architect</i>		<i>Builder</i>		
	<i>Updated? Yes</i>	<i>Extant? Yes</i>				



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

RECEIVED
NOV 18 2014
BY: _____

Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557

Date November 14, 2014

Cap Id: R1500023

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:

2700 MARTIN LUTHER KING JR AVE SE

LOT: 0830 SQUARE: 5868 TYPE:

VACANT: Yes

Please notify our office of the satisfactory completion of your inspection of the premises, by filling out the clearance section below and returning this form to the D.C.R.A. Permit Operations Division, 1100 4th Street S.W., Washington D.C. 20024.

CLEARANCE

This is to inform you that we researched our records concerning the structure identified above and we have no objections to proceeding with the proposed razing of said structure.

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

HISTORIC

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.

R 15 000 23

Application Date: *11.14.14*

1. INFORMATION ON PROPERTY

1. Address of Proposed Work <i>2700 MLK Jr AVE SE</i> Null - No current address and area to be re-addressed St Elizabeths East Campus Building 117 - Barton Hall	2. Quad SE	3. Ward 8	4a. Square 5868	4b. Suffix S	5. Lot Includes 0825
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2. APPLICANT INFORMATION

6. Property Owner District of Columbia	7. Complete mailing address (include zip) Suite 317 1350 Pennsylvania AVE NW Washington, DC 20004	8. Phone Number(s)	9. Email
10. Agent/Contractor for Owner (if applicable) <i>Mr. Garcia</i>	11. Complete mailing address (include zip)	12. Phone Number(s) <i>301-731-4767</i>	13. Email <i>garcia@rapidpermits.com</i>

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) <i>Two Story Plus Basement</i>			16. Existing Number of Stories of Bldg: <i>2 + Basement</i>
17. Use(s) of Property (specifically indicate if any use is residential.) <i>Vacant - Previously Offices; Hospital Dormitory</i>		18. Materials of Building (brick, wood, etc.) <i>Brick veneer on CMU; concrete floors; wood w/ GWB interior partitions</i>	
19. Bldg Length (ft) <i>195</i>	20. Bldg Width (ft) <i>122 (partial)</i>	21. Bldg Height (ft) <i>25</i>	22. Bldg Volume (cu ft) (L x W x H) <i>594,750</i> (actual= 11,800 sf plan x 25 ft ht = 295,000 cu ft)

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name <i>Northstar Contracting Group, Inc.</i>		24. Contractor's Address (including zip code) <i>8005 Cessna Ave Gaithersburg, MD 20879</i>		25. Contractor's Phone <i>410.247.5031</i>	
26. Historic District?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	33. Raze Contractor Signature <i>Steven Dulude</i>			
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature <i>Steven Dulude (DCS)</i>			
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.			
30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.					
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.			
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
		Fee	By	Date	

33. Plumber's Name <i>Joseph Magnolia</i>	34. Plumber's License Number <i>DPM512</i>	35. Raze Method (ball, bulldozer, by hand, etc.) <i>Excavator w/hammer, claw</i>
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1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

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

36. Insurance Company <i>Acord</i>	37. Policy or Certificate No. <i>1263250047</i>	38. Expiration Date <i>07/01/2015</i>
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39. Asbestos in Building? If yes, indicate location:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>Floor tile, pipe elbows</small>	Official Use Only		
		Fee	By	Date

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
 CERTIFICATION FOR
 RAZE PERMIT APPLICATION**

This certifies that District of Columbia (referred to as Owner) owns the property at
(Legal Name of Property Owner)
2700 Martin Luther King Jr. Ave SE 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.

GO (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 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.

GO (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.

GO (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: Solomon Ikotun
(Print Name of Owner)

Signature: [Signature]

Name of Agent: Gabe Oliver
(Print Name of Authorized Agent)

Signature: [Signature]

District of Columbia: SS

Subscribed and sworn to before me, in my presence, this 3rd day of November, 2014

Patricia T. Rollins
 Patricia T. Rollins, Notary Public, D.C.

My commission expires July 31, 2016.





1935 0007 09/01/2004

3626 Davis Street NW



0208 0134 07/12/2004

1618 14th Street NW – Fourteenth Street Historic

District



5293 0014 08/26/2004

5509 C Street SE



1458 0815 10/03/2004

3949 52nd Street NW



Saint Elizabeths Building 117 – Barton Hall –

Saint Elizabeths Hospital Historic District