

## All Building Permit(s) From 12/24/2015 thru 1/8/2016

ISSUED DATE	ID	Address	PER SUB	STATUS	DCRA NOTICE TO ANC	ANC Review Expiration	Ward	ANC	Zoning
1/6/2016	R1600063	3201 WOODLAND DR NW	Raze	New Application	January 11, 2016	February 23, 2016	3	3C	TSP/R-1-A
1/7/2016	R1600064	4520 YUMA ST NW	Raze	New Application	January 11, 2016	February 23, 2016	3	3E	R-1-B
1/8/2016	R1600065	3101 ELLICOTT ST NW	Raze	New Application	January 11, 2016	February 23, 2016	3	3F	FH-TSP/R-1-A
1/6/2016	R1600062	3214 CHESTNUT ST NW	Raze	New Application	January 11, 2016	February 23, 2016	4	3G	R-1-A
1/8/2016	R1600066	30 FLORIDA AVE NE	Raze	New Application	January 11, 2016	February 23, 2016	5	5C	C-2-A
12/30/2015	R1600061	2750 SOUTH CAPITOL ST SE	Raze	New Application	January 11, 2016	February 23, 2016	8	8C	

Applicant	Owner Name	Description of Work
TAMMAL ENTERPRISES	LEONARD A SACKS TRUSTEE	two story single family dwelling . building has fire damage on the second floor
STANLEY	DAVID R LOWELL	GARAGE
ATALIG	MARTHA B DONOGHUE	ONE STORY POOL HOUSE
CAS ENGINEERING	ANTHONY PIERCE	two and a half story brick single family dwelling
	30 FLORIDA AVE NE LLC	To Raze a One Story Garage
IAN SWAIN - COMMUN-ET; SWAIN	DC Government Department of Public Works	DC Government owned project and building to be raze located at 2750 South Capitol St, square PAR, lot 001 owned by Dept of Public Works and currently vacant. This project is part of the DC Soccer Stadium redevelopment. The vacant building is being razed to make room for the temporary salt facility.



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: January 06, 2016

Cap Id: R1600063

**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:

3201 WOODLAND DR NW

LOT: 0806 SQUARE: 2120 TYPE:

VACANT: Yes

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

**CLEARANCE**

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of releasing HPO Official. (print) \_\_\_\_\_



# APPLICATION FOR RAZE PERMIT

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

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

*R/4 000 63*

Application Date: January 4th, 2016

### 1. INFORMATION ON PROPERTY

1. Address of Proposed Work 3201 Woodland Drive NW; 20008	2. Quad NW	3. Ward Four	4a. Square 2120	4b. Suffix N/A	5. Lot 7
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### 2. APPLICANT INFORMATION

6. Property Owner Four Quartets Trust	7. Complete mailing address (include zip) c/o Greg Hauptman/ Venable <del>575</del> <i>575 7th St NW Wash DC 20004</i>	8. Phone Number(s) 202-344-8528	9. Email N/A
10. Agent/Contractor for Owner (if applicable) Tammal Enterprises, Inc.	11. Complete mailing address (include zip) 5705 Arundel Avenue Rockville, MD	12. Phone Number(s) 301-816-1606	13. Email Tylert@tammaldemo.com

### 3. TYPE OF PERMIT

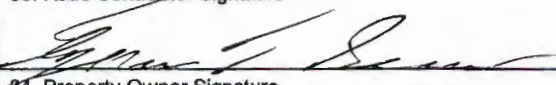

14. Check all that apply: <input checked="" type="checkbox"/> Raze Permit
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### 4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling) two story single family dwelling. Existing building has fire damage on the second floor and		16. Existing Number of Stories of Bldg: 2	
17. Use(s) of Property (specifically indicate if any use is residential.) Residential		18. Materials of Building (brick, wood, etc.) Brick, Wood, Masonry, and Concrete	
19. Bldg Length (ft) 80.4'	20. Bldg Width (ft) 36.5'	21. Bldg Height (ft) 20'	22. Bldg Volume (cu ft) (L x W x H) <i>58,692.00</i>

### OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

23. Raze Contractor's Name Tammal Enterprises, Inc.		24. Contractor's Address (including zip code) 5705 Arundel Avenue Rockville, MD 208		25. Contractor's Phone 301-816-1606	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature 			
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature 			
29. Building Condemned?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.			
30a. Party Wall?	<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.			
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	<b>Official Use Only</b>			
		Fee	By	Date	

33. Plumber's Name RICHARD V. CAREY		34. Plumber's License Number 1050		35. Raze Method (ball, bulldozer, by hand, etc.) Mechanical equipment such as Excavator	
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1. You must submit a Certificate of Insurance covering the raze operation/contractor-- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

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

36. Insurance Company Bogart & Browned of MD, Inc.		37. Policy or Certificate No. 2015-2016		38. Expiration Date 2/1/2016	
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39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Official Use Only</b>			
		Fee	By	Date	

# CERTIFICATION FOR RAZE PERMIT APPLICATION

This certifies that Four Quartets Trust c/o Greg Hauptman, Trustee (referred to as Owner) owns the property at  
(Legal Name of Property Owner)  
3201 Woodland Drive NW Washington, 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 \_\_\_\_\_ 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.

GBH (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:

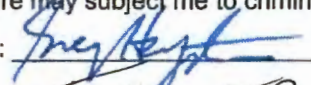
Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, **before** issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.

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

GBH (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: Four Quartets Trust c/o Greg Hauptman, Trustee Signature:   
(Print Name of Owner)

Name of Agent: Tyler T. Greene Signature:   
(Print Name of Authorized Agent)





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

RECEIVED  
JAN - 7 2016  
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: January 07, 2016

Cap Id: R1600064

**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:

4520 YUMA ST NW

LOT: 0820 SQUARE: 1564 TYPE:

VACANT: Yes

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

**CLEARANCE**

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of releasing HPO Official. (print) \_\_\_\_\_





# APPLICATION FOR RAZE PERMIT

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

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

R/16 000 04

Application Date: 1/6/16

## 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4520 Yuma St. NW	NW	One	1564		820

## 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Roderick Quiroz	Same		
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Patrick Stanley	6806 Dakota Ct.	240-346-8709	

## 3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

## 4. DESCRIPTION OF BUILDING

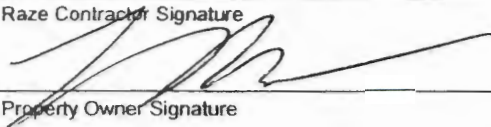
15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:		
1 story yard shed/Garage	1		
17. Use(s) of Property (specifically indicate if any use is residential)	18. Materials of Building (brick, wood, etc.)		
Garage	Brick		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
20	10	7	1400

## OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name <b>Advanced Construction Est</b>	24. Contractor's Address (including zip code) <b>8035 Penn Randall Pl 20772</b>	25. Contractor's Phone <b>301420 0628</b>
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26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature  34. Property Owner Signature  30b. If yes, adjacent property owner signature is required. 30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected. Building must be vacant before Raze Permit issuance.
27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. Building Condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center;">Official Use Only</th> </tr> <tr> <td style="width:33%;">Fee</td> <td style="width:33%;">By</td> <td style="width:33%;">Date</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>	Official Use Only			Fee	By	Date			
Official Use Only										
Fee	By	Date								

33. Plumber's Name <b>Jerome Scott</b>	34. Plumber's License Number <b>#1317</b>	35. Raze Method (ball, bulldozer, by hand, etc.) <b>Hand</b>
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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 <b>State Farm</b>	37. Policy or Certificate No. <b>ACP2416116952</b>	38. Expiration Date <b>4-11-16</b>
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39. Asbestos in Building? If yes, indicate location: <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center;">Official Use Only</th> </tr> <tr> <td style="width:33%;">Fee</td> <td style="width:33%;">By</td> <td style="width:33%;">Date</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>	Official Use Only			Fee	By	Date			
Official Use Only										
Fee	By	Date								

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

This certifies that Roderick S. Quiroz Trustee (referred to as Owner) owns the property at  
(Legal Name of Property Owner)  
4520 Yuma St. NW and that the person signing below has the legal authority to execute this Certification  
(Property Address)  
and to make the representations and certifications below, on behalf of the Owner:  
I am applying for a Raze Permit for the subject property.  
I understand that the Raze Permit must be issued prior to any raze activity or operations.  
If I do not have a Raze Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.  
RS (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.  
RS (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.  
RS (Initial here to certify that you have read and understand this paragraph)

**C. Execution and Certification Applicable to All Applicants**

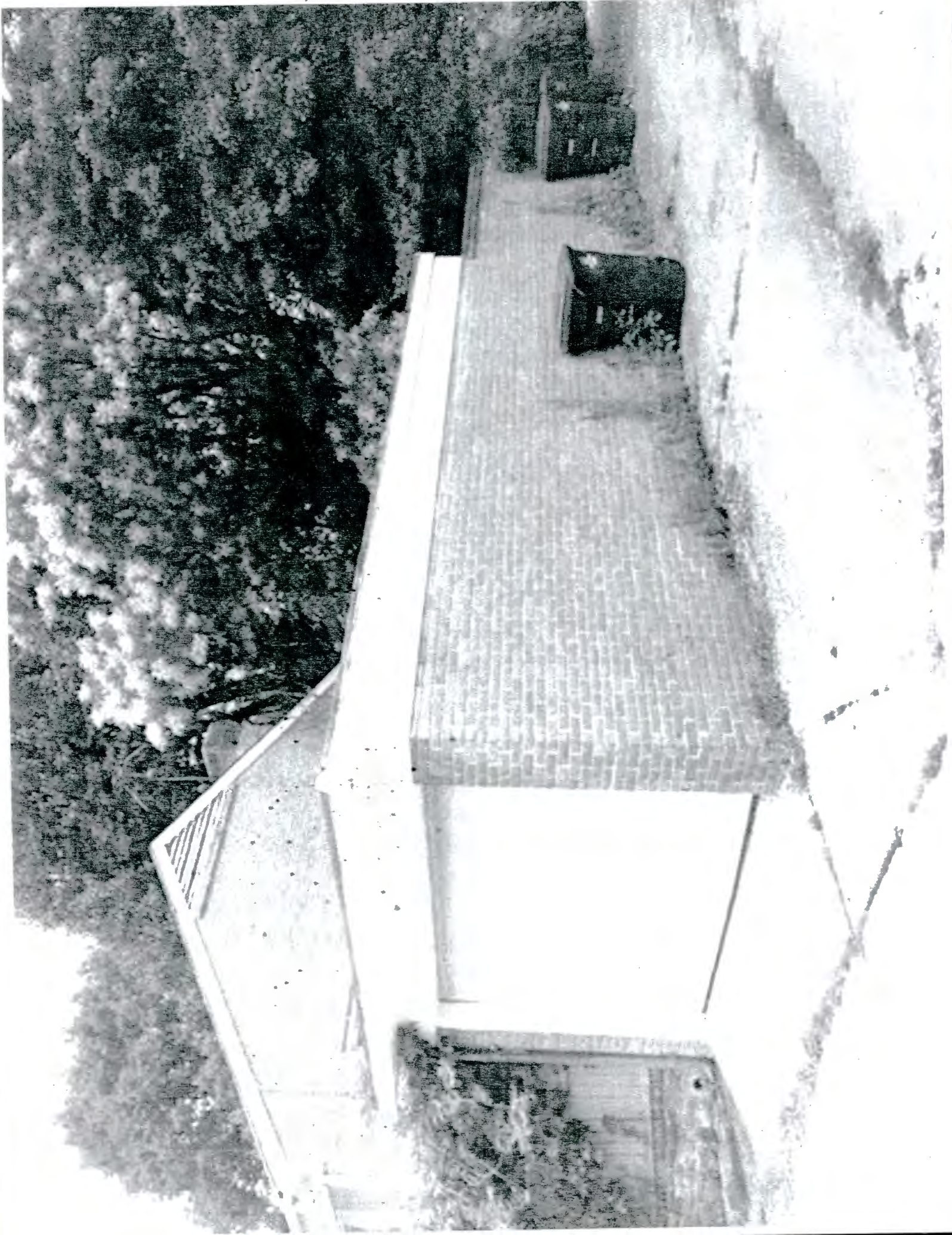
I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be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

Signature: [Signature]

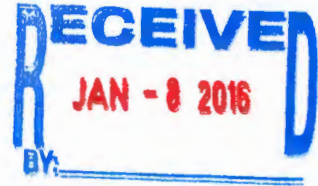
Name of Agent: Patrick Stanley  
(Print Name of Authorized Agent)

Signature: [Signature]





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: January 08, 2016

Cap Id: R1600065

**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:  
3101 ELLICOTT ST NW

LOT: **0825** SQUARE: **2276** TYPE: VACANT: **Yes**

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

**CLEARANCE**

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of releasing HPO Official. (print) \_\_\_\_\_





# APPLICATION FOR RAZE PERMIT

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

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

R16 00065

Application Date: 01.05.2015

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
3101 ELLICOTT STREET	NW*	Three	2276		0825

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
MARTHA B. DONOGHUE	3101 ELLICOTT ST NW, WASHINGTON DC 20007	202.907.4495	john@jdonoghue.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
ALAN COOK	1 MELVIN AVENUE, ANNAPOLIS MD 21403	410.990.1700	alanc@purplecherry.com

**STATE OF PERMIT**

14. Check all that apply:

Raze Permit

15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:		
One story pool house	1		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Pool House	Stucco, wood, slate roofing		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
34'-0"	22'-6"	15'-0"	11,475 c.ft.

### OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

23. Raze Contractor's Name		24. Contractor's Address (including zip code)		25. Contractor's Phone	
Ted Peterson		2332 Ontario Road NW, Washington DC 20		202.234.4500	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>Ted Peterson</i>			
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature <i>Maria B...</i>			
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.			
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.			
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Building must be vacant before Raze Permit issuance.			
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
		Fee	By	Date	

33. Plumber's Name		34. Plumber's License Number		35. Raze Method (ball, bulldozer, by hand, etc.)	
R. L. VOIGHT		# 588		BY HAND BOBCAT	

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
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- Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.
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- 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:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only		
			Fee	By	Date

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

This certifies that Martha Donoghue (referred to as Owner) owns the property at  
(Legal Name of Property Owner)

3101 Ellicott 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.

ADC (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.

ADC (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.

ADC (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: Martha Donoghue  
(Print Name of Owner)

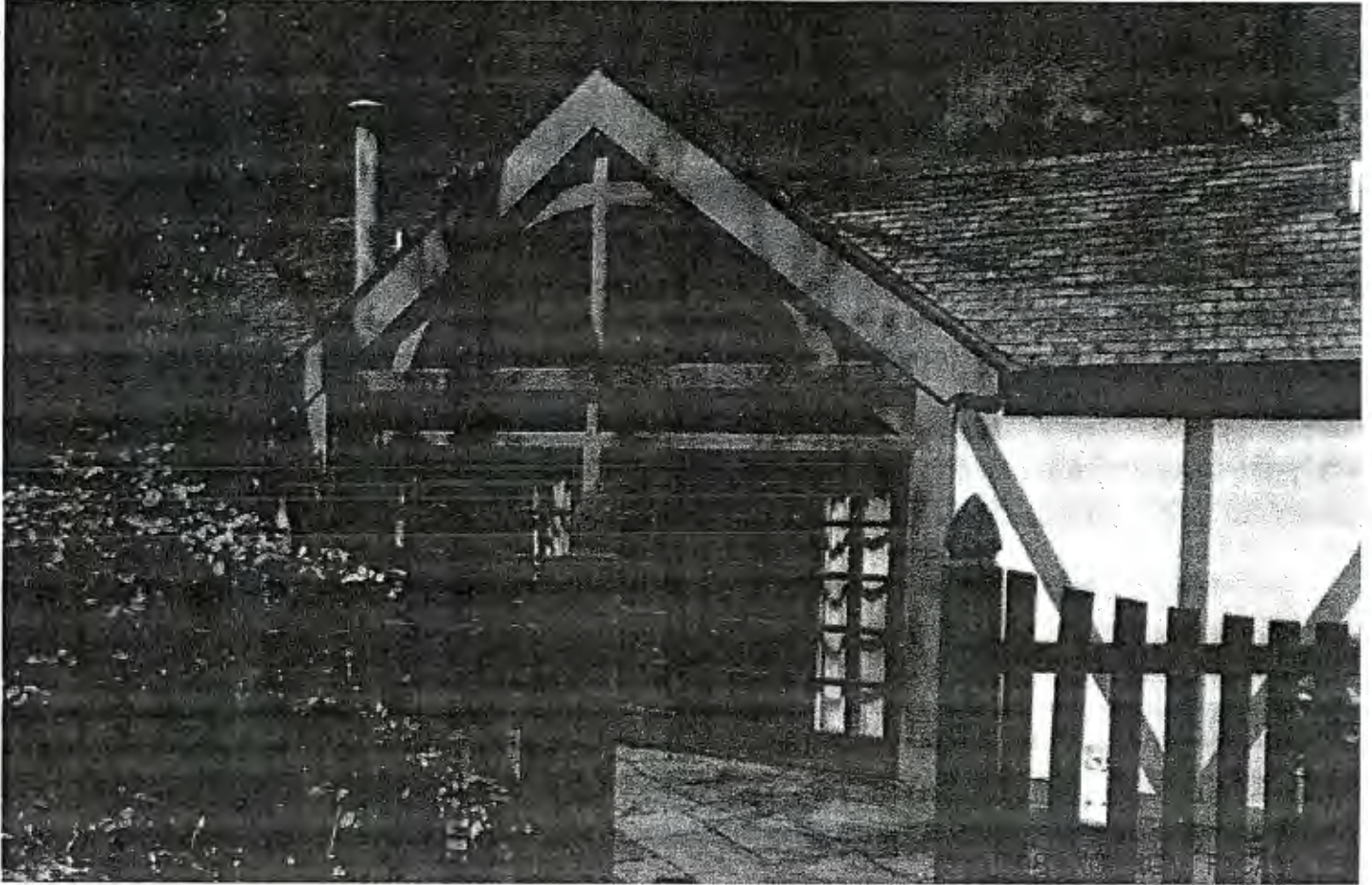
Signature: Martha Donoghue

Name of Agent: Alan Cook  
(Print Name of Authorized Agent)

Signature: Alan D Cook



ADDRESS: 3101 ELLICOTT STREET NW, WASHINGTON DC 20008





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

RECEIVED  
JAN 11 2016  
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: January 08, 2016

Cap Id: R1600066

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:  
30 FLORIDA AVE NE

LOT: 0069 SQUARE: 3516 TYPE: VACANT:

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

**CLEARANCE**

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of releasing HPO Official. (print) \_\_\_\_\_



# APPLICATION FOR RAZE PERMIT

## R1600066

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

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

Application Date: \_\_\_\_\_

### 1. INFORMATION ON PROPERTY

1. Address of Proposed Work <i>30 Florida Avenue NE</i>	2. Quad <i>NE</i>	3. Ward <i>5</i>	4a. Square <i>3516</i>	4b. Suffix	5. Lot <i>0069</i>
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### 2. APPLICANT INFORMATION

6. Property Owner <i>30 Florida Ave NE LLC</i>	7. Complete mailing address (include zip) <i>29 Florida Ave NE Washington DC 20002</i>	8. Phone Number(s) <i>347-266-8215</i>	9. Email <i>oliver@thelagroup.cc +thelagroup.com</i>
10. Agent/Contractor for Owner (if applicable) <i>N/A</i>	11. Complete mailing address (include zip) <i>N/A</i>	12. Phone Number(s) <i>N/A</i>	13. Email <i>N/A</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>Parking Garage - One Story</i>		16. Existing Number of Stories of Bldg: <i>1</i>	
17. Use(s) of Property (specifically indicate if any use is residential) <i>Parking Garage - Non Residential</i>		18. Materials of Building (brick, wood, etc.) <i>CMU Block Walls/Wood Roof</i>	
19. Bldg Length (ft) <i>24 FT</i>	20. Bldg Width (ft) <i>16 FT</i>	21. Bldg Height (ft) <i>13 FT</i>	22. Bldg Volume (cu ft) (L x W x H) <i>4,992 cu ft</i>

### 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. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature			
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required. N/A			
		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?		<b>Official Use Only</b>			
		Fee	By	Date	

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

2. The Certificate should:

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

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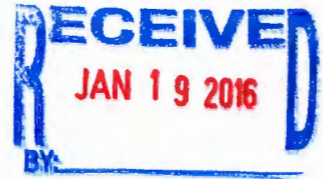
39. Asbestos in Building? If yes, indicate location:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Official Use Only</b>		
			Fee	By	Date







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: December 30, 2015

Cap Id: R1600061

**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:  
2750 SOUTH CAPITOL ST SE

LOT:            SQUARE:            TYPE: **Government - Public**            VACANT: **Yes**

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

**CLEARANCE**

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of releasing HPO Official. (print) \_\_\_\_\_



# APPLICATION FOR RAZE PERMIT

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

Applicable code sections are in the 2008 DC Building Code Supplement Chapter 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/G 000 61

Application Date: 12/28/15

## 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
2750 J. CAP ST SE					0001

## 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
DC GOV MNT			
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
LEON SWAN	100 M ST SE #600 WASHINGTON DC 20003	202-775-6286	LSWAN@COMMUN-ET.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:	
OFFICE BLDG		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
OFFICE BLDG		METAL SIDING	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
75	15	14	15750

## 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. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature			
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.			
		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	<b>Official Use Only</b>			
		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? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Official Use Only</b>			
		Fee	By	Date	





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

**RECEIVED**  
~~DEC 24 2015~~  
JAN 05 2016  
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: December 31, 2015

Cap Id: R1500061

**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:  
3619 GEORGIA AVE NW

LOT: **0803** SQUARE: **3032** TYPE: \_\_\_\_\_ VACANT: **No**

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

---

**CLEARANCE**

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of releasing HPO Official. (print) \_\_\_\_\_



# APPLICATION FOR RAZE PERMIT

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

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

R 15 000 61

Application Date: 2/4/15

## 1. INFORMATION ON PROPERTY

1. Address of Proposed Work <b>3619 GEORGIA AVE. NW</b>	2. Quad	3. Ward	4a. Square <b>3032</b>	4b. Suffix	5. Lot <b>803</b>
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## 2. APPLICANT INFORMATION

6. Property Owner <b>GLENN-WILLIAMS, LLC</b>	7. Complete mailing address (include zip) <b>5335 WISCONSIN AVE. NW STE. 440 20015</b>	8. Phone Number(s) <b>(202) 688-2101</b>	9. Email
10. Agent/Contractor for Owner (if applicable) <b>CITADEL FIRM ROSHAUN DENNIS</b>	11. Complete mailing address (include zip)	12. Phone Number(s) <b>(202) 660-2516</b>	13. Email <b>ROC@ CITADELFIRM.COM</b>

## 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) <b>TWO STORY BRICK</b>		16. Existing Number of Stories of Bldg: <b>2</b>	
17. Use(s) of Property (specifically indicate if any use is residential.) <b>RESTAURANT</b>		18. Materials of Building (brick, wood, etc.) <b>BRICK</b>	
19. Bldg Length (ft) <b>55.00</b>	20. Bldg Width (ft) <b>85.00</b>	21. Bldg Height (ft) <b>18.00</b>	22. Bldg Volume (cu ft) (L x W x H) <b>84,150.00</b>

## 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. CFA?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
28. Raze Entire Building?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		34. Property Owner Signature	
29. Building Condemned?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
30a. Party Wall?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30b. If yes, adjacent property owner signature is required.	
31. Building Vacant?		<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.	
32. Public Space Vault?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Building must be vacant before Raze Permit issuance.	
		<b>Official Use Only</b>			
		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	
SJD		NJ-CGL0000019576		12/31/15	

39. Asbestos in Building?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Official Use Only</b>	
If yes, indicate location:		Fee	By	Date	

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


This certifies that Gwynn Williams LLC (referred to as Owner) owns the property at  
3619 Georgia Avenue NW and that the person signing below has the legal authority to execute this Certification  
(Legal Name of Property Owner)  
(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.

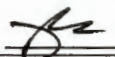
Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.

 (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: Gwynn Williams LLC  
(Print Name of Owner)

Signature: 

Name of Agent: Jimmie Parker  
(Print Name of Authorized Agent)

Signature: 

**ELEGANCE NAILS**  
**202-722-7865**

NO  PARKING



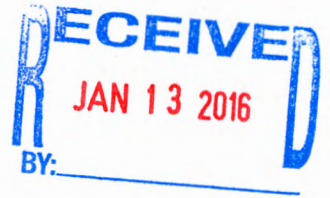


3032 0803 08/19/2004





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: January 13, 2016

Cap Id: R1600067

**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:

1830 6TH ST NW

LOT: **0824** SQUARE: **0441** TYPE:

VACANT: **Yes**

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

---

**CLEARANCE**

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of releasing HPO Official. (print) \_\_\_\_\_



# APPLICATION FOR RAZE PERMIT

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

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

*R16 000 67*

Application Date: 1/13/16

### 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1830 6th St NW Washington DC 20011			4411		824

### 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Stephen Bagley	1830 6th St NW Washington DC 20007	610-574-4829	smbagley@gmail.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email

### 3. TYPE OF PERMIT

14. Check all that apply:  
 Raze Permit

### 4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
EXTERIOR SHED		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
STORAGE		WOOD	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
12' 1"	6' 9"	12'	<del>864</del> 1008 cu ft

### OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name <i>Stephen Bagley</i>		24. Contractor's Address (including zip code) <i>1830 6th St NW Washington DC 20001</i>		25. Contractor's Phone <i>610-574-4829</i>	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>[Signature]</i>			
27. CFA?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature <i>[Signature]</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.			
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.			
32. Public Space Vault?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.			
<b>Official Use Only</b>					
		Fee	By	Date	
33. Plumber's Name		34. Plumber's License Number		35. Raze Method (ball, bulldozer, by hand, etc.)	
<p>1. You must submit a Certificate of Insurance covering the raze operation/contractor- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.</p> <p>2. The Certificate should:</p> <ul style="list-style-type: none"> <li>• Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024</li> <li>• Include a 30-day advance notice cancellation clause.</li> <li>• Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.</li> <li>• State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage.</li> <li>• If the insurance is for one specific address only, state that, "Razing Operations at _____" <span style="float: right;">(address of raze operation)</span></li> </ul>					
36. Insurance Company		37. Policy or Certificate No.		38. Expiration Date	
39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Official Use Only</b>			
		Fee	By	Date	

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

This certifies that Stephen Bagley (referred to as Owner) owns the property at  
1830 6<sup>th</sup> St NW  
(Legal Name of Property Owner)  
(Property Address) and that the person signing below has the legal authority to execute this Certification

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

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.

SB (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.

SB (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.

SB (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: Stephen Bagley  
(Print Name of Owner)

Signature: [Signature]

Name of Agent: \_\_\_\_\_  
(Print Name of Authorized Agent)

Signature: \_\_\_\_\_



