

Raze Permit Applications Applied for at DCRA - December 8, 2015 through December 23, 2015

Issue Date	ID	Address	Sub Type	Status	DCRA Notice to ANC	ANC Expiration	Ward	ANC	Zoning	Applicant	Owner	Building Description
12/22/2015	R1600060	3229 SHERMAN AVE NW	Raze	New Application	Dec. 24, 2015	Feb. 2, 2016	1	1A	R-4	SHARMAN	LAMONT SHERMAN DEVELOPMENT LLC	TWO STORY BRICK FULLY DETACHED SINGLE FAMILY DWELLING
12/15/2015	R1600050	1915 13TH ST NW	Raze	New Application	Dec. 24, 2015	Feb. 2, 2016	1	1B	R-4	SOLOMON	HENRY D LONGCHAMPS	SINGLE FAMILY DETACHED BRICK GARAGE ACCESSORY BUILDING IN REAR YARD
12/17/2015	R1600053	5310 DORSETT PL NW	Raze	New Application	Dec. 24, 2015	Feb. 2, 2016	3	3D	R-1-B	CAS	KAREN A RUSSELL	two story frame single family dwelling with cellar
12/17/2015	R1600054	5033 GARFIELD ST NW	Raze	New Application	Dec. 24, 2015	Feb. 2, 2016	3	3D		CAS	BRIAN R COHN	THREE STORY SFD WITH BASEMENT
12/17/2015	R1600055	5033 GARFIELD ST NW	Raze	New Application	Dec. 24, 2015	Feb. 2, 2016	3	3D		CAS	BRIAN R COHN	TO RAZE DETACHED GARAGE
12/15/2015	R1600024	4126 8TH ST NW	Raze		Dec. 24, 2015		4	4C	C-2-A	CIROWW LLC	YVONNE D ELLIOTT	TWO STORY BRICK FULLY DETACHED SINGLE FAMILY DWELLING
12/22/2015	R1600052	1600 WEBSTER ST NE	Raze	New Application	Dec. 24, 2015	Feb. 2, 2016	5	5A		PIERRE CASSAGNOL	SOCIETY MOUNT CARMEL INC	To raze a 2-story Framed farmhouse w/basement - Single Family Dwelling.
12/15/2015	R1600051	1301-33 RHODE ISLAND AVE NE	Raze	New Application	Dec. 24, 2015	Feb. 2, 2016	5	5B		AMERICODE	BRENTWOOD VILLAGE LLC	one story shopping center with basement
12/11/2015	R1600046	1341 K ST SE	Raze	New Application	Dec. 24, 2015	Feb. 2, 2016	6	6B	R-5-B	KNOX	MOUNT PARAN BAPTIST CHURCH	raze a church
12/11/2015	R1600047	1345 K ST SE	Raze	New Application	Dec. 24, 2015	Feb. 2, 2016	6	6B	R-5-B		1345 K ST SE LLC	TWO STORY SINGLE FAMILY DWELLING
12/11/2015	R1600048	1349 K ST SE	Raze	New Application	Dec. 24, 2015	Feb. 2, 2016	6	6B	R-5-B	KNOX	JOSHUA S LANDAU	RAZE A TWO STORY SFD
12/11/2015	R1600049	1347 K ST SE	Raze	New Application	Dec. 24, 2015	Feb. 2, 2016	6	6B	R-5-B	KNOX	DESMOND A QUALEY	RAZE A SFD
12/21/2015	R1600056	605 G ST SE	Raze	New Application	Dec. 24, 2015	Feb. 2, 2016	6	6B	R-5-B	HILLBERG	SUSAN HILLBERG	RAZE A ONE STORY MECHANICAL SHED -FOR HOIST ELEVATOR
12/21/2015	R1600057	605 G ST SE	Raze	New Application	Dec. 24, 2015	Feb. 2, 2016	6	6B	R-5-B	HILLBERG	SUSAN HILLBERG	ONE STORY FRAMED ATTACHED SHED
12/22/2015	R1600059	69 Q ST SW	Raze	New Application	Dec. 24, 2015	Feb. 2, 2016	6	6D	CG/CR	CIROWW LLC	69 Q ST SW LLC	SEMI DETACHED TWO STORY SINGLE FAMILY DWELLING
12/9/2015	R1600045	5411 C ST SE	Raze	New Application	Dec. 24, 2015	Feb. 2, 2016	7	7E	R-2	SPURGEON	KAREN SPURGEON	RAZE A SFD THAT IS IN BAD CONDITION, AND NEEDS TO BE TORN DOWN
12/22/2015	R1600058	1609 23RD ST SE	Raze	New Application	Dec. 24, 2015	Feb. 2, 2016	8	8A	R-2	TAYLOR	LUTHER M MARSHALL	raze a building - that has fallen down

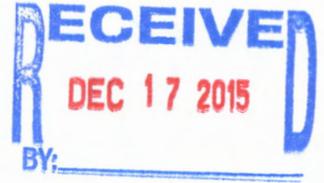


2892 0821 09/20/2004

3229 Shenman Ave., NW



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 15, 2015

Cap Id: R1600050

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:
1915 13TH ST NW

LOT: 0129 SQUARE: 0274 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

#A016

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 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 00050

Application Date: 12.15.15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1915 13th Street	NW	One	0274		0129

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Jason and Vlada Barlow	1915 13th Street NW	703.489.5967	jason.barlow@yahoo.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
James Solomon AIA	8100 Flower Ave, TkPk, MD 20912	202.903.8314	mail@jcsolomon.com

3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)			16. Existing Number of Stories of Bldg:
Single story detached brick garage accessory building in rear yard			1
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
SFD		Brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
21.0'	12.1'	9.0'	2,297 cu ft 2286.9

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

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

26. Historic District? <input checked="" type="checkbox"/> Yes <input 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							
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	34. Property Owner Signature <i>John Baker</i> <i>Alveda Bordow</i>						
32. Public Space Vault? <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.						
	Building must be vacant before Raze Permit issuance.						
	Official Use Only						
	<table border="1" style="width:100%; border-collapse: collapse;"> <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>	Fee	By	Date			
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
---------------------------	-------------------------------------	---

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 n/a	37. Policy or Certificate No. n/a	38. Expiration Date n/a
------------------------------	--------------------------------------	----------------------------

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



VIEW FROM REAR OF PRIMARY STRUCTURE TOWARDS REAR YARD AND GARAGE



VIEW FROM ALLEY LOOKING WEST - ALONG NORTH SIDE OF GARAGE



VIEW FROM ALLEY LOOKING WEST



VIEW FROM REAR OF PRIMARY STRUCTURE ALONG NORTH SIDE OF GARAGE



VIEW FROM ALLEY LOOKING NORTHWEST - GARAGE IS BEHIND FENCE AND ROLL-UP DOOR

**EXISTING CONDITIONS:
DETACHED GARAGE**

12/12/15
AT REAR ALLEY

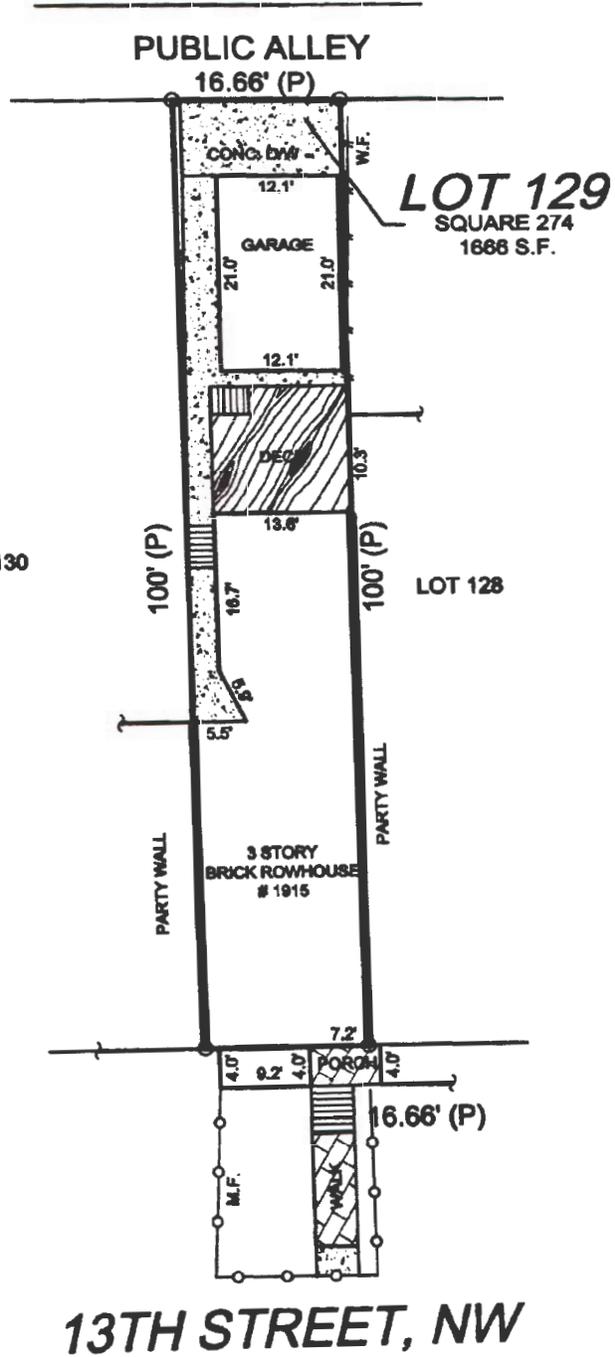
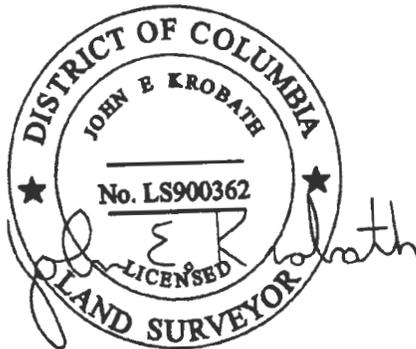
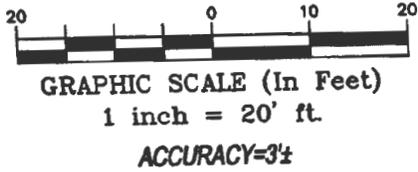
**1915 13th Street, NW
Washington, DC 20009**

PROPERTY ADDRESS 1915 13TH STREET NW WASHINGTON, DC 20009

SURVEY NUMBER

FIELD WORK DATE: 10/5/2015 REVISION DATE(S): (REV.0 10/6/2015)

1509.2962
LOCATION DRAWING
LOT 129 SQUARE 274
SPALDING & ROSENTHAL'S SUBDIVISION
DISTRICT OF COLUMBIA
10-05-2015 SCALE 1"=20'



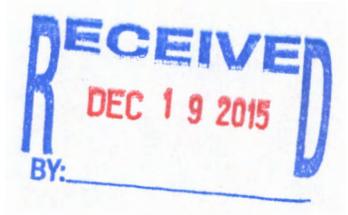
13TH STREET, NW



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 17, 2015

Cap Id: R1600053

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
5310 DORSETT PL NW

LOT 0087 SQUARE: 1442 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 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: 12/17/2015

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
5310 Dorsett Place	NW	Three	1442		0087

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Realington, LLC	137 National Plaza, #300, National Ha	800-903-9651	blaze@realington.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
David Landsman, CAS Engineering	1001 Conn. Ave., NW, #401, 20036	202-393-7200	dcpermits@casengineering

3. TYPE OF PERMIT

14. Check all that apply:
 Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
Two-story frame single family dwelling with cellar		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Single-family residential		Wood and concrete	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
34	28	15	14,280

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Luxato Development	24. Contractor's Address (including zip code) 137 National Plaza 2003C	25. Contractor's Phone 800-903-9657
---	--	---

26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>David E. Lutz</i> Agent
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>David E. Lutz</i> Agent
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 TBD	34. Plumber's License Number TBD	35. Raze Method (ball, bulldozer, by hand, etc.) Bulldozer
----------------------------------	--	--

1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

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

36. Insurance Company Pending	37. Policy or Certificate No.	38. Expiration Date
---	-------------------------------	---------------------

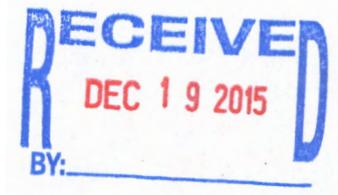
39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only
		Fee _____ By _____ Date _____



1442 0087 09/27/2004



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: December 17, 2015

Cap Id: R1600054

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
5033 GARFIELD ST NW (residence)

LOT: 0048 SQUARE: 1426 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 DC 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.

Application Date:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
5033 Garfield Street	NW	Three	1426		0048

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Eagles Nest, LLC	3059 University Terrace, NW, WDC 20	202-257-0821	ahayri@gmail.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
David Landsman, CAS Engineering	1001 Conn. Ave., NW, #401, 20036	202-393-7200	dcpermits@casengineering

3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
Three-story frame single family dwelling with basement and detached garage		3	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Single-family residential		Brick and wood	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
76	40	35	106,400

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name RESIT GECGIL		24. Contractor's Address (including zip code) 11800 Cherry Grove Drive N. Potomac MD 20878	25. Contractor's Phone 301-793-2953
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>Resit Gecgil</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		
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	34. Property Owner Signature <i>Wesley C. ... Agent Eagles Nest, LLC</i>	
32. Public Space Vault?	<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.	
		Building must be vacant before Raze Permit issuance.	
Official Use Only			
		Fee	By
			Date

33. Plumber's Name FREE LINE INC Master Plumber Che J. Gomez	34. Plumber's License Number DPM 1000600	35. Raze Method (ball, bulldozer, by hand, etc.) Bulldozer
--	--	--

1. You must submit a Certificate of Insurance covering the raze operation/contractor-- unless the building you plan to raze is an accessory building 600 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

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

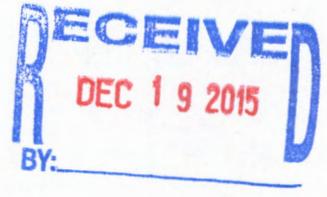
36. Insurance Company ERIE INSURANCE EXCHANGE	37. Policy or Certificate No. Q120515UFX	38. Expiration Date 12/5/2016	
39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only	
		Fee	By
			Date







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 December 17, 2015

Cap Id. R1600055 *CF*

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:
5033 GARFIELD ST NW *(garage)*

LOT 0048 SQUARE: 1426 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, 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 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 55

Application Date: 12/17/2015

1. INFORMATION ON PROPERTY

1 Address of Proposed Work	2 Quad	3 Ward	4a. Square	4b. Suffix	5 Lot
5033 Garfield Street	NW	Three	1426		0048

2. APPLICANT INFORMATION

6 Property Owner	7 Complete mailing address (include zip)	8. Phone Number(s)	9 Email
Eagles Nest LLC	3059 University Terrace, NW WDC 20	202-257-0821	ahayri@gmail.com
10 Agent/Contractor for Owner (if applicable)	11 Complete mailing address (include zip)	12. Phone Number(s)	13 Email
David Landsman, CAS Engineering	1001 Conn Ave, NW #401 20036	202-393-7200	dcpermits@casengineering

3. TYPE OF PERMIT

14 Check all that apply

Raze Permit

4. DESCRIPTION OF BUILDING

15 Description of Building to be Razed (e.g., two story brick single family dwelling)	16 Existing Number of Stories of Bldg		
Two story, brown brick single family dwelling with detached garage detached garage	1		
17. Use(s) of Property (specifically indicate if any use is residential)	18 Materials of Building (brick, wood, etc.)		
Single-family residential	concrete and wood		
19 Bldg Length (ft)	20 Bldg Width (ft)	21 Bldg Height (ft)	22 Bldg Volume (cu ft) (L x W x H)
20	20	10	7,000 4,000

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name RESIT GEGGIL	24. Contractor's Address (including zip code) 11200 Cherry Grove Drive N Potomac MD 20878	25. Contractor's Phone 301-793 2953
---	---	---

26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>Resit Geggil</i>
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 <i>Wesley C. ... Agent Eagles Nest, LLC</i>	
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.	
Building must be vacant before Raze Permit issuance		
Official Use Only		
Fee	By	Date

33. Plumber's Name FREE LINE INC Master Plumber CHE J. G...	34. Plumber's License Number DPM 1000600	35. Raze Method (ball, bulldozer, by hand, etc.) Bulldozer
---	--	--

1. You must submit a Certificate of Insurance covering the raze operation/contractor-- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

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

36. Insurance Company ERIE INSURANCE EXCHANGE	37. Policy or Certificate No. Q120515UFX	38. Expiration Date 12/5/2016
---	--	---

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

12/17/2015

IMG_6963.JPG





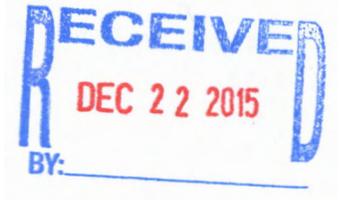


3025 0037 07/26/2004

4126 8th Street, NW



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 22, 2015

Cap Id: R1600052

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:
1600 WEBSTER ST NE

LOT: **0188** SQUARE: **PAR** 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) _____



R1600052
Government of the District of Columbia

APPLICATION FOR RAZE PERMIT

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

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

Application Date: _____

1. INFORMATION ON PROPERTY

1. Address of Proposed Work WASHINGTON, DC 1600 WEBSTER ST. NE 20017	2. Quad 5	3. Ward	4a. Square PAR 0147	4b. Suffix	5. Lot 0188
--	---------------------	---------	---	------------	-----------------------

2. APPLICANT INFORMATION

6. Property Owner ORDER OF CARMELITES	7. Complete mailing address (include zip) 1600 WEBSTER ST NE WASHINGTON, DC 20017	8. Phone Number(s) 301-512-1478	9. Email J.MORALES @SAINTANSELMS.ORG
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

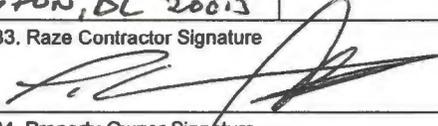
15. Description of Building to be Razed (e.g., two story brick single family dwelling) TWO STORY / W BASEMENT SINGLE FAMILY DWELLING		16. Existing Number of Stories of Bldg: 2 PLUS BASEMENT	
17. Use(s) of Property (specifically indicate if any use is residential.) RESIDENTIAL		18. Materials of Building (brick, wood, etc.) WOOD	
19. Bldg Length (ft) 75 ~ 75 FT	20. Bldg Width (ft) 60 ~ 60 FT	21. Bldg Height (ft) 30 FT	22. Bldg Volume (cu ft) (L x W x H) 135,000 FT³

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

(This area is currently blank and contains a watermark.)

SECTION A. RAZE PERMIT

23. Raze Contractor's Name BRANDES & ASSASSNO ENGINEERS, PC		24. Contractor's Address (including zip code) 5520 CONN AVE, NW LL4 WASHINGTON, DC 20015		25. Contractor's Phone 202-393-1360	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" 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	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 type="checkbox"/> No	Official Use Only			
		Fee	By	Date	

33. Plumber's Name DEE LOFTON INLONIC PLUMBING	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.) BY HAND
--	------------------------------	--

1. You must submit a Certificate of Insurance covering the raze operation/contractor-- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

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

36. Insurance Company GEORGE EDWIN INS SVL. (HARTFORD)	37. Policy or Certificate No. EPK - 109585	38. Expiration Date 8/8/2016
--	--	--

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









1301 – 1333 Rhode Island Avenue NE



1047 0021 09/02/2004

1341 K Street, SE

Places of Worship in the District of Columbia

Square & Lot: **1047;21**
Name: **Bradburn Memorial Methodist Church**
Address: **1341 K Street**
Quadrant: **SE**
Congregation: **Methodist**
Date(s): **c. 1893**
Architect:
Builder:
Permit Number:
Permit Date:
Hopkins Atlas:
Baist R.E. Atlas: **1903; 1909; 1913; 1919; 1928; 1938; 1946; 1967**
Building History:
Use History: **Mount Paran Baptist Church, ?-2002**
Bibliography: **Star, 6/21/1947**
Notes:

Bradburn Memorial Methodist Church

Photo Source: **Slide Set**
Photographer: **Pamela Scott**
Photo Date: **2002**





1047 0809 09/02/2004

1345 K STREET, SE



1047 0810 09/02/2004

1347 K Street SE



1047 0811 09/02/2004

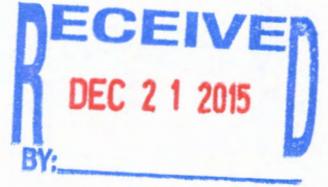
1349 K Street SE



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 21, 2015

Cap Id: R1600056

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:
605 G ST SE

LOT: **0154** SQUARE: **0878** 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 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.

R14 00056

Application Date: 12/21/15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work 605 G ST. SE.	2. Quad	3. Ward 6	4a. Square 0878	4b. Suffix	5. Lot 0154
--	---------	--------------	--------------------	------------	----------------

2. APPLICANT INFORMATION

6. Property Owner SUSAN HILBERG	7. Complete mailing address (include zip) 605 G ST. SE. WASHINGTON, DC	8. Phone Number(s) 516-502-8607	9. Email schillberg@msn.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: <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) ONE STORY MECHANICAL SHED FOR HOIST ELEV.		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.) WOOD, MTL. ROOF	
19. Bldg Length (ft) 5'-0"	20. Bldg Width (ft) 5'-0"	21. Bldg Height (ft) 8'-0"	22. Bldg Volume (cu ft) (L x W x H) 2580 FT. 200 cu ft

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name JAMES A. HARRIS	24. Contractor's Address (including zip code) 9521 RIGGS ROAD ADELPHI, MD 20783	25. Contractor's Phone 301-814-4044
--	---	---

26. Historic District?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	33. Raze Contractor Signature <i>James Harris</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 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			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; height: 40px;">Fee</td> <td style="width:33%;">By</td> <td style="width:33%;">Date</td> </tr> </table>			Fee	By	Date
Fee	By	Date			

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

1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

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

36. Insurance Company	37. Policy or Certificate No.	38. Expiration Date
-----------------------	-------------------------------	---------------------

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



1. Mechanical elevator shed at rear of property. To be removed



Interior of Elevator Shed

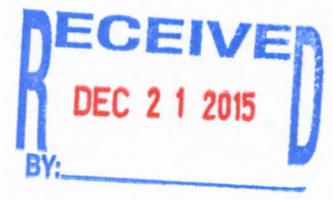


Interior wood framing

605 G Street – Permit for Removal of Exterior Elevator Shed



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 21, 2015

Cap Id: R1600057

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:
605 G ST SE

LOT: 0154 SQUARE: 0878 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.

R16 000 57

Application Date: DEC. 17, 2015

1. INFORMATION ON PROPERTY

1. Address of Proposed Work <u>605 GST. SE</u>	2. Quad	3. Ward <u>6</u>	4a. Square <u>0878</u>	4b. Suffix	5. Lot <u>0154</u>
---	---------	---------------------	---------------------------	------------	-----------------------

2. APPLICANT INFORMATION

6. Property Owner <u>SUSAN HILBERG</u>	7. Complete mailing address (include zip) <u>605 G. ST. S.E. WASHINGTON, DC 20003</u>	8. Phone Number(s) <u>516-502-8607</u>	9. Email <u>sehilberg@msw.com</u>
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) <u>"SHED" ONE STORY ATTACHED FRAMED</u>		16. Existing Number of Stories of Bldg: <u>1</u>	
17. Use(s) of Property (specifically indicate if any use is residential.) <u>RESIDENTIAL</u>		18. Materials of Building (brick, wood, etc.) <u>WOOD FRAME, VTL SIDING.</u>	
19. Bldg Length (ft) <u>12'</u>	20. Bldg Width (ft) <u>7.3'</u>	21. Bldg Height (ft) <u>9'-0"</u>	22. Bldg Volume (cu ft) (L x W x H) <u>60 SQ FT. 750 cu ft</u>

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name JAMES A. HARRIS	24. Contractor's Address (including zip code) 9521 RIGGS ROAD ADELPHI, MD 20783	25. Contractor's Phone 301-814-4044
--	---	---

26. Historic District?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	33. Raze Contractor Signature
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. Raze Entire Building?	<input 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	
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.
Building must be vacant before Raze Permit issuance.		
Official Use Only		
Fee	By	Date

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

1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

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

36. Insurance Company	37. Policy or Certificate No.	38. Expiration Date
-----------------------	-------------------------------	---------------------

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



1. One story shed against rear elevation. to be removed

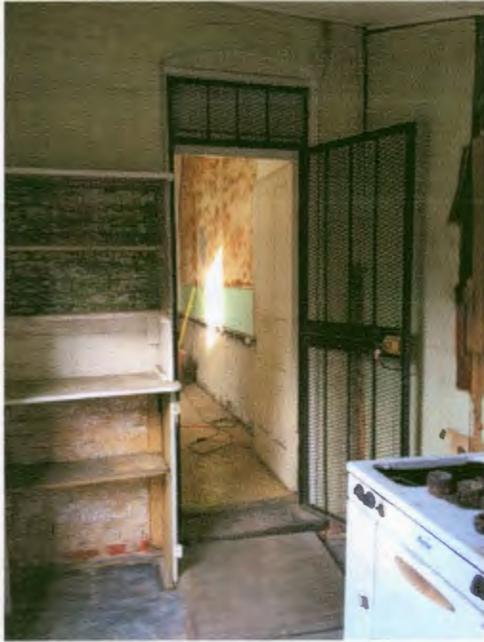


Interior of Shed



Attachment to exterior brick

605 G Street – Permit for Removal of Exterior Addition



Exterior kitchen door from shed interior



Interior kitchen showing rear door (into shed) and window.

605 G Street – Permit for Removal of Exterior Addition



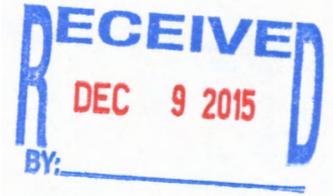
0656 0043 09/27/2004

69 Q STREET, SW



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 09, 2015

Cap Id: R1600045

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:
5411 C ST SE

LOT: 0044 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: 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 45

Application Date: 12.9.15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
5411 e st	SE		5293		0003

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Karen Spurgeon	5432 Bass Pl. SE Wash., DC 20019	(202)255-4220	Karen131942@gmail
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:
1 STORY SFD	1
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)
SFD	WOOD/BRICK

19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
10	20	20	4000

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 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	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.)
--------------------	------------------------------	--

1. You must submit a Certificate of Insurance covering the raze operation/contractor- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

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

(address of raze operation)

36. Insurance Company	37. Policy or Certificate No.	38. Expiration Date
-----------------------	-------------------------------	---------------------

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







5590 0038 10/13/2004

1609 23rd ST, SE