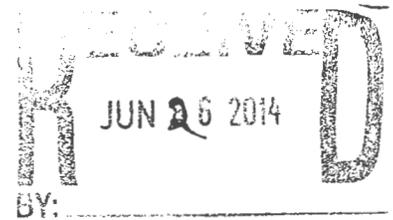




Government of the District of Columbia  
 Department of Consumer and Regulatory Affairs

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: June 25, 2014

Cap Id: R1400136

**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:  
 2900 TILDEN ST NW

LOT: 0817 SQUARE: 2232 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.

*R14 00 134*

Application Date: 6-25-14

### 1. INFORMATION ON PROPERTY

|                                         |         |         |            |            |         |
|-----------------------------------------|---------|---------|------------|------------|---------|
| 1. Address of Proposed Work             | 2. Quad | 3. Ward | 4a. Square | 4b. Suffix | 5. Lot  |
| 2900 Tilden str. NW Washington DC 20008 | NW      | Three   | 2232, 2234 |            | 800-805 |

### 2. APPLICANT INFORMATION

|                                                |                                            |                        |                                |
|------------------------------------------------|--------------------------------------------|------------------------|--------------------------------|
| 6. Property Owner                              | 7. Complete mailing address (include zip)  | 8. Phone Number(s)     | 9. Email                       |
| Embassy of the Republic of Poland              | 2640 16th Str. NW Washington DC 20008      | 2024991700             | krzysztof.glogowski@msz.gov.pl |
| 10. Agent/Contractor for Owner (if applicable) | 11. Complete mailing address (include zip) | 12. Phone Number(s)    | 13. Email <i>msz.gov.pl</i>    |
| Krzysztof Glogowski                            | 2640 16th str. NW Washington DC 20008      | 2024416555, 2024991700 | krzysztof.glogowski@msz.gov.pl |

### 3. TYPE OF PERMIT

14. Check all that apply:  
 Raze Permit

### 4. DESCRIPTION OF BUILDING

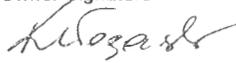
|                                                                                        |                     |                                               |                                         |
|----------------------------------------------------------------------------------------|---------------------|-----------------------------------------------|-----------------------------------------|
| 15. Description of Building to be Razed (e.g., two story brick single family dwelling) |                     |                                               | 16. Existing Number of Stories of Bldg: |
| 2 story brick and frame house                                                          |                     |                                               | 2                                       |
| 17. Use(s) of Property (specifically indicate if any use is residential.)              |                     | 18. Materials of Building (brick, wood, etc.) |                                         |
| none - vacant, was residential                                                         |                     | brick, wood, drywall                          |                                         |
| 19. Bldg Length (ft)                                                                   | 20. Bldg Width (ft) | 21. Bldg Height (ft)                          | 22. Bldg Volume (cu ft) (L x W x H)     |
| 76                                                                                     | 88                  | 21                                            | 95000                                   |

### OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

**SECTION A. RAZE PERMIT**

|                                                                   |                                                                                        |                                             |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------|
| 23. Raze Contractor's Name<br><b>Roman's General Construction</b> | 24. Contractor's Address (including zip code)<br><b>8435 Bates Dr. Bowie, MD 20720</b> | 25. Contractor's Phone<br><b>2404616544</b> |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------|

|                           |                                                                     |                                                                                                                                                             |
|---------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 26. Historic District?    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 33. Raze Contractor Signature<br>                                         |
| 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<br>                                          |
| 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 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.) |
|                    |                              |                                                  |

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 |
|                       |                               |                     |

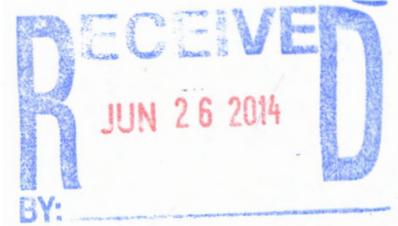
|                                                         |                                                                     |                          |    |      |
|---------------------------------------------------------|---------------------------------------------------------------------|--------------------------|----|------|
| 39. Asbestos in Building?<br>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

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: June 26, 2014

Cap Id: R1400137

**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:  
**4301 JAY ST NE**

LOT: **0004** SQUARE: **5095** 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: 6/26/2014 Signature: *[Handwritten Signature]*

Name of releasing HPO Official. (print) Malony

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



NOTICE TO PROCEED

Address: 4301 JAY STREET NE  
Square: 5095 LOT: 0004  
Control # 14-00905

TO : MIRACLE CLEANING & MAINTENANCE CORPORATION  
439 10<sup>TH</sup> STREET NE  
WASHINGTON DC 20002

FROM : PAUL WATERS  
DEPUTY DIRECTOR

SUBJECT : RAZE & TRASH/DEBRIS REMOVAL

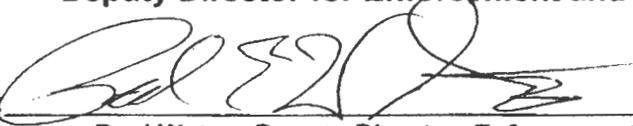
THE PROPERTY IDENTIFIED ABOVE HAS BEEN DECLARED UNSAFE AND AN IMMINENT DANGER TO CITIZENS IN AND AROUND THIS LOT BY THE DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS. IMMEDIATE REMOVAL HAS BEEN ORDERED UNDER DC CODE 42-3131.01.

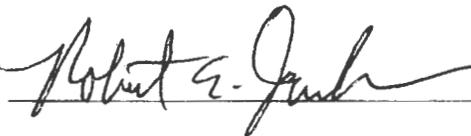
- ACCORDINGLY, you are directed to remove the structure immediately. The Department of Consumer and Regulatory Affairs will coordinate the removal of utility services to this structure, but per the statement of work, you are required to confirm the cut-offs.

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

Contract Award: \$13,987.00

- Any questions regarding this NOTICE may be directed to Heather Vargas, Manager for Enforcement Division on (202) 442-8929 or Paul Waters, Deputy Director for Enforcement and Legislative Affairs on (202) 442-8410

By:  Date: 6/12/14  
Paul Waters Deputy Director, Enforcement and Legislative Affairs

Contractor Signature:  Date: 6-13-14



# APPLICATION FOR RAZE PERMIT

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

Applicable code sections are in the 2008 DC Building Code Supplement Chapter 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.

**R1400 137**

Application Date: **6-26-14**

## 1. INFORMATION ON PROPERTY

|                                                       |                       |         |                           |            |                       |
|-------------------------------------------------------|-----------------------|---------|---------------------------|------------|-----------------------|
| 1. Address of Proposed Work<br><b>4301 JAY ST NE.</b> | 2. Quad<br><b>NE.</b> | 3. Ward | 4a. Square<br><b>5095</b> | 4b. Suffix | 5. Lot<br><b>0004</b> |
|-------------------------------------------------------|-----------------------|---------|---------------------------|------------|-----------------------|

## 2. APPLICANT INFORMATION

|                                                                                         |                                                                                    |                                                 |                                              |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------|
| 6. Property Owner<br><b>D.C. Govt</b>                                                   | 7. Complete mailing address (include zip)<br><b>DC RAC<br/>1100 CATH ST NW</b>     | 8. Phone Number(s)<br><b>202-<br/>442-8929</b>  | 9. Email                                     |
| 10. Agent/Contractor for Owner (if applicable)<br><b>ROBERT E-JACKSON<br/>MEM CORP.</b> | 11. Complete mailing address (include zip)<br><b>439 10TH ST NE<br/>D.C. 20002</b> | 12. Phone Number(s)<br><b>202-<br/>546 1629</b> | 13. Email<br><b>rejacksonjr@<br/>MSN.COM</b> |

## 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)<br><b>2-STORY FRAME-SINGLE-FAMILY</b> |                                  | 16. Existing Number of Stories of Bldg:<br><b>2</b>          |                                                      |
| 17. Use(s) of Property (specifically indicate if any use is residential.)<br><b>RESIDENTIAL</b>                              |                                  | 18. Materials of Building (brick, wood, etc.)<br><b>WOOD</b> |                                                      |
| 19. Bldg Length (ft)<br><b>40</b>                                                                                            | 20. Bldg Width (ft)<br><b>15</b> | 21. Bldg Height (ft)<br><b>20</b>                            | 22. Bldg Volume (cu ft) (L x W x H)<br><b>12,000</b> |

## OFFICIAL USE ONLY

CONDITIONS/ COMMENTS

**SECTION A. RAZE PERMIT**

|                                                                               |                                                                     |                                                                                                                                                                |    |                                               |  |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------------------------|--|
| 23. Raze Contractor's Name<br><b>Minnale Clearing &amp; Maintenance Corp.</b> |                                                                     | 24. Contractor's Address (including zip code)<br><b>439 10th St NE.<br/>D.C. 20002</b>                                                                         |    | 25. Contractor's Phone<br><b>202-546-1629</b> |  |
| 26. Historic District?                                                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 33. Raze Contractor Signature<br><i>Robert E. Jordan</i>                                                                                                       |    |                                               |  |
| 27. CFA?                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No            | 34. Property Owner Signature                                                                                                                                   |    |                                               |  |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                                |    |                                               |  |
| 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 | 34. Plumber's License Number | 35. Raze Method (ball, bulldozer, by hand, etc.)<br><b>HAND &amp; HAMMER</b> |
|--------------------|------------------------------|------------------------------------------------------------------------------|

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)"

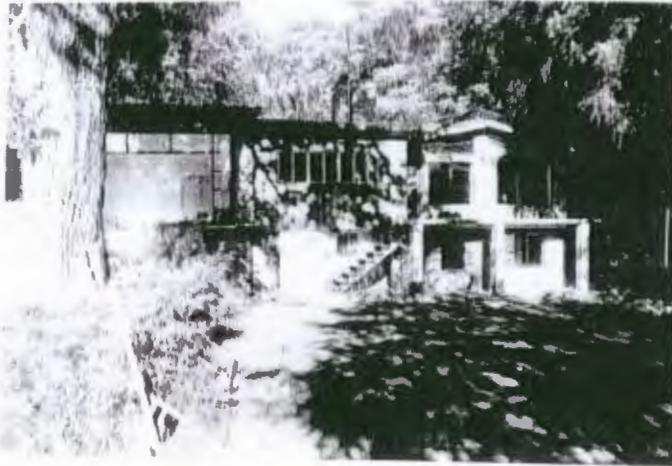
|                       |                               |                     |
|-----------------------|-------------------------------|---------------------|
| 36. Insurance Company | 37. Policy or Certificate No. | 38. Expiration Date |
|-----------------------|-------------------------------|---------------------|

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

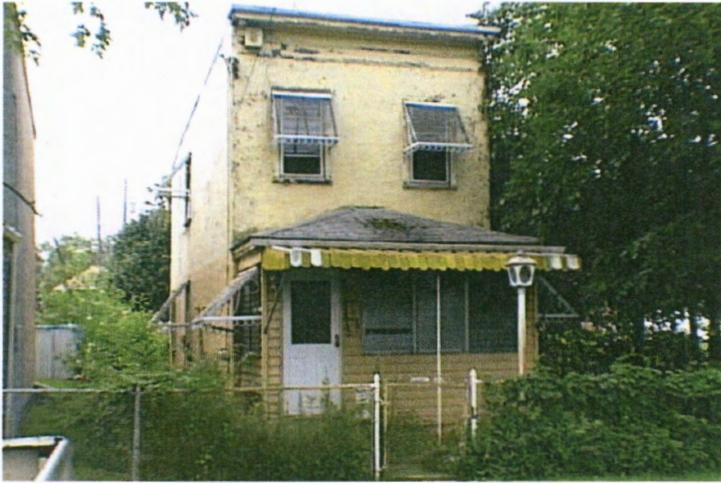
*This project has been funded in part by a U.S. Department of the Interior, National Park Service Historic Preservation Fund grant administered by the District of Columbia's Historic Preservation Office.*

*Permit Number* 5135 *Date* 6/1/1914  
*Owner* Gusack (Samuel V.) & Cohen (Sam) *Roll of Microfilm* 0795  
*Architect* Fowler, O. H.  
*Builder* Fowler, O. H.  
*Quantity* 2  
*Stories* 2 *Material* frame  
*Width* 14 *Depth* 24  
*Purpose* dwelling *Number of Families* 1  
*Store?*   
*Solid/Filled* solid *Material of Foundation* brick  
*Front Material* frame *Type of Stone*  
*Type of Roof* flat *Roof Material* tin  
*Heat* stove(s) *No Plumbing or Gasfitting*   
*No Electric*   
*Estimated Cost* \$600 *Roughing In Only*   
*No Sewer Available*   
*Notes* plans, back onto Deane av

| <i>Updated</i>                      | <i>Extant</i>                       | <i>Square</i> | <i>Lot</i> | <i>Address</i> |     |           | <i>House Type</i> |
|-------------------------------------|-------------------------------------|---------------|------------|----------------|-----|-----------|-------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 5095          | 0004       | 4301           | Jay | Street NE | Detached          |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 5095          | 0005       | 4303           | Jay | Street NE | Detached          |



2900 Tilden Street NW



5095 0004 07/19/2004

4301 Jay Street NE