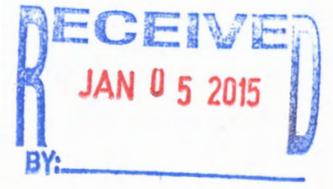




Government of the District of Columbia  
Department of Consumer and Regulatory Affairs

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 18, 2014

Cap Id: R1500041

**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:

2252 MARTIN LUTHER KING JR AVE SE

LOT: 0977 SQUARE: 5802 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/15 000 41*

Application Date: 12-15-14

## 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
2252 Martin Luther King Jr Ave, SE	SE	Sever	5802		977

## 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
DC GOVERNMENT	1800 MARTIN LUTHER KING SE	202-442-7100	
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Chapman Development	11701 Bowman Gr Dr, Reston 20190	703-887-1170	jason@chapmandevelopme

## 3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

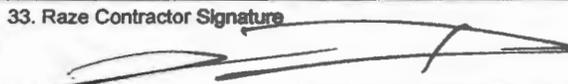
## 4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
two story brick and block commercial liquor store plus seperate one story brick grage		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
C-3-A - abandoned liquor store		Brick, block, metal and wood joists	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
110	30	20	66000

## OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name <b>POWER COMPONENT SYSTEMS</b>		24. Contractor's Address (including zip code) <b>21076 MD 7526 R CONNELLEY DR HANOVER</b>		25. Contractor's Phone <b>410-760-0022</b>	
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  <b>AGENT OF OWNER</b>			
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" 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 <b>O'Connor Plumbing</b>	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.) <b>HAND &amp; BULLDOZER</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	37. Policy or Certificate No.	38. Expiration Date

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

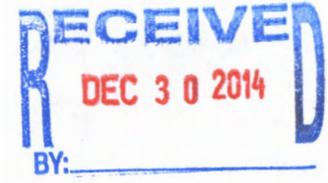
*This project has been funded in part by a U.S. Department of the Interior, National Park Service Historic Preservation Fund grant administered by the District of Columbia's Historic Preservation Office.*

<b>Permit Number</b>	2553	<b>Date</b>	4/4/1906
<b>Owner</b>	Conway, James V.	<b>Roll of Microfilm</b>	0354
<b>Architect</b>			
<b>Builder</b>	Jones, H. C.		
<b>Quantity</b>	1		
<b>Stories</b>	2	<b>Material</b>	brick
<b>Width</b>	23	<b>Depth</b>	68
<b>Purpose</b>	dwelling	<b>Number of Families</b>	1
<b>Store?</b>	<input checked="" type="checkbox"/>		
<b>Solid/Filled</b>	solid	<b>Material of Foundation</b>	concrete &
<b>Front Material</b>	brick	<b>Type of Stone</b>	
<b>Type of Roof</b>		<b>Roof Material</b>	shingles &
<b>Heat</b>	stove(s)	<b>No Plumbing or Gasfitting</b>	<input type="checkbox"/>
<b>No Electric</b>	<input type="checkbox"/>	<b>Roughing In Only</b>	<input type="checkbox"/>
<b>Estimated Cost</b>	\$4,400	<b>No Sewer Available</b>	<input type="checkbox"/>
<b>Notes</b>	grocery on 1927 Baists		

<b>Updated</b>	<b>Extant</b>	<b>Square</b>	<b>Lot</b>	<b>Address</b>			<b>House Type</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5802	0977	2252	Martin Luther Avenue	SE	Detached



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



Permit Operations Division  
 1100 4th Street SW  
 Washington DC 20024

Tel. (202) 442 - 4589 Fax (202) 442 - 4862  
 TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557

Date: December 29, 2014

Case Id: R1500044

**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:

16 GRANT CIR NW

LOT: 0801 SQUARE: 3244 TYPE: Single Family

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 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: 12/18/14

### 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
16 Grant Circle NW		Four	3244		0801

### 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
16 Grant Circle NW LLC	2200 Wilson Blvd Arl. VA 22201	703-825-6168	
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

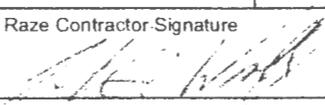
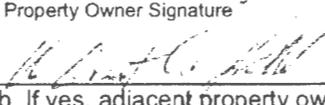
### 4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)			16. Existing Number of Stories of Bldg:
Two story, fully detached, stucco and frame, Single Family Home.			2+B
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
SFH Residential		Stucco on Frame	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
40	40	22	35,200

### OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

**SECTION 1 - RAZE PERMIT**

23. Raze Contractor's Name Landmark CD LLC		24. Contractor's Address (including zip code) 2200 Wilson Blvd Arlington VA 22201		25. Contractor's Phone 703-825-6168	
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?		<b>Official Use Only</b>			
		Fee	By	Date	

33. Plumber's Name Drew Warren		34. Plumber's License Number PM 1000855		35. Raze Method (ball, bulldozer, by hand, etc.) By Hand and Mini 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 Preferred Contractors Insurance		37. Policy or Certificate No. PCIC5026-PCA88998-02		38. Expiration Date 04/25/2015	
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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

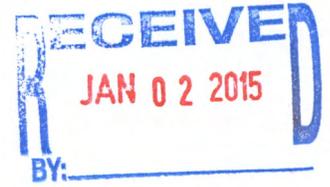
*This project has been funded in part by a U.S. Department of the Interior, National Park Service Historic Preservation Fund grant administered by the District of Columbia's Historic Preservation Office.*

<b>Permit Number</b>	6076	<b>Date</b>	6/18/1913
<b>Owner</b>	Long, Leo J.	<b>Roll of Microfilm</b>	0747
<b>Architect</b>	Long, Leo J.		
<b>Builder</b>	Long, Leo J.		
<b>Quantity</b>	1		
<b>Stories</b>	2	<b>Material</b>	frame
<b>Width</b>	26	<b>Depth</b>	30
<b>Purpose</b>	dwelling	<b>Number of Families</b>	1
<b>Store?</b>	<input type="checkbox"/>		
<b>Solid/Filled</b>	solid	<b>Material of Foundation</b>	brick
<b>Front Material</b>	pebbledash	<b>Type of Stone</b>	
<b>Type of Roof</b>		<b>Roof Material</b>	
<b>Heat</b>	hot water	<b>No Plumbing or Gasfitting</b>	<input type="checkbox"/>
<b>No Electric</b>	<input type="checkbox"/>	<b>Roughing In Only</b>	<input type="checkbox"/>
<b>Estimated Cost</b>	\$2,000	<b>No Sewer Available</b>	<input type="checkbox"/>
<b>Notes</b>	e cor Grant Circle		

<b>Updated</b>	<b>Extant</b>	<b>Square</b>	<b>Lot</b>	<b>Address</b>				<b>House Type</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3244	0801	16	Grant	Circle	NW	Detached



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



Permit Operations Division  
1100 4th Street SW  
Washington DC 20024

Tel. (202) 442 - 4589 Fax (202) 442 - 4862  
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557

Date: December 30, 2014

Cap Id: R1500033

**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:  
3644 13TH ST NW

LOT: 0104 SQUARE: 2828 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.

3644 13th St. N.W.

Application Date: 12.1.14

### 1. INFORMATION ON PROPERTY

1. Address of Proposed Work 3644 13th St N.W.	2. Quad	3. Ward 4	4a. Square	4b. Suffix	5. Lot
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### 2. APPLICANT INFORMATION

6. Property Owner Elizabeth A. Somersill	7. Complete mailing address (include zip) 3644 13th St N.W. Washington DC 20010	8. Phone Number(s) (202) 232-7729	9. Email None
10. Agent/Contractor for Owner (if applicable) Robert M. Qualder	11. Complete mailing address (include zip) 1703 LINDSEY ST N.E. WASH DC 20018	12. Phone Number(s) 202 487-9922	13. Email RQUALDER@AOL.COM

### 3. TYPE OF PERMIT

14. Check all that apply: <input checked="" type="checkbox"/> Raze Permit	Gregory McCray 240-543-5083 McCray.NESTEDNU108@gmail.com
--	---

### 4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling) Two Story Wooden Garage		16. Existing Number of Stories of Bldg: (2)	
17. Use(s) of Property (specifically indicate if any use is residential.) UNUSED		18. Materials of Building (brick, wood, etc.) WOOD	
19. Bldg Length (ft) 18 feet	20. Bldg Width (ft) 18 feet	21. Bldg Height (ft) 20 feet	22. Bldg Volume (cu ft) (L x W x H) 6,480

### OFFICIAL USE ONLY

CONDITIONS/COMMENTS:

**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name <i>Rohuliman Quander</i>		24. Contractor's Address (including zip code) <i>1703 LAWRENCE ST, N.W. WASH. D.C. 20018</i>		25. Contractor's Phone <i>(202) 487-9922</i>	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>Rohuliman Quander</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>E. M. ...</i>			
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. <del>Yes</del> , 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? <i>N/A</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Official Use Only</b>			
		Fee	By	Date	

33. Plumber's Name <i>N/A</i>	34. Plumber's License Number <i>N/A</i>	35. Raze Method (ball, bulldozer, by hand, etc.) <i>By Hand</i>
----------------------------------	--	--

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

2. The Certificate should:

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

36. Insurance Company <i>Eric All State Insurance Company</i>	37. Policy or Certificate No. <i>Q270770231</i>	38. Expiration Date <i>11/30/2015 3/7/2015</i>
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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

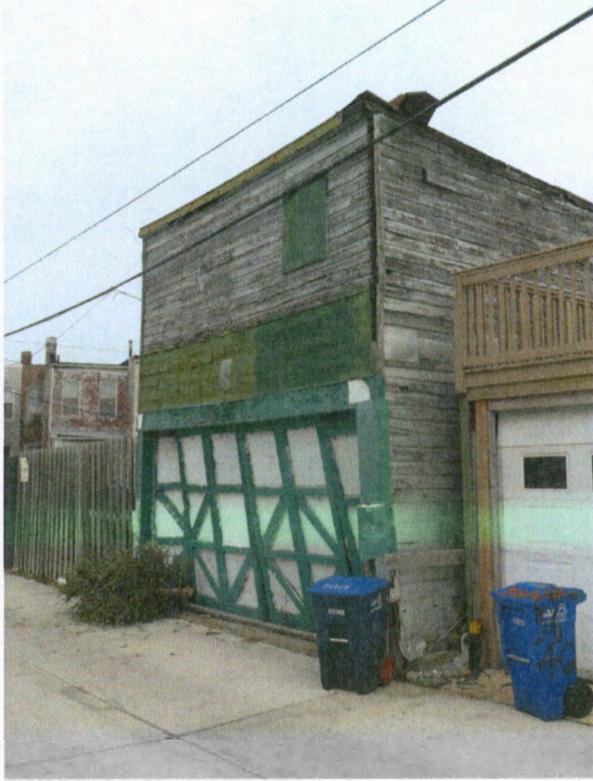


5802 0977 10/10/2004

2252 Martin Luther King Jr. Avenue SE



16 Grant Circle NW



3644 13<sup>th</sup> Street NW (two-story garage)