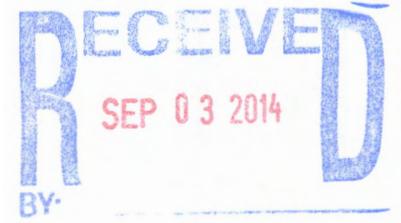




**Government of the District of Columbia
Department of Consumer and Regulatory Affairs**

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: May 08, 2014

Cap Id: R1400115

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:
1414 5TH ST NW

LOT: 0809 SQUARE: 0479 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 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.

RA00115

Application Date: **5-8-14**

1. INFORMATION ON PROPERTY

| | | | | | |
|-----------------------------|---------|---------|------------|------------|--------|
| 1. Address of Proposed Work | 2. Quad | 3. Ward | 4a. Square | 4b. Suffix | 5. Lot |
| 1414 5 th St NW | NW | Q | 0479 | | 0809 |

2. APPLICANT INFORMATION

| | | | |
|------------------------------------------------|--------------------------------------------|---------------------|-------------------------|
| 6. Property Owner | 7. Complete mailing address (include zip) | 8. Phone Number(s) | 9. Email |
| Richard Toomoy | 1414 5 th St NW | | |
| 10. Agent/Contractor for Owner (if applicable) | 11. Complete mailing address (include zip) | 12. Phone Number(s) | 13. Email |
| Clifford Dixon | 2120 S. Bellard St Arlington VA | (202) 705-1453 | dixonclifford@gmail.com |

3. TYPE OF PERMIT

| |
|-------------------------------------------------|
| 14. Check all that apply: |
| <input checked="" type="checkbox"/> Raze Permit |

4. DESCRIPTION OF BUILDING

| | | | |
|----------------------------------------------------------------------------------------|---------------------|-----------------------------------------------|-------------------------------------|
| 15. Description of Building to be Razed (e.g., two story brick single family dwelling) | | 16. Existing Number of Stories of Bldg: | |
| 2 Story Single Family Brick | | 2 | |
| 17. Use(s) of Property (specifically indicate if any use is residential.) | | 18. Materials of Building (brick, wood, etc.) | |
| Single Family | | Brick, wood | |
| 19. Bldg Length (ft) | 20. Bldg Width (ft) | 21. Bldg Height (ft) | 22. Bldg Volume (cu ft) (L x W x H) |
| 50 | 20 | 25 | 25,000 |

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

50 FT - 1000

SECTION A. RAZE PERMIT

| | | | | | |
|----------------------------|--|---------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 23. Raze Contractor's Name | | 24. Contractor's Address (including zip code) | | 25. Contractor's Phone | |
| 26. Historic District? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 33. Raze Contractor Signature | |
| 27. CFA? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 28. Raze Entire Building? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 34. Property Owner Signature | |
| 29. Building Condemned? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 30a. Party Wall? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 30b. If yes, adjacent property owner signature is required. | |
| 31. Building Vacant? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected. | |
| 32. Public Space Vault? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 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 <i>VW Brown Insurance</i> | | 37. Policy or Certificate No. <i>CL1442424660</i> | | 38. Expiration Date <i>8/15/14</i> | |
|----------------------------------------------------|--|------------------------------------------------------|--|---------------------------------------|--|

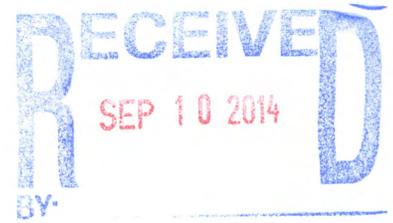
| | | | | | |
|----------------------------|--|---------------------------------------------------------------------|--|--------------------------|--|
| 39. Asbestos in Building? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Official Use Only | |
| If yes, indicate location: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



Government of the District of Columbia
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: September 10, 2014

Cap Id: R1400168

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:
4326 GEORGIA AVE NW

LOT: 0022 SQUARE: 2914 TYPE: Single Family Dwelling - R-3 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) _____



GOVERNMENT OF THE DISTRICT OF COLUMBIA
APPLICATION FOR
RAZE PERMIT AND/OR SUPPLEMENTAL RAZING OPERATIONS PERMIT

Please type or print legibly in ink. 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 2003 DC Building Code Supplement Chapter I § 107.2.4 107.2.10 (5), and 110.1.

Application Date: September 5, 2014

1. INFORMATION ON PROPERTY

| | | | | | |
|----------------------------------------------------|---------------|----------------|--------------------|------------|--------------|
| 1. Address of Proposed Work 4326 Georgia Avenue | 2. Quad NW | 3. Ward One | 4a. Square 2914 | 4b. Suffix | 5. Lot 22 |
|----------------------------------------------------|---------------|----------------|--------------------|------------|--------------|

2. APPLICANT INFORMATION

| | | | |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------|
| 6. Property Owner 4326 Georgia LLC | 7. Complete mailing address (include zip) 3232 Georgia Avenue, NW Suite100, Washington DC 20010 | 8. Phone Number(s) 202-779-6002 202-779-4091 cell | 9. Email rbalfour@neighborhooddevelopm ent.com |
| 10. Agent/Contractor for Owner (if applicable) <i>Kim Mitchell</i> | 11. Complete mailing address (include zip) <i>1615 New Hampshire Ave NW 4th Flr 20009</i> | 12. Phone Number(s) <i>21420 0091</i> | 13. Email <i>Kim cdk@consulting.com</i> |

3. TYPE OF PERMIT

14. Check all that apply:

D Raze Permit

Supplemental Razing Operations Permit

4. DESCRIPTION OF BUILDING

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 15. Description of Building to be Razed (e.g., two story brick single family dwelling) Two story masonry and vinyl siding single family building | | 16. Existing Number of Stories of Bldg: 2 | |
| 17. Use(s) of Property (specifically indicate if any use is residential.) Commercial – Engineering Office | | 18. Materials of Building (brick, wood, etc.) Concrete footings & basement slab, masonry foundation walls, wood framing, vinyl siding, shingle roof. | |
| 19. Bldg Length (ft) 46.9 | 20. Bldg Width (ft) 24.2 | 21. Bldg Height (ft) 34 | 22. Bldg Volume (cu ft) (L x W x H) 38589.3 |

OFFICIAL USE ONLY

SECTION A. RAZE PERMIT

| | | | | | |
|------------------------------------------------------|-------------------|------------------------------------------------------------------------------|----|-------------------------------|--|
| 23. Raze Contractor's Name To be determined (TBD) | | 24. Contractor's Address (including zip code) TBD | | 25. Contractor's Phone TBD | |
| 26. Historic District? | D Yes <u>D No</u> | 33. Raze Contractor Signature | | | |
| 27. Fine Arts District? | D Yes <u>D No</u> | | | | |
| 28. Raze Entire Building? | <u>D Yes</u> D No | 34. Property Owner Signature | | | |
| 29. Building Condemned? | D Yes <u>D No</u> | | | | |
| 30a. Party Wall? | D Yes <u>D No</u> | 30b. If yes, adjacent property owner signature is required. ----- | | | |
| 31. Building Vacant? | <u>D Yes</u> D No | Building must be vacant before Supplemental Raze Operations Permit issuance. | | | |
| 32. Public Space Vault? | D Yes <u>D No</u> | Official Use Only | | | |
| | | Fee | By | Date | |

SECTION B. SUPPLEMENTAL RAZE OPERATIONS PERMIT

| | | | | | |
|-------------------------------------------|--|------------------------------------------------------|--|---------------------------------------------------------------------------|--|
| 35. Raze Contractor's Name TBD | | 36. Contractor's Address (including zip code) TBD | | 37. Contractor's Phone TBD | |
| 38. Plumber's Name Busy Services, Inc. | | 39. Plumber's License Number PC1187/DMP808 | | 40. Raze Method (ball, bulldozer, by hand, etc.) Bulldozer and 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:

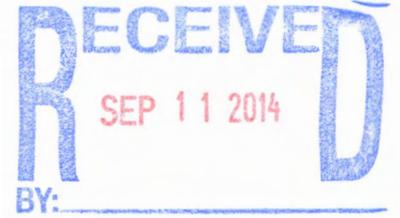
- Show the holder of the insurance as: Deputy Director, Permit Division, 941 North Capitol St NE, Washington, DC 20002
- Include a 30-day advance notice cancellation clause.
- Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.
- State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage.
- If the insurance is for one specific address only, state that, "Razing Operations at _____"
(address of raze operation)

| | | | | | |
|---------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------|--|
| 41. Insurance Company | | 42. Policy or Certificate No. | | 43. Expiration Date | |
| 44. Historic District? | D Yes <u>D No</u> | 52. Raze Contractor Signature | | | |
| 45. Fine Arts District? | D Yes <u>D No</u> | | | | |
| 46. Raze Entire Building? | <u>D Yes</u> D No | 53. Property Owner Signature | | | |
| 47. Building Condemned? | D Yes <u>D No</u> | | | | |
| 48a. Party Wall? | D Yes <u>D No</u> | 47b. If you answer yes, adjacent property owner must sign here. ----- | | | |
| | | 47c. Any raze permit application for a building(s) involving party walls must include 2 copies of a plan that shows how the party wall(s) will be protected. | | | |
| 49. Building Vacant? | <u>D Yes</u> D No | Building must be vacant before Supplemental Raze Operations Permit issuance. | | | |
| 50. Public Space Vault? | D Yes <u>D No</u> | Official Use Only | | | |
| 51. Asbestos in Building? If yes, indicate location: | D Yes <u>D No</u> | 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: September 11, 2014

Cap Id: R1400169

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:
1831 INDEPENDENCE AVE SE

LOT: 0042 SQUARE: 1112 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: 9-11-14 Signature: [Handwritten Signature]

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



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.

R1400169

Application Date: 9.11.14

1. INFORMATION ON PROPERTY

| | | | | | |
|-----------------------------|---------|---------|------------|------------|--------|
| 1. Address of Proposed Work | 2. Quad | 3. Ward | 4a. Square | 4b. Suffix | 5. Lot |
| 1831 Independence AVE SE | | | | | |

2. APPLICANT INFORMATION

| | | | |
|------------------------------------------------|--------------------------------------------|---------------------|----------------------|
| 6. Property Owner | 7. Complete mailing address (include zip) | 8. Phone Number(s) | 9. Email |
| Elita Emerson-McClain | 1831 Independence Ave Wash, DC 20003 | SS 202-744 0224 | damalita02@gmail.com |
| 10. Agent/Contractor for Owner (if applicable) | 11. Complete mailing address (include zip) | 12. Phone Number(s) | 13. Email |
| F&C Improvement | | 202 492-9513 | |

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: |
| REMOVE REAR ADDITION OF A Two story brick single family home - REAR ADDITION ONLY | | | 3 |
| 17. Use(s) of Property (specifically indicate if any use is residential.) | | 18. Materials of Building (brick, wood, etc.) | |
| Residential | | Brck; wood; | |
| 19. Bldg Length (ft) | 20. Bldg Width (ft) | 21. Bldg Height (ft) | 22. Bldg Volume (cu ft) (L x W x H) |
| 0' | 13' | 20 | 2,080 cu ft. |

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 type="checkbox"/> No | |
| 28. Raze Entire Building? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|-------------------------|---------------------------------------------------------------------|----------------------------------|
| 29. Building Condemned? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 34. Property Owner Signature |
| 30a. Party Wall? | <input type="checkbox"/> Yes <input 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 | 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 |
|-----|----|------|



1414 5th Street NW (recessed right)



2914 0022 07/28/2004

4326 Georgia Avenue NW



1831 Independence Ave SE (rear- only)