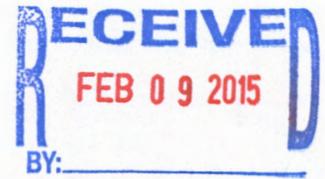




Government of the District of Columbia
Department of Consumer and Regulatory Affairs

Permit Operations Division
1100 4th Street SW
Washington DC 20024

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



Date: January 23, 2015

Cap Id: R1500050

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:
4501 BOWEN RD SE

LOT: 0173 SQUARE: 5365 TYPE: Car Wash - B VACANT:

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____

APPLICATION FOR RAZE PERMIT

R1500050

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	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4501 Bowen Road	SE	Seven	5365		173

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Torrence Owens	P.O. Box 441571: fort washington, md 20749	301.633.9922	mrteedo@gmail.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Roger Ray Jr.	3612 12th Street, NE, Washington, DC 20017	(202) 526-3610	rogerrayjr@emjohnson.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:	
One story commercial masonry building		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Car Wash/ repair		Masonry/ brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
60'-0"	25'-5"	16'	24,480 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Torrence Owens</i> 30b. If yes, adjacent property owner signature is required. <i>see neighbor notification letter</i> 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 type="checkbox"/> Yes <input checked="" 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



APPLICATION FOR RAZE PERMIT INSTRUCTIONS

GENERAL INFORMATION

- In order to raze a building, the Property Owner or Contractor must first get a **Raze Permit**, which starts the process of utility disconnections and further regulatory approvals.
- The Owner or Contractor must get a **Raze Permit**, which approves the razing method and certifies that the utilities have been properly disconnected.
- Razing a building before you get a **Raze Permit** is a violation of the Construction Code (DCMR 12) -- and can result in significant fines and penalties.
- **Raze Permit** fees are assessed based on information you provide; any fee adjustment necessary after field inspection will be assessed on issuance of the **Raze Permit**.
- Sidewalk deposits and/or tap bills may be required before Raze Permit issuance. Contact DDOT's Public Space Management Administration at 202 442 4670 to get more information.
- Get the soil erosion package for Raze Contractors from DDOE's Soil Erosion Unit, located in the Permit Center, to prepare your raze operation plan.
- A plumbing supplemental permit, obtained by a plumber Registered and Licensed in the District of Columbia, is required for any water/sewer line cap.
- Fees are required for abandonment of the water/sewer services in the public easement (paved road).
- You must pay any outstanding water bills before a Raze Permit can be issued.
- You are required to obtain a sign-off by any adjacent property owners when the raze involves party walls.

RAZE PERMIT APPLICATION PROCESS

Raze Permit

1. Complete Areas 1-4 and Section A of the application and submit:
 - a. Certification for Raze Permit Application
 - b. Current Certificate of Insurance – General Liability
 - c. Environmental Intake Form (EIF)
 - d. Photo(s) accurately depicting premises
2. For residential property, DCRA staff will prepare and forward clearance letters to the Rent Administrator for review and approval.
3. DCRA staff will prepare and give letters to the applicant for the Historic Preservation Review Board and/or the US Commission of Fine Arts, if applicable. The applicant must get the necessary approvals and submit them to the Permit Division.
4. Payment of the Raze Permit fee is required. Fee calculation is based upon the volume of the structure in cubic feet times .02.
5. DCRA staff will prepare and issue clearance letters to the applicant for these agency approvals/sign-offs:

DCRA Construction Inspection	DOH Vector Control	Washington Gas - Utility cut off
DCRA Plumbing Inspection	DDOT Public Space	WASA - Sewer/water line cut
DDOE Asbestos Abatement	PEPCO - Utility cut off	DCRA Zoning Administrator - Overlay impacts on site
DDOE Soil Erosion Control	Verizon Telephone Co - Utility cut off	
6. The applicant is responsible for submitting clearance letters to required agencies, paying any required fees to the agencies, getting written approvals, and returning the originals to DCRA.
7. Before DCRA will issue a Raze Permit, the building(s) must be unoccupied. If the building is still occupied, DCRA will accept and process the Permit Application, but will not issue the Permit until the applicant notifies the Permit Division that the building is vacant.
8. After the applicant has provided all required approved clearance letters, vacated the property, and paid any additional fees as determined by the field inspection, DCRA will issue a Raze Permit granting the applicant the authority to raze the structure by the razing method specified in the Application.

NOTE: DCRA will not issue any Raze Permits before the end of the applicable 30-day Advisory Neighborhood Commission (ANC) notification period.

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

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

_____ and that the person signing below has the legal authority to execute this Certification
(Property Address)

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

I am applying for a Raze Permit for the subject property.

I understand that the Raze Permit must be issued prior to any raze activity or operations.

If I do not have a Raze Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.

_____ (Initial here to certify that you have read and understand this paragraph)

A. Use of Property as Housing Accommodation

I hereby certify that the structure to be razed IS _____ a housing accommodation.
(IS/IS not)

If the structure is a housing accommodation, complete Section B. If the structure is *not* a housing accommodation, skip to Section C and the signature block.

B. Additional Provisions Applicable to Razing of "Housing Accommodations"

I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:

Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.

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

_____ (Initial here to certify that you have read and understand this paragraph)

I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, *et seq.*, and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:

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

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

_____ (Initial here to certify that you have read and understand this paragraph)

C. Execution and Certification Applicable to All Applicants

I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.

Name of Owner: _____
(Print Name of Owner)

Signature: _____

Name of Agent: _____
(Print Name of Authorized Agent)

Signature: _____

Buildings on Bowen Road SE Between 4501 and 4501

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.

<i>Square-Lot</i>	<i>Address</i>	<i>Material</i>	<i>Purpose</i>	<i>Permit</i>	<i>Date</i>	<i>Cost</i>
5365 0173	4501 Bowen Road SE	26 x 25	concrete bloc garage	238798	11/25/1940	\$1,200
	<i>Owner</i> Allard, Wm. C. & Elizabeth C.	<i>Architect</i> Hallett, Marcus		<i>Builder</i> lessee		
	<i>Updated?</i> Yes	<i>Extant?</i> Yes				
5365 0146	4501 Bowen Road SE	18 x 0	concrete bloc gas station	127693	9/28/1929	\$1,200
	<i>Owner</i> Allard, Wm. C.	<i>Architect</i>		<i>Builder</i>		
	<i>Updated?</i> Yes	<i>Extant?</i> No	on 1932 Baists			



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

RECEIVED
FEB 09 2015
BY: _____

Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557

Date: January 26, 2015

Cap Id: R1500055

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:
1251 F ST NE

LOT: 0825 SQUARE: 1007 TYPE: VACANT:

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

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: 1/26/15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1251 F St, NE	NE	Six	1007		0825

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Gaudi Development	1202 Maryland Ave, NE	202-821-3474	gauiddevelopment@gmail.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Rodolfo Soto	1708 E St, SE	202-446-5206	rsoto@sogaconstruction.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 Unit Row Dwelling			
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
		Wood & Siding	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
30'	16'	21'	10,080

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	24. Contractor's Address (including zip code) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	25. Contractor's Phone <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
---	--	---

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature						
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.						
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.						
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.						
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only						
		<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Fee</td> <td style="width:33%; border: none;">By</td> <td style="width:33%; border: none;">Date</td> </tr> <tr> <td style="border: none; height: 20px;"></td> <td style="border: none; height: 20px;"></td> <td style="border: none; height: 20px;"></td> </tr> </table>	Fee	By	Date			
Fee	By	Date						

33. Plumber's Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	34. Plumber's License Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	35. Raze Method (ball, bulldozer, by hand, etc.) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
---	---	---

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 <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	37. Policy or Certificate No. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	38. Expiration Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
--	--	--

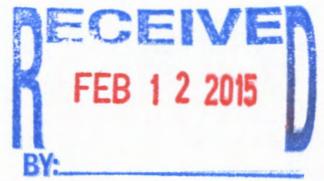
39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only	
		Fee	By
		Date	



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: February 10, 2015

Cap Id: R1500062

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:
1017 12TH ST NW

LOT: **0821** SQUARE: **0316** 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: 02/02/2015

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1017 12th Street	NW	Two	316		821

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Alba 12th Street, LLC	912 F Street, NW, Suite 208, Washington, DC 20009	(703)869-0615	fhill@thehillgroup.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Phillip Pittinger-Dunham	490 M St SW W103 20024	2/387-6669	phil@capitolpermits.com

3. TYPE OF PERMIT14. 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 abandoned brick building with basement	3 above grade, 1 below grade		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Abandoned office use	Stone, Brick, Glass Windows, Wood Roof		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
50.5 FT	25 FT	47.83 FT	60,385.375 CU FT

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Potomac Abatement		24. Contractor's Address (Including zip code) 10305 Guilford Road, Jessup, MD 20794		25. Contractor's Phone (410)730-6888	
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 <i>[Signature]</i>			
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 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.) Piece by piece
--------------------	------------------------------	---

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:

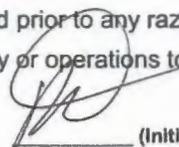
- Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC, 20024
- Include a 30-day advance notice cancellation clause.
- Include these amounts of insurance coverage: Sudden Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.
- State 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 **1017 12th St. N.W.**
(address of raze operation)

36. Insurance Company The Hanover Insurance Group	37. Policy or Certificate No. 30V6728	38. Expiration Date 9/13/15
---	---	---------------------------------------

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

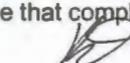
- KNOWN ASBESTOS CONTAINING MATERIALS:**
1. Exterior window sealants at all windows & basement rear door
 2. 9" x 9" floor tile at all floors
 3. Penetration sealant, lower level
 4. 4" Thermal system insulation, at boiler room
 5. Window glazing, all windows, exterior glazing
- PRESUMED ASBESTOS CONTAINING MATERIALS:**
1. Fire door and frame at boiler room
 2. Roof system, entire roof

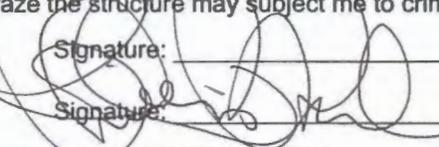
GOVERNMENT OF THE DISTRICT OF COLUMBIA
CERTIFICATION FOR
RAZE PERMIT APPLICATION

This certifies that Alba 12th Street LLC (referred to as Owner) owns the property at
(Legal Name of Property Owner)
1017 12th Street NW, Wash, DC and that the person signing below has the legal authority to execute this Certification
(Property Address)
and to make the representations and certifications below, on behalf of the Owner:
I am applying for a Raze Permit for the subject property.
I understand that the Raze Permit must be issued prior to any raze activity or operations.
If I do not have a Raze Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.
 (Initial here to certify that you have read and understand this paragraph)

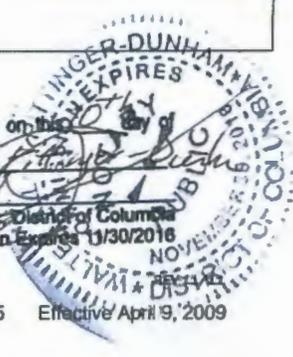
A. Use of Property as Housing Accommodation
I hereby certify that the structure to be razed IS NOT a housing accommodation.
(is/is not)

If the structure is a housing accommodation, complete Section B. If the structure is *not* a housing accommodation, skip to Section C and the signature block.

B. Additional Provisions Applicable to Razing of "Housing Accommodations"
I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:
Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.
Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.
 (Initial here to certify that you have read and understand this paragraph)
I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, *et seq.*, and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:
Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, **before** issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.
Providing tenants with a 180-day Notice to Vacate that complies with and notifies each tenant of his/her potential right to relocation assistance.
 (Initial here to certify that you have read and understand this paragraph)

C. Execution and Certification Applicable to All Applicants
I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.
Name of Owner: _____ Signature: 
(Print Name of Owner)
Name of Agent: Phillip R. Pittinger-Dunham Signature: _____
(Print Name of Authorized Agent)

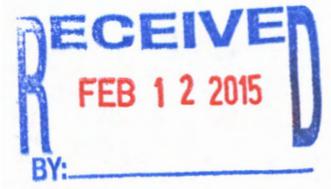
WALTER ALLEN PITTINGER-DUNHAM
Notary Public, District of Columbia
My Comm. Exp. November 30, 2016

District of Columbia: SS
Subscribed and sworn to before me on this 20 day of February, 2015 by Phillip R. Pittinger-Dunham

Notary Public, District of Columbia
My Commission Expires 11/30/2016
Page 4 of 5 Effective April 9, 2009



**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: February 10, 2015

Cap Id: R1500064

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:
1205 GALLATIN ST NW

LOT: **0003** SQUARE: **2929** 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.

R15 000 04

Application Date:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1205 Gallatin Street, NW	NW	One	2929		3

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
5100 Georgia Avenue LLC	P.O. Box 9492 Wash. DC, 20016	202-815-7968	jfuchs89@gmail.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Nick Brown	3204 Tower Oaks Blvd #200A, 20852	301-762-9001 x20	nbrown@maddoxinc.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:
2-story brick Single Family dwelling			2
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
SFD (Residential)		Brick and frame	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
32	22.5	28	20,160 CF

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

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

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			
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>AGENT</i> <i>[Signature]</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 TBD	34. Plumber's License Number TBD	35. Raze Method (ball, bulldozer, by hand, etc.) TBD
---------------------------	-------------------------------------	---

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

GOVERNMENT OF THE DISTRICT OF COLUMBIA
CERTIFICATION FOR
RAZE PERMIT APPLICATION

This certifies that 5100 Georgia Avenue LLC (referred to as Owner) owns the property at
(Legal Name of Property Owner)
5100 Georgia Avenue NW and that the person signing below has the legal authority to execute this Certification
(Property Address)
and to make the representations and certifications below, on behalf of the Owner:
I am applying for a Raze Permit for the subject property.
I understand that the Raze Permit must be issued prior to any raze activity or operations.
If I do not have a Raze Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.
_____ (Initial here to certify that you have read and understand this paragraph)

A. Use of Property as Housing Accommodation

I hereby certify that the structure to be razed IS NOT a housing accommodation.
(is/is not)

If the structure is a housing accommodation, complete Section B. If the structure is *not* a housing accommodation, skip to Section C and the signature block.

B. Additional Provisions Applicable to Razing of "Housing Accommodations"

I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:
Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.
Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.
_____ (Initial here to certify that you have read and understand this paragraph)

I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, *et seq.*, and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:

- Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, **before** issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.
 - Providing tenants with a 180-day Notice to Vacate that complies with and notifies each tenant of his/her potential right to relocation assistance.
- _____ (Initial here to certify that you have read and understand this paragraph)

C. Execution and Certification Applicable to All Applicants

I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.

Name of Owner: 5100 Georgia Avenue LLC Signature: _____
(Print Name of Owner)
Name of Agent: Nick Brown Signature: _____
(Print Name of Authorized Agent)

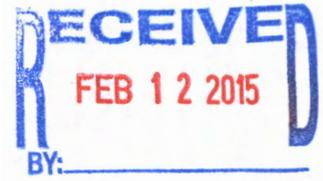
Buildings on Gallatin Street NW Between 1200 and 1210

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.

Square-Lot	Address	Material	Purpose	Permit	Date	Cost
2929 0041	1201 Gallatin Street NW	22 x 32 frame	dwelling	4873	6/26/1919	\$6,000
	<i>Owner</i> Shannon & Luchs Const. Co. <i>Architect</i> Santmyers, George T. <i>Builder</i> Shannon & Luchs Const.					
	<i>Updated?</i> Yes <i>Extant?</i> Yes					
2929 0041	1203 Gallatin Street NW	22 x 32 frame	dwelling	4873	6/26/1919	\$6,000
	<i>Owner</i> Shannon & Luchs Const. Co. <i>Architect</i> Santmyers, George T. <i>Builder</i> Shannon & Luchs Const.					
	<i>Updated?</i> Yes <i>Extant?</i> Yes					
2929 0003	1205 Gallatin Street NW	22 x 32 frame	dwelling	4873	6/26/1919	\$6,000
	<i>Owner</i> Shannon & Luchs Const. Co. <i>Architect</i> Santmyers, George T. <i>Builder</i> Shannon & Luchs Const.					
	<i>Updated?</i> Yes <i>Extant?</i> Yes					
2928 0023	1206 Gallatin Street NW	22 x 32 frame	dwelling	4874	6/26/1919	\$6,000
	<i>Owner</i> Shannon & Luchs Const. Co. <i>Architect</i> Santmyers, George T. <i>Builder</i> Shannon & Luchs Const.					
	<i>Updated?</i> Yes <i>Extant?</i> Yes					
2929 0004	1207 Gallatin Street NW	22 x 32 frame	dwelling	4873	6/26/1919	\$6,000
	<i>Owner</i> Shannon & Luchs Const. Co. <i>Architect</i> Santmyers, George T. <i>Builder</i> Shannon & Luchs Const.					
	<i>Updated?</i> Yes <i>Extant?</i> Yes					
2928 0022	1208 Gallatin Street NW	22 x 32 frame	dwelling	4874	6/26/1919	\$6,000
	<i>Owner</i> Shannon & Luchs Const. Co. <i>Architect</i> Santmyers, George T. <i>Builder</i> Shannon & Luchs Const.					
	<i>Updated?</i> Yes <i>Extant?</i> Yes					
2929 0005	1209 Gallatin Street NW	22 x 32 frame	dwelling	4873	6/26/1919	\$6,000
	<i>Owner</i> Shannon & Luchs Const. Co. <i>Architect</i> Santmyers, George T. <i>Builder</i> Shannon & Luchs Const.					
	<i>Updated?</i> Yes <i>Extant?</i> Yes					
2928 0021	1210 Gallatin Street NW	22 x 32 frame	dwelling	4874	6/26/1919	\$6,000
	<i>Owner</i> Shannon & Luchs Const. Co. <i>Architect</i> Santmyers, George T. <i>Builder</i> Shannon & Luchs Const.					
	<i>Updated?</i> Yes <i>Extant?</i> Yes					



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: February 10, 2015

Cap Id: R1500063

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:
5100 GEORGIA AVE NW

LOT: 0041 SQUARE: 2929 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 63

Application Date: 02/10/2015

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
5100 Georgia Ave NW	NW	One	2929		41

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
5100 Georgia Avenue LLC	P.O. Box 9492 Wash. DC, 20016	202-815-7968	jfuchs89@gmail.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Nick Brown	3204 Tower Oaks Blvd #200A, 20852	301-762-9001 x20	nbrown@maddoxinc.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:
1-story wood frame structure - TRAILER			1
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Commercial		Wood	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
44	12	14	7,392 CF

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

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

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	
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>AGENT</i> <i>[Signature]</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 TBD	34. Plumber's License Number TBD	35. Raze Method (ball, bulldozer, by hand, etc.) TBD
---------------------------	-------------------------------------	---

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

GOVERNMENT OF THE DISTRICT OF COLUMBIA
CERTIFICATION FOR
RAZE PERMIT APPLICATION

This certifies that 5100 Georgia Avenue LLC (referred to as Owner) owns the property at
(Legal Name of Property Owner)
5100 Georgia Avenue NW and that the person signing below has the legal authority to execute this Certification
(Property Address)
and to make the representations and certifications below, on behalf of the Owner:
I am applying for a Raze Permit for the subject property.
I understand that the Raze Permit must be issued prior to any raze activity or operations.
If I do not have a Raze Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.
_____ (Initial here to certify that you have read and understand this paragraph)

A. Use of Property as Housing Accommodation

I hereby certify that the structure to be razed IS NOT a housing accommodation.
(is/is not)

If the structure is a housing accommodation, complete Section B. If the structure is *not* a housing accommodation, skip to Section C and the signature block.

B. Additional Provisions Applicable to Razing of "Housing Accommodations"

I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:
Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.
Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.
_____ (Initial here to certify that you have read and understand this paragraph)

I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, *et seq.*, and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:
Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, **before** issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.
Providing tenants with a 180-day Notice to Vacate that complies with and notifies each tenant of his/her potential right to relocation assistance.
_____ (Initial here to certify that you have read and understand this paragraph)

C. Execution and Certification Applicable to All Applicants

I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.

Name of Owner: 5100 Georgia Avenue LLC Signature: _____
(Print Name of Owner)
Name of Agent: Nick Brown Signature: _____
(Print Name of Authorized Agent)



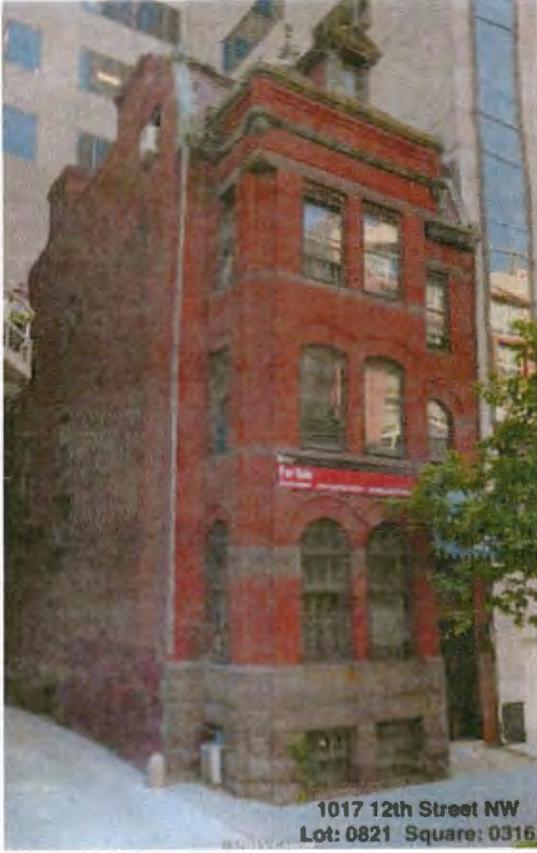
5365 0173 10/13/2004

4501 Bowen Road SE



1007 0825 09/15/2004

1251 F Street NE



1017 12th Street NW
Lot: 0821 Square: 0316

1017 12th Street NW



2929 0003 06/07/2004

1205 Gallatin Street NW



5100 Georgia Avenue NW