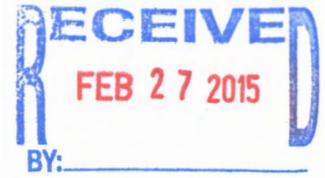




Government of the District of Columbia
Department of Consumer and Regulatory Affairs



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: November 05, 2014

Cap Id: R1500013

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:
5601 POTOMAC AVE NW

LOT: 0043 SQUARE: 1450 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 13

Application Date: 10.31.14

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
5601 Potomac Ave	NW	Three	1450	n/a	0043

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Michael J. Kopetski	5517 Carolina Place NW, Washington 20016	202.714.4322	mkopetski@yahoo.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email

3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:		
Two story frame single family dwelling	2		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Single Family Residential	brick, block, wood, shingle		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
40.3	30.3	28	34190

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Go Green, LLC		24. Contractor's Address (including zip code) P.O. Box 111 Accokeek, MD 20607		25. Contractor's Phone 703.336.9545							
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>C. Schut</i>									
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature <i>Michael J. Krutski</i>									
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.									
29. Building Condemned?	<input 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.									
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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	<p align="center">Official Use Only</p> <table border="1"> <tr> <td>Fee</td> <td>By</td> <td>Date</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				Fee	By	Date			
Fee	By	Date									

33. Plumber's Name FRANK	34. Plumber's License Number 38	35. Raze Method (ball, bulldozer, by hand, etc.) Deconstruction by hand
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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:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p align="center">Official Use Only</p> <table border="1"> <tr> <td>Fee</td> <td>By</td> <td>Date</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			Fee	By	Date			
Fee	By	Date								

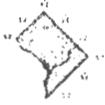
NON-FRIABLE MATERIALS
1. EXTERIOR TRANSITE

SHINGLES
2. BASEMENT: 9"x9" TILE VAT, LESS THAN 100 FT²

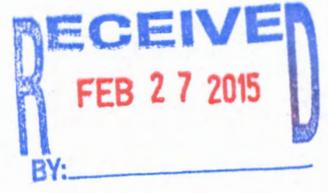
This project has been funded in part by a U.S. Department of the Interior, National Park Service Historic Preservation Fund grant administered by the District of Columbia's Historic Preservation Office.

<i>Permit Number</i>	6439	<i>Date</i>	5/14/1920
<i>Owner</i>	Rose, John C.	<i>Roll of Microfilm</i>	189
<i>Architect</i>	Rose, John C.		
<i>Builder</i>	Rose, John C.		
<i>Quantity</i>	1		
<i>Stories</i>	1	<i>Material</i>	frame
<i>Width</i>	30	<i>Depth</i>	24
<i>Purpose</i>	dwelling	<i>Number of Families</i>	1
<i>Store?</i>	<input type="checkbox"/>		
<i>Solid/Filled</i>	solid	<i>Material of Foundation</i>	concrete
<i>Front Material</i>	brick	<i>Type of Stone</i>	
<i>Type of Roof</i>	pitch	<i>Roof Material</i>	felt
<i>Heat</i>	stove(s)	<i>No Plumbing or Gasfitting</i>	<input type="checkbox"/>
<i>No Electric</i>	<input type="checkbox"/>	<i>Roughing In Only</i>	<input type="checkbox"/>
<i>Estimated Cost</i>	\$1,900	<i>No Sewer Available</i>	<input type="checkbox"/>
<i>Notes</i>	n cor Macomb st		

<i>Updated</i>	<i>Extant</i>	<i>Square</i>	<i>Lot</i>	<i>Address</i>			<i>House Type</i>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1450	0043	5601	Potomac	Avenue 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 February 27, 2015

Cap Id R1500067

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
 632 HOWARD RD SE

LOT 0982 SQUARE: 5860 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.

R/15 000 67

Application Date: 2/23/2015

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
632 Howard Road	NE	Eight	5860		0282

2. APPLICANT INFORMATION

6. Property Owner Poplar Point, RBBR, LLC.	7. Complete mailing address (include zip) 1616 H Street, NW Ste 600 Wash, DC	8. Phone Number(s) 1-646-320-2400	9. Email operl@redbricklmd.com
10. Agent/Contractor for Owner (if applicable) National Service Contractors, Inc.	11. Complete mailing address (include zip) 2007-B Martin Luther King Jr. Ave, SE	12. Phone Number(s) 202-610-7344	13. Email sjunisa@nscinc1.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) single story brick single family dwelling		16. Existing Number of Stories of Bldg: one	
17. Use(s) of Property (specifically indicate if any use is residential.) none (Vacant)		18. Materials of Building (brick, wood, etc.) brick	
19. Bldg Length (ft) 58	20. Bldg Width (ft) 53	21. Bldg Height (ft) 12.5	22. Bldg Volume (cu ft) (L x W x H) 38,425

OFFICIAL USE ONLY

CONDITIONS/COMMENTS

SECTION A. RAZE PERMIT

23. Raze Contractor's Name National Service Contractors, Inc.		24. Contractor's Address (including zip code) 2007-B Martin Luther King Jr, SE 20020		25. Contractor's Phone 202-610-7344, Ext. 221	
26. Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No	33. Raze Contractor Signature			
27. CFA?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature			
29. Building Condemned?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.			
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.			
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.			
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
		Fee	By	Date	

33. Plumber's Name Michael Remy Seasay		34. Plumber's License Number PC1298		35. Raze Method (ball, bulldozer, by hand, etc.) Bulldozer, excavator, by hand	
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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 20004
- Include a 30-day advance notice cancellation clause
- Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$200,000; 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 The Travelers Indemnity Co.		37. Policy or Certificate No. See Attached certificate		38. Expiration Date Ditto	
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39. Asbestos in Building?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
If yes, indicate location:		Fee	By	Date	



1450 0043 09/27/2004

5601 Potomac Avenue NW



5860 0982 10/11/2004

632 Howard Road SE