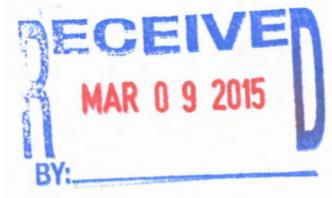




Government of the District of Columbia
Department of Consumer and Regulatory Affairs

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 24, 2015

Cap Id: R1500066

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:
129 VARNUM ST NW

LOT: 0011 SQUARE: 3321 TYPE: VACANT: No

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 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 66

Application Date: 02-24-2015

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
129 VARNUM STREET.	NW	One	3321	00	0010/0011

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
GABRIEL LLC	275 Winchester AVE #432 New Haven CT 06511	650-804-2295	
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
NICHOLAS BROWN	3204 Tower Oaks Blvd Stc. 200-A Rockville MD 20851	301-762-9001	nsbrown@maddockinc.com

3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

4. DESCRIPTION OF BUILDING

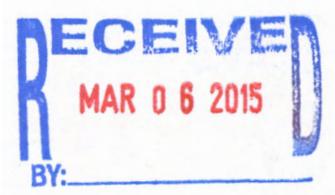
15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:		
Applicant intends to RAZE the existing single family house	2		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Residential	Brick		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
38.00	26.00	20.00	19760.00

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:



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: March 04, 2015

Cap Id: R1500068

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:
2800 8TH ST NE

LOT: **0822** SQUARE: **3643** 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.

R15-00068 Job #

Application Date:

1. INFORMATION ON PROPERTY					
1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
2800 8th Street	NE	Five	3643		822

2. APPLICANT INFORMATION			
6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
2800 8th Street Partners LLC	8120 Woodmont Ave Suite 160 Bethesda	240-752-9867	rdinkelspiel@millerdc.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:	
<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:
Garage space and small office structure			1
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
garage, storage, and office space		Brick and wood	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
61.9	40	20	49520

OFFICIAL USE ONLY
CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name TBD	24. Contractor's Address (including zip code) 	25. Contractor's Phone
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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?	<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;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table>	Fee	By	Date			
Fee	By	Date						

33. Plumber's Name TBD	34. Plumber's License Number 	35. Raze Method (ball, bulldozer, by hand, etc.)
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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:

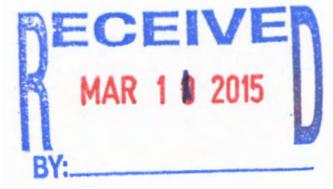
- Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024
- Include a 30-day advance notice cancellation clause.
- Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.
- State that 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
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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: March 11, 2015

Cap Id: R1500072

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:
125 O ST SE

LOT: 0805 SQUARE: 0744 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

HISTORIC

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 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 72

Application Date:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
125 O Street	SE	One	0744	SS	0801

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
DC Water	5000 Overlook Ave, SW, Washington	(202)787-2018	Gus.Bass@dcwater.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Samaha Associates, PC	10521 Rosehaven St, Ste 200, Fairfax	(703)691-3311	odavis@samaha-arch.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 brick storage shed / sloped roof; one story wood shed; 100' metal antenna		1; 1; n/a	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Storage; Abandoned; Abandoned		Brick w/steel roof framing; Wood; Metal	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
61; 12; 2	41; 11; 2	20; 15; 100	38766; 1980, 400

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

* $61 \times 41 \times 20 = 50,020$ cu.ft. - BRICK BLDG *

$12 \times 11 \times 15 = 1,980$ cu.ft. - WOOD SHED

THIS APPLICATION IS FOR BRICK BLDG ONLY

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Celtic Demolition Inc	24. Contractor's Address (including zip code) 2050 Ballenger Ave Suite 200 Alexandria VA	25. Contractor's Phone (703) 739-9103
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26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature
27. CFA? <input checked="" 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 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
	Fee By Date

33. Plumber's Name n/a	34. Plumber's License Number n/a	35. Raze Method (ball, bulldozer, by hand, etc.) excavator, bulldozer
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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:

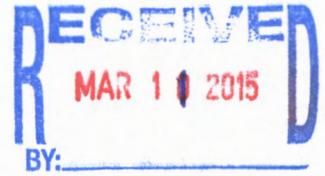
- Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024
- Include a 30-day advance notice cancellation clause.
- Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.
- State that 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 Insurance Associates Inc	37. Policy or Certificate No. NY14CGL11646OIC	38. Expiration Date 10-1-15
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39. Asbestos in Building? If yes, indicate location:	<input checked="" type="checkbox"/> Yes <input 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: March 11, 2015

Cap Id: R1500073

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:
125 O ST SE

LOT: **0805** SQUARE: **0744** 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

HISTORIC

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/500073

Application Date: 3/11/15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work 125 O STREET	2. Quad SE	3. Ward 1	4a. Square 0744	4b. Suffix SS	5. Lot 0801
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2. APPLICANT INFORMATION

6. Property Owner DC WATER	7. Complete mailing address (include zip) 5000 Overlook Ave, SW WASHINGTON DC	8. Phone Number(s) (202) 787-2018	9. Email Gus.Bass@dcwater.com
10. Agent/Contractor for Owner (if applicable) SAMAKA ASSOCIATES PC	11. Complete mailing address (include zip) 10521 ROSEHAVEN ST, #200 FAIRFAX VA 22030	12. Phone Number(s) 703-691-3311	13. Email cdavis@samaka-arch.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) WOOD SHED		16. Existing Number of Stories of Bldg: 1	
17. Use(s) of Property (specifically indicate if any use is residential.) STORAGE		18. Materials of Building (brick, wood, etc.) WOOD	
19. Bldg Length (ft) 12'	20. Bldg Width (ft) 11'	21. Bldg Height (ft) 15'	22. Bldg Volume (cu ft) (L x W x H) 1,980 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 checked="" type="checkbox"/> Yes <input 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?	<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.)	
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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	
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39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
		Fee	By	Date	



3321 0011 07/22/2004

129 Varnum Street NW



3643 0822 08/11/2004

2800 8th Street NE (both structures

shown)



125 O Street SE (one story brick storage

shed)



125 O Street SE (small wood storage

shed)