



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

RECEIVED
NOV 24 2014
BY: _____

Date: November 18, 2014

Cap Id: R1500025

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:
2812 UNIVERSITY TER NW

LOT: 0821 SQUARE: 1423 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) _____

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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.
 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 25

Application Date: 11-13-2014

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
2812 University Terrace NW	NW	One	1423		0821

2. APPLICANT INFORMATION

6. Property Owner LLC	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
2812 University Terrace	5144 Cathedral Ave, NW ²⁰⁰¹⁶	202-384-3369	
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Emily Reese	3204 Tower Oaks Blvd ²⁰⁸⁵²	301-762-9001	ereese@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:	
Two story brick single family dwelling		two	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Residential		Brick veneer / Wood frame	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
40 Feet	24.5 Feet	25 Feet	24,500 cuft

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Rock Hard Excavating		24. Contractor's Address (including zip code) 1202 Monroe St, Herndon, VA ²⁰¹⁷⁰	25. Contractor's Phone 703 599 3473
26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>Charles Swamy</i>		
27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature <i>[Signature]</i>		
28. Raze Entire Building? <input type="checkbox"/> Yes <input checked="" 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	Building must be vacant before Raze Permit issuance.		
31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only		
32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fee	By	Date

33. Plumber's Name Crescent Plumbing LLC	34. Plumber's License Number 1015	35. Raze Method (ball, bulldozer, by hand, etc.) Excavator
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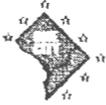
1. You must submit a Certificate of Insurance covering the raze operation/contractor-- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

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

36. Insurance Company	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
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: June 19, 2014

Cap Id: R1400133

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.

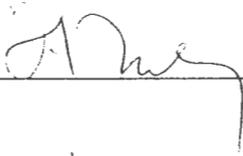
Address:
6109 3RD ST NE

LOT: 0827 SQUARE: 3731 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: 11/20/2014 Signature: 

Name of releasing HPO Official. (print) Maloney



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

R1400133

Application Date: 06/11/14

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
6109 3rd Street, NE	NE	4	3731		0827

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
6109 3rd Street, LLC	6109 3rd Street, NE Washington DC 20011	(202) 489-8207	
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
M.D. Barnes	20772	(202) 487-3005	diamondenterprise@comcast.net

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 single family dwelling		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Single family dwelling New Two story single family dwelling		brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
36.50	20'	14'	10,220

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 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			
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.) <i>bulldozer & hand</i>	
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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 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 6109 3rd Street, LLC (referred to as Owner) owns the property at
(Legal Name of Property Owner)
6109 3rd Street, NE 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.

MSB (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.

MSB (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.

MSB (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: Anthony Carlton Hill
(Print Name of Owner)

Signature: A Hill

Name of Agent: Michelle D. Barnes
(Print Name of Authorized Agent)

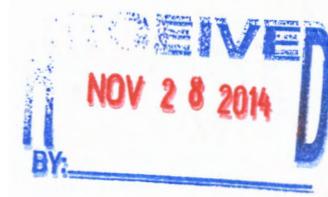
Signature: M D Barnes



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 28, 2014

Cap Id: R1500032

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:
2905 26TH ST NE

LOT: **0001** SQUARE: **4342** 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.

R15 000 32

Application Date: 11/28/2014

1. INFORMATION ON PROPERTY

1. Address of Proposed Work 2905 26 th Street NE	2. Quad	3. Ward 5	4a. Square 4342	4b. Suffix	5. Lot 0001
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2. APPLICANT INFORMATION

6. Property Owner Marion N. Taylor	7. Complete mailing address (include zip) 2905 26 th St NE 20018	8. Phone Number(s) 202-885-9009	9. Email reem450@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) One story garage, used for storage		16. Existing Number of Stories of Bldg: one	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.) Wood	
19. Bldg Length (ft) 19 feet	20. Bldg Width (ft) 17 ^{TAT} inches wide	21. Bldg Height (ft) 8 ft high	22. Bldg Volume (cu ft) (L x W x H) 19 x 17 x 8 =

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS

2,584

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 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		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	



1423 0821 09/29/2004

2812 University Terrace NW



6109 3rd Street NE



2905 26th ST
NE

