

Raze Permits Applied for at DCRA
May 15 2015 – June 11 2015

DCRA ISSUE DATE	ID	ADDRESS	DCRA NOTICE TO HPO	ANC NOTICE EXPIRES	PER SUB TYPE	STATUS	WARD	ANC	APPLICANT	OWNER NAME	DESCRIPTION OF WORK
6/1/2015	R1500124	633 Park RD NW	6/12	7/24	Raze	New Application	1	1A	BYRD		2 story small semi - detached town house (row house)
6/9/2015	R1500130	2329 20TH ST NW			Raze	New Application	1	1C	DIXON	MARK BEELEY	raze a metal shed at rear of property
5/20/2015	R1500121	5411 POTOMAC AVE NW	6/12	7/24	Raze	New Application	3	3D	CAS ENGINEERING		TWO STORY FRAME AND SIDING SFD AND DETACHED GARAGE
5/21/2015	R1500122	2905 UNIVERSITY TER NW	6/12	7/24	Raze	New Application	3	3D	MADDOX	KENNETH B LEFFLER	two s tory residential home wood framed building
5/15/2015	R1500114	7203 GEORGIA AVE NW	6/12	7/24	Raze	New Application	4	4B	BOHLER DC; NONE	AT AND T COMMUNICATIONS OF WASH DC INC	TO RAZE ACCESSORY STURCTURE
5/15/2015	R1500116	7201 GEORGIA AVE NW	6/12	7/24	Raze	New Application	4	4B	BOHLER DC	INLE DEVELOPMENT LLC	TO RAZE 1 STORY ACCESSORY STRUCTURE
5/15/2015	R1500117	7207 GEORGIA AVE NW	6/12	7/24	Raze	New Application	4	4B	BOHLER DC; NONE	JOHNSON & PARTNERS LLC	TO RAZE 2 STORY BRICK SFD AND ACCESSORY BUILDING TO HOME
5/15/2015	R1500118	7211 GEORGIA AVE NW	6/12	7/24	Raze	New Application	4	4B	BOHLER DC; NONE	7227 GEORGIA AVENUE LLC	TO RAZE 1 STORY BRICK SFD
6/5/2015	R1500128	6223 9TH ST NW			Raze	New Application	4	4B		WEBSTER A ROGERS	2 STORY sfd WITH A MASONRY BASE
6/5/2015	R1500126	917 EMERSON ST NW			Raze	New Application	4	4D	SHEFFIELD	ROBERT I ROBINSON	ONE STORY BRICK UNMANNED ELECTRICAL SUB STATION-SWITCHGEAR BLDG. AND TRANSFORMER BAY
6/1/2015	R1500123	1401 BRENTWOOD PKWY NE			Raze	New Application	5	5B	FONTANA; NA	kipp dc	3 story precast brick concrete high school
5/19/2015	R1500120	900 11TH ST SE			Raze	New Application	6	6B	HEKMAT	AUTO CLUB LLC	one story auto mechanic garage
5/18/2015	R1500119	1928 NAYLOR RD SE	6/12	7/24	Raze	New Application	8	8A	BYRD	LEZGIN MEHMETOGLU	two story wood framed SFD
5/15/2015	R1500115	7205 GEORGIA AVE NW	6/12	7/24	Raze	Open	4	4B	BOHLER DC; NONE	INLE DEVELOPMENT LLC	TO RAZE2 STORY CHURCH/CHAPEL
6/3/2015	R1500125	1625 OLIVE ST NE			Raze	Open	7	7D		JEFFREY GRAHAM	
6/5/2015	R1500127	3425 23RD ST SE			Raze	Open	8	8B	SHEFFIELD	POTOMAC ELECTRIC POWER COMPANY	ONE STORY BRICK UNMANNED ELECTRICAL SUBSTATION-SWITCHGEAR BUILDING AND TRANSFORMER BAY

Raze Permits submitted to Historic Preservation Office

1436 Foxhall Road NW – Received 6-17-2015

4810 Glenbrook Road NW – Receive 6-18-2015



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 00 124

Application Date: **5-13-15**

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
633 PARK RD	NW	One	3038		0081-OLD 0097-NEW

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
633 PARK INC.	715 8 th ST SE, #2, ^{WDC} 20003	202-365-4680	mubashir_khan1@y-lco.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Tiffany Byrd	WDC	202 704-7518	aset2 consulting@ymail.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 SMALL SEMI-DETACHED TOWN HOUSE (ROW HOUSE)		2 STORIES	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
RESIDENTIAL		WOOD & LITTLE BRICK FRONT	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
50 FT	17 FT	25 FT	21,250

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name JO HOME IMPROVEMENTS (JOSE OCON)		24. Contractor's Address (including zip code) 2042 SHIRLINGTON RD ARLINGTON VA 22204		25. Contractor's Phone 703-989-5115	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature Jose Ocon			
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 M. H...			
29. Building Condemned?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
30a. Party Wall?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner signature is required. M. H... (By: 635 PARK DEV. LLC)			
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 type="checkbox"/> No	Building must be vacant before Raze Permit issuance.			
Official Use Only					
		Fee	By	Date	

33. Plumber's Name KEWAL K. KHATTA	34. Plumber's License Number DPM1000470	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 SENECA SPECIALTY INSURANCE	37. Policy or Certificate No. ALT676966	38. Expiration Date 08/01/2015
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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

CERTIFICATION FOR RAZE PERMIT APPLICATION

This certifies that 633 PARK INC. (referred to as Owner) owns the property at
(Legal Name of Property Owner)

633 PARK RD 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.

MK (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.

MK (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.

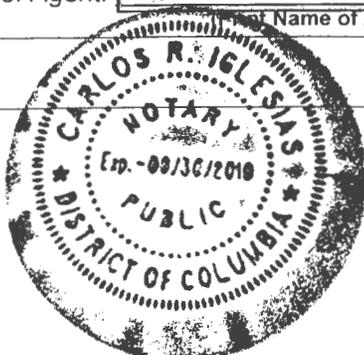
MK (Initial here to certify that you have read and understand this paragraph)

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: MUBASHIR KHAN, PRESIDENT 633 PARK INC. Signature: M. Khan PRESIDENT
(Print Name of Owner)

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



District of Columbia
Subscribed and sworn to (or affirmed) before me
this 27th day of MAY, 2015
by Mubashir Khan

CARLOS R. IGLESIAS, Notary Public
My Commission Expires September 30, 2019



3038 0081 09/08/2004



APPLICATION FOR RAZE PERMIT

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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 **05/19/2015**

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
5411 Potomac Avenue	NW	Three	1443		0817

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Christopher Cooper	5411 Potomac Avenue, NW, 20016	202-393-7200	dcpermits@casengineering.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Stephanie Erwin, CAS Engineering	1001 Conn. Ave., NW, #401, 20036	202-815-4002	dcpermits@casengineering.com

3. TYPE OF PERMIT

14. Check all that apply
 Raze Permit

4. DESCRIPTION OF BUILDING

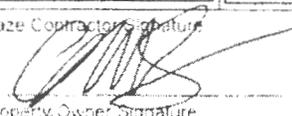
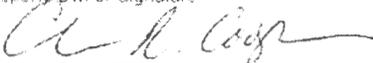
15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg		
Two-story frame and siding single-family dwelling and detached garage	2		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Single family residential	Siding, wood frame, concrete block.		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
32	26	20	16640

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
Mauck Zantinger and Associates, Inc.	5141 MacArthur Blvd, NW, WDC 20016	202-363-8501

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 walls 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.)
Michael Johnson, Pipe Dreams	1202	Bulldozer

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
Selective Way Insurance Co.	51980873	01/01/2016

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 Christopher Cooper (referred to as Owner) owns the property at
(Legal Name of Property Owner)

5411 Potomac 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.

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CC (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.

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Name of Owner: Christopher Cooper
(Print Name of Owner)

Signature: *CC*

Name of Agent: Stephanie Erwin, CAS Engineering
(Print Name of Authorized Agent)

Signature: *SE*

David Craig Landsman
DAVID CRAIG LANDSMAN
NOTARY PUBLIC
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES OCT. 31, 2015
Registration No. 7507752

5/19/2015







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R 1500122

Application Date: 5/21/2015

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
2905 University Terrace	NW	Three	1425		8

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
2905 University Terrace LLC	5144 Cathedral Ave., NW DC 20016	202-384-3369	gkuck@fwiconstruction.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Maddox Engineering	3204 Tower Oaks Blvd, Suite 200A Ro	301-762-9001	nsbrown@maddoxinc.com

3. TYPE OF PERMIT

14. Check all that apply: Raze Permit

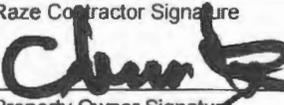
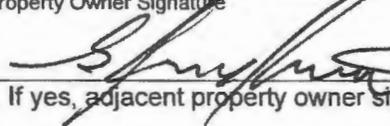
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
Two story residential home - wood framed building		two plus crawl space	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Residential		wood with block foundation	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
60'	26'	24'	37440 cubic feet

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Rock Hard Excavating, Inc.		24. Contractor's Address (including zip code) 1202 Monroe Street, Herndon VA 20170		25. Contractor's Phone 703-742-5444	
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?		34. Property Owner Signature 			
32. Public Space Vault?		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 Mike Sydorko	34. Plumber's License Number %DPM1015	35. Raze Method (ball, bulldozer, by hand, etc.) Track Hoe
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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.

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- If the insurance is for one specific address only, state that, "Razing Operations at _____ (address of raze operation)"

36. Insurance Company Erie Insurance	37. Policy or Certificate No. Q291221392	38. Expiration Date 5-12-2016
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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
**CERTIFICATION FOR
RAZE PERMIT APPLICATION**

This certifies that 2905 University Terrace LLC (referred to as Owner) owns the property at
(Legal Name of Property Owner)

2905 University Terrace 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:

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

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Name of Owner: 2905 University Terrace LLC
(Print Name of Owner)

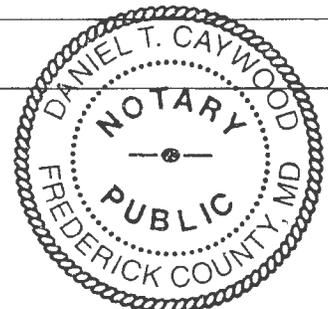
Signature: [Signature] 5/27/15

Name of Agent: Nicholas Brown (Maddox Engineering)
(Print Name of Authorized Agent)

Signature: [Signature]

State of Maryland
County of Frederick
My Commission Expires 11-10-15

[Signature]
Daniel T. Caywood









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. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
7201 Georgia Ave	NW	Four	2964		12

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Elm Street Development	1355 Beverly Road, Suite 240, McLea	703-734-9730	shorne@elmstreetdev.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Bohler DC (Brian Werrell)	1301 Pennsylvania Ave, NW, Washing	202-524-5700	bwerrell@bohlereng.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 accessory structure		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Accessory Structure		Concrete Block	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
12	10	10	1,200

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
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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	
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
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
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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 TBD	37. Policy or Certificate No. TBD	38. Expiration Date TBD
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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



7201, 7203, 7205, 7207 & 7211 Georgia Avenue NW



APPLICATION FOR RAZE PERMIT

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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
7203 Georgia Ave	NW	Four	2964		813

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Elm Street Development	1355 Beverly Road, Suite 240, McLean	703-734-9730	shorne@elmstreetdev.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Bohler DC (Brian Werrell)	1301 Pennsylvania Ave, NW, Washing	202-524-5700	bwerrell@bohlereng.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 accessory structure to church/chapel			1
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Accessory Structure		Concrete Block	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
12	10	10	1,200

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
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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			
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		
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
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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 TBD	37. Policy or Certificate No. TBD	38. Expiration Date TBD
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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



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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
7207 Georgia Ave	NW	Four	2964		15

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Elm Street Development	1355 Beverly Road, Suite 240, McLean	703-734-9730	shorne@elmstreetdev.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Bohler DC (Brian Werrell)	1301 Pennsylvania Ave, NW, Washing	202-524-5700	bwerrell@bohlereng.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 and accessory building to home		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)
22	32	32	22,528

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
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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	
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
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
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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 TBD	37. Policy or Certificate No. TBD	38. Expiration Date TBD
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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

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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
7211 Georgia Ave	NW	Four	2964		12

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Elm Street Development	1355 Beverly Road, Suite 240, McLean	703-734-9730	shorne@elmstreetdev.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Bohler DC (Brian Werrell)	1301 Pennsylvania Ave, NW, Washing	202-524-5700	bwerrell@bohlereng.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 Brick Single Family		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
parking lot		brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
30	25	31	23,250

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
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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	
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
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
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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 TBD	37. Policy or Certificate No. TBD	38. Expiration Date TBD
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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

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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
7205 Georgia Ave	NW	Four	2964		14

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Elm Street Development	1355 Beverly Road, Suite 240, McLean, VA 22102	703-734-9730	shorne@elmstreetdev.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Bohler DC (Brian Werrell)	1301 Pennsylvania Ave, NW, Washington, DC 20004	202-524-5700	bwerrell@bohlereng.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 church/chapel			2
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Church		brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
76	29	30	66,120

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
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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
		Fee _____ By _____ Date _____

33. Plumber's Name TBD	34. Plumber's License Number TBD	35. Raze Method (ball, bulldozer, by hand, etc.) TBD
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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 TBD	37. Policy or Certificate No. TBD	38. Expiration Date TBD
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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

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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.

R1500 119

Application Date: *5-18-15*

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
<i>1928 Naylor Rd, SE, Washington, DC, 20020</i>	<i>N/A</i>	<i>One</i>	<i>5565</i>		<i>829</i>

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
<i>Lezgin Mehmetoglu</i>	<i>1208 Weatherstone Ct Reston, VA 20194</i>	<i>703-424-4791</i>	<i>emoditaninvestments.com</i>
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:	
<i>two story wood framed single family dwelling</i>		<i>2</i>	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
<i>residential / currently vacant</i>		<i>wood</i>	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
<i>44 ft</i>	<i>17 ft</i>	<i>26 ft</i>	<i>19,448 cu ft.</i>

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Progressive Builders		24. Contractor's Address (including zip code) 3560 13th St NW, Washington DC 20018	25. Contractor's Phone 202 744 3049
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>Rauf Baskany</i>	
27. CFA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature <i>Leanne</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	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 Jessie Whitto Sporn	34. Plumber's License Number 1197	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 Solutions Integrated Insurance	37. Policy or Certificate No. 256-600216	38. Expiration Date 5/19/16 08/10/15
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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
CERTIFICATION FOR
RAZE PERMIT APPLICATION

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

1928 New York Rd S.E. 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.

L. m. (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.

L. m. (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: Lezzgin Mehmetoglu
(Print Name of Owner)

Signature: _____

Name of Agent: Tiffany Burd
(Print Name of Authorized Agent)

Signature: _____



5565 0829 08/19/2004



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.

R1500 133

Application Date: 0.10.15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4810 Glenbrook Road	NW	Three	1517		0836

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Frederick and Maureen Killion	4803 Newport Avenue, 20816	202-393-7200	dcpermits@casengineering.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
David Landsman, CAS Engineering	1001 Conn. Ave., NW, #401, 20036	202-393-7200	dcpermits@casengineering.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-and-a-half-story brick single-family dwelling			2.5
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Single-family residential		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)
32	57	25	45,600

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name MAVUK, ZANTZINGER & ASSOC. INC.		24. Contractor's Address (including zip code) 5141 MACARTHUR BLVD. NW WASHINGTON, DC 20016		25. Contractor's Phone 202-363-8501	
26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. Raze Contractor Signature Michael Johnson			
27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. Property Owner Signature Michael Johnson			
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			
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 MICHAEL JOHNSON / PIPE DREAMS		34. Plumber's License Number LN: 1202		35. Raze Method (ball, bulldozer, by hand, etc.) BULLDOZER	
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:					
<ul style="list-style-type: none"> 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 SELECTIVE WAY INS.		37. Policy or Certificate No. S1980873		38. Expiration Date 01/01/2016	
39. Asbestos in Building? If yes, indicate location:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Official Use Only					
Fee		By		Date	

CERTIFICATION FOR RAZE PERMIT APPLICATION

This certifies that FREDERICK & MAUREEN KILLION (referred to as Owner) owns the property at
(Legal Name of Property Owner)
4810 GLENBROOK RD., 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.

FK/MK

(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: FREDERICK & MAUREEN KILLION Signature: [Signature]
(Print Name of Owner)

Name of Agent: PHILLIP LONG Signature: [Signature]
(Print Name of Authorized Agent)

[Signature]

DAVID CRAIG LANDSMAN
NOTARY PUBLIC
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES OCT. 31, 2015
Registration No. 7507752

June 10, 2015









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 1500 134

Application Date: May 28, 2015

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1436 Foxhall Road, NW Washington DC 20016	NW	Two	1363		906

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
1436 Foxhall Road LLC	PO Box 40457, Washington DC 20016	202-384-3369	gkuck@fwiconstruction.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Maddox Engineering	3204 Tower Oaks Blvd., Suite 200A Rd	301-762-9001	nsbrown@maddoxinc.com

3. TYPE OF PERMIT

14. Check all that apply: Raze Permit Rockville, MD

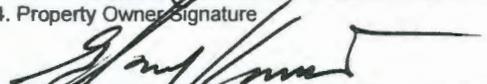
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)			16. Existing Number of Stories of Bldg:
Single family home			two
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
residential home		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)
50'	29'	18	26,000

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 Street, Herndon VA 20170		25. Contractor's Phone 703-742-5444	
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	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 Mike Sydorko		34. Plumber's License Number %DPM1015		35. Raze Method (ball, bulldozer, by hand, etc.) by hand, track hoe	
---	--	---	--	---	--

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 Erie Insurance		37. Policy or Certificate No. Q29122392		38. Expiration Date 5-12-2016	
--	--	---	--	---	--

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 1436 Foxhall Road LLC (referred to as Owner) owns the property at
(Legal Name of Property Owner)

1436 Foxhall Road, NW Washington 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.

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Name of Owner: Geoffrey Kuck
(Print Name of Owner)

Signature: [Signature]

Name of Agent: Nicholas Brown CMAA, Inc.
(Print Name of Authorized Agent)

Signature: [Signature]

State of Maryland
County of Frederick

[Signature]
Daniel T. Caywood

My Commission Expires 11-10-15

