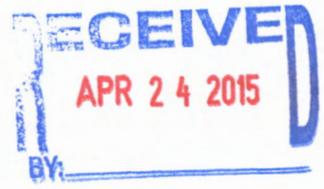




Government of the District of Columbia
Department of Consumer and Regulatory Affairs



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: April 23, 2015

Cap Id: R1500105

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:
1542 1ST ST SW

LOT: 0813 SQUARE: 0656 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)

R15 00 105



Government of the District of Columbia

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~~ 00 105

Application Date: 4-25-15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1542 First St. SW			6560		813

2. APPLICANT INFORMATION

6. Property Owner Tyler Merkeley, President TMASSHLDC, LLC	7. Complete mailing address (include zip) 1252 Half St. SW Washington, DC 20024	8. Phone Number(s) 202 679- 9539	9. Email tyler.merkeley@gmail.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) 2 story Residential dwelling		16. Existing Number of Stories of Bldg: 2	
17. Use(s) of Property (specifically indicate if any use is residential.) Residential property		18. Materials of Building (brick, wood, etc.) Wood	
19. Bldg Length (ft) 63	20. Bldg Width (ft) 18	21. Bldg Height (ft) 25	22. Bldg Volume (cu ft) (L x W x H) 28,350

OFFICIAL USE ONLY

CONDITIONS/COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name <i>National Demolition and Environmental Inc.</i>		24. Contractor's Address (including zip code) <i>367 West Shirley Ave. Unit B Warrenton, VA 20186</i>		25. Contractor's Phone <i>540-216-3230</i>	
26. Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No	33. Raze Contractor Signature			
27. CFA?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
29. Building Condemned?	<input type="checkbox"/> Yes <input 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	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.) <i>Machine</i>
--------------------	------------------------------	--

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 <i>United Speciality Insurance Co.</i>	37. Policy or Certificate No. <i>USA 4058517</i>	38. Expiration Date <i>10/7/2015</i>
---	---	---

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

CERTIFICATION FOR RAZE PERMIT APPLICATION

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

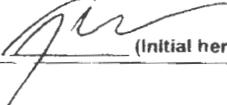
1542 1st Street SW and that the person signing below has the legal authority to execute this Certification
(Property Address)

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

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

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

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



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

A. Use of Property as Housing Accommodation

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

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

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

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

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

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

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

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

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

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

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

C. Execution and Certification Applicable to All Applicants

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

Name of Owner: TMASSHLDG LLC
(Print Name of Owner)

Signature: Tyler Marketeley, President

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

Signature: _____

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

<i>Permit Number</i>	<i>0461</i>	<i>Date</i>	<i>8/17/1905</i>
<i>Owner</i>	<i>Newton, Joseph</i>	<i>Roll of Microfilm</i>	<i>0329</i>
<i>Architect</i>	<i>Davis, William T.</i>		
<i>Builder</i>	<i>Mooney, W. E.</i>		
<i>Quantity</i>	<i>1</i>		
<i>Stories</i>	<i>2</i>	<i>Material</i>	<i>frame</i>
<i>Width</i>	<i>18</i>	<i>Depth</i>	<i>38</i>
<i>Purpose</i>	<i>dwelling</i>	<i>Number of Families</i>	<i>1</i>
<i>Store?</i>	<input type="checkbox"/>		
<i>Solid/Filled</i>	<i>solid</i>	<i>Material of Foundation</i>	<i>concrete</i>
<i>Front Material</i>	<i>frame</i>	<i>Type of Stone</i>	
<i>Type of Roof</i>	<i>flat</i>	<i>Roof Material</i>	<i>tin</i>
<i>Heat</i>	<i>stove(s)</i>	<i>No Plumbing or Gasfitting</i>	<input type="checkbox"/>
<i>No Electric</i>	<input type="checkbox"/>	<i>Roughing In Only</i>	<input type="checkbox"/>
<i>Estimated Cost</i>	<i>\$2,000</i>	<i>No Sewer Available</i>	<input type="checkbox"/>

Notes

on 1956 Baists

<i>Updated</i>	<i>Extant</i>	<i>Square</i>	<i>Lot</i>	<i>Address</i>			<i>House Type</i>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0656	0813	1542	1st	Street	SW



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: April 22, 2015

Cap Id: R1500104

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:
1744 D ST NE

LOT: 0168 SQUARE: 4546 TYPE: Flat (Two Family) 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: 4-27-15 Signature: [Handwritten Signature]

Name of releasing HPO Official. (print) CAMCOTT

PRE-FILE NUMBERS		ZONING DISTRICT	FILE NUMBER	PERMIT NUMBER	
N.C.P.C. No:	O.G. No:				By:
H.P.A. No:	S.S.L. No: 4546 0168	Ward No: 6	Receipt No:	Date:	Receipt No:



DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
 BUILDING AND LAND REGULATION ADMINISTRATION PERMIT SERVICE CENTER
 dcra.dc.gov



BLRA-33
(Rev.10/2011)

APPLICATION FOR CONSTRUCTION PERMITS ON PRIVATE PROPERTY
 (PRINT IN INK OR TYPE, DO NOT WRITE IN SHADED AREAS)

CLEARANCE TO FILE
 By _____ Date _____

ERASING, CROSSING OUT, WHITING OUT, OR OTHERWISE ALTERING ANY ENTERED INFORMATION WILL VOID THIS APPLICATION

(A) ALL APPLICANTS MUST COMPLETE ITEMS 1 THRU 32

1 Address of Proposed Work: 1744 D STREET NE	Suite No.	2. Lot 0168	3. Square 4546	4. Application Date 4/22/2015
5 Owner of Building or Property EDGE INVESTMENT LLC	6 Address (include Zip Code) 12614 WILLOW MARSH LN 20720		7 Phone 202-442-2000	
8 Agent for Owner: (if applicable)	9. Address (include Zip Code)		10. Phone	

11. Type of Proposed Work (Select only one) ALL APPLICANTS MUST COMPLETE SECTIONS AF AND AI

<input type="checkbox"/> New Building(B)	<input type="checkbox"/> Awning(G)	<input type="checkbox"/> Fire Retardant Paint(O)	<input type="checkbox"/> Sheeting and Shoring(X)
<input type="checkbox"/> Addition(B)	<input type="checkbox"/> Sign(H)	<input type="checkbox"/> Flag Pole(P)	<input type="checkbox"/> Tenant Layout(Y)
<input type="checkbox"/> Addition Alteration Repair(B)	<input type="checkbox"/> After Hours(I)	<input type="checkbox"/> Observation Stand(Q)	<input type="checkbox"/> Swimming Pool(Z)
<input type="checkbox"/> Alteration and Repair(B)	<input type="checkbox"/> Demolition(J)	<input type="checkbox"/> Scaffolding Information (R)	<input type="checkbox"/> Special Sign(AA)
<input checked="" type="checkbox"/> Raze Building(C)	<input type="checkbox"/> Blasting Operations(K)	<input type="checkbox"/> Soil Boring(S)	<input type="checkbox"/> Projection(AB)
<input type="checkbox"/> Retaining Wall(D)	<input type="checkbox"/> Christmas Tree Stand(L)	<input type="checkbox"/> Tower Crane(T)	<input type="checkbox"/> Excavation only (AC)
<input type="checkbox"/> Fence(E)	<input type="checkbox"/> Fireworks Stand(L)	<input type="checkbox"/> Foundation Only(U)	<input type="checkbox"/> Tent(AD)
<input type="checkbox"/> Shed(F)	<input type="checkbox"/> Exterior Cleaning Information(M)	<input type="checkbox"/> Underground Storage Tank(V)	<input type="checkbox"/> Antenna (AE)
<input type="checkbox"/> Garage(F)	<input type="checkbox"/> Capacity Placard(N)	<input type="checkbox"/> Water And Damp Proofing(W)	<input type="checkbox"/> Civil Site Work Only (AH)

12. Description of Proposed Work
EMERGENCY RAZE PERMIT FOR EXISTING SINGLE FAMILY DWELLING

13 Existing Use(s) of Building or Property Flat (Two Family)	14 Ex. No of Stories of Bldg 4	15 Ex. No of Dwelling Units 2	Official Use Only Miscellaneous FEE	
16 Proposed Use(s) of Building or Property	17 Prop. No of Stories of Bldg	18 Prop. No of Dwelling Units	By:	Date:

19 Starting Date	20 Completion Date of work	21 Method of Removing Construction Debris <input type="checkbox"/> Pick-up Truck <input type="checkbox"/> Dumpster <input type="checkbox"/> Other (specify)	22 Does the proposed work involve disturbing the earth or razing a building? <input checked="" type="checkbox"/> Yes, answer q. 23 <input type="checkbox"/> No, SKIP q. 23-27	
23. Is the area of disturbed earth more than 50 sq. ft? <input checked="" type="checkbox"/> Yes, answer q. 24-25 <input type="checkbox"/> No, SKIP q. 24-25	24. Soil Erosion Control Methods NONE	25. Area of Offsite Drainage 0.00 sq. ft	26. No of Footings or Columns	27. Size of Footings or Columns

ALWAYS SIGN THE APPLICATION ON PAGE 8 (SECTION AD)

Complete Section B if the proposed work is **new building, addition or alteration.** (Page 2)
 Complete Section C if the proposed work is **razing a building.** (Page 2)
 Complete Section D if the proposed work is a **retaining wall.** (Page 2)
 Complete Section E if the proposed work is a **fence.** (Page 3)
 Complete Section F if the proposed work is a **shed/garage.** (Page 3)
 Complete Section G if the proposed work is an **awning.** (Page 3)
 Complete Section H if the proposed work is a **sign.** (Page 3)

OFFICIAL USE ONLY				
	R	P	H	A
M				
P				
E				W <input type="checkbox"/> Yes <input type="checkbox"/> No
F				PLANS
S				<input type="checkbox"/> No <input type="checkbox"/> Sm <input type="checkbox"/> Lg

28. Existing Stories Plus: Basement	29. Proposed Stories Plus:	30. Existing Stories Penthouse: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31. Proposed Stories Penthouse: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32. Is this related to a Stop Work order: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	----------------------------	---	---	--

(B) NEW BUILDING ,ADDITION, & ALTERATION (COMPLETE ITEMS B-1 THRU B-37)

B-1. Architect's Name:		B-2. D.C. Lic. No.:		B-3. Architect's Address: (include Zip Code)		B-4. Phone:	
B-5. Engineer's Name:		B-6. D.C. Lic. No.:		B-7. Engineer's Address: (include Zip Code)		B-8. Phone:	
B-9. Building Contractor's Name:		B-10. D.C. Lic. No.:		B-11. Contractor's Address:		B-12. Phone:	
B-13. Type of Construction: <input type="checkbox"/> Masonry <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Other <input type="checkbox"/> Concrete		B-14. Fire Suppression: <input type="checkbox"/> Fully Sprinklered <input type="checkbox"/> Partially Sprinklered <input type="checkbox"/> Standpipe System <input type="checkbox"/> None <input type="checkbox"/> Other		B-15. Booster Pump: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> None		B-16. Total Lot Area : Sq. ft	
				B-18. Present Gross Floor Area of Bldg.:		B-17. Breakdown of Lot Area (=100%)	
						a. building %	
						b. paved area %	
						c. greenery %	
B-19. Proposed Gross floor Area of Bldg.:		B-20. Length:		B-21. Width:		B-22. Height:	
						B-23. Floors involved in this permit: <input type="checkbox"/> All <input type="checkbox"/> Floors	
						B-24. Projection beyond building line? <input type="checkbox"/> Yes, Answer q. B-23 to B-27 <input type="checkbox"/> No. SKIP q. B-23 to B-27	
B-25. Number and type of projection:		B-26. Distance of Projection: ft.		B-27. Width of Projection: Ft.		B-28. Width of Building frontage: Ft	
						B-29. Signature of Owner (projection only):	
B-30. Water or Sewer Excavation: <input type="checkbox"/> Yes <input type="checkbox"/> No		B-31. Driveway Construction: <input type="checkbox"/> Yes <input type="checkbox"/> No		B-32. Sheeting/Shoring Necessary: <input type="checkbox"/> Yes <input type="checkbox"/> No		B-33. Elevators Involved: <input type="checkbox"/> Yes, Answer B-34. <input type="checkbox"/> No	
						B-34. No. and Type of Elevator:	
						B-35. Plans Certified by Engineer: <input type="checkbox"/> Yes, Cert. Attached <input type="checkbox"/> No	
B-36. Estimated Cost of Work (a) New/Add.: \$ _____ (b) Alt/Repair \$ _____ Total \$ _____		OFFICIAL USE ONLY					
		Alter/Repair FEE		New Const. FEE		Filing Fee	
		\$ _____		\$ _____		\$ _____	
		TOTAL PERMIT FEE				\$ _____	
B-37. Volume of New Bldg. or Addition Cubic ft.		By: _____ Date: _____		By: _____ Date: _____		By: _____ Date: _____	

(C) RAZING A BUILDING (COMPLETE ITEMS C-1 THRU C-18)

C-1. Insurance Company: CELTIC DEMOLITION		C-2. Policy or Cert. No.: 000000		C-3. Policy Expiration Date: 4/22/2016		C-4. Raze Method: By Hand	
C-5. Building Material: Brick		C-6. Raze Entire Building: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		C-7. Building is Condemned: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		C-8. Building is Vacant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						C-9. Building has Vault: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						C-10. Disconnect Utilities: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
C-11. Length: 50.00		C-12. Width: 20.00		C-13. Height: 40.00		C-14. Volume: 40000.00	
						OFFICIAL USE ONLY	
C-15. Is Building an Accessory Structure: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		C-16. Asbestos in the building? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, location _____		C-17. Party Wall: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		C-18. Owners Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	
						Fee: \$ _____ By: _____ Date: _____	

(D) RETAINING WALL (COMPLETE ITEMS D-1 to D-6)

The retaining wall will not obstruct any accessible parking required by D.C. Zoning Regulations

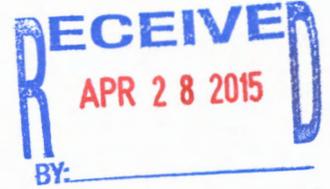
D-1. Cost of work, \$:		D-2. Material:		D-3. Height:		D-4. Color:		D-5. Location: <input type="checkbox"/> Entirely on Owner's Land <input type="checkbox"/> Party Line with Adjacent Neighboring Land *	
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*If party wall , the owner of the adjoining property must agree to the erection of the retaining wall and this application

D-6. Address of Adjoining Owner:		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: April 28, 2015

Cap Id: R1500107

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:
64 W ST NW

LOT: 0052 SQUARE: 3118 TYPE: Parking Garages - S-2 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: 4/28/2015 Signature: *[Handwritten 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, 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.

R1500107

Application Date: _____

1. INFORMATION ON PROPERTY

1. Address of Proposed Work 64 W STREET, NW	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
---	---------	---------	------------	------------	--------

2. APPLICANT INFORMATION

6. Property Owner CA W S.T. LLC	7. Complete mailing address (include zip)	8. Phone Number(s) (7) 346-2277	9. Email
10. Agent/Contractor for Owner (if applicable) JAMES KILLETTE	11. Complete mailing address (include zip)	12. Phone Number(s) (2) 157-2237	13. Email

3. TYPE OF PERMIT

14. Check all that apply:
 Raze Permit

4. DESCRIPTION OF BUILDING

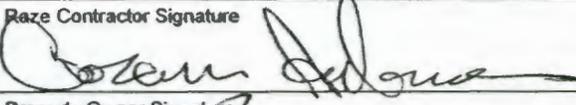
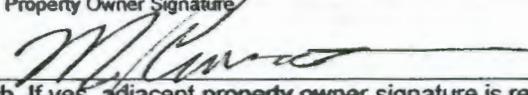
15. Description of Building to be Razed (e.g., two story brick single family dwelling) ONE STORY DETACHED GARAGE		16. Existing Number of Stories of Bldg: 01	
17. Use(s) of Property (specifically indicate if any use is residential.) SFD		18. Materials of Building (brick, wood, etc.) BRICK WALLS WOOD ROOF	
19. Bldg Length (ft) 10'	20. Bldg Width (ft) 15'	21. Bldg Height (ft) 10'	22. Bldg Volume (cu ft) (L x W x H) 2700 CF

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name CAW ST. LLC.	24. Contractor's Address (including zip code) CAW ST, LLC	25. Contractor's Phone (7)346-1277
---	---	--

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.
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		

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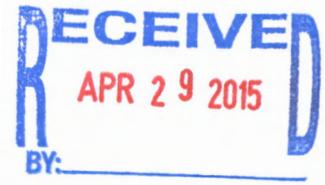
39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only		



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: R1500069

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 MICHIGAN AVE NE

LOT: 0034 SQUARE: PAR 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, whiting out, or otherwise altering any entered information will void this application. The owner of record must sign the application with an original signature.

Applicable code sections are in the 2008 DC Building Code Supplement Chapter I § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

R/15 000 69

Application Date: 3/4/15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work 125 Michigan Ave., N.E.	2. Quad N.E.	3. Ward 5	4a. Square PARA	4b. Suffix	5. Lot 34
--	-----------------	--------------	--------------------	------------	--------------

2. APPLICANT INFORMATION

6. Property Owner Trinity Washington	7. Complete mailing address (include zip) 125 Michigan Ave., N.E. 20018	8. Phone Number(s)	9. Email
10. Agent/Contractor for Owner (if applicable) Douglas Foster	11. Complete mailing address (include zip) 5427-14th Street, N.W. 20011	12. Phone Number(s) 202-489-5517	13. Email: <u>DFoster@ExpedientingServices.net</u>

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) University Science Building (3 story) 31,000 sf			16. Existing Number of Stories of Bldg: 3 + 13
17. Use(s) of Property (specifically indicate if any use is residential.) Educational		18. Materials of Building (brick, wood, etc.) Brick and block	
19. Bldg Length (ft) 146' ft.	20. Bldg Width (ft) 60' ft.	21. Bldg Height (ft) 50' ft.	22. Bldg Volume (cu ft) (L x W x H) 438,000 cu. ft.

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

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.

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

This certifies that _____ (referred to as Owner) owns the property at _____
(Legal Name of Property Owner)
_____ and that the person signing below has the legal authority to execute this Certification
(Property Address)

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

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

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

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

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

A. Use of Property as Housing Accommodation

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

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

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

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

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

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

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

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

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

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

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

C. Execution and Certification Applicable to All Applicants

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

Name of Owner: _____
(Print Name of Owner)

Signature: _____

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

Signature: _____



District of Columbia: SS

Subscribed and sworn to before me, in my presence, this 29 day of April, 2015

[Handwritten Signature]
Notary Public, D.C.

My commission expires 9-14-2015

Buildings on Michigan Avenue NE Between 100 and 200

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

<u>Square-Lot</u>	<u>Address</u>	<u>Material</u>	<u>Purpose</u>	<u>Permit</u>	<u>Date</u>	<u>Cost</u>
3548 P120/30	101 Michigan Avenue NE	60 x 145 concrete, bric	laboratory	239618	12/30/1940	\$200,000
	<i>Owner</i> Trinity College	<i>Architect</i> Maginnis & Walsh		<i>Builder</i> Cassidy (C. J.) Co.		
	<i>Updated?</i> No	<i>Extant?</i> No				



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

RECEIVED
APR 29 2015
BY: _____

Permit Operations Division
1100 4th Street SW
Washington DC 20024

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

Date: October 31, 2014

Cap Id: R1500012

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:
2129 2133 I ST NW

LOT: 0858 SQUARE: 0075 TYPE:

VACANT:

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

CLEARANCE

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

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any entered information will void this application. The owner of record must sign the application with an original signature.

Applicable code sections are in the 2008 DC Building Code Supplement Chapter 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 12

Application Date:

10.31.14

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
2129-2133 Eye Street, NW	NW	Two	75		858

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
The George Washington University	Rice Hall, 2121 Eye ST, NW 20052	202-994-6600	eselbst@gwu.edu
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
David Fontana, McKeever Services	10505 Judicial Drive, Suite 200 Fairfax	703-608-0961	Dfontana@mckeeper-service

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:		
3-Story Brick Building	Three (3)		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Commercial - university office and maintenance facility	brick and wood frame around glass windows		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
113	57	36	231,876

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
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26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature 34. Property Owner Signature 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.
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Official Use Only		
	Fee	By
		Date

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

1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

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

(address of raze operation)

36. Insurance Company 	37. Policy or Certificate No. 	38. Expiration Date
-------------------------------	---------------------------------------	-----------------------------

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

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

This certifies that The George Washington University (referred to as Owner) owns the property at 2129-2133 Pennsylvania Avenue, NW and that the person signing below has the legal authority to execute this Certification

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

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

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

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

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

A. Use of Property as Housing Accommodation

I hereby certify that the structure to be razed IS NOT a housing accommodation.

(Is/Is not)

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

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

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

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

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

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

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

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

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

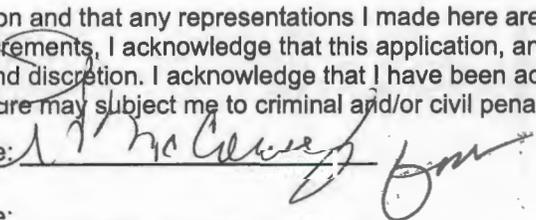
_____ (Initial here to certify that you have read and understand this paragraph)

C. Execution and Certification Applicable to All Applicants

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

Name of Owner: The George Washington University

(Print Name of Owner)

Signature: 

Name of Agent: _____

(Print Name of Authorized Agent)

Signature: _____



0656 0813 09/27/2004

1542 1st Street SW



1744 D Street NE

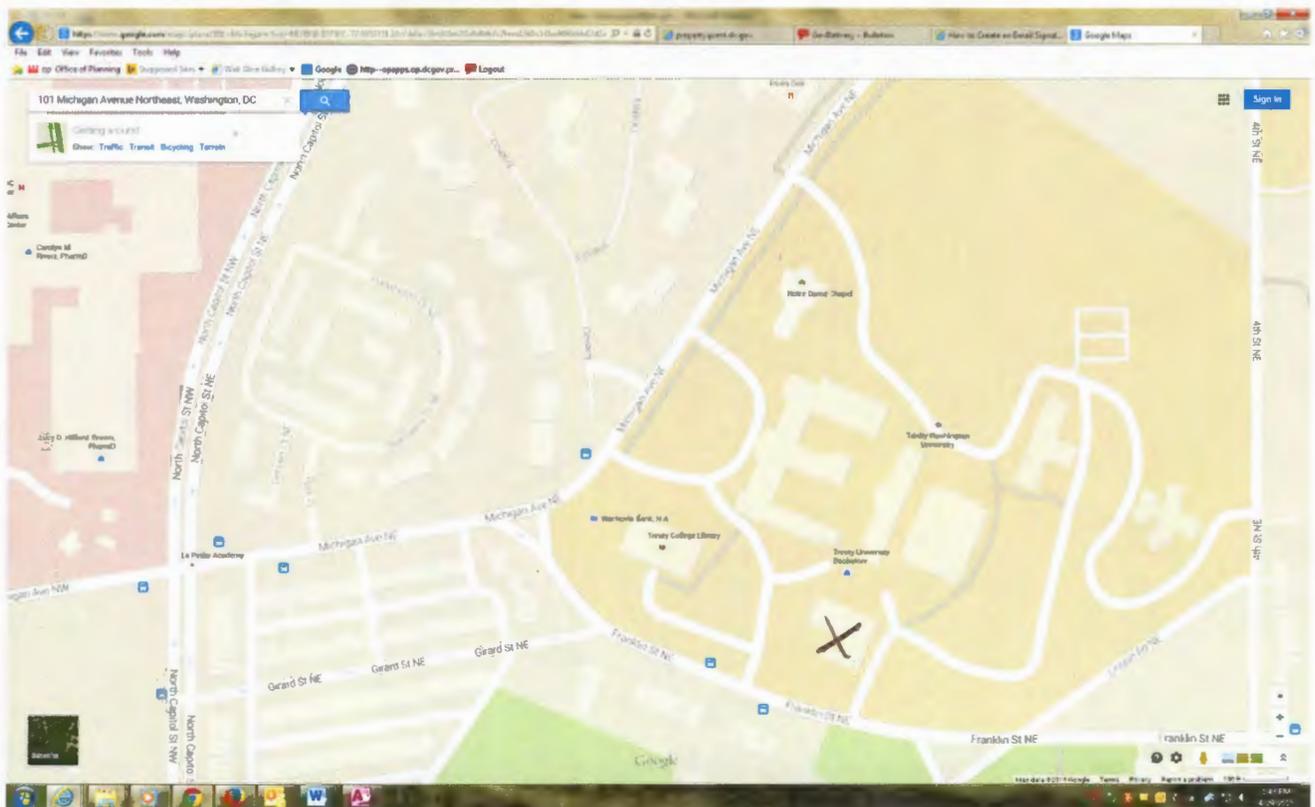


64 W Street NW (Garage)



125 Michigan

Avenue NW (Trinity University Science Building)





0075 0858 10/17/2004

2129, 2131, 2133 Eye Street NW

(as per George Washington University Campus Plan)