

Exhibit
A - 1

Department of Consumer and Regulatory Affairs

Permit Operations Division

1100 4th Street SW

Washington DC 20004

Tel. (202) 442 - 4589

Fax (202) 442 - 4862

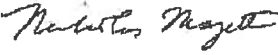

RW

RETAINING WALL PERMIT

THIS PERMIT MUST ALWAYS BE CONSPICUOUSLY DISPLAYED AT THE ADDRESS OF WORK
UNTIL WORK IS COMPLETED AND APPROVED

PERMIT NO. RW1200111

Date: 06/29/2012

Address of Project: 2334 KING PL NW		Zone: R-1-B	Ward: 3	Square: 1394	Suffix:	Lot: 0024
Description of Work: Construct retaining walls and related grading.						
Type of Work:	Retaining Wall Height 7.583333	Length in linear feet: FT	Material: Keystone	Color: Neutral		
Permisson Is Hereby Granted To Amy B Chew	Owner Address: 2334 KING PL NW WASHINGTON, DC 20007-1029			PERMIT FEE: \$1,505.36		
Engineer/Archltect Name:	License Number:	Engineer/Architect Address:				
<p>Conditions/ Restrictions:</p> <p>This permit is associated with the building permit number .</p> <p>This permit expires if no construction is started within 1 year or if the last inspection is over 1</p> <p>All construction done according to the current construction codes and zoning regulations;</p> <p>As a condition precedent to the issuance of this permit, the owner agrees to conform with all conditions set forth herein, and to perform the work authorized hereby in accordance with the approved application and plans on file with the District Government and in accordance with all applicable laws and regulations of the District of Columbia. The District of Columbia has the right to enter upon the property and to inspect all work authorized by this permit and to require any change in construction which may be necessary to ensure compliance with the permit and with all the applicable regulations of the District of Columbia. Work authorized under this Permit must start within one(1) year of the date appearing on this permit or the permit is automatically void. If work is started, any application for partial refund must be</p>						
Director: Nicholas A. Majett 	Permit Clerk Stacie Williams 		Expiration Date: 06/29/2013			
<p>TO REPORT WASTE, FRAUD OR ABUSE BY ANY DC GOVERNMENT OFFICIAL, CALL THE DC INSPECTOR GENERAL AT 1-800-521-1639</p> <p>FOR CONSTRUCTION INSPECTION INQUIRIES CALL (202) 442-9557</p> <p>TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557</p>						



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Remittance Source Document

OFFICE OF FINANCE AND TREASURY

6/29/2012 3:22 PM

Office: DCRA Term: OFT-CHB87

Batch: 16348 Batch Date: 6/29/2012

Cashier: OFT39

Trans #: 74

DCRA Rept: 01042727

Comment/Document: rw1200111

Payment Total: \$1,505.36

Payment Distribution:

1911 CRD (3035) 10001-ops50 \$1,505.36

OK Tendered: 13,309.26

Date: June 29, 2012

INVOICE

Invoice Number: 1038811

Customer: BENJAMIN AND AMY CHEW

Mailing Address: C/O SSB 2338 KING, LLC, 4302 EAST WEST H
20814

Address of Work: 2334 KING PL NW
Washington, DC 20007

Permit: RW1200111

Type of Permit: Retaining Wall

Acct Code:	Fees:	Description:
3012-3035-1000-1911	\$684.25	Retaining Wall Permit Fee (Enter 1 to Calculate)
3012-3035-1000-1911	\$68.43	Enhanced Service Fee - Filing Fee
3012-3035-1000-1911	\$684.25	Retaining Wall Permit Filing Fee
3012-3035-1000-1911	\$68.43	Enhance Service Fee - Retaining Wall
Invoice Total:	\$1,505.36	

Created By: Stacie Williams

Office of Finance
and Treasury

Date: 6/29/2012 3:22 PM
Term: OFT-CHB8771
Batch Date: 6/29/2012

Office: DCRA
Batch: 16348
Cashier: OFT39
Trans #: 74

Rept: 01042727

\$1,803.90

DCRA

Comment/Document: rw1200111

Payment Total:

\$1,803.90

Payment Distribution:

1911 CRD (3035) 10001-ops50

Rept: 01042728

\$1,505.36

DCRA

Comment/Document: rw1200111

Payment Total:

\$1,505.36

Payment Distribution:

1911 CRD (3035) 10001-ops50

OK Tendered: \$3,309.26

Thank you for your payment.
Have a nice day!



Department of Consumer and Regulatory Affairs

Permit Operations Division

1100 4th Street SW

Washington DC 20024

Tel. (202) 442 - 4589

Fax (202) 442 - 4862

TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557

Received:

Plans: Application

Date: 5/18/2012

☐ ☐

Engineering Coordinator: Aaron Easterling

Applicant/Agent: Benjamin and Amy Chew

Phone No.:

301-971-0414

Address of Project:

Job Classification:

Job No:

2334 KING PL NW

RW1200111

Existing Use: Other (Specify)

Existing No. of Stories: 4

Proposed Use: Single Family

Prop no of Stories:

Permit Type: Retaining Wall

SSL:

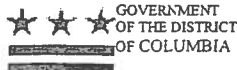
Description of Work:

Construct retaining walls and related grading.

Required Review: (Checked boxes only)	Reviewer:	Completion Time:	Review Status:
<input type="checkbox"/> Fine Arts:		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Approved <input type="checkbox"/> HFC <input type="checkbox"/> Conf. w/Applicant
<input type="checkbox"/> Historic:		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Approved <input type="checkbox"/> HFC <input type="checkbox"/> Conf. w/Applicant
<input type="checkbox"/> Public Space/DDOT:	CW	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> HFC <input type="checkbox"/> Conf. w/Applicant
<input type="checkbox"/> Zoning:	5/22 5-30p	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> HFC <input type="checkbox"/> Conf. w/Applicant
<input type="checkbox"/> Soil Erosion/DDOE:	5/18/12	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> HFC <input type="checkbox"/> Conf. w/Applicant
<input type="checkbox"/> DC Water:		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Approved <input type="checkbox"/> HFC <input type="checkbox"/> Conf. w/Applicant
<input type="checkbox"/> Mechanical:		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Approved <input type="checkbox"/> HFC <input type="checkbox"/> Conf. w/Applicant
<input type="checkbox"/> Plumbing:		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Approved <input type="checkbox"/> HFC <input type="checkbox"/> Conf. w/Applicant
<input type="checkbox"/> Health/DOH:		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Approved <input type="checkbox"/> HFC <input type="checkbox"/> Conf. w/Applicant
<input type="checkbox"/> Electrical:		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Approved <input type="checkbox"/> HFC <input type="checkbox"/> Conf. w/Applicant
<input type="checkbox"/> Elevator:		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Approved <input type="checkbox"/> HFC <input type="checkbox"/> Conf. w/Applicant
<input type="checkbox"/> Fire Protection:		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Approved <input type="checkbox"/> HFC <input type="checkbox"/> Conf. w/Applicant
<input checked="" type="checkbox"/> Structural:	5/18/12	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> Approved <input checked="" type="checkbox"/> HFC <input type="checkbox"/> Conf. w/Applicant
<input type="checkbox"/> Green Review:		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Approved <input type="checkbox"/> HFC <input type="checkbox"/> Conf. w/Applicant
<input type="checkbox"/> Chinatown Review:		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Approved <input type="checkbox"/> HFC <input type="checkbox"/> Conf. w/Applicant

SEE L10 SEE ACERLA FOR COMMENTS - ALL ADDRESSES MAY 6/23/12

PRE-FILE NUMBERS		ZONING DISTRICT	FILE NUMBER	PERMIT NUMBER	
N.C.I. No.	O.G. No.	R-1-B		By:	
H.P.A. No.	S.S.L. No 1394 0024	Ward No 3	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: 2334 KING PLACE NW		Suite No.	2. Lot 0024	3. Square 1394	4. Application Date 5/17/2012								
5 Owner of Building or Property Benjamin and Amy Chew		6 Address (include Zip Code) c/o SSB 2338 King, LLC, 4302 East West Highway 20814			7 Phone 301-971-0414								
8 Agent for Owner: (if applicable) Karen Martino CAS Engineering		9. Address (include Zip Code) 108 W Ridgeville Blvd., #101, Mount Airy, MD 21771			10. Phone 202-744-2375								
11. Type of Proposed Work (Select only one) ALL APPLICANTS MUST COMPLETE SECTIONS AF AND AG													
<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 type="checkbox"/> Raze Building(C) <input type="checkbox"/> Blasting Operations(K) <input type="checkbox"/> Soil Boring(S) <input type="checkbox"/> Projection(AB) <input checked="" 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)													
12. Description of Proposed Work Construct retaining walls and related grading.													
13 Existing Use(s) of Building or Property Single Family		14 Ex. No of Stories of Bldg	15 Ex. No of Dwelling Units	<table border="1"> <tr> <th align="center" colspan="2">Official Use Only</th> </tr> <tr> <td colspan="2">Miscellaneous FEE</td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td>By:</td> <td>Date:</td> </tr> </table>		Official Use Only		Miscellaneous FEE		\$		By:	Date:
Official Use Only													
Miscellaneous FEE													
\$													
By:	Date:												
16 Proposed Use(s) of Building or Property Single Family		17 Prop. No of Stories of Bldg	18 Prop. No of Dwelling Units										
19 Starting Date 6/1/2012	20 Completion Date of work 12/1/2012	21 Method of Removing Construction Debris <input type="checkbox"/> Pick-up Truck <input checked="" 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 Per approved plans	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 3 (SECTION I)

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:		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 type="checkbox"/> Yes <input checked="" 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:		By: Date:		
(C) RAZING A BUILDING (COMPLETE ITEMS C-1 THRU C-18)											
C-1. Insurance Company:			C-2. Policy or Cert. No.:			C-3. Policy Expiration Date:			C-4. Raze Method:		
C-5. Building Material:			C-6. Raze Entire Building: <input type="checkbox"/> Yes <input type="checkbox"/> No		C-7. Building is Condemned: <input type="checkbox"/> Yes <input type="checkbox"/> No		C-8. Building is Vacant: <input type="checkbox"/> Yes <input type="checkbox"/> No		C-9. Building has Vault: <input type="checkbox"/> Yes <input type="checkbox"/> No		
									C-10. Disconnect Utilities: <input type="checkbox"/> Yes <input type="checkbox"/> No		
C-11. Length:		C-12. Width:		C-13. Height:		C-14. Volume:		OFFICIAL USE ONLY			
C-15. Is Building an Accessory Structure: <input type="checkbox"/> Yes <input type="checkbox"/> No		C-16. Asbestos in the building? <input type="checkbox"/> No <input type="checkbox"/> Yes, location		C-17. Party Wall: <input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Entirely on Owner's Land <input type="checkbox"/> Party Line with Adjacent Neighboring Land *		
19770		Keystone			7 ft. 7 in.		Neutral				
*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:		

(E) FENCE (COMPLETE ITEMS E-1 THRU E-5)

E-1. Material and Type:	E-2. Height:	E-3. Color:	E-4. Location: <input type="checkbox"/> Entirely on Owner's Land <input type="checkbox"/> Party Line with Adjacent Neighboring Land*
*If party fence, the owner of the adjoining property must agree to the erection of the fence and this application			
E-5. Address of Adjoining Owner:		OFFICIAL USE ONLY	
		Fee: \$	By: Date:

(F) SHED OR GARAGE (COMPLETE ITEMS F-1 THRU F-9)

F-1. Number:	F-2. Length: Ft.	F-3. Width: Ft.	F-4. Area: Sq. ft.	F-5. Height: Ft.	F-6. Volume: cu. ft.	OFFICIAL USE ONLY
						Fees:
F-7. Est. Cost of work: \$	F-8. Material of sides			F-9. Color:	By:	Date:

(G) AWNING (COMPLETE ITEMS G-1 THRU G-10)

G-1. Number:	G-2. Color:	G-3. Type <input type="checkbox"/> Folding <input type="checkbox"/> Fixed:	G-4. Projections: Beyond Bldg. Line _____ in. Beyond pt of attachment _____ in.	G-5. Height of Lowest Part of awning: (a) _____ ft Above sidewalk (b) _____ ft Above parking (c) _____ ft Above grade	OFFICIAL USE ONLY
					Fees:
G-6. Material of Frame:	G-7. Material of Covering:	G-8. Lettering on awning <input type="checkbox"/> Yes <input type="checkbox"/> No	G-9. Fixed Posts: <input type="checkbox"/> Yes <input type="checkbox"/> No	G-10. Over Side-Walk café: <input type="checkbox"/> Yes <input type="checkbox"/> No	By: Date:

(H) SIGN (COMPLETE ITEMS H-1 THRU H-20)

H-1. Number:	H-2. Electric Signs: <input type="checkbox"/> Yes, Answer q. H-3 to H-8 <input type="checkbox"/> No, SKIP q. H-3 to H-8	H-3. Type: <input type="checkbox"/> Incandes <input type="checkbox"/> Fluoresc <input type="checkbox"/> Neon	H-4. Power: VA	H-5. Electrical Contractor: Business License Number:	
H-5. Address of Electrical Contractor: (include zip)		H-6. Signature of Licensed Electrician :	H-7. Phone No.	H-8. License No.	
H-9. Height relative to building and ground (a) _____ ft _____ in above sidewalk (b) _____ ft _____ in above roof (c) _____ ft _____ in is building height (d) _____ ft _____ in above projection of Window (e) _____ ft _____ in from roof to sign's bottom		H-10. Material of Sign:	H-11. Type of Sign:	H-12. Color:	
		H-13. Width: Ft.	H-14. Length: Ft.	H-15. Area of Sign: Sq. ft.	H-16. Width of Business frontage: Ft.
H-17. C of O No for Bldg.:	H-18. Sign Contractor Name:	OFFICIAL USE ONLY			
		Sign FEE Elect. FEE Total FEE			
H-19. Sign Contractor's Address:	H-20. Phone:	\$	\$	\$	
		By: Date:	By: Date:	By: Date:	

(I) AFTER HOURS (COMPLETE ITEMS I-1 THRU I-8)

I-1. Type of permit:	I-2. Existing Permit No:	I-3. Date of Operation From:	I-4. Date of Operation To:	OFFICIAL USE ONLY	
				Fee:	
I-5. Hours of Operation From:	I-6. Hours of Operation To:	I-7. 500 ft from Residential Zone/Hotel: <input type="checkbox"/> Yes <input type="checkbox"/> No	I-8. Located in Residential Zone: <input type="checkbox"/> Yes <input type="checkbox"/> No	By:	Date:

(J) DEMOLITION (COMPLETE ITEMS J-1 THRU J-5)

J-1. Type of Demolition:	J-2. Type of Walls	J-4. Roof Remain: <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICIAL USE ONLY		
		Fee:			
J-3. Number of Exterior Walls Removed	J-5. Are Walls Load-Bearing: <input type="checkbox"/> Yes <input type="checkbox"/> No		By:	Date:	

(K) BLASTING OPERATIONS (COMPLETE ITEM K-1)

K-1. Type of structure:	OFFICIAL USE ONLY		
Fee:		By:	Date:

(L) CHRISTMAS TREE STAND OR FIREWORKS STAND (COMPLETE ITEMS L-1 THRU L-10)

L-1. No. of Stands:	L-2. Stand Location:	L-3. Electrical Permit No.:	OFFICIAL USE ONLY		
			Fee:		
L-4. Electrical Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	L-5. Letter of Authorization: <input type="checkbox"/> Yes <input type="checkbox"/> No	L-6. Starting Date:	By:		
L-7. Expiration Date:	L-8. Power Requirements:	L-9. Site Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	L-10. Surveyors Plat: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	

(M) EXTERIOR CLEANING INFORMATION (COMPLETE ITEMS M-1 THRU M-4)

M-1. Exterior Cleaned:	M-2. Material Used:	OFFICIAL USE ONLY	
		Fee:	
M-3. Scaffolding: <input type="checkbox"/> Yes <input type="checkbox"/> No	M-4. Location of Scaffold:	By:	Date:

(N) CAPACITY PLACARD (COMPLETE ITEMS N-1 THRU N-13)

N-1. Name:	N-2. Max Occupancy Load:	N-3. Location:	N-4. Sprinkler: <input type="checkbox"/> Yes <input type="checkbox"/> No	N-5. Bathroom Requirements satisfied: <input type="checkbox"/> Yes <input type="checkbox"/> No	N-6. Exit Requirements Satisfied: <input type="checkbox"/> Yes <input type="checkbox"/> No	
N-7. Room	N-8. Name of Area	N-9. Floor Location:	N-10. Type of Seating:	N-11. Net Square ft:	N-12. Capacity Use:	N-13. Max Allowable Capacity:
N-7A.	N-8A.	N-9A.	N-10A.	N-11A.	N-12A.	N-13A.
N-7B.	N-8B.	N-9B.	N-10B.	N-11B.	N-12B.	N-13B.
N-7C.	N-8 C.	N-9 C.	N-10 C.	N-11 C.	N-12 C.	N-13C.

OFFICIAL USE ONLY

Fee:	By:	Date:
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(O) FIRE RETARDANT PAINT (COMPLETE ITEMS O-1 THRU O-4)

O-1. Quantity of Paint(Gallons):	O-2. Painted Surfaces:	OFFICIAL USE ONLY	
		Fee:	
O-3. Painted surfaces Location:	O-4. Sq. Footage Painted:	By:	Date:

(P) FLAG POLE (COMPLETE ITEMS P-1 THRU P-5)

P-1. Pole Location:		P-2. Site Location:		OFFICIAL USE ONLY	
				Fee:	
P-3. Pole Height:	P-4. Projection Distance:	P-5. Attached to Building:		By:	Date:
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

(Q) OBSERVATION STAND (COMPLETE ITEMS Q-1 THRU Q-5)

Q-1. Name of Function:		Q-2. Starting Date:		OFFICIAL USE ONLY	
				Fee:	
Q-3. Ending Date:	Q-4. Hours of Use From:	Q-5. Hours of Use To:		By:	Date:

(R) SCAFFOLDING INFORMATION (COMPLETE ITEMS R-1 THRU R-5)

R-1. No. of Stories:	R-2. Engineer of Record:	R-4. Location of Scaffold:	OFFICIAL USE ONLY		
			Fee:		
R-3. Building Permit No.:	R-5. Engineer Signature:		By:	Date:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No				

(S) SOIL BORING (COMPLETE ITEMS S-1 THRU S-3)

S-1. No. of Bores:	S-2. Location of Bores:	S-3. Site Plan:	OFFICIAL USE ONLY		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Fee:		
			By:	Date:	

(T) TOWER CRANE (COMPLETE ITEMS T-1 THRU T-5)

T-1. Crane Location:	T-3. Duration Date From:	T-4. Duration Date To:	OFFICIAL USE ONLY		
			Fee:		
	T-2. Crane Pad Approved:	T-5. Site Plan:	By:	Date:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

(U) FOUNDATION ONLY (COMPLETE ITEMS U-1 THRU U-5)

U-1. Type of Foundation		U-5. Total Cubic Feet:		OFFICIAL USE ONLY	
				Fee:	
U-2. Removal of Trees:	U-3. Underpinning Required:	U-4. Required Notification to Adjacent Property Owner:		By:	Date:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

(V) UNDER GROUND STORAGE TANK (COMPLETE ITEMS V-1 THRU V-2)

V-1. Size of Tank:	OFFICIAL USE ONLY	
Gallons		
V-2. Location of Tank:	Fee:	By: Date:

(W) WATER AND DAMP PROOFING (COMPLETE ITEMS W-1 THRU W-2)

W-1. Sq feet Affected:	OFFICIAL USE ONLY		
W-2. Location:	Fee:	By:	Date:

(X) SHEETING AND SHORING (COMPLETE ITEMS X-1 THRU X-7)									
X-1. Removal of Trees: <input type="checkbox"/> Yes <input type="checkbox"/> No		X-2. Underpinning Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		X-3. Required Notification to adjacent property owner: <input type="checkbox"/> Yes <input type="checkbox"/> No		OFFICIAL USE ONLY			
						Fee:			
X-4. Tiebacks: <input type="checkbox"/> Yes <input type="checkbox"/> No		X-5. DC Surveyors Plat Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No		X-6. Plans Certified by D.C. Licensed Engineer: <input type="checkbox"/> Yes <input type="checkbox"/> No		X-7. No. of Cubic ft Removed:		By:	Date:
(Y) TENANT LAYOUT (COMPLETE ITEMS Y-1 THRU Y-3)									
Y-1. First Occupant in Space: <input type="checkbox"/> Yes <input type="checkbox"/> No			Y-3. Type of Tenant Layout:			OFFICIAL USE ONLY			
						Fee:			
Y-2. Floor Location of Tenant Layout:						By:		Date:	
(Z) SWIMMING POOL (COMPLETE ITEMS Z-1 THRU Z-12)									
Z-1. Type of Swimming Pool:		Z-3. Fence: <input type="checkbox"/> Yes <input type="checkbox"/> No		Z-5. Pool Cover: <input type="checkbox"/> Yes <input type="checkbox"/> No		Z-6. D.C. Surveyor's Plat Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No		Z-9. Pool Type:	
								OFFICIAL USE ONLY	
								Fee:	
Z-2. No. of Gallons:	Z-4. Height of Fence:	Z-7. Depth of Pool at High End:	Z-8. Depth of Pool at Lower End:	Z-10. Length:	Z-11. Width:	Z-12. Area:	By:	Date:	
(AA) SPECIAL SIGN (COMPLETE ITEMS AA-1 THRU AA-11)									
AA-1. Application Change of Special Sign Artwork and copy:			AA-2. Existing Permit No.:			AA-5. Is the Applicant Seeking a "Temporary Permit":		AA-6. Face Direction of the Wall at St Frontage	
AA-3. Is the Proposed Special Sign Located in a Residential Zoned Area: <input type="checkbox"/> Yes <input type="checkbox"/> No			AA-4. Is the Proposed Special Sign Wall Part of a Historic Building or a Historic District: <input type="checkbox"/> Yes <input type="checkbox"/> No			AA-7. Has the Applicant Completed an Affidavit that is in Compliance with the D.C. "Clean Hands Act": <input type="checkbox"/> Yes <input type="checkbox"/> No		OFFICIAL USE ONLY	
								Fee:	
AA-8. Is the Applicant Registered with the District of Columbia Office of Tax and Revenue: <input type="checkbox"/> Yes <input type="checkbox"/> No			AA-9. Does the Applicant have a Valid D.C Certificate of Good Standing: <input type="checkbox"/> Yes <input type="checkbox"/> No			AA-10. Proposed Dimensions of the Special Sign (Width):		AA-11. Proposed Dimensions of the Special Sign (Height):	
								By: Date:	
(AB) PROJECTION (COMPLETE ITEMS AB-1 THRU AB-12)									
AB-1. Type of Projection:		AB-2. Is Projection Beyond Building Line: <input type="checkbox"/> Yes <input type="checkbox"/> No		AB-3. Number of Projections:		AB-4. Distance of Projection:		OFFICIAL USE ONLY	
AB-5. Width of Projection		AB-6. Width of Building Frontage:		AB-7. Signature of owner: <input type="checkbox"/> Yes <input type="checkbox"/> No		AB-8. Street Name:		Fee:	
AB-9. Street Width: Ft.	AB-10. Road Width: Ft.	AB-11. Sidewalk Width: Ft.		AB-12. Parking Restrictions:			By:	Date:	
(AC) EXCAVATION ONLY (COMPLETE ITEM AC-1)									
AC-1. No. of Cubic Feet Removed:				OFFICIAL USE ONLY					
				Fee:		By:		Date:	
(AD) TENT (COMPLETE ITEMS AD-1 THRU AD-9)									
AD-1. Total No. of Tents:		AD-2. Event Date From:		AD-3. Event Date To:		AD-4. Special Event Name:		AD-5. Certificate of Flame Resistance: <input type="checkbox"/> Yes <input type="checkbox"/> No	
								AD-6. Site Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	
AD-7. Number of Tents:		AD-8. Length of Tent:		AD-9. Width of Tent:		OFFICIAL USE ONLY			
AD-7A.		AD-8A.		AD-9A.		Fee:		By: Date:	
AD-7B.		AD-8B.		AD-9B.					
AD-7C.		AD-8C.		AD-9C.					

(AE) ANTENNA (COMPLETE ITEMS AE-1 THRU AE-20)

AE-1. Type of Antenna Proposed:	AE-2. Number of Existing Antennas on Site:	AE-3. Number of Proposed Antennas on Site:	AE-4. Replacement Antenna: <input type="checkbox"/> Yes <input type="checkbox"/> No	AE-5. Mount Type:	AE-6. Accessory Equipment Location:
AE-7. Existing and/or Proposed Equipment Cabinet Height:	AE-8. Existing and/or Proposed Equipment Platform Height:	AE-9. Existing and/or Screening Provided Height:	AE-10. Height of Building from the Grade to Roof:	OFFICIAL USE ONLY	
				Fee:	
AE-11. Height of Building from the curb to Roof:	AE-12. Height of Proposed Antennas from the Grade to Roof:	AE-13. Height of Proposed Antennas from the Curb to Roof:	AE-14. Fully Mounted height of all Antennas and Equipment from the Roof and /or Parapet:	By:	Date:
AE-15. Office of Planning Recommendation Letter: <input type="checkbox"/> Yes <input type="checkbox"/> No	AE-16. Radio Frequency Letter: <input type="checkbox"/> Yes <input type="checkbox"/> No	AE-17. Scaled D.C. Surveyor's Plats: <input type="checkbox"/> Yes <input type="checkbox"/> No	AE-18. Scaled Plans Elevations and the Sheet Location within the Plans: <input type="checkbox"/> Yes <input type="checkbox"/> No	AE-19. Structural Certification: <input type="checkbox"/> Yes <input type="checkbox"/> No	AE-20. Screening Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No

(AF) LEAD ABATEMENT (COMPLETE ITEMS AF-1 THRU AF-2)

AF-1. Was the structure Built before 1978: <input type="checkbox"/> Yes <input type="checkbox"/> No	AF-2. Removing more than 2 Sq Ft. of Lead Paint: <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICIAL USE ONLY	
		Fee:	By: Date:

(AG) GREEN BUILDING (COMPLETE ITEMS AG-1 THRU AG-13)

AG-1. Green Building: <input type="checkbox"/> Yes <input type="checkbox"/> No	AG-2. LEED Certificate Level:	AG-3. Owner:	AG-4. Scope of Project:	AG-5. Project Type:
AG-6. Green Building Standards:	AG-7. Other Standard:	AG-8. Energy Star Rating:	AG-9. Total Area for Green Building Fee:	
AG-11. LEED Scorecard Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	AG-12. Green Communities Check List: <input type="checkbox"/> Yes <input type="checkbox"/> No	AG-13. Public Financing greater than 15%: <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICIAL USE ONLY	
			Fee:	
			By:	Date:

AG-10. Green Design Elements:

- | | | |
|---|--|--|
| <input type="checkbox"/> Cool Roof | <input type="checkbox"/> Hazard Reducing Product | <input type="checkbox"/> Passive Solar Energy |
| <input type="checkbox"/> Energy Efficient HVAC System | <input type="checkbox"/> Hydro Power | <input type="checkbox"/> Permeable Concrete |
| <input type="checkbox"/> Energy Efficient Lighting | <input type="checkbox"/> Low Emitting Windows | <input type="checkbox"/> Plant Building Material |
| <input type="checkbox"/> Green Roof | <input type="checkbox"/> Low Flush Toilets | <input type="checkbox"/> Recycled Building Materials |
| <input type="checkbox"/> Greywater | <input type="checkbox"/> Low Flow Shower Heads | <input type="checkbox"/> Wind Power Energy |
| <input type="checkbox"/> Geothermal System | <input type="checkbox"/> Local Regional Building Materials | |

(AH) APPLICANT'S SIGNATURE

- A. OWNER: I hereby certify that I am the owner of the property, that the application and plans are complete and correct to the best of my knowledge, that if a permit (or permits) is issued, the construction will conform to the D.C. Construction Codes, the Zoning Regulations, and other applicable laws and regulations of the District of Columbia.

Signature of Owner _____ Address _____ Date _____

- B. AGENT: I hereby certify that I have the authority of the owner to make this application. I declare that the application and plans are complete and correct to the best of my knowledge. The owner has assured me that if a permit (or Permits) is issued, the construction will conform to the D.C. Construction Codes, the Zoning Regulations, and other applicable laws and regulations of the District of Columbia

Signature of Agent Fahmed Address 108 W Ridgewille Blvd Date 17 May 2012
MT Airy MD 21771

I hereby certify that the existing Improvements shown hereon, are completely dimensioned, and are correctly platted; that all proposed buildings or construction, or parts thereof, including covered porches, are correctly dimensioned and platted and agree with plans accompanying the application; that the foundation plans as shown hereon is drawn, and dimensioned accurately to the same scale as the property lines shown on this plat; and that by reason of the proposed Improvements to be erected as shown hereon the size of any adjoining lot or premises is not decreased to an area less than is required by the Zoning Regulations for light and ventilation; and it is further certified and agreed that accessible parking area where required by the Zoning Regulations will be reserved in accordance with the Zoning Regulations, and that this area has been correctly drawn and dimensioned hereon. It is further agreed that the elevation of the accessible parking area with respect to the Highway Department approved curb and alley grade will not result in a rate of grade along centerline of driveway at any point on private property in excess of 20% for single-family dwellings or flats, or in excess of 12% at any point for other buildings. (The policy of the Highway Department permits a maximum driveway grade of 12% across the public parking and the private restricted property.)

(Signature of owner or his authorized agent)

NOTE: Data shown for Assessment and Taxation Lots or Parcels are in accordance with the records of the Department of Finance and Revenue, Assessment Administration, and do not necessarily agree with deed description.

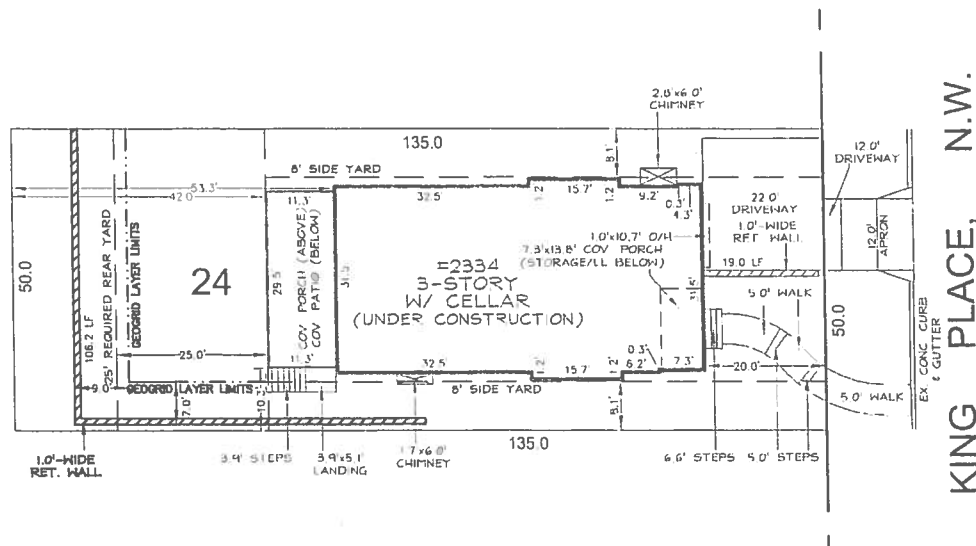


Exhibit
A-2

Department of Consumer and Regulatory Affairs

Permit Operations Division

1100 4th Street SW

Washington DC 20024

Tel. (202) 442 - 4589

Fax (202) 442 - 4862

RW

RETAINING WALL PERMIT

THIS PERMIT MUST ALWAYS BE CONSPICUOUSLY DISPLAYED AT THE ADDRESS OF WORK
UNTIL WORK IS COMPLETED AND APPROVED

PERMIT NO. RW1200113

Date: 06/29/2012

Address of Project: 2338 KING PL NW		Zone: R-1-B	Ward: 3	Square: 1394	Suffix:	Lot: 0023
Description of Work: Construct retaining walls and related grading.						
Type of Work:	Retaining Wall Height 5.75	Length in linear feet: FT		Material: Keystone	Color: Neutral	
Permisson Is Hereby Granted To Ssb 2338 King Llc	Owner Address: 4302 E WEST HWY BETHESDA, MD 20814-4406			PERMIT FEE: \$1,803.90		
Engineer/Architect Name:	License Number:	Engineer/Architect Address:				
Conditions/ Restrictions: <p>This permit is associated with the building permit number .</p> <p>This permit expires if no construction is started within 1 year or if the last inspection is over 1</p> <p>All construction done according to the current construction codes and zoning regulations;</p> <p>As a condition precedent to the issuance of this permit, the owner agrees to conform with all conditions set forth herein, and to perform the work authorized hereby in accordance with the approved application and plans on file with the District Government and in accordance with all applicable laws and regulations of the District of Columbia. The District of Columbia has the right to enter upon the property and to inspect all work authorized by this permit and to require any change in construction which may be necessary to ensure compliance with the permit and with all the applicable regulations of the District of Columbia. Work authorized under this Permit must start within one(1) year of the date appearing on this permit or the permit is automatically void. If work is started, any application for partial refund must be</p>						
Director: Nicholas A. Majett	Permit Clerk Stacie Williams		Expiration Date: 06/29/2013			
TO REPORT WASTE, FRAUD OR ABUSE BY ANY DC GOVERNMENT OFFICIAL, CALL THE DC INSPECTOR GENERAL AT 1-800-521-1639 FOR CONSTRUCTION INSPECTION INQUIRIES CALL (202) 442-9557 TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557						



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

Remittance Source Document

OFFICE OF FINANCE AND TREASURY

Date: 6/29/2012 3:22 PM

Office: DCRA Term: OFT-CHB8

Batch: 16348 Batch Date: 6/29/10

Cashier: OFT39

Trans #: 74

DCRA Rcpt: 01042727

Comment/Document: rw1200113

Payment Total: \$1,803.90

Payment Distribution:

1911 CRO (3035) 10001-ops50 \$1,803.90

CK Tendered: \$3,309.26

Date: June 29, 2012

INVOICE

Invoice Number: 1038810

Customer: SSB 2338 KING, LLC

Mailing Address: 4302 EAST WEST HIGHWAY, BETHESDA, MD
20814

Address of Work: 2338 KING PL NW
Washington, DC 20007

Permit: RW1200113

Type of Permit: Retaining Wall

Acct Code:	Fees:	Description:
3012-3035-1000-1911	\$82.00	Enhance Service Fee - Retaining Wall
3012-3035-1000-1911	\$82.00	Enhanced Service Fee - Filing Fee
3012-3035-1000-1911	\$819.95	Retaining Wall Permit Fee (Enter 1 to Calculate)
3012-3035-1000-1911	\$819.95	Retaining Wall Permit Filing Fee
Invoice Total:	\$1,803.90	

Created By: Stacie Williams

Office of Finance
and Treasury

Date: 6/29/2012 3:22 PM
Office: DCRA
Batch: 16348
Cashier: OFT39
Trans #: 74

DCRA Rcpt: 01042727
Comment/Document: rw1200113
Payment Total: \$1,803.90

Payment Distribution:
1911 CRO (3035) 10001-ops50 \$1,803.90

DCRA Rcpt: 01042728
Comment/Document: rw1200111
Payment Total: \$1,505.36

Payment Distribution:
1911 CRO (3035) 10001-ops50 \$1,505.36
CK Tendered: \$3,309.26

Thank you for your payment.
Have a nice day!



Department of Consumer and Regulatory Affairs

Permit Operations Division

1100 4th Street SW

Washington DC 20024

Tel. (202) 442 - 4589 Fax (202) 442 - 4862

TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557

Received:

Plans: Application

Date: 5/18/2012

☐

Engineering Coordinator: Aaron Easterling

Applicant/Agent: SSB 2338 King, LLC

Phone No.:

301-971-0414

Address of Project:

Job Classification:

Job No:

2338 KING PL NW

RW1200113

Existing Use: Other (Specify)

Existing No. of Stories:

Proposed Use: Single Family

Prop no of Stories:

Permit Type: Retaining Wall

SSL:

Description of Work:

Construct retaining walls and related grading.

Required Reviews: (Checked boxes only)	Reviewer:	Completion Time:	Review Status:		
<input type="checkbox"/> Fine Arts:		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Approved	<input type="checkbox"/> HFC	<input type="checkbox"/> Conf. w/Applicant
<input type="checkbox"/> Historic:		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Approved	<input type="checkbox"/> HFC	<input type="checkbox"/> Conf. w/Applicant
<input checked="" type="checkbox"/> Public Space/DDOT:	<i>CRW</i>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> HFC	<input type="checkbox"/> Conf. w/Applicant
<input checked="" type="checkbox"/> Zoning:	<i>m22-5-30</i>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> HFC	<input type="checkbox"/> Conf. w/Applicant
<input checked="" type="checkbox"/> Soil Erosion/DDOE:	<i>5/18/12</i>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Approved	<input type="checkbox"/> HFC	<input type="checkbox"/> Conf. w/Applicant
<input type="checkbox"/> DC Water:		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Approved	<input type="checkbox"/> HFC	<input type="checkbox"/> Conf. w/Applicant
<input type="checkbox"/> Mechanical:		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Approved	<input type="checkbox"/> HFC	<input type="checkbox"/> Conf. w/Applicant
<input type="checkbox"/> Plumbing:		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Approved	<input type="checkbox"/> HFC	<input type="checkbox"/> Conf. w/Applicant
<input type="checkbox"/> Health/DOH:		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Approved	<input type="checkbox"/> HFC	<input type="checkbox"/> Conf. w/Applicant
<input type="checkbox"/> Electrical:		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Approved	<input type="checkbox"/> HFC	<input type="checkbox"/> Conf. w/Applicant
<input type="checkbox"/> Elevator:		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Approved	<input type="checkbox"/> HFC	<input type="checkbox"/> Conf. w/Applicant
<input type="checkbox"/> Fire Protection:		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Approved	<input type="checkbox"/> HFC	<input type="checkbox"/> Conf. w/Applicant
<input checked="" type="checkbox"/> Structural:	<i>06/30/12</i>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> Approved	<input checked="" type="checkbox"/> HFC	<input type="checkbox"/> Conf. w/Applicant
<input type="checkbox"/> Green Review:		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Approved	<input type="checkbox"/> HFC	<input type="checkbox"/> Conf. w/Applicant
<input type="checkbox"/> Chinatown Review:		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Approved	<input type="checkbox"/> HFC	<input type="checkbox"/> Conf. w/Applicant

SEE L @ SEE ACCESS FOR COMMENTS. OK 5/18/12

PRE-FILE NUMBERS		ZONING DISTRICT	FILE NUMBER	PERMIT NUMBER	
N.C.P.C. No:	O.G. No:	R-1-B		By: <i>201200113</i>	
H.F.A. No:	S.S.L. No: 1394 0023	Ward No: 3	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: 2338 KING PLACE NW		Suite No.	2. Lot 0023	3. Square 1394	4. Application Date 5/17/2012
5 Owner of Building or Property SSB 2338 King, LLC		6 Address (include Zip Code) 4302 East West Highway, Bethesda, MD 20814		7 Phone 301-971-0414	
8 Agent for Owner: (if applicable) Karen Martino CAS Engineering		9. Address (include Zip Code) 108 W Ridgeville Blvd., #101, Mount Airy, MD 21771		10. Phone 202-744-2375	
11. Type of Proposed Work (Select only one) ALL APPLICANTS MUST COMPLETE SECTIONS AF AND AG					
<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 type="checkbox"/> Raze Building(C) <input type="checkbox"/> Blasting Operations(K) <input type="checkbox"/> Soil Boring(S) <input type="checkbox"/> Projection(AB) <input checked="" 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)					
12. Description of Proposed Work Construct retaining walls and related grading.					
13 Existing Use(s) of Building or Property Single Family		14 Ex. No of Stories of Bldg 0	15 Ex. No of Dwelling Units 0	Official Use Only Miscellaneous FEE \$ _____	
16 Proposed Use(s) of Building or Property Single Family		17 Prop. No of Stories of Bldg 1 1/2	18 Prop. No of Dwelling Units 1	By: _____	Date: _____
19 Starting Date 6/1/2012	20 Completion Date of work 12/1/2012	21 Method of Removing Construction Debris <input type="checkbox"/> Pick-up Truck <input checked="" 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 Per approved plans		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 3 (SECTION I)

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:		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 type="checkbox"/> Yes <input checked="" 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 <input type="text"/> %	
								b. paved area <input type="text"/> %	
								c. greenery <input type="text"/> %	
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:	By:
(C) RAZING A BUILDING (COMPLETE ITEMS C-1 THRU C-18)									
C-1. Insurance Company:			C-2. Policy or Cert. No.:		C-3. Policy Expiration Date:			C-4. Raze Method:	
C-5. Building Material:			C-6. Raze Entire Building: <input type="checkbox"/> Yes <input type="checkbox"/> No	C-7. Building is Condemned: <input type="checkbox"/> Yes <input type="checkbox"/> No	C-8. Building is Vacant: <input type="checkbox"/> Yes <input type="checkbox"/> No	C-9. Building has Vault: <input type="checkbox"/> Yes <input type="checkbox"/> No	C-10. Disconnect Utilities : <input type="checkbox"/> Yes <input type="checkbox"/> No		
C-11. Length:		C-12. Width:	C-13. Height:		C-14. Volume:		OFFICIAL USE ONLY		
C-15. Is Building an Accessory Structure: <input type="checkbox"/> Yes <input type="checkbox"/> No		C-16. Asbestos in the building? <input type="checkbox"/> No <input type="checkbox"/> Yes, location _____		C-17. Party Wall: <input type="checkbox"/> Yes <input 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:	
25890		Keystone		5 ft. 9 in.		Neutral		<input checked="" type="checkbox"/> Entirely on Owner's Land <input type="checkbox"/> Party Line with Adjacent Neighboring Land *	
*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: _____	

(E) FENCE (COMPLETE ITEMS E-1 THRU E-5)

E-1. Material and Type:	E-2. Height	E-3. Color:	E-4. Location: <input type="checkbox"/> Entirely on Owner's Land <input type="checkbox"/> Party Line with Adjacent Neighboring Land*
*If party fence, the owner of the adjoining property must agree to the erection of the fence and this application			
E-5. Address of Adjoining Owner:		OFFICIAL USE ONLY	
		Fee: \$	By: _____ Date: _____

(F) SHED OR GARAGE (COMPLETE ITEMS F-1 THRU F-9)

F-1. Number:	F-2. Length: Ft.	F-3. Width: Ft.	F-4. Area: Sq. ft.	F-5. Height: Ft.	F-6. Volume: cu. ft.	OFFICIAL USE ONLY
						Fees:
F-7. Est. Cost of work: \$	F-8. Material of sides			F-9. Color:	By: _____	Date: _____

(G) AWNING (COMPLETE ITEMS G-1 THRU G-10)

G-1. Number:	G-2. Color:	G-3. Type <input type="checkbox"/> Folding <input type="checkbox"/> Fixed:	G-4. Projections: Beyond Bldg. Line _____ in. Beyond pt of attachment _____ in.	G-5. Height of Lowest Part of awning: (a) _____ ft Above sidewalk (b) _____ ft Above parking (c) _____ ft Above grade	OFFICIAL USE ONLY
					Fees:
G-6. Material of Frame:	G-7. Material of Covering:	G-8. Lettering on awning <input type="checkbox"/> Yes <input type="checkbox"/> No	G-9. Fixed Posts: <input type="checkbox"/> Yes <input type="checkbox"/> No	G-10. Over Side-Walk café: <input type="checkbox"/> Yes <input type="checkbox"/> No	By: _____ Date: _____

(H) SIGN (COMPLETE ITEMS H-1 THRU H-20)

H-1. Number:	H-2. Electric Signs: <input type="checkbox"/> Yes, Answer q. H-3 to H-8 <input type="checkbox"/> No, SKIP q. H-3 to H-8	H-3. Type: <input type="checkbox"/> Incandes <input type="checkbox"/> Fluoresc <input type="checkbox"/> Neon	H-4. Power: VA	H-5. Electrical Contractor: Business License Number:	
H-5. Address of Electrical Contractor: (include zip)		H-6. Signature of Licensed Electrician :		H-7. Phone No.	H-8. License No.
H-9. Height relative to building and ground (a) _____ ft _____ in above sidewalk (b) _____ ft _____ in above roof (c) _____ ft _____ in is building height (d) _____ ft _____ in above projection of Window (e) _____ ft _____ in from roof to sign's bottom		H-10. Material of Sign:		H-11. Type of Sign:	H-12. Color:
		H-13. Width: Ft.	H-14. Length: Ft.	H-15. Area of Sign: Sq. ft.	H-16. Width of Business frontage: Ft.
H-17. C of O No for Bldg.:		H-18. Sign Contractor Name:		OFFICIAL USE ONLY	
				Sign FEE	Elect. FEE
H-19. Sign Contractor's Address:		H-20. Phone:		\$	\$
				\$	\$
				By: _____	Date: _____
				By: _____	Date: _____
				By: _____	Date: _____

(I) AFTER HOURS (COMPLETE ITEMS I-1 THRU I-8)

I-1. Type of permit:	I-2. Existing Permit No:	I-3. Date of Operation From:	I-4. Date of Operation To:	OFFICIAL USE ONLY	
				Fee:	
I-5. Hours of Operation From:	I-6. Hours of Operation To:	I-7. 500 ft from Residential Zone/Hotel: <input type="checkbox"/> Yes <input type="checkbox"/> No	I-8. Located in Residential Zone: <input type="checkbox"/> Yes <input type="checkbox"/> No	By:	Date:

(J) DEMOLITION (COMPLETE ITEMS J-1 THRU J-5)

J-1. Type of Demolition:	J-2. Type of Walls	J-4. Roof Remain: <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICIAL USE ONLY		
			Fee:		
J-3. Number of Exterior Walls Removed	J-5. Are Walls Load-Bearing: <input type="checkbox"/> Yes <input type="checkbox"/> No		By:	Date:	

(K) BLASTING OPERATIONS (COMPLETE ITEM K-1)

K-1. Type of structure:	OFFICIAL USE ONLY		
Fee:		By:	Date:

(L) CHRISTMAS TREE STAND OR FIREWORKS STAND (COMPLETE ITEMS L-1 THRU L-10)

L-1. No. of Stands:	L-2. Stand Location:	L-3. Electrical Permit No.:	OFFICIAL USE ONLY		
			Fee:		
L-4. Electrical Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	L-5. Letter of Authorization: <input type="checkbox"/> Yes <input type="checkbox"/> No	L-6. Starting Date:		By:	
L-7. Expiration Date:	L-8. Power Requirements:	L-9. Site Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	L-10. Surveyors Plat: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	

(M) EXTERIOR CLEANING INFORMATION (COMPLETE ITEMS M-1 THRU M-4)

M-1. Exterior Cleaned:	M-2. Material Used:	OFFICIAL USE ONLY	
		Fee:	
M-3. Scaffolding: <input type="checkbox"/> Yes <input type="checkbox"/> No	M-4. Location of Scaffold:	By:	Date:

(N) CAPACITY PLACARD (COMPLETE ITEMS N-1 THRU N-13)

N-1. Name:	N-2. Max Occupancy Load:	N-3. Location:	N-4. Sprinkler: <input type="checkbox"/> Yes <input type="checkbox"/> No	N-5. Bathroom Requirements satisfied: <input type="checkbox"/> Yes <input type="checkbox"/> No	N-6. Exit Requirements Satisfied: <input type="checkbox"/> Yes <input type="checkbox"/> No	
N-7. Room	N-8. Name of Area	N-9. Floor Location:	N-10. Type of Seating:	N-11. Net Square ft:	N-12. Capacity Use:	N-13. Max Allowable Capacity:
N-7A.	N-8A.	N-9A.	N-10A.	N-11A.	N-12A.	N-13A.
N-7B.	N-8B.	N-9B.	N-10B.	N-11B.	N-12B.	N-13B.
N-7C.	N-8C.	N-9C.	N-10C.	N-11C.	N-12C.	N-13C.

OFFICIAL USE ONLY

Fee:	By:	Date:
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(O) FIRE RETARDANT PAINT (COMPLETE ITEMS O-1 THRU O-4)

O-1. Quantity of Paint(Gallons):	O-2. Painted Surfaces:	OFFICIAL USE ONLY	
		Fee:	
O-3. Painted surfaces Location:	O-4. Sq. Footage Painted:	By:	Date:

(P) FLAG POLE (COMPLETE ITEMS P-1 THRU P-5)

P-1. Pole Location:		P-2. Site Location:		OFFICIAL USE ONLY	
				Fee:	
P-3. Pole Height:	P-4. Projection Distance:	P-5. Attached to Building:		By:	Date:
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

(Q) OBSERVATION STAND (COMPLETE ITEMS Q-1 THRU Q-5)

Q-1. Name of Function:		Q-2. Starting Date:		OFFICIAL USE ONLY	
				Fee:	
Q-3. Ending Date:	Q-4. Hours of Use From:	Q-5. Hours of Use To:		By:	Date:

(R) SCAFFOLDING INFORMATION (COMPLETE ITEMS R-1 THRU R-5)

R-1. No. of Stories:	R-2. Engineer of Record:	R-4. Location of Scaffold:	OFFICIAL USE ONLY		
			Fee:		
R-3. Building Permit No.:	R-5. Engineer Signature:		By:	Date:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No				

(S) SOIL BORING (COMPLETE ITEMS S-1 THRU S-3)

S-1. No. of Bores:	S-2. Location of Bores:	S-3. Site Plan:	OFFICIAL USE ONLY		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Fee:		
			By:	Date:	

(T) TOWER CRANE (COMPLETE ITEMS T-1 THRU T-5)

T-1. Crane Location:	T-3. Duration Date From:	T-4. Duration Date To:	OFFICIAL USE ONLY		
			Fee:		
	T-2. Crane Pad Approved:	T-5. Site Plan:	By:	Date:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

(U) FOUNDATION ONLY (COMPLETE ITEMS U-1 THRU U-5)

U-1. Type of Foundation		U-5. Total Cubic Feet:		OFFICIAL USE ONLY	
				Fee:	
U-2. Removal of Trees:	U-3. Underpinning Required:	U-4. Required Notification to Adjacent Property Owner:		By:	Date:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

(V) UNDER GROUND STORAGE TANK (COMPLETE ITEMS V-1 THRU V-2)

V-1. Size of Tank:	OFFICIAL USE ONLY			
	Gallons			
V-2. Location of Tank:	Fee:	By:	Date:	

(W) WATER AND DAMP PROOFING (COMPLETE ITEMS W-1 THRU W-2)

W-1. Sq feet Affected:	OFFICIAL USE ONLY			
W-2. Location:	Fee:	By:	Date:	

(X) SHEETING AND SHORING (COMPLETE ITEMS X-1 THRU X-7)

X-1. Removal of Trees: <input type="checkbox"/> Yes <input type="checkbox"/> No	X-2. Underpinning Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	X-3. Required Notification to adjacent property owner: <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICIAL USE ONLY	
			Fee:	
X-4. Tiebacks: <input type="checkbox"/> Yes <input type="checkbox"/> No	X-5. DC Surveyors Plat Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No	X-6. Plans Certified by D.C. Licensed Engineer: <input type="checkbox"/> Yes <input type="checkbox"/> No	X-7. No. of Cubic ft Removed:	By: _____ Date: _____

(Y) TENANT LAYOUT (COMPLETE ITEMS Y-1 THRU Y-3)

Y-1. First Occupant in Space: <input type="checkbox"/> Yes <input type="checkbox"/> No	Y-3. Type of Tenant Layout:	OFFICIAL USE ONLY
		Fee:
Y-2. Floor Location of Tenant Layout:		By: _____ Date: _____

(Z) SWIMMING POOL (COMPLETE ITEMS Z-1 THRU Z-12)

Z-1. Type of Swimming Pool:	Z-3. Fence: <input type="checkbox"/> Yes <input type="checkbox"/> No	Z-5. Pool Cover: <input type="checkbox"/> Yes <input type="checkbox"/> No	Z-6. D.C. Surveyor's Plat Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Z-9. Pool Type:	OFFICIAL USE ONLY
					Fee:
Z-2. No. of Gallons:	Z-4. Height of Fence:	Z-7. Depth of Pool at High End:	Z-8. Depth of Pool at Lower End:	Z-10. Length:	Z-11. Width:
					Z-12. Area:
					By: _____ Date: _____

(AA) SPECIAL SIGN (COMPLETE ITEMS AA-1 THRU AA-11)

AA-1. Application Change of Special Sign Artwork and copy:	AA-2. Existing Permit No.:	AA-5. Is the Applicant Seeking a "Temporary Permit":	AA-6. Face Direction of the Wall at St Frontage:
AA-3. Is the Proposed Special Sign Located in a Residential Zoned Area: <input type="checkbox"/> Yes <input type="checkbox"/> No	AA-4. Is the Proposed Special Sign Wall Part of a Historic Building or a Historic District: <input type="checkbox"/> Yes <input type="checkbox"/> No	AA-7. Has the Applicant Completed an Affidavit that is in Compliance with the D.C. "Clean Hands Act": <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICIAL USE ONLY
			Fee:
AA-8. Is the Applicant Registered with the District of Columbia Office of Tax and Revenue: <input type="checkbox"/> Yes <input type="checkbox"/> No	AA-9. Does the Applicant have a Valid D.C. Certificate of Good Standing: <input type="checkbox"/> Yes <input type="checkbox"/> No	AA-10. Proposed Dimensions of the Special Sign (Width):	AA-11. Proposed Dimensions of the Special Sign (Height):
			By: _____ Date: _____

(AB) PROJECTION (COMPLETE ITEMS AB-1 THRU AB-12)

AB-1. Type of Projection:	AB-2. Is Projection Beyond Building Line: <input type="checkbox"/> Yes <input type="checkbox"/> No	AB-3. Number of Projections:	AB-4. Distance of Projection:	OFFICIAL USE ONLY
				Fee:
AB-5. Width of Projection	AB-6. Width of Building Frontage:	AB-7. Signature of owner: <input type="checkbox"/> Yes <input type="checkbox"/> No	AB-8. Street Name:	
AB-9. Street Width: Ft.	AB-10. Road Width: Ft.	AB-11. Sidewalk Width: Ft.	AB-12. Parking Restrictions:	By: _____ Date: _____

(AC) EXCAVATION ONLY (COMPLETE ITEM AC-1)

AC-1. No. of Cubic Feet Removed:	OFFICIAL USE ONLY
Fee:	By: _____ Date: _____

(AD) TENT (COMPLETE ITEMS AD-1 THRU AD-9)

AD-1. Total No. of Tents:	AD-2. Event Date From:	AD-3. Event Date To:	AD-4. Special Event Name:	AD-5. Certificate of Flame Resistance: <input type="checkbox"/> Yes <input type="checkbox"/> No	AD-6. Site Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No
AD-7. Number of Tents:	AD-8. Length of Tent:	AD-9. Width of Tent:	OFFICIAL USE ONLY		
AD-7A.	AD-8A.	AD-9A.	Fee:	By: _____	Date: _____
AD-7B.	AD-8B.	AD-9B.			
AD-7C.	AD-8C.	AD-9C.			

(AE) ANTENNA (COMPLETE ITEMS AE-1 THRU AE-20)

AE-1. Type of Antenna Proposed:	AE-2. Number of Existing Antennas on Site:	AE-3. Number of Proposed Antennas on Site:	AE-4. Replacement Antenna: <input type="checkbox"/> Yes <input type="checkbox"/> No	AE-5. Mount Type:	AE-6. Accessory Equipment Location:
AE-7. Existing and/or Proposed Equipment Cabinet Height:	AE-8. Existing and/or Proposed Equipment Platform Height:	AE-9. Existing and/or Screening Provided Height:	AE-10 Height of Building from the Grade to Roof:		OFFICIAL USE ONLY
			Fee:		
AE-11. Height of Building from the curb to Roof:	AE-12. Height of Proposed Antennas from the Grade to Roof:	AE-13. Height of Proposed Antennas from the Curb to Roof:	AE-14. Fully Mounted height of all Antennas and Equipment from the Roof and /or Parapet:		By: _____ Date: _____
AE-15. Office of Planning Recommendation Letter: <input type="checkbox"/> Yes <input type="checkbox"/> No	AE-16. Radio Frequency Letter: <input type="checkbox"/> Yes <input type="checkbox"/> No	AE-17. Scaled D.C. Surveyor's Plats: <input type="checkbox"/> Yes <input type="checkbox"/> No	AE-18. Scaled Plans Elevations and the Sheet Location within the Plans: <input type="checkbox"/> Yes <input type="checkbox"/> No	AE-19. Structural Certification: <input type="checkbox"/> Yes <input type="checkbox"/> No	AE-20. Screening Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No

(AF) LEAD ABATEMENT (COMPLETE ITEMS AF-1 THRU AF-2)

AF-1. Was the structure Built before 1978: <input type="checkbox"/> Yes <input type="checkbox"/> No	AF-2. Removing more than 2 Sq Ft. of Lead Paint: <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICIAL USE ONLY	
Fee: _____		By: _____	Date: _____

(AG) GREEN BUILDING (COMPLETE ITEMS AG-1 THRU AG-13)

AG-1. Green Building: <input type="checkbox"/> Yes <input type="checkbox"/> No	AG-2. LEED Certificate Level:	AG-3. Owner:	AG-4. Scope of Project:	AG-5. Project Type:
AG-6. Green Building Standards:	AG-7. Other Standard:		AG-8. Energy Star Rating:	AG-9. Total Area for Green Building Fee:
AG-11. LEED Scorecard Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	AG-12. Green Communities Check List: <input type="checkbox"/> Yes <input type="checkbox"/> No	AG-13. Public Financing greater than 15%: <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICIAL USE ONLY	
Fee: _____			By: _____ Date: _____	

AG-10. Green Design Elements:

- | | | |
|---|--|--|
| <input type="checkbox"/> Cool Roof | <input type="checkbox"/> Hazard Reducing Product | <input type="checkbox"/> Passive Solar Energy |
| <input type="checkbox"/> Energy Efficient HVAC System | <input type="checkbox"/> Hydro Power | <input type="checkbox"/> Permeable Concrete |
| <input type="checkbox"/> Energy Efficient Lighting | <input type="checkbox"/> Low Emitting Windows | <input type="checkbox"/> Plant Building Material |
| <input type="checkbox"/> Green Roof | <input type="checkbox"/> Low Flush Toilets | <input type="checkbox"/> Recycled Building Materials |
| <input type="checkbox"/> Greywater | <input type="checkbox"/> Low Flow Shower Heads | <input type="checkbox"/> Wind Power Energy |
| <input type="checkbox"/> Geothermal System | <input type="checkbox"/> Local Regional Building Materials | |

(AH) APPLICANT'S SIGNATURE

- A. OWNER: I hereby certify that I am the owner of the property, that the application and plans are complete and correct to the best of my knowledge, that if a permit (or permits) is issued, the construction will conform to the D.C. Construction Codes, the Zoning Regulations, and other applicable laws and regulations of the District of Columbia.

Signature of Owner _____ Address _____ Date _____

- B. AGENT: I hereby certify that I have the authority of the owner to make this application. I declare that the application and plans are complete and correct to the best of my knowledge. The owner has assured me that if a permit (or Permits) is issued, the construction will conform to the D.C. Construction Codes, the Zoning Regulations, and other applicable laws and regulations of the District of Columbia

Signature of Agent [Signature] Address 1000 Vermont Avenue NW Date 17 May 2012
Washington DC 20005



Department of Consumer and Regulatory Affairs

1100 4th St., SW
Washington, DC 20024

DC GREEN BUILDING ACT - PERMIT APPLICATION INTAKE FORM

Project Name:	Project Address: <u>2338 Kully</u>
Project Phase (0%, 35%, 65%, 95%, 100%):	Date Submitted to DCRA: <u>17 May 2012</u>
Owner/District Agency:	Owner/District Agency PM or Contact: <u>2338</u>
Submitted by (A/E Firm name):	Submitted by (name): <u>Kai Mahmud</u>
Contact phone:	Contact e-mail: <u>N/A</u>

- 1 Is this project District-owned?
- 2 Is this project District-financed in any amount?
- What Percentage of project financing is from the District? _____
- 3 Is this project in a District-owned building or on District Property?
- 4 Are you seeking an 'Expedited Permit' under the Green Building Act?
- 5 Was any portion of the property purchased or leased from the District or was the District an instrument of its sale?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

6 What is the project type (check one)?

- a Non-residential/Commercial/Institutional
Describe: _____
- b Residential
- c Mixed-Use
- d K-12 Education Facility
- e Interior/Tenant Improvement
- f Other (describe): _____

<input type="radio"/>
<input type="radio"/>
<input type="radio"/>
<input type="radio"/>
<input type="radio"/>
<input type="radio"/>
<input type="radio"/>

7 What is the scope of work (check one)?

- a New construction
- b Renovation
- c Addition
- d Other (describe): _____

<input type="radio"/>
<input type="radio"/>
<input type="radio"/>
<input type="radio"/>

8 What is the Gross Floor Area (square footage) of the project?

Proceed to questions 10-11.

Proceed to questions 10-11.

Proceed to questions 10-11.

Proceed to questions 10-11.

Proceed to questions 10-11.

Proceed to question 13.

9 Which green building standard are you applying (check one)?

- a LEED for New Construction & Major Renovations (LEED-NC v2.2)
- b LEED for Core & Shell (LEED-CS v2.0)
- c LEED for Homes
- d LEED for Schools
- e LEED for Commercial Interiors (LEED-CI v2.0)
- f Green Communities 2006/2008
- g Other (describe): _____

<input checked="" type="radio"/>
<input type="radio"/>
<input type="radio"/>
<input type="radio"/>
<input type="radio"/>
<input type="radio"/>
<input type="radio"/>

10 Has the project been registered for LEED with the U.S. Green Building Council?

- a If 'Yes', is a receipt for LEED registration included in this permit request? Proceed to question 11.
- b If 'No', has the project received a waiver from the requirements of the Green Building Act? Proceed to question 12.

Yes	No
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

11 Has the project been submitted to the U.S. Green Building Council for a Design Phase Review?

- a If 'Yes', is a receipt for the Design Phase Review submitted to the U.S. Green Building Council included in this permit?
- b If 'Yes', is the Design Phase Review summary report from the U.S. Green Building Council included with this permit request?
- c If 'No', proceed to question 12.

<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

12 Has a DCRA LEED scorecard been completed, indexed to plans, specifications and additional documents that demonstrate compliance with LEED requirements?

- a If 'Yes', has the indexed DCRA LEED scorecard been submitted electronically (on CD) with supporting documents to DCRA for review?
- b If 'No', please download the DCRA LEED scorecard and follow instructions for completion.

<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

13 Has a Green Communities Checklist been completed, indexed to plans, specifications and additional documents that demonstrate compliance with Green Communities requirements?

- a If 'Yes', has the indexed DCRA Green Communities checklist been submitted electronically (on CD) with supporting documents to DCRA for review?
- b If 'No', please download the DCRA Green Communities checklist and follow instructions for completion.

<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

**DISTRICT OF COLUMBIA GOVERNMENT
OFFICE OF THE SURVEYOR**

Washington, D.C., September 26, 2011

Plat for Building Permit of: **SQUARE 1394 LOT 23**

Scale: 1 inch = 20 feet Recorded in Book Co.7 Page 93

Receipt No. 11-05940

Furnished to: KAREN MARTINO

I hereby certify that all existing improvements shown hereon, are completely dimensioned, and are correctly platted; that all proposed buildings or construction, or parts thereof, including covered porches, are correctly dimensioned and platted and agree with plans accompanying the application; that the foundation plans as shown hereon is drawn, and dimensioned accurately to the same scale as the property lines shown on this plat and that by reason of the proposed improvements to be erected as shown hereon the size of any adjoining lot or premises is not decreased to an area less than is required by the Zoning Regulations for light and ventilation; and it is further certified and agreed that accessible parking area where required by the Zoning Regulations will be reserved in accordance with the Zoning Regulations, and that this area has been correctly drawn and dimensioned hereon. It is further agreed that the elevation of the accessible parking area with respect to the Highway Department approved curb and alley grade will not result in a rate of grade along centerline of driveway at any point on private property in excess of 20% for single-family dwellings or flats, or in excess of 12% at any point for other buildings. (The policy of the Highway Department permits a maximum driveway grade of 12% across the public parking and the private restricted property.)


Surveyor, D.C.

Date: 10/13/2011


(Signature of owner or his authorized agent)

By: A.S. 

NOTE: Data shown for Assessment and Taxation Lots or Parcels are in accordance with the records of the Department of Finance and Revenue, Assessment Administration, and do not necessarily agree with deed description.

R-1-B
DORADO - FIVE ZONING
ADMINISTRATIVE DEPARTMENT
WITH NO LIMITATIONS OF
DC ZONING REGULATIONS (10/26/11)
JK 12-28-11

