DESIGN1

5 February 2014

BZA 18687

William L Ricks
3007 11th Street NW
Washington DC 20001

1306

Supplemental Submission for 25 February 2014 Hearing

The attached folder documents the owner's activities and efforts to comply with a multitude of issues relating to the property For about five years, the building has existed as three units and has been part of DC Housing's Voucher Program ANC 1A has voted 11 – 0 to support the application, stating that "it supplies the desired density without increasing the footprint or height" In addition, many neighbors (see folder), have signed in support

The original application requested relief from Lot Size and Rear Yard In review by OP, it was determined that Rear Yard relief was not necessary in that the condition was grand-fathered As a result, it is hereby requested that the fee paid for Rear Yard be applied to Parking relief

Mr Ricks is a life long DC resident, now in his later years The building provides him a home plus two affordable two bedroom apartments He has made the conversion, in good faith working with DC Housing I ask that you approve his request, so that he can maintain the property which has been so highly praised by ANC 1A

Thank you for your attention to this request

Sincerely,

David Cumins Mitchell Architect
Authorized Agent for Mr Ricks

RECEIVED
D.C. OFFICE OF ZONING
2014 FEB -6 PM 1:35

BOARD OF ZONING ADJUSTMENT
District of Columbia
CASE NO. 18687
EXHIBIT NO. 29

202 363 3200 FAX 202 337 0653 202 333 4133
4836 MACARTHUR BLVD NW WASHINGTON DC 20007

5 FEBRUARY 2014 BZA 18687

Respectfully request relief for 3007 11th Street, NW, Square. 2851, Lot. 0099

1. Lot size
2 Parking Space
3. Any other relief that the BZA Board can provide in order to obtain Certificate of Occupancy for three unit apartment at the above address, square and lot.

The property and lot has been used as a three unit apartment building thru the DC Housing Voucher Program, DC Housing Authority since 2009. DC Housing Authority did not require or notify Mr. William L Ricks, property owner, that a Certificate of Occupancy, DC Rental Accommodation registration and DC Basic Business License was mandatory per DC Law

This three unit apartment use has not been detrimental to the surrounding area.

Mr Ricks and I went to DC Housing Authority on December 27, 2013. I presented myself as a potential new landlord. I was given the attached DC Housing Authority Lease-Up package. I was given the package at the Housing Voucher main desk It does not mention Certificate of Occupancy, registration with Department of Housing and Community Development, Rental Accommodations Division or requirement for a DC Business License. The Lease-up package does not include information stating the owner of the property must register with the DC Tax and Revenue Office.

DC Housing Authorityappears to not know what DC Department of Regulatory Affairs, Department of Housing and Community Development, Rental Accommodations Division and DC Tax and Revenue Office deems necessary for rental housing compliance This is an example of DC government agencies not communicating and not enforcing each other's compliance regulations.

I have attached copies of DC Housing Authority inspection results which 3007 11th Street NW passed in 2010, 2013. I have attached leases signed by Mr. Ricks, DC Housing Authority representative and tenants

REH

Rita E. Hardy, AUTHORIZED AGENT

AM-KI SERVICES

Phone: 202-387-9012
Cell: 202-327-3494
Fax: 202-540-9951
www.am-kiservices.com

DC Housing Authority

1. Article by Mike DeBonis given to Mr. William L. Ricks by The Office of General Counsel (OGC), DC Housing Authority.

2. DC Housing Authority New Landlord Application Packet
   **Please note it does not mention anything regarding DC Department of Regulatory Affairs requirements for certificate of occupancy, rental accommodation department or business license. Packet was obtained 12/27/2013

3. 3007 11th Street NW DC Housing Authority Inspections for apartments A and C.

4. 3007 11th Street NW US Housing Urban Development Housing Assistance Payment Contract.

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By Mike DeBonis, E-mail the writer

The District's public housing agency is planning to close its waiting list for the first time next week, and it is encouraging needy families to sign up before the list is suspended indefinitely.

The closure of the list, which stretches to more than 70,000 names, has been contemplated for months as officials acknowledge that demand for public housing units and rental vouchers far outstrips the city's supply

DISTRICT OF COLUMBIA HOUSING AUTHORITY

1133 North Capitol Street, NE, Washington, DC 20002

LEASE-UP PACKAGE RECEIPT/CHECKLIST

TENANT INFORMATION
Name: _____
Address: _____
Phone: _____
Program Type: _____

OWNER/LANDLORD INFORMATION
Name: _____
Address _____
Phone: _____
Email: _____

PROPOSED UNIT INFORMATION
Address: _____
Proposed Rent: _____
Proposed Security Deposit: _____
Approved Rent Amount: _____

AGENT INFORMATION
Name: _____
Address: _____
Phone: _____
Email: _____

REQUIRED DOCUMENTS

_____ **COPY OF TENANT'S UPDATED VOUCHER**

_____ **NOTICE OF INTENT TO VACATE *if applicable* (2 pages included)**

_____ **REQUEST FOR TENANCY APPROVAL *executed* (2 pages included)**

_____ **PAYMENT INFORMATION FORM (2 pages included)**

_____ **COPY OF VOIDED CHECK ATTACHED TO PROVIDED FORM**

_____ **W-9 FORMS *if applicable* (2 pages included for owner and mgmt co.)**

_____ **LEAD BASED PAINT NOTICE *executed* (1 page included)**

_____ **COPY OF RECORDED DEED**

_____ **COPY OF STANDARD LEASE (w/ utility clause that specifies utility responsibility)**

_____ **COPY OF OWNER/LANDLORD IDENTIFICATION (PHOTO ID)**

_____ **TENANT'S CURRENT WATERBILL W/ BALANCE OF $50 OR LESS *if applicable***

_____ **MANAGEMENT AGREEMENT *if applicable***

_____ **INITIAL INSPECTION CHECKLIST FOR INSPECTIONS**

***This document certifies that you have submitted a completed Lease-Up Package and it is pending final approval. The documents will be reviewed and a request for an inspection will be made. For any updates on package submittal, please contact your prospective landlord, then if necessary any HCVP Communication Clerk at 202.535.1433.**

HCVP Staff Accepting:
_____
Date Request Received: _____
Date Request Denied: _____
Emergency Documents Included: ☐
Transfer RFTA _____
Initial RFTA _____
Portable RFTA _____

HCVP HQS Move-in Inspection Checklist for Landlords

Submission Date: _____

Address of proposed unit: _____

Proposed Tenant Name: _____

Owner of Record: _____

Pre-Inspection Completed by: _____ **Date:** _____

Each unit to be rented in the Housing Choice Voucher Program (HCVP) must pass a Housing Quality Standards (HQS) inspection. The checklist below is a tool for owners/landlords to prepare their unit for an HQS inspection. This checklist highlights some of the COMMON violations found during unit inspections. The items on this checklist must be working or completed **prior** to the HQS inspection. Please check all conditions that apply:

General

- ☐ The unit must be empty/vacant from previous tenant and free and clear of all furnishings and debris.
- ☐ There must be working smoke detectors properly mounted on each level of the unit including the basement and walk up attics.
- ☐ All construction/rehabilitation (painting, carpet replacement, etc.) must be completed.
- ☐ The entire unit must be freshly painted.
- ☐ Utilities (water, gas, electric) must be turned on for the completion of the inspection.
- ☐ No chipping or peeling paint, cracks, holes or loose plaster inside or outside the unit.
- ☐ Interior and exterior wood surfaces shall be properly painted and kept intact at all times.
- ☐ There must not be a permanently installed working heating system.
- ☐ The hot water heater tank must have a temperature pressure relief valve with downward discharge pipe made of galvanized steel or copper tubing that is between six inches to eight from the floor or directed outside to the unit (no PVC). CPVC is acceptable.
- ☐ There must not be any plumbing leaks.
- ☐ All plumbing fixtures must have P-traps to prevent sewer gas from leaking into the unit.
- ☐ The floor covering cannot be torn or have holes that can cause someone to trip. Carpets if installed shall be clean and free of stains.
- ☐ All electrical outlets/switches must have cover plates and be in good working condition.
- ☐ All ground fault circuit interrupters (GFCIs) must work properly.
- ☐ All ground floor windows and exterior doors shall open and close as designed and must have working locks. Double keyed dead bolts are not allowed.
- ☐ All security bars and windows must have a quick release mechanism.
- ☐ All sliding glass doors must have a lock or security bar on the door that works.
- ☐ Each living space must have two means of egress (i.e. door & window).

- ☐ Windows and doors shall be weather tight with glass free of cracks to prevent wind, air or rain penetration.
- ☐ No room which contains a furnace, open flame heating unit without proper ventilation or gas meter is designated as a bedroom
- ☐ Bedrooms must have at least seventy (70) square feet of floor space and a separate entrance without going through another bedroom.

Kitchen/Bath

- ☐ Stove must be clean and in working order and secured
- ☐ Refrigerator must be clean and in working order and with a good door seal.
- ☐ Hot and cold running water in the kitchen and the bathroom(s).
- ☐ There must be a shower or bathtub that works
- ☐ There must be a flush toilet that works, is securely mounted and does not leak.
- ☐ The bathroom must have either an outside window or an exhaust fan vented to the outside.
- ☐ There must not be any plugged drains (check for slow drains).

Exterior

- ☐ House or apartment shall be properly numbered with proper illumination (lighting).
- ☐ There must be stepping stones or a walkway to the unit.
- ☐ The roof must not leak. Indications of a leak are discolorations or stains on the ceiling.
- ☐ All common hall ways, walk ways, and parking areas must be free of cracks and tripping hazards and properly illuminated.
- ☐ Weeds and grass shall be less than four (4) inches in heights.
- ☐ All units shall have adequate garbage containers with covers.
- ☐ If there are stairs and railings, they must be secure.
- ☐ Four or more exterior stairs must have handrails 34 inches to 38 inches from the ground.
- ☐ Walk offs or porches 30 inches above grade must have guard rails 36 inches from the ground.

I, as the owner/agent of the property hereby acknowledge that all applicable conditions above have been checked and are in compliance with Housing Quality Standards (HQS). By signing this form I understand that if HCVP conducts an initial inspection of this unit and finds any of the above conditions are not in compliance - HCVP has the right to CANCEL unit Inspection and Request for Tenancy. If inspection is cancelled, HCP will not schedule a re-inspection and will require the family to search for a new unit.

Owner / Agent / Landlord: _____ **Date:** _____
(Please circle one) (Print name)

Owner / Agent / Landlord: _____
(Please circle one) (Print name)

This checklist covers the majority of violations that cause a unit to fail. For additional information on what will bring your unit to code, please refer to the DCMR Title 14, HUD Housing Quality Standards guidelines (HQS), and BOCA National Property Maintenance Code.
If you have any questions or concerns, please call (202) 535-1000 and ask for the Inspections Division.

Initial RFTA _____
Portable RFTA _____

Welcome To DCHA

Housing Choice

Voucher Program

R106

Recertification Walk-ins

Effective 12-27-15

Housing Assistance Payments Contract (HAP Contract)
Section 8 Tenant-Based Assistance
Housing Choice Voucher Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No 2577-0169
(exp. 07/31/2007)

Part A of the HAP Contract: Contract Information

(To prepare the contract, fill out all contract information in Part A.)

1. **Contents of Contract**
This HAP contract has three parts.
Part A Contract Information
Part B Body of Contract
Part C Tenancy Addendum

2 **Tenant**

TIBURCIO VASQUEZ

3 **Contract Unit**

3007 11TH STREET NW C
WASHINGTON, D.C. 20001

4. **Household**

The following persons may reside in the unit. Other persons may not be added to the household without prior written approval of the owner and the PHA.

TIBURCIO VASQUEZ, GLORIA VASQUEZ FLORES, ALEXIS VASQUEZ FLORES

5 **Initial Lease Term**

The initial lease term begins on (mm/dd/yyyy) 11/06/2009

The initial lease term ends on (mm/dd/yyyy) 11/30/2010

6 **Initial Rent to Owner**

The initial rent to owner is $1,204.00
During the initial lease term, the owner may not raise the rent to owner

7 **Initial Housing Assistance Payment**

The HAP contract term commences on the first day of the initial lease term. At the beginning of the HAP contract term, the amount of the housing assistance payment by the PHA to the owner is $1,012.00 per month.
The amount of the monthly housing assistance payment by the PHA to the owner is subject to change during the HAP contract term in accordance with HUD requirements

8 Utilities and Appliances

The owner shall provide or pay for the utilities and appliances indicated below by an "O" The tenant shall provide or pay for the utilities and appliances indicated below by a "T" Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner

Item	Specify fuel type			Provided by	Paid by
Heating	☐ Natural gas	☐ Bottle gas ☑ Oil or Electric	☐ Coal or Other	O	T
Cooking	☐ Natural gas	☐ Bottle gas ☑ Oil or Electric	☐ Coal or Other	O	T
Water Heating	☐ Natural gas	☐ Bottle gas ☑ Oil or Electric	☐ Coal or Other	O	T
Other Electric				O	T
Water				O	O
Sewer				O	O
Trash Collection				O	O
Air Conditioning				O	T
Refrigerator					
Range/Microwave					
Other (specify)					

Signatures:

Public Housing Agency

Donna Shrewsbury
Print or Type Name of PHA

Ronald McCoy
Signature

Leasing Supervisor
Print or Type Name and Title of Signatory

11/6/09
Date (mm/dd/yyyy)

Owner

William L Ricks
Print or Type Name of Owner

William L Ricks
Signature

Print or Type Name and Title of Signatory

11/6/09
Date

Voucher program.

Mail Payments to

Address (street, city, [illegible])

Part B of HAP Contract: Body of Contract

1 **Purpose**

a. This is a HAP contract between the PHA and the owner The HAP contract is entered to provide assistance for the family under the Section 8 voucher program (see HUD program regulations at 24 Code of Federal Regulations Part 982)

b The HAP contract only applies to the household and contract unit specified in Part A of the HAP contract.

c. During the HAP contract term, the PHA will pay housing assistance payments to the owner in accordance with the HAP contract

d The family will reside in the contract unit with assistance under the Section 8 voucher program The housing assistance payments by the PHA assist the tenant to lease the contract unit from the owner for occupancy by the family

2. **Lease of Contract Unit**

a. The owner has leased the contract unit to the tenant for occupancy by the family with assistance under the Section 8 voucher program

b The PHA has approved leasing of the unit in accordance with requirements of the Section 8 voucher program

c The lease for the contract unit must include word-for-word all provisions of the tenancy addendum required by HUD (Part C of the HAP contract)

d The owner certifies that.

(1) The owner and the tenant have entered into a lease of the contract unit that includes all provisions of the tenancy addendum

(2) The lease is in a standard form that is used in the locality by the owner and that is generally used for other unassisted tenants in the premises

(3) The lease is consistent with State and local law

e The owner is responsible for screening the family's behavior or suitability for tenancy The PHA is not responsible for such screening The PHA has no liability or responsibility to the owner or other persons for the family's behavior or the family's conduct in tenancy

3. **Maintenance, Utilities, and Other Services**

a The owner must maintain the contract unit and premises in accordance with the housing quality standards (HQS)

b The owner must provide all utilities needed to comply with the HQS

c. If the owner does not maintain the contract unit in accordance with the HQS, or fails to provide all utilities needed to comply with the HQS, the PHA may exercise any available remedies PHA remedies for such breach include recovery of overpayments, suspension of housing assistance payments, abatement or other reduction of housing assistance payments, termination of housing assistance payments, and termination of the HAP contract. The PHA may not exercise such remedies against the owner because of an HQS breach for which the family is responsible, and that is not caused by the owner

d The PHA shall not make any housing assistance payments if the contract unit does not meet the HQS, unless the owner corrects the defect within the period specified by the PHA and the PHA verifies the correction. If a defect is life threatening, the owner must correct the defect within no more than 24 hours For other defects, the owner must correct the defect within the period specified by the PHA

e The PHA may inspect the contract unit and premises at such times as the PHA determines necessary, to ensure that the unit is in accordance with the HQS

f The PHA must notify the owner of any HQS defects shown by the inspection.

g The owner must provide all housing services as agreed to in the lease

4 **Term of HAP Contract**

a. **Relation to lease term** The term of the HAP contract begins on the first day of the initial term of the lease, and terminates on the last day of the term of the lease (including the initial lease term and any extensions)

b When HAP contract terminates.

(1) The HAP contract terminates automatically if the lease is terminated by the owner or the tenant.

(2) The PHA may terminate program assistance for the family for any grounds authorized in accordance with HUD requirements If the PHA terminates program assistance for the family, the HAP contract terminates automatically

(3) If the family moves from the contract unit, the HAP contract terminates automatically

(4) The HAP contract terminates automatically 180 calendar days after the last housing assistance payment to the owner

(5) The PHA may terminate the HAP contract if the PHA determines, in accordance with HUD requirements, that available program funding is not sufficient to support continued assistance for families in the program.

(6) The PHA may terminate the HAP contract if the PHA determines that the contract unit does not provide adequate space in accordance with the HQS because of an increase in family size or a change in family composition

(7) If the family breaks up, the PHA may terminate the HAP contract, or may continue housing assistance payments on behalf of family members who remain in the contract unit

(8) The PHA may terminate the HAP contract if the PHA determines that the unit does not meet all requirements of the HQS, or determines that the owner has otherwise breached the HAP contract.

5 Provision and Payment for Utilities and Appliances

a The lease must specify what utilities are to be provided or paid by the owner or the tenant

b The lease must specify what appliances are to be provided or paid by the owner or the tenant.

c Part A of the HAP contract specifies what utilities and appliances are to be provided or paid by the owner or the tenant. The lease shall be consistent with the HAP contract.

6 Rent to Owner: Reasonable Rent

a. During the HAP contract term, the rent to owner may at no time exceed the reasonable rent for the contract unit as most recently determined or redetermined by the PHA in accordance with HUD requirements

b The PHA must determine whether the rent to owner is reasonable in comparison to rent for other comparable unassisted units. To make this determination, the PHA must consider

(1) The location, quality, size, unit type, and age of the contract unit; and

(2) Any amenities, housing services, maintenance and utilities provided and paid by the owner.

c. The PHA must redetermine the reasonable rent when required in accordance with HUD requirements The PHA may redetermine the reasonable rent at any time

d During the HAP contract term, the rent to owner may not exceed rent charged by the owner for comparable unassisted units in the premises The owner must give the PHA any information requested by the PHA on rents charged by the owner for other units in the premises or elsewhere

7 PHA Payment to Owner

a. When paid

(1) During the term of the HAP contract, the PHA must make monthly housing assistance payments to the owner on behalf of the family at the beginning of each month.

(2) The PHA must pay housing assistance payments promptly when due to the owner

(3) If housing assistance payments are not paid promptly when due after the first two calendar months of the HAP contract term, the PHA shall pay the owner penalties in accordance with generally accepted practices and law, as applicable in the local housing market, governing penalties for late payment by a tenant. However, the PHA shall not be obligated to pay any late payment penalty if HUD determines that late payment by the PHA is due to factors beyond the PHA's control Moreover, the PHA shall not be obligated to pay any late payment penalty if housing assistance payments by the PHA are delayed or denied as a remedy for owner breach of the HAP contract (including any of the following PHA remedies recovery of overpayments, suspension of housing assistance payments, abatement or reduction of housing assistance payments, termination of housing assistance payments and termination of the contract)

(4) Housing assistance payments shall only be paid to the owner while the family is residing in the contract unit during the term of the HAP contract. The PHA shall not pay a housing assistance payment to the owner for any month after the month when the family moves out.

b **Owner compliance with HAP contract.** Unless the owner has complied with all provisions of the HAP contract, the owner does not have a right to receive housing assistance payments under the HAP contract.

c **Amount of PHA payment to owner**

(1) The amount of the monthly PHA housing assistance payment to the owner shall be determined by the PHA in accordance with HUD requirements for a tenancy under the voucher program

(2) The amount of the PHA housing assistance payment is subject to change during the HAP contract term in accordance with HUD requirements The PHA must notify the family and the owner of any changes in the amount of the housing assistance payment.

(3) The housing assistance payment for the first month of the HAP contract term shall be prorated for a partial month

d **Application of payment** The monthly housing assistance payment shall be credited against the monthly rent to owner for the contract unit.

e **Limit of PHA responsibility**

(1) The PHA is only responsible for making housing assistance payments to the owner in accordance with the HAP contract and HUD requirements for a tenancy under the voucher program

(2) The PHA shall not pay any portion of the rent to owner in excess of the housing assistance payment The PHA shall not pay any other claim by the owner against the family

f. **Overpayment to owner** If the PHA determines that the owner is not entitled to the housing assistance payment or any part of it, the PHA, in addition to other remedies, may deduct the amount of the overpayment from any amounts due the owner (including amounts due under any other Section 8 assistance contract).

8 Owner Certification

During the term of this contract, the owner certifies that.

a. The owner is maintaining the contract unit and premises in accordance with the HQS.

b The contract unit is leased to the tenant. The lease includes the tenancy addendum (Part C of the HAP contract), and is in accordance with the HAP contract and program requirements The owner has provided the lease to the PHA, including any revisions of the lease

c The rent to owner does not exceed rents charged by the owner for rental of comparable unassisted units in the premises

d Except for the rent to owner, the owner has not received and will not receive any payments or other consideration (from the family, the PHA, HUD, or any other public or private source) for rental of the contract unit during the HAP contract term.

e. The family does not own or have any interest in the contract unit

f To the best of the owner's knowledge, the members of the family reside in the contract unit, and the unit is the family's only residence

g. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister, or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities

9 **Prohibition of Discrimination.** In accordance with applicable equal opportunity statutes, Executive Orders, and regulations

a. The owner must not discriminate against anyp erson because of race, color, religion, sex, national origin, age, familial status, or disability in connection with the HAP contract.

b The owner must cooperate with the PHA and HUD in conducting equal opportunity compliance reviews and complaint investigations in connection with the HAP contract.

10 **Owner's Breach of HAP Contract**

a Any of the following actions by the owner (including a principal or other interested party) is a breach of the HAP contract by the owner

(1) If the owner has violated any obligation under the HAP contract, including the owner's obligation to maintain the unit in accordance with the HQS

(2) If the owner has violated anyobl igation under any other housing assistance payments contract under Section 8

(3) If the owner has committed fraud, bribery or any other corrupt or criminal act in connection with any Federal housing assistance program.

(4) For projects with mortgages insured by HUD or loans made by HUD, if the owner has failed to comply with the regulations for the applicable mortgage insurance or loan program, with the mortgage or mortgage note, or with the regulatory agreement, or if the owner has committed fraud, bribery or any other corrupt or criminal act in connection with the mortgage or loan

(5) If the owner has engaged in any drug-related criminal activity or any violent criminal activity

b If the PHA determines that a breach has occurred, the PHA may exercise any of its rights and remedies under the HAP contract, or any other available rights and remedies for such breach The PHA shall notify the owner of such determination, including a brief statement of the reasons for the determination. The notice by the PHA to the owner may require the owner to take corrective action, as verified or determined by the PHA, by a deadline prescribed in the notice.

c The PHA's rights and remedies for owner breach of the HAP contract include recovery of overpayments, suspension of housing assistance payments, abatement or other reduction of housing assistance payments, termination of housing assistance payments, and termination of the HAP contract.

d The PHA may seek and obtain additional relief by judicial order or action, including specific performance, other injunctive relief or order for damages

e Even if the family continues to live in the contract unit, the PHA may exercise any rights and remedies for owner breach of the HAP contract

f. The PHA's exercise or non-exercise of any right or remedy for owner breach of the HAP contract is not a waiver of the right to exercise that or any other right or remedy at any time

11 **PHA and HUD Access to Premises and Owner's Records**

a. The owner must provide any information pertinent to the HAP contract that the PHA or HUD may reasonably require

b The PHA, HUD and the Comptroller General of the United States shall have full and free access to the contract unit and the premises, and to all accounts and other records of the owner that are relevant to the HAP contract, including the right to examine or audit the records and to make copies.

c The owner must grant such access to computerized or other electronic records, and to any computers, equipment or facilities containing such records, and must provide any information or assistance needed to access the records.

12 **Exclusion of Third Party Rights**

a. The family is not a party to or third party beneficiary of Part B of the HAP contract. The family may not enforce any provision of Part B, and may not exercise any right or remedy against the owner or PHA under Part B

b The tenant or the PHA may enforce the tenancy addendum (Part C of the HAP contract) against the owner, and may exercise any right or remedy against the owner under the tenancy addendum.

c. The PHA does not assume any responsibility for injury to, or any liability to, any person injured as a result of the owner's action or failure to act in connection with management of the contract unit or the premises or with implementation of the HAP contract, or as a result of any other action or failure to act by the owner

d The owner is not the agent of the PHA, and the HAP contract does not create or affect any relationship between the PHA and any lender to the owner or any suppliers, employees, contractors or subcontractors used by the owner in connection with management of the contract unit or the premises or with implementation of the HAP contract

13 **Conflict of Interest**

a "Covered individual" means a person or entity who is a member of any of the following classes

(1) Any present or former member or officer of the PHA (except a PHA commissioner who is a participant in the program),

(2) Any employee of the PHA, or any contractor, sub-contractor or agent of the PHA, who formulates policy or who influences decisions with respect to the program,

(3) Any public official, member of a governing body, or State or local legislator, who exercises functions or responsibilities with respect to the program, or

(4) Any member of the Congress of the United States

b A covered individual may not have any direct or indirect interest in the HAP contract or in any benefits or payments under the contract (including the interest of an immediate family member of such covered individual) while such person is a covered individual or during one year thereafter

c "Immediate family member" means the spouse, parent (including a stepparent), child (including a stepchild), grandparent, grandchild, sister or brother (including a stepsister or stepbrother) of any covered individual.

d The owner certifies and is responsible for assuring that no person or entity has or will have a prohibited interest, at execution of the HAP contract, or at any time during the HAP contract term.

e If a prohibited interest occurs, the owner shall promptly and fully disclose such interest to the PHA and HUD

f The conflict of interest prohibition under this section may be waived by the HUD field office for good cause

g. No member of or delegate to the Congress of the United States or resident commissioner shall be admitted to any share or part of the HAP contract or to any benefits which may arise from it.

14 **Assignment of the HAP Contract**

a. The owner may not assign the HAP contract to a new owner without the prior written consent of the PHA

b If the owner requests PHA consent to assign the HAP contract to a new owner, the owner shall supply any information as required by the PHA pertinent to the proposed assignment

c The HAP contract may not be assigned to a new owner that is debarred, suspended or subject to a limited denial of participation under HUD regulations (see 24 Code of Federal Regulations Part 24)

d The HAP contract may not be assigned to a new owner if HUD has prohibited such assignment because

(1) The Federal government has instituted an administrative or judicial action against the owner or proposed new owner for violation of the Fair Housing Act or other Federal equal opportunity requirements, and such action is pending; or

(2) A court or administrative agency has determined that the owner or proposed new owner violated the Fair Housing Act or other Federal equal opportunity requirements

e The HAP contract may not be assigned to a new owner if the new owner (including a principal or other interested party) is the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the family of such determination) that approving the assignment, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities

f The PHA may deny approval to assign the HAP contract if the owner or proposed new owner (including a principal or other interested party)

(1) Has violated obligations under a housing assistance payments contract under Section 8,

(2) Has committed fraud, bribery or any other corrupt or criminal act in connection with any Federal housing program,

(3) Has engaged in any drug-related criminal activity or any violent criminal activity,

(4) Has a history or practice of non-compliance with the HQS for units leased under the Section 8 tenant-based programs, or non-compliance with applicable housing standards for units leased with project-based Section 8 assistance or for units leased under any other Federal housing program;

(5) Has a history or practice of failing to terminate tenancy of tenants assisted under any Federally assisted housing program for activity engaged in by the tenant, any member of the household, a guest or another person under the control of any member of the household that.

(a) Threatens the right to peaceful enjoyment of the premises by other residents,

(b) Threatens the health or safety of other residents, of employees of the PHA, or of owner employees or other persons engaged in management of the housing;

(c) Threatens the health or safety of, or the right to peaceful enjoyment of their residents by, persons residing in the immediate vicinity of the premises, or

(d) Is drug-related criminal activity or violent criminal activity,

(6) Has a history or practice of renting units that fail to meet State or local housing codes; or

(7) Has not paid State or local real estate taxes, fines or assessments.

g The new owner must agree to be bound by and comply with the HAP contract. The agreement must be in writing, and in a form acceptable to the PHA The new owner must give the PHA a copy of the executed agreement.

15 **Written Notices** Any notice by the PHA or the owner in connection with this contract must be in writing.

16 **Entire Agreement: Interpretation**

a. The HAP contract contains the entire agreement between the owner and the PHA.

b The HAP contract shall be interpreted and implemented in accordance with HUD requirements, including the HUD program regulations at 24 Code of Federal Regulations Part 982.

Part C of HAP Contract: Tenancy Addendum

1 Section 8 Voucher Program

a. The owner is leasing the contract unit to the tenant for occupancy by the tenant's family with assistance for a tenancy under the Section 8 housing choice voucher program (voucher program) of the United States Department of Housing and Urban Development (HUD).

b The owner has entered into a Housing Assistance Payments Contract (HAP contract) with the PHA under the voucher program Under the HAP contract, the PHA will make housing assistance payments to the owner to assist the tenant in leasing the unit from the owner

2 Lease

a. The owner has given the PHA a copy of the lease, including any revisions agreed by the owner and the tenant The owner certifies that the terms of the lease are in accordance with all provisions of the HAP contract and that the lease includes the tenancy addendum.

b The tenant shall have the right to enforce the tenancy addendum against the owner If there is any conflict between the tenancy addendum and any other provisions of the lease, the language of the tenancy addendum shall control.

3. Use of Contract Unit

a. During the lease term, the family will reside in the contract unit with assistance under the voucher program

b The composition of the household must be approved by the PHA. The family must promptly inform the PHA of the birth, adoption or court-awarded custody of a child. Other persons may not be added to the household without prior written approval of the owner and the PHA

c The contract unit may only be used for residence by the PHA-approved household members The unit must be the family's only residence. Members of the household may engage in legal profit making activities incidental to primaryuse of the unit for residence by members of the family

d. The tenant may not sublease or let the unit.

e. The tenant may not assign the lease or transfer the unit.

4 Rent to Owner

a. The initial rent to owner may not exceed the amount approved by the PHA in accordance with HUD requirements

b Changes in the rent to owner shall be determined by the provisions of the lease However, the owner may not raise the rent during the initial term of the lease

c. During the term of the lease (including the initial term of the lease and any extension term), the rent to owner may at no time exceed

(1) The reasonable rent for the unit as most recently determined or redetermined by the PHA in accordance with HUD requirements, or

(2) Rent charged by the owner for comparable unassisted units in the premises.

5 Family Payment to Owner

a. The family is responsible for paying the owner any portion of the rent to owner that is not covered by the PHA housing assistance payment

b Each month, the PHA will make a housing assistance payment to the owner on behalf of the family in accordance with the HAP contract. The amount of the monthly housing assistance payment will be determined by the PHA in accordance with HUD requirements for a tenancy under the Section 8 voucher program

c. The monthly housing assistance payment shall be credited against the monthly rent to owner for the contract unit

d The tenant is not responsible for paying the portion of rent to owner covered by the PHA housing assistance payment under the HAP contract between the owner and the PHA. A PHA failure to pay the housing assistance payment to the owner is not a violation of the lease. The owner may not terminate the tenancy for nonpayment of the PHA housing assistance payment.

e The owner may not charge or accept, from the family or from any other source, any payment for rent of the unit in addition to the rent to owner Rent to owner includes all housing services, maintenance, utilities and appliances to be provided and paid by the owner in accordance with the lease

f. The owner must immediately return any excess rent payment to the tenant.

6 Other Fees and Charges

a Rent to owner does not include cost of any meals or supportive services or furniture which may be provided by the owner

b. The owner may not require the tenant or family members to pay charges for any meals or supportive services or furniture which may be provided by the owner. Nonpayment of any such charges is not grounds for termination of tenancy.

c. The owner may not charge the tenant extra amounts for items customarily included in rent to owner in the locality, or provided at no additional cost to unsubsidized tenants in the premises.

7 Maintenance, Utilities, and Other Services

a. **Maintenance**

(1) The owner must maintain the unit and premises in accordance with the HQS

(2) Maintenance and replacement (including redecoration) must be in accordance with the standard practice for the building concerned as established by the owner

b **Utilities and appliances**

(1) The owner must provide all utilities needed to comply with the HQS.

(2) The owner is not responsible for a breach of the HQS caused by the tenant's failure to

(a) Pay for any utilities that are to be paid by the tenant.

(b) Provide and maintain any appliances that are to be provided by the tenant.

c **Family damage** The owner is not responsible for a breach of the HQS because of damages beyond normal wear and tear caused by any member of the household or by a guest.

d **Housing services.** The owner must provide all housing services as agreed to in the lease

8 Termination of Tenancy by Owner

a **Requirements** The owner may only terminate the tenancy in accordance with the lease and HUD requirements

b **Grounds.** During the term of the lease (the initial term of the lease or any extension term), the owner may only terminate the tenancy because of.

(1) Serious or repeated violation of the lease,

(2) Violation of Federal, State, or local law that imposes obligations on the tenant in connection with the occupancy or use of the unit and the premises,

(3) Criminal activity or alcohol abuse (as provided in paragraph c), or

(4) Other good cause (as provided in paragraph d)

c **Criminal activity or alcohol abuse.**

(1) The owner may terminate the tenancy during the term of the lease if any member of the household, a guest or another person under a resident's control commits any of the following types of criminal activity

(a) Any criminal activity that threatens the health or safety of, or the right to peaceful enjoyment of the premises by, other residents (including property management staff residing on the premises),

(b) Any criminal activity that threatens the health or safety of, or the right to peaceful enjoyment of their residences by, persons residing in the immediate vicinity of the premises,

(c) Any violent criminal activity on or near the premises, or

(d) Any drug-related criminal activity on or near the premises

(2) The owner may terminate the tenancy during the term of the lease if any member of the household is

(a) Fleeing to avoid prosecution, or custody or confinement after conviction, for a crime, or attempt to commit a crime, that is a felony under the laws of the place from which the individual flees, or that, in the case of the State of New Jersey, is a high misdemeanor; or

(b) Violating a condition of probation or parole under Federal or State law

(3) The owner may terminate the tenancy for criminal activity by a household member in accordance with this section if the owner determines that the household member has committed the criminal activity, regardless of whether the household member has been arrested or convicted for such activity

(4) The owner may terminate the tenancy during the term of the lease if any member of the household has engaged in abuse of alcohol that threatens the health, safety or right to peaceful enjoyment of the premises by other residents

d **Other good cause for termination of tenancy**

(1) During the initial lease term, other good cause for termination of tenancy must be something the family did or failed to do

(2) During the initial lease term or during any extension term, other good cause includes

(a) Disturbance of neighbors,

(b) Destruction of property, or

(c) Living or housekeeping habits that cause damage to the unit or premises.

(3) After the initial lease term, such good cause includes

(a) The tenant's failure to accept the owner's offer of a new lease or revision,

(b) The owner's desire to use the unit for personal or family use or for a purpose other than use as a residential rental unit, or

(c) A business or economic reason for termination of the tenancy (such as sale of the property, renovation of the unit, the owner's desire to rent the unit for a higher rent)

e. Protections for Victims of Abuse.

(1) An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be construed as serious or repeated violations of the lease or other "good cause" for termination of the assistance, tenancy, or occupancy rights of such a victim.

(2) Criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control,

shall not be cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of domestic violence, dating violence, or stalking.

(3) Notwithstanding any restrictions on admission, occupancy, or terminations of occupancy or assistance, or any Federal, State or local law to the contrary, a PHA, owner or manager may "bifurcate" a lease, or otherwise remove a household member from a lease, without regard to whether a household member is a signatory to the lease, in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others. This action may be taken without evicting, removing, terminating assistance to, or otherwise penalizing the victim of the violence who is also a tenant or lawful occupant. Such eviction, removal, termination of occupancy rights, or termination of assistance shall be effected in accordance with the procedures prescribed by Federal, State, and local law for the termination of leases or assistance under the housing choice voucher program.

(4) Nothing in this section may be construed to limit the authority of a public housing agency, owner, or manager, when notified, to honor court orders addressing rights of access or control of the property, including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among the household members in cases where a family breaks up

(5) Nothing in this section limits any otherwise available authority of an owner or manager to evict or the public housing agency to terminate assistance to a tenant for any violation of a lease not premised on the act or acts of violence in question against the tenant or a member of the tenant's household, provided that the owner, manager, or public housing agency does not subject an individual who is or has been a victim of domestic violence, dating violence, or stalking to a more demanding standard than other tenants in determining whether to evict or terminate.

(6) Nothing in this section may be construed to limit the authority of an owner or manager to evict, or the public housing agency to terminate assistance, to any tenant if the owner, manager, or public housing agency can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if the tenant is not evicted or terminated from assistance.

(7) Nothing in this section shall be construed to supersede any provision of any Federal, State, or local law that provides greater protection than this section for victims of domestic violence, dating violence, or stalking.

f. **Eviction by court action.** The owner may only evict the tenant by a court action.

g. **Owner notice of grounds**

(1) At or before the beginning of a court action to evict the tenant, the owner must give the tenant a notice that specifies the grounds for termination of tenancy. The notice may be included in or combined with any owner eviction notice

(2) The owner must give the PHA a copy of any owner eviction notice at the same time the owner notifies the tenant.

(3) Eviction notice means a notice to vacate, or a complaint or other initial pleading used to begin an eviction action under State or local law

9 Lease: Relation to HAP Contract

If the HAP contract terminates for any reason, the lease terminates automatically

10 PHA Termination of Assistance

The PHA may terminate program assistance for the family for any grounds authorized in accordance with HUD requirements. If the PHA terminates program assistance for the family, the lease terminates automatically

11 Family Move Out

The tenant must notify the PHA and the owner before the family moves out of the unit.

12. Security Deposit

a. The owner may collect a security deposit from the tenant. (However, the PHA may prohibit the owner from collecting a security deposit in excess of private market practice, or in excess of amounts charged by the owner to unassisted tenants Any such PHA-required restriction must be specified in the HAP contract)

b When the family moves out of the contract unit, the owner, subject to State and local law, may use the security deposit, including any interest on the deposit, as reimbursement for any unpaid rent payable by the tenant, any damages to the unit or any other amounts that the tenant owes under the lease

c The owner must give the tenant a list of all items charged against the security deposit, and the amount of each item. After deducting the amount, if any, used to reimburse the owner, the owner must promptly refund the full amount of the unused balance to the tenant.

d If the security deposit is not sufficient to cover amounts the tenant owes under the lease, the owner may collect the balance from the tenant.

13. Prohibition of Discrimination

In accordance with applicable equal opportunity statutes, Executive Orders, and regulations, the owner must not discriminate against any person because of race, color, religion, sex, national origin, age, familial status or disability in connection with the lease.

14 Conflict with Other Provisions of Lease

Housing Assistance Payments Contract (HAP Contract)
Section 8 Tenant-Based Assistance
Housing Choice Voucher Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No 2577-0169
(exp 07/31/2007)

Instructions for use of HAP Contract

This form of Housing Assistance Payments Contract (HAP contract) is used to provide Section 8 tenant-based assistance under the housing choice voucher program (voucher program) of the U S Department of Housing and Urban Development (HUD) The main regulation for this program is 24 Code of Federal Regulations Part 982

The local voucher program is administered by a public housing agency (PHA) The HAP contract is an agreement between the PHA and the owner of a unit occupied by an assisted family The HAP contract has three parts.

Part A Contract information (fill-ins)
See section by section instructions
Part B Body of contract
Part C Tenancy addendum

Use of this form

Use of this HAP contract is required by HUD Modification of the HAP contract is not permitted The HAP contract must be word-for-word in the form prescribed by HUD
However, the PHA may choose to add the following:

Language that prohibits the owner from collecting a security deposit in excess of private market practice, or in excess of amounts charged by the owner to unassisted tenants Such a prohibition must be added to Part A of the HAP contract

Language that defines when the housing assistance payment by the PHA is deemed received by the owner (e g., upon mailing by the PHA or actual receipt by the owner) Such language must be added to Part A of the HAP contract.

To prepare the HAP contract, fill in all contract information in Part A of the contract Part A must then be executed by the owner and the PHA

Use for special housing types

In addition to use for the basic Section 8 voucher program, this form must also be used for the following "special housing types" which are voucher program variants for special needs (see 24 CFR Part 982, Subpart M): (1) single room occupancy (SRO) housing; (2) congregate housing, (3) group home; (4) shared housing; and (5) manufactured home rental by a family that leases the manufactured home and space When this form is used for a special housing type, the special housing type shall be specified in Part A of the HAP contract, as follows: "This HAP contract is used for the following special housing type under HUD regulations for the Section 8 voucher program. (Insert Name of Special Housing type) "

However, this form may not be used for the following special housing types: (1) manufactured home space rental by a family that owns the manufactured home and leases only the space, (2) cooperative housing; and (3) the homeownership option under Section 8(y) of the United States Housing Act of 1937 (42 U S.C. 1437f(y)).

How to fill in Part A
Section by Section Instructions

Section 2 **Tenant**
Enter full name of tenant

Section 3 **Contract Unit**
Enter address of unit, including apartment number, if any

Section 4 **Household Members**
Enter full names of all PHA-approved household members Specify if any such person is a live-in aide, which is a person approved by the PHA to reside in the unit to provide supportive services for a family member who is a person with disabilities.

Section 5. **Initial Lease Term**

Enter first date and last date of initial lease term.

The initial lease term must be for at least one year. However, the PHA may approve a shorter initial lease term if the PHA determines that.

- Such shorter term would improve housing opportunities for the tenant, and
- Such shorter term is the prevailing local market practice

Section 6. **Initial Rent to Owner**

Enter the amount of the monthly rent to owner during the initial lease term The PHA must determine that the rent to owner is reasonable in comparison to rent for other comparable unassisted units During the initial lease term, the owner may not raise the rent to owner.

Section 7 **Housing Assistance Payment**

Enter the initial amount of the monthly housing assistance payment.

Section 8 **Utilities and Appliances**
The lease and the HAP contract must specify what utilities and appliances are to be supplied by the owner, and what utilities and appliances are to be supplied by the tenant. Fill in section 8 to show who is responsible to provide or pay for utilities and appliances

Inspection Checklist
Housing Choice Voucher Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No 2577-0169
(exp 04/30/2014)

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
LONGO JOSE L	100054178	01/29/2013
Inspector	**Neighborhood Census Tract**	**Date of Inspection (mm/dd/yyyy)**
LATSON, JR PHIL	31 00	03/01/2013

Type of Inspection [Annual Inspection]
☐ Initial ☐ Special ☒ Reinspection

Date of Last Inspection (mm/dd/yyyy): 03/01/2013

PHA: District of Columbia Housing Authority

A - General Information

Inspected Unit 021383 **Year of Construction (yyyy)** 1964 **Insp #** 1000183555

Full Address (including Street, City, County State Zip)
3007 11th Street NW APT BASEME JOYCE RAPU -
Washington DC 20001
1 County 1

Number of Children in Family Under 6: 0

Owner

Name of Owner or Agent Authorized to Lease Unit Inspected	Phone Number
RICKS WILLIAM	(202)215-2169

Address of Owner or Agent
3007 11TH STREET NW APT# B
WASHINGTON DC 20001

Housing Type (check as appropriate)
- ☐ Single Family Detach
- ☐ Duplex or Two Family
- ☐ Row or Town House
- ☐ Low Rise 3/4 Stories including Garden
- ☐ High Rise 5 Stories
- ☐ Manufactured Home
- ☐ Congregate
- ☐ Cooperate
- ☐ Independent Group Residence
- ☐ Single Room Occupancy
- ☐ Shared Housing
- ☐ Other

B. Summary Decision on Unit (To be completed after form has been filled out)

☒ Passed
☐ Failed
☐ Inconclusive

Number of Bedrooms for Purposes of the FMR or Payment Standard: 2 00

Number of Sleeping Rooms:

Inspection Checklist

Item No	Living Room	Yes Pass	No Fail	In-Conc	Comments	Approval Date
1 1	Living Room Present	P				03/01/2013
1 2	Electricity	P				03/01/2013
1 3	Electrical Hazards	P				03/01/2013
1 4	Security	P				03/01/2013
1 5	Window Condition	P				03/01/2013
1 6	Ceiling Condition	P				03/01/2013
1 7	Wall Condition	P				03/01/2013
1 8	Floor Condition	P				03/01/2013
1 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square	P				03/01/2013

*Room Codes 1 = Bedroom or any other room used for sleeping (regardless of type of room), 2 = Dining Room or Dining Area, 3=Second Living Room, Family Room, Den, Playroom, TV Room, 4=Entrance Halls, Corridors, Halls, Staircases, 5=Additional Bathroom, 6=Other

Item No	Living Room	Yes Pass	No Fail	In-Conc	Comments	Approval Date
	feet per room and/or is more than 10% of a component?					
1 10	Smoke Detector	P				03/01/2013
Item No	**Kitchen**	**Yes Pass**	**No Fail**	**In-Conc**	**Comments**	**Approval Date**
2 1	Kitchen Area Present	P				03/01/2013
2 2	Electricity	P				03/01/2013
2 3	Electrical Hazards	P				03/01/2013
2 4	Security	P				03/01/2013
2 5	Window Condition	P				03/01/2013
2 6	Ceiling Condition	P				03/01/2013
2 7	Wall Condition	P				03/01/2013
2 8	Floor Condition	P				03/01/2013
2 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?	P				03/01/2013
2 10	Stove or Range with Oven	P				03/01/2013
2 11	Refrigerator	P				03/01/2013
2 12	Sink	P				03/01/2013
2 13	Space for Storage, Preparation, and Serving of Food	P				03/01/2013
2 14	Cabinets	P				03/01/2013
2 15	Counter Tops	P				03/01/2013
Item No	**Bathroom**	**Yes Pass**	**No Fail**	**In-Conc**	**Comments**	**Approval Date**
3 1	Bathroom Presents	P				03/01/2013
3 2	Electricity	P				03/01/2013
3 3	Electrical Hazards	P				03/01/2013
3 4	Security	P				03/01/2013
3 5	Window Condition	P				03/01/2013
3 6	Ceiling Condition	P				03/01/2013
3 7	Wall Condition	P				03/01/2013
3 8	Floor Condition	P				03/01/2013
3 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?	P				03/01/2013
3 10	Flush Toilet in Enclosed Room in Unit	P				03/01/2013
3 11	Fix Wash Basin or Lavatory in Unit	P				03/01/2013
3 12	Tub or Shower in Unit	P				03/01/2013
3 13	Ventilation	P				03/01/2013
3 14	Mirror	P				03/01/2013
3 15	Closet	P				03/01/2013
3 16	Cabinet	P				03/01/2013

Item No	4 Other Rooms Used For Living and Halls 4 1 Bedroom REAR	Yes Pass	No Fail	In-Conc	Comments	Approval Date
4 2	Electricity/Illumination	P				03/01/2013
4 3	Electrical Hazards	P				03/01/2013
4 4	Security	P				03/01/2013
4 5	Window Condition	P				03/01/2013
4 6	Ceiling Condition	P				03/01/2013
4 7	Wall Condition	P				03/01/2013
4 8	Floor Condition	P				03/01/2013
4 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?	P				03/01/2013
4 10	Smoke Detector	P				03/01/2013
Item No	4 Other Rooms Used For Living and Halls 4 1 Bedroom 2	Yes Pass	No Fail	In-Conc	Comments	Approval Date
4 2	Electricity/Illumination	P				03/01/2013
4 3	Electrical Hazards	P				03/01/2013
4 4	Security	P				03/01/2013
4 5	Window Condition	P				03/01/2013
4 6	Ceiling Condition	P				03/01/2013
4 7	Wall Condition	P				03/01/2013
4 8	Floor Condition	P				03/01/2013
4 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?	P				03/01/2013
4 10	Smoke Detector	P				03/01/2013
Item No	4 Other Rooms Used For Living and Halls 4 1 Dining Room	Yes Pass	No Fail	In-Conc	Comments	Approval Date
4 2	Electricity/Illumination	P				03/01/2013
4 3	Electrical Hazards	P				03/01/2013
4 4	Security	P				03/01/2013
4 5	Window Condition	P				03/01/2013
4 6	Ceiling Condition	P				03/01/2013
4 7	Wall Condition	P				03/01/2013
4 8	Floor Condition	P				03/01/2013
4 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?	P				03/01/2013
4 10	Smoke Detector	P				03/01/2013
Item No	4 Other Rooms Used For Living and Halls 4 1 Hall	Yes Pass	No Fail	In-Conc	Comments	Approval Date
4 2	Electricity/Illumination	P				03/01/2013
4 3	Electrical Hazards	P				03/01/2013

Item No	4 Other Rooms Used For Living and Halls 4 1 Hall	Yes Pass	No Fail	In-Conc	Comments	Approval Date
4 4	Security	P				03/01/2013
4 5	Window Condition	P				03/01/2013
4 6	Ceiling Condition	P				03/01/2013
4 7	Wall Condition	P				03/01/2013
4 8	Floor Condition	P				03/01/2013
4 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?	P				03/01/2013
4 10	Smoke Detector	P				03/01/2013
4 11	Stairs & Rails	P				03/01/2013

Item No	4 Other Rooms Used For Living and Halls 4 1 Common Hallway	Yes Pass	No Fail	In-Conc	Comments	Approval Date
4 3	Electrical Hazards	P				03/01/2013
4 4	Security	P				03/01/2013
4 5	Window Condition	P				03/01/2013
4 6	Ceiling Condition	P				03/01/2013
4 7	Wall Condition	P				03/01/2013
4 8	Floor Condition	P				03/01/2013
4 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?	P				03/01/2013
4 10	Smoke Detector	P				03/01/2013
4 11	Stairs & Rails	P				03/01/2013
4 12	Fire Exits	P				03/01/2013

Item No	4 Other Rooms Used For Living and Halls 4 1 Other Room	Yes Pass	No Fail	In-Conc.	Comments	Approval Date
4 2	Electricity/Illumination	P				03/01/2013
4 3	Electrical Hazards	P				03/01/2013
4 4	Security	P				03/01/2013
4 5	Window Condition	P				03/01/2013
4 6	Ceiling Condition	P				03/01/2013
4 7	Wall Condition	P				03/01/2013
4 8	Floor Condition	P				03/01/2013
4 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?	P				03/01/2013
4 10	Smoke Detector	P				03/01/2013

Item No	5 All Secondary Rooms (Rooms not used for living) 5 1 None [ ] Go to Part 6 Attic	Yes Pass	No Fail	In-Conc.	Comments	Approval Date
5 3	Electrical Hazards	P				03/01/2013
5 5	Windows	P				03/01/2013

Item No	5 All Secondary Rooms (Rooms not used for living) 5.1 None [ ] Go to Part 6 Attic	Yes Pass	No Fail	In-Conc	Comments	Approval Date
5 6	Walls	P				03/01/2013
5 7	Floors	P				03/01/2013
5 8	Stairs & Rails	P				03/01/2013

Item No	5 All Secondary Rooms (Rooms not used for living) 5 1 None [ ] Go to Part 6 Basement	Yes Pass	No Fail	In-Conc	Comments	Approval Date
5 2	Security	P				03/01/2013
5 3	Electrical Hazards	P				03/01/2013
5 5	Windows	P				03/01/2013
5 6	Walls	P				03/01/2013
5 7	Stairs & Rails	P				03/01/2013
5 8	Smoke Detector	P				03/01/2013

Item No	Building Exteriors	Yes Pass	No Fail	In-Conc	Comments	Approval Date
6 1	Condition of Foundation	P				03/01/2013
6 2	Condition of Stairs, Rails, and Porches	P				03/01/2013
6 3	Condition of Roof/Gutters	P				03/01/2013
6 4	Condition of Exterior Surfaces	P				03/01/2013
6 5	Condition of Chimney	P				03/01/2013
6 8	Porches	P				03/01/2013
6 9	Defective Paint	P				03/01/2013

Item No	Heating / Plumbing	Yes Pass	No Fail	In-Conc	Comments	Approval Date
7 4	Water Heater	P				03/01/2013
7 5	Approvable Water Supply	P				03/01/2013
7 7	Sewer Connection	P				03/01/2013
7 8	Air-Conditioner	P				03/01/2013
7 9	Heating System	P				03/01/2013
7 10	Faucets	P				03/01/2013

Item No	General Items	Yes Pass	No Fail	In-Conc	Comments	Approval Date
8 1	Access to Unit	P				03/01/2013
8 2	Fire Exits	P				03/01/2013
8 3	Evidence of Infestation	P				03/01/2013
8 4	Garbage and Debris	P				03/01/2013
8 5	Refuse Disposal	P				03/01/2013
8 6	Interior Stairs and Common Halls	P				03/01/2013
8 8	Elevators	P				03/01/2013
8 9	Interior Air Quality	P				03/01/2013
8 10	Site and Neighborhood Conditions	P				03/01/2013
8 11	Lead-Based Paint Owner's Certification	P				03/01/2013
8 12	Common Walls	P				03/01/2013
8 13	City Rental License	P				03/01/2013
8 14	Sprinkler System	P				03/01/2013

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, or certified lead-based paint inspector, the PHA must obtain certi fication that the work has been done in accordance with all applicable requirements of 24 CFR Part 35 The Lead-Based Paint Owner Certifica tion must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required

C Special Amenities (Optional)

This Section is for optional use of the HA It is designed to collect additional information about other positive features of the unit that may be present Although the features listed below are not included in the Housing Quality Standards, the tenant and HA may wish to take them into consideration in decisions about renting the unit and the reasonableness of the rent Check/list any positive features found in relation to the unit

1. Living Room

- ☐ High quality floors or wall coverings
- ☐ Working fireplace or stove
- ☐ Balcony, patio, deck, porch
- ☐ Special windows or doors
- ☐ Exceptional size relative to needs of family
- ☐ Other (Specify)

2 Kitchen

- ☐ Dishwasher
- ☐ Separate freezer
- ☐ Garbage disposal
- ☐ Eating counter/breakfast nook
- ☐ Pantry or abundant shelving or cabinets
- ☐ Double oven/self cleaning oven, microwave
- ☐ Double sink
- ☐ High quality cabinets
- ☐ Abundant counter-top space
- ☐ Modern appliance(s)
- ☐ Exceptional size relative to needs of family
- ☐ Other (Specify)

3 Other Rooms Used for Living

- ☐ High quality floors or wall coverings
- ☐ Working fireplace or stove
- ☐ Balcony, patio, deck, porch
- ☐ Special windows or doors
- ☐ Exceptional size relative to needs of family
- ☐ Other (Specify)

4. Bath

- ☐ Special feature shower head
- ☐ Built-in heat lamp
- ☐ Large mirrors
- ☐ Glass door on shower/tub
- ☐ Separate dressing room
- ☐ Double sink or special lavatory
- ☐ Exceptional size relative to needs of family
- ☐ Other (Specify)

5 Overall Characteristics

- ☐ Storm windows and doors
- ☐ Other forms of weatherization (e g , insulation, weather stripping)
- ☐ Screen doors or windows
- ☐ Good upkeep of grounds (i e site cleanliness, landscaping, condition of lawn)
- ☐ Garage or parking facilities
- ☐ Driveway
- ☐ Large yard
- ☐ Good maintenance of building exterior
- ☐ Other (Specify)

6 Disabled Accessibility

Unit is accessible to a particular disability ☐ Yes ☒ No

Disability

D Questions to ask the Tenant (Optional)

1 Does the owner make repairs when asked? ☐ Yes ☐ No

2 How many people currently live in unit? _____

3 How much money do you pay to the owner/agnet for rent? _____

4 Do you pay for anything else? _____

5 Who owns the range and refrigerator?(insert O=Owner or T=Tenant) Range _____ Refrigerator _____ Microwave _____

6 Is there anything else you want to tell us? (specify) ☐ Yes ☒ No _____

E Inspection Summary/Comments (Optional)

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments"

Tenant ID Number	Inspector	Date of Inspection (mm/dd/yyyy)	Address of Inspected Unit
100054178	LATSON, JR PHIL	03/01/2013	3007 11th Street NW APT BASEME JOYCE Washington DC 20001
Type of Inspection [Annual Inspection] ☐ Initial ☐ Special ☒ Reinspection			1 County 1

Item Number	Reason for "Fail" or "Pass with Comments" Rating

03 / 01 / /2013– ANNUAL INSPECTION CONDUCTED MEETS FAILS HQS
LATSON

Owner Signature

Inspector Signature

Inspection Checklist
Housing Choice Voucher Program

U S Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No 2577-0169
(exp 04/30/2014)

Public reporting burden for this collection of information is estimated to average 0 25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewingthe collection of information This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number Assurances of confidentiality are not provided under this collection

This collection of information is authorized under Section 8 of the U S Housing Act of 1937 (42 U S C 1437f) The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
VASQUEZ TIBURCIO	100054547	11/01/2010
Inspector	**Neighborhood Census Tract**	**Date of Inspection (mm/dd/yyyy)**
BLUE EARL	0 00	01/12/2011
Type of Inspection [Annual Inspection]	**Date of Last Inspection (mm/dd/yyyy)**	**PHA**
☐ Initial ☐ Special ☒ Reinspection	01/12/2011	District of Columbia Housing Authority

A - General Information

Inspected Unit 021460 **Year of Construction (yyyy)** **Insp #** 1000161758

Full Address (including Street, City, County State Zip)
3007 11th Street NW APT C
Washington DC 20001
1 County 1

Number of Children in Family Under 6: 0

Owner

Name of Owner or Agent Authorized to Lease Unit Inspected: RICKS WILLIAM
Phone Number: (202)215-2169

Address of Owner or Agent
3007 11TH STREET NW APT# B
WASHINGTON DC 20001

Housing Type (check as appropriate)
- ☐ Single Family Detach
- ☒ Duplex or Two Family
- ☐ Row or Town House
- ☐ Low Rise 3/4 Stories including Garden
- ☐ High Rise 5 Stories
- ☐ Manufactured Home
- ☐ Congregate
- ☐ Cooperate
- ☐ Independent Group Residence
- ☐ Single Room Occupancy
- ☐ Shared Housing
- ☐ Other

B Summary Decision on Unit (To be completed after form has been filled out)

	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
☒ Passed ☐ Failed ☐ Inconclusive	2 00	

Inspection Checklist

Item No	Living Room	Yes Pass	No Fail	In-Conc	Comments	Approval Date
1 1	Living Room Present	P				01/12/2011
1 2	Electricity	P				01/12/2011
1 3	Electrical Hazards	P				01/12/2011
1 4	Security	P				01/12/2011
1 5	Window Condition	P				01/12/2011
1 6	Ceiling Condition	P				01/12/2011
1 7	Wall Condition	P				01/12/2011
1 8	Floor Condition	P				01/12/2011
1 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square	P				01/12/2011

*Room Codes 1 = Bedroom or any other room used for sleeping (regardless of type of room), 2 = Dining Room or Dining Area, 3=Second Living Room, Family Room, Den, Playroom, TV Room, 4=Entrance Halls, Corridors, Halls, Staircases, 5=Additional Bathroom, 6=Other

Item No	Living Room	Yes Pass	No Fail	In-Conc	Comments	Approval Date
	feet per room and/or is more than 10% of a component?					
1 10	Smoke Detector	P				01/12/2011
Item No	**Kitchen**	**Yes Pass**	**No Fail**	**In-Conc**	**Comments**	**Approval Date**
2 1	Kitchen Area Present	P				01/12/2011
2 2	Electricity	P				01/12/2011
2 3	Electrical Hazards	P				01/12/2011
2 4	Security	P				01/12/2011
2 5	Window Condition	P				01/12/2011
2 6	Ceiling Condition	P				01/12/2011
2 7	Wall Condition	P				01/12/2011
2 8	Floor Condition	P				01/12/2011
2 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?	P				01/12/2011
2 10	Stove or Range with Oven	P				01/12/2011
2 11	Refrigerator	P				01/12/2011
2 12	Sink	P				01/12/2011
2 13	Space for Storage, Preparation, and Serving of Food	P				01/12/2011
2 14	Cabinets	P				01/12/2011
2 15	Counter Tops	P				01/12/2011
Item No	**Bathroom**	**Yes Pass**	**No Fail**	**In-Conc**	**Comments**	**Approval Date**
3 1	Bathroom Presents	P				01/12/2011
3 2	Electricity	P				01/12/2011
3 3	Electrical Hazards	P				01/12/2011
3 4	Security	P				01/12/2011
3 5	Window Condition	P				01/12/2011
3 6	Ceiling Condition	P				01/12/2011
3 7	Wall Condition	P				01/12/2011
3 8	Floor Condition	P				01/12/2011
3 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?	P				01/12/2011
3 10	Flush Toilet in Enclosed Room in Unit	P				01/12/2011
3 11	Fix Wash Basin or Lavatory in Unit	P				01/12/2011
3 12	Tub or Shower in Unit	P				01/12/2011
3 13	Ventilation	P				01/12/2011
3 14	Mirror	P				01/12/2011
3 15	Closet	P				01/12/2011
3 16	Cabinet	P				01/12/2011

Item No	4 Other Rooms Used For Living and Halls 4 1 Bedroom	Yes Pass	No Fail	In-Conc	Comments	Approval Date
4 2	Electricity/Illumination	P				01/12/2011
4 3	Electrical Hazards	P				01/12/2011
4 4	Security	P				01/12/2011
4 5	Window Condition	P				01/12/2011
4 6	Ceiling Condition	P				01/12/2011
4 7	Wall Condition	P				01/12/2011
4 8	Floor Condition	P				01/12/2011
4 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?	P				01/12/2011
4 10	Smoke Detector	P				01/12/2011
Item No	4 Other Rooms Used For Living and Halls 4.1 Bedroom 2	Yes Pass	No Fail	In-Conc	Comments	Approval Date
4 2	Electricity/Illumination	P				01/12/2011
4 3	Electrical Hazards	P				01/12/2011
4 4	Security	P				01/12/2011
4 5	Window Condition	P				01/12/2011
4 6	Ceiling Condition	P				01/12/2011
4 7	Wall Condition	P				01/12/2011
4 8	Floor Condition	P				01/12/2011
4 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?	P				01/12/2011
4 10	Smoke Detector	P				01/12/2011
Item No	4 Other Rooms Used For Living and Halls 4 1 Dining Room	Yes Pass	No Fail	In-Conc	Comments	Approval Date
4 2	Electricity/Illumination	P				01/12/2011
4 3	Electrical Hazards	P				01/12/2011
4 4	Security	P				01/12/2011
4 5	Window Condition	P				01/12/2011
4 6	Ceiling Condition	P				01/12/2011
4 7	Wall Condition	P				01/12/2011
4 8	Floor Condition	P				01/12/2011
4 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?	P				01/12/2011
4 10	Smoke Detector	P				01/12/2011
Item No	4 Other Rooms Used For Living and Halls 4 1 Hall	Yes Pass	No Fail	In-Conc	Comments	Approval Date
4 2	Electricity/Illumination	P				01/12/2011
4 3	Electrical Hazards	P				01/12/2011

Item No	4. Other Rooms Used For Living and Halls 4 1 Hall	Yes Pass	No Fail	In-Conc	Comments	Approval Date
4 4	Security	P				01/12/2011
4 5	Window Condition	P				01/12/2011
4 6	Ceiling Condition	P				01/12/2011
4 7	Wall Condition	P				01/12/2011
4 8	Floor Condition	P				01/12/2011
4 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?	P				01/12/2011
4 10	Smoke Detector	P				01/12/2011
4 11	Stairs & Rails	P				01/12/2011
Item No	**4 Other Rooms Used For Living and Halls 4 1 Common Hallway**	**Yes Pass**	**No Fail**	**In-Conc**	**Comments**	**Approval Date**
4 3	Electrical Hazards	P				01/12/2011
4 4	Security	P				01/12/2011
4 5	Window Condition	P				01/12/2011
4 6	Ceiling Condition	P				01/12/2011
4 7	Wall Condition	P				01/12/2011
4 8	Floor Condition	P				01/12/2011
4 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?	P				01/12/2011
4 10	Smoke Detector	P				01/12/2011
4 11	Stairs & Rails	P				01/12/2011
4 12	Fire Exits	P				01/12/2011
Item No	**4 Other Rooms Used For Living and Halls 4 1 Other Room**	**Yes Pass**	**No Fail**	**In-Conc**	**Comments**	**Approval Date**
4 2	Electricity/Illumination	P				01/12/2011
4 3	Electrical Hazards	P				01/12/2011
4 4	Security	P				01/12/2011
4 5	Window Condition	P				01/12/2011
4 6	Ceiling Condition	P				01/12/2011
4 7	Wall Condition	P				01/12/2011
4 8	Floor Condition	P				01/12/2011
4 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?	P				01/12/2011
4 10	Smoke Detector	P				01/12/2011
Item No	**5 All Secondary Rooms (Rooms not used for living) 5.1 None [ ] Go to Part 6 Attic**	**Yes Pass**	**No Fail**	**In-Conc.**	**Comments**	**Approval Date**
5 3	Electrical Hazards	P				01/12/2011
5 5	Windows	P				01/12/2011

Item No	5 All Secondary Rooms (Rooms not used for living) 5 1 None [ ] Go to Part 6 Attic	Yes Pass	No Fail	In-Conc	Comments	Approval Date
5 6	Walls	P				01/12/2011
5 7	Floors	P				01/12/2011
5 8	Stairs & Rails	P				01/12/2011
Item No	**5 All Secondary Rooms (Rooms not used for living) 5 1 None [ ] Go to Part 6 Basement**	**Yes Pass**	**No Fail**	**In-Conc**	**Comments**	**Approval Date**
5 2	Security	P				01/12/2011
5 3	Electrical Hazards	P				01/12/2011
5 5	Windows	P				01/12/2011
5 6	Walls	P				01/12/2011
5 7	Stairs & Rails	P				01/12/2011
5 8	Smoke Detector	P				01/12/2011
Item No	**Building Exteriors**	**Yes Pass**	**No Fail**	**In-Conc**	**Comments**	**Approval Date**
6 1	Condition of Foundation	P				01/12/2011
6 2	Condition of Stairs, Rails, and Porches	P				01/12/2011
6 3	Condition of Roof/Gutters	P				01/12/2011
6 4	Condition of Exterior Surfaces	P				01/12/2011
6 5	Condition of Chimney	P				01/12/2011
6 8	Porches	P				01/12/2011
6 9	Defective Paint	P				01/12/2011
Item No	**Heating / Plumbing**	**Yes Pass**	**No Fail**	**In-Conc**	**Comments**	**Approval Date**
7 4	Water Heater	P				01/12/2011
7 5	Approvable Water Supply	P				01/12/2011
7 7	Sewer Connection	P				01/12/2011
7 8	Air-Conditioner	P				01/12/2011
7 9	Heating System	P				01/12/2011
7 10	Window	P				01/12/2011
7 11	Utility	P				01/12/2011
7 12	Faucets	P				01/12/2011
Item No	**General Items**	**Yes Pass**	**No Fail**	**In-Conc**	**Comments**	**Approval Date**
8 1	Access to Unit	P				01/12/2011
8 2	Fire Exits	P				01/12/2011
8 3	Evidence of Infestation	P				01/12/2011
8 4	Garbage and Debris	P				01/12/2011
8 5	Refuse Disposal	P				01/12/2011
8 6	Interior Stairs and Common Halls	P				01/12/2011
8 8	Elevators	P				01/12/2011
8 9	Interior Air Quality	P				01/12/2011
8 10	Site and Neighborhood Conditions	P				01/12/2011
8 11	Lead-Based Paint Owner's Certification	P				01/12/2011
8 12	Common Walls	P				01/12/2011
8 13	City Rental License	P				01/12/2011

Item No	General Items	Yes Pass	No Fail	In-Conc	Comments	Approval Date
8 14	Sprinkler System	P				01/12/2011

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, or certified lead-based paint inspector, the PHA must obtain certi fication that the work has been done in accordance with all applicable requirements of 24 CFR Part 35 The Lead-Based Paint Owner Certifica tion must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required

C Special Amenities (Optional)

This Section is for optional use of the HA It is designed to collect additional information about other positive features of the unit that may be present Although the features listed below are not included in the Housing Quality Standards, the tenant and HA may wish to take them into consideration in decisions about renting the unit and the reasonableness of the rent Check/list any positive features found in relation to the unit

1 Living Room

- ☐ High quality floors or wall coverings
- ☐ Working fireplace or stove
- ☐ Balcony, patio, deck, porch
- ☐ Special windows or doors
- ☐ Exceptional size relative to needs of family
- ☐ Other (Specify)

2. Kitchen

- ☐ Dishwasher
- ☐ Separate freezer
- ☐ Garbage disposal
- ☐ Eating counter/breakfast nook
- ☐ Pantry or abundant shelving or cabinets
- ☐ Double oven/self cleaning oven, microwave
- ☐ Double sink
- ☐ High quality cabinets
- ☐ Abundant counter-top space
- ☐ Modern appliance(s)
- ☐ Exceptional size relative to needs of family
- ☐ Other (Specify)

3 Other Rooms Used for Living

- ☐ High quality floors or wall coverings
- ☐ Working fireplace or stove
- ☐ Balcony, patio, deck, porch
- ☐ Special windows or doors
- ☐ Exceptional size relative to needs of family
- ☐ Other (Specify)

4 Bath

- ☐ Special feature shower head
- ☐ Built-in heat lamp
- ☐ Large mirrors
- ☐ Glass door on shower/tub
- ☐ Separate dressing room
- ☐ Double sink or special lavatory
- ☐ Exceptional size relative to needs of family
- ☐ Other (Specify)

5 Overall Characteristics

- ☐ Storm windows and doors
- ☐ Other forms of weatherization (e g , insulation, weather stripping)
- ☐ Screen doors or windows
- ☐ Good upkeep of grounds (i e , site cleanliness, landscaping, condition of lawn)
- ☐ Garage or parking facilities
- ☐ Driveway
- ☐ Large yard
- ☐ Good maintenance of building exterior
- ☐ Other (Specify)

6 Disabled Accessibility

Unit is accessible to a particular disability ☐ Yes ☒ No

Disability

D Questions to ask the Tenant (Optional)

1 Does the owner make repairs when asked? ☐ Yes ☐ No

2 How many people currently live in unit? 3

3 How much money do you pay to the owner/agnet for rent? 229

4 Do you pay for anything else? elec

5 Who owns the range and refrigerator?(insert O=Owner or T=Tenant) Range O Refrigerator O Microwave O

6 Is there anything else you want to tell us? (specify) ☒ Yes ☐ No no

E Inspection Summary/Comments (Optional)

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments"

Tenant ID Number	Inspector	Date of Inspection (mm/dd/yyyy)	Address of Inspected Unit
100054547	BLUE EARL	01/12/2011	3007 11th Street NW APT C Washington DC 20001
Type of Inspection [Annual Inspection]	☐ Initial ☐ Special ☒ Reinspection		1 County 1

Item Number	Reason for "Fail" or "Pass with Comments" Rating

01/12/11 - INSPECTION REVEALS - UNIT MEETS HQS
EBLUE
ELEC - OK
MAIL BX - OK

Tiburcio Vasquez

Owner Signature

Inspector Signature

Inspection Checklist
Housing Choice Voucher Program

U.S Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No 2577-0169
(exp. 04/30/2014)

Public reporting burden for this collection of information is estimated to average 0 25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewingthe collection of information This agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless that collection displays a valid OMB control number Assurances of confidentiality are not provided under this collection

This collection of information is authorized under Section 8 of the U S Housing Act of 1937 (42 U S C 1437f) The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
VASQUEZ TIBURCIO	100054547	07/15/2010
Inspector	**Neighborhood Census Tract**	**Date of Inspection (mm/dd/yyyy)**
Request DHS	0 00	10/29/2009
Type of Inspection [Initial]	**Date of Last Inspection (mm/dd/yyyy)**	**PHA**
[X] Initial [ ] Special [ ] Reinspection	01/12/2011	District of Columbia Housing Authority

A - General Information

Inspected Unit 021460 **Year of Construction (yyyy)** **Insp #** 1000073173

Full Address (including Street, City, County, State Zip)
3007 11th Street NW APT C
Washington DC 20001
1 County 1

Number of Children in Family Under 6: 0

Owner

Name of Owner or Agent Authorized to Lease Unit Inspected: RICKS WILLIAM
Phone Number: (202)215-2169

Address of Owner or Agent
3007 11TH STREET NW APT# B
WASHINGTON DC 20001

Housing Type (check as appropriate)
- [ ] Single Family Detach
- [ ] Duplex or Two Family
- [ ] Row or Town House
- [ ] Low Rise 3/4 Stones including Garden
- [ ] High Rise 5 Stories
- [ ] Manufactured Home
- [ ] Congregate
- [ ] Cooperate
- [ ] Independent Group Residence
- [ ] Single Room Occupancy
- [ ] Shared Housing
- [ ] Other

B Summary Decision on Unit (To be completed after form has been filled out)

- [X] Passed
- [ ] Failed
- [ ] Inconclusive

Number of Bedrooms for Purposes of the FMR or Payment Standard: 2 00

Number of Sleeping Rooms:

Inspection Checklist

Item No	Living Room	Yes Pass	No Fail	In-Conc.	Comments	Approval Date
1 1	Living Room Present					
1 2	Electricity					
1 3	Electrical Hazards					
1 4	Security					
1 5	Window Condition					
1 6	Ceiling Condition					
1 7	Wall Condition					
1 8	Floor Condition					
1 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square					

*Room Codes 1 = Bedroom or any other room used for sleeping (regardless of type of room), 2 = Dining Room or Dining Area, 3=Second Living Room, Family Room, Den, Playroom, TV Room, 4=Entrance Halls, Corridors, Halls, Staircases, 5=Additional Bathroom, 6=Other

Item No	Living Room	Yes Pass	No Fail	In-Conc	Comments	Approval Date
	feet per room and/or is more than 10% of a component?					
1 10	Smoke Detector					
Item No	**Kitchen**	**Yes Pass**	**No Fail**	**In-Conc**	**Comments**	**Approval Date**
2 1	Kitchen Area Present					
2 2	Electricity					
2 3	Electrical Hazards					
2 4	Security					
2 5	Window Condition					
2 6	Ceiling Condition					
2 7	Wall Condition					
2 8	Floor Condition					
2 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?					
2 10	Stove or Range with Oven					
2 11	Refrigerator					
2 12	Sink					
2 13	Space for Storage, Preparation, and Serving of Food					
2 14	Cabinets					
2 15	Counter Tops					
Item No.	**Bathroom**	**Yes Pass**	**No Fail**	**In-Conc**	**Comments**	**Approval Date**
3 1	Bathroom Presents					
3 2	Electricity					
3 3	Electrical Hazards					
3 4	Security					
3 5	Window Condition					
3 6	Ceiling Condition					
3 7	Wall Condition					
3 8	Floor Condition					
3 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?					
3 10	Flush Toilet in Enclosed Room in Unit					
3 11	Fix Wash Basin or Lavatory in Unit					
3 12	Tub or Shower in Unit					
3 13	Ventilation					
3 14	Mirror					
3 15	Closet					
3 16	Cabinet					

Item No	4 Other Rooms Used For Living and Halls 4 1 Bedroom	Yes Pass	No Fail	In-Conc	Comments	Approval Date
4 2	Electricity/Illumination					
4 3	Electrical Hazards					
4 4	Security					
4 5	Window Condition					
4 6	Ceiling Condition					
4 7	Wall Condition					
4 8	Floor Condition					
4 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?					
4 10	Smoke Detector					

Item No	4 Other Rooms Used For Living and Halls 4.1 Bedroom 2	Yes Pass	No Fail	In-Conc.	Comments	Approval Date
4 2	Electricity/Illumination					
4 3	Electrical Hazards					
4 4	Security					
4 5	Window Condition					
4 6	Ceiling Condition					
4 7	Wall Condition					
4 8	Floor Condition					
4 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?					
4 10	Smoke Detector					

Item No.	4 Other Rooms Used For Living and Halls 4.1 Dining Room	Yes Pass	No Fail	In-Conc	Comments	Approval Date
4 2	Electricity/Illumination					
4 3	Electrical Hazards					
4 4	Security					
4 5	Window Condition					
4 6	Ceiling Condition					
4 7	Wall Condition					
4 8	Floor Condition					
4 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?					
4 10	Smoke Detector					

Item No	4 Other Rooms Used For Living and Halls 4 1 Hall	Yes Pass	No Fail	In-Conc	Comments	Approval Date
4 2	Electricity/Illumination					
4 3	Electrical Hazards					

Item No.	4 Other Rooms Used For Living and Halls 4 1 Hall	Yes Pass	No Fail	In-Conc	Comments	Approval Date
4 4	Security					
4 5	Window Condition					
4 6	Ceiling Condition					
4 7	Wall Condition					
4 8	Floor Condition					
4 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?					
4 10	Smoke Detector					
4 11	Stairs & Rails					

Item No	4 Other Rooms Used For Living and Halls 4 1 Common Hallway	Yes Pass	No Fail	In-Conc	Comments	Approval Date
4 3	Electrical Hazards					
4 4	Security					
4 5	Window Condition					
4 6	Ceiling Condition					
4 7	Wall Condition					
4 8	Floor Condition					
4 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?					
4 10	Smoke Detector					
4 11	Stairs & Rails					
4 12	Fire Exits					

Item No.	4 Other Rooms Used For Living and Halls 4 1 Other Room	Yes Pass	No Fail	In-Conc	Comments	Approval Date
4 2	Electricity/Illumination					
4 3	Electrical Hazards					
4 4	Security					
4 5	Window Condition					
4 6	Ceiling Condition					
4 7	Wall Condition					
4 8	Floor Condition					
4 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?					
4 10	Smoke Detector					

Item No	5 All Secondary Rooms (Rooms not used for living) 5 1 None [ ] Go to Part 6 Attic	Yes Pass	No Fail	In-Conc	Comments	Approval Date
5 3	Electrical Hazards					
5 5	Windows					

Item No	5 All Secondary Rooms (Rooms not used for living) 5 1 None [ ] Go to Part 6 Attic	Yes Pass	No Fail	In-Conc	Comments	Approval Date
5 6	Walls					
5 7	Floors					
5 8	Stairs & Rails					

Item No	5 All Secondary Rooms (Rooms not used for living) 5 1 None [ ] Go to Part 6 Basement	Yes Pass	No Fail	In-Conc.	Comments	Approval Date
5 2	Security					
5 3	Electrical Hazards					
5 5	Windows					
5 6	Walls					
5 7	Stairs & Rails					
5 8	Smoke Detector					

Item No	Building Exteriors	Yes Pass	No Fail	In-Conc	Comments	Approval Date
6 1	Condition of Foundation					
6 2	Condition of Stairs, Rails, and Porches					
6 3	Condition of Roof/Gutters					
6 4	Condition of Exterior Surfaces					
6 5	Condition of Chimney					
6 8	Porches					
6 9	Defective Paint					

Item No	Heating / Plumbing	Yes Pass	No Fail	In-Conc.	Comments	Approval Date
7 4	Water Heater					
7 5	Approvable Water Supply					
7 7	Sewer Connection					
7 8	Air-Conditioner					
7 9	Heating System					
7 10	Faucets					

Item No	General Items	Yes Pass	No Fail	In-Conc	Comments	Approval Date
8 1	Access to Unit					
8 2	Fire Exits					
8 3	Evidence of Infestation					
8 4	Garbage and Debris					
8 5	Refuse Disposal					
8 6	Interior Stairs and Common Halls					
8 8	Elevators					
8 9	Interior Air Quality					
8 10	Site and Neighborhood Conditions					
8 11	Lead-Based Paint Owner's Certification					
8 12	Common Walls					
8 13	City Rental License					
8 14	Sprinkler System					

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, or certified lead-based paint inspector, the PHA must obtain certification that the work has been done in accordance with all applicable requirements of 24 CFR Part 35 The Lead-Based Paint Owner Certification must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required

C Special Amenities (Optional)

This Section is for optional use of the HA. It is designed to collect additional information about other positive features of the unit that may be present Although the features listed below are not included in the Housing Quality Standards, the tenant and HA may wish to take them into consideration in decisions about renting the unit and the reasonableness of the rent Check/list any positive features found in relation to the unit

1 Living Room

- ☐ High quality floors or wall coverings
- ☐ Working fireplace or stove
- ☐ Balcony, patio, deck, porch
- ☐ Special windows or doors
- ☐ Exceptional size relative to needs of family
- ☐ Other (Specify)

2 Kitchen

- ☐ Dishwasher
- ☐ Separate freezer
- ☐ Garbage disposal
- ☐ Eating counter/breakfast nook
- ☐ Pantry or abundant shelving or cabinets
- ☐ Double oven/self cleaning oven, microwave
- ☐ Double sink
- ☐ High quality cabinets
- ☐ Abundant counter-top space
- ☐ Modern appliance(s)
- ☐ Exceptional size relative to needs of family
- ☐ Other (Specify)

3. Other Rooms Used for Living

- ☐ High quality floors or wall coverings
- ☐ Working fireplace or stove
- ☐ Balcony, patio, deck, porch
- ☐ Special windows or doors
- ☐ Exceptional size relative to needs of family
- ☐ Other (Specify)

4 Bath

- ☐ Special feature shower head
- ☐ Built-in heat lamp
- ☐ Large mirrors
- ☐ Glass door on shower/tub
- ☐ Separate dressing room
- ☐ Double sink or special lavatory
- ☐ Exceptional size relative to needs of family
- ☐ Other (Specify)

5 Overall Characteristics

- ☐ Storm windows and doors
- ☐ Other forms of weatherization (e g , insulation, weather stripping)
- ☐ Screen doors or windows
- ☐ Good upkeep of grounds (i e , site cleanliness, landscaping, condition of lawn)
- ☐ Garage or parking facilities
- ☐ Driveway
- ☐ Large yard
- ☐ Good maintenance of building exterior
- ☐ Other (Specify)

6 Disabled Accessibility

Unit is accessible to a particular disability ☐ Yes ☒ No

Disability

D Questions to ask the Tenant (Optional)

1 Does the owner make repairs when asked? ☐ Yes ☐ No

2 How many people currently live in unit? _____

3 How much money do you pay to the owner/agnet for rent? _____

4 Do you pay for anything else? _____

5 Who owns the range and refrigerator?(insert O=Owner or T=Tenant) Range _____ Refrigerator _____ Microwave _____

6 Is there anything else you want to tell us? (specify) ☐ Yes ☒ No _____

E Inspection Summary/Comments (Optional)

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments"

Tenant ID Number	Inspector	Date of Inspection (mm/dd/yyyy)	Address of Inspected Unit
100054547	Request DHS	10/29/2009	3007 11th Street NW APT C Washington DC 20001
Type of Inspection [Initial]	[X] Initial [ ] Special [ ] Reinspection		1 County 1

Item Number	Reason for "Fail" or "Pass with Comments" Rating

Owner Signature

Inspector Signature

Inspection Checklist
Housing Choice Voucher Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No 2577-0169
(exp 04/30/2014)

Public reporting burden for this collection of information is estimated to average 0 25 hours per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewingthe collection of information This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number Assurances of confidentiality are not provided under this collection

This collection of information is authorized under Section 8 of the U S Housing Act of 1937 (42 U S C 1437f) The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
LONGO JOSE L	100054178	05/24/2010
Inspector	**Neighborhood Census Tract**	**Date of Inspection (mm/dd/yyyy)**
Vassell Norris	0 00	06/04/2010

Type of Inspection [Annual Inspection]	Date of Last Inspection (mm/dd/yyyy)	PHA
[ ] Initial [ ] Special [X] Reinspection	03/01/2013	District of Columbia Housing Authority

A - General Information

Inspected Unit 021383 **Year of Construction (yyyy)** 1964 **Insp #** 1000069661

Full Address (including Street, City, County State Zip)
3007 11th Street NW APT BASEME JOYCE RAPU -
Washington DC 20001
1 County 1

Number of Children in Family Under 6: 0

Owner

Name of Owner or Agent Authorized to Lease Unit Inspected	Phone Number
RICKS WILLIAM	(202)215-2169

Address of Owner or Agent
3007 11TH STREET NW APT# B
WASHINGTON DC 20001

Housing Type (check as appropriate)
- [ ] Single Family Detach
- [ ] Duplex or Two Family
- [X] Row or Town House
- [ ] Low Rise 3/4 Stories including Garden
- [ ] High Rise 5 Stories
- [ ] Manufactured Home
- [ ] Congregate
- [ ] Cooperate
- [ ] Independent Group Residence
- [ ] Single Room Occupancy
- [ ] Shared Housing
- [ ] Other

B Summary Decision on Unit (To be completed after form has been filled out)

[X] Passed / [ ] Failed / [ ] Inconclusive	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
	2 00	

Inspection Checklist

Item No	Living Room	Yes Pass	No Fail	In-Conc	Comments	Approval Date
1 1	Living Room Present	P				06/04/2010
1 2	Electricity	P				06/04/2010
1 3	Electrical Hazards	P				06/04/2010
1 4	Security	P				06/04/2010
1 5	Window Condition	P				06/04/2010
1 6	Ceiling Condition	P				06/04/2010
1 7	Wall Condition	P				06/04/2010
1 8	Floor Condition	P				06/04/2010
1 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square	P				06/04/2010

*Room Codes 1 = Bedroom or any other room used for sleeping (regardless of type of room), 2 = Dining Room or Dining Area, 3=Second Living Room, Family Room, Den, Playroom, TV Room, 4=Entrance Halls, Corridors, Halls, Staircases, 5=Additional Bathroom, 6=Other

Item No	Living Room	Yes Pass	No Fail	In-Conc	Comments	Approval Date
	feet per room and/or is more than 10% of a component?					
1 10	Smoke Detector	P				06/04/2010
Item No	Kitchen	Yes Pass	No Fail	In-Conc	Comments	Approval Date
2 1	Kitchen Area Present	P				06/04/2010
2 2	Electricity	P				06/04/2010
2 3	Electrical Hazards	P				06/04/2010
2 4	Security	P				06/04/2010
2 5	Window Condition	P				06/04/2010
2 6	Ceiling Condition	P				06/04/2010
2 7	Wall Condition	P				06/04/2010
2 8	Floor Condition	P				06/04/2010
2 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?	P				06/04/2010
2 10	Stove or Range with Oven	P				06/04/2010
2 11	Refrigerator	P				06/04/2010
2 12	Sink	P				06/04/2010
2 13	Space for Storage, Preparation, and Serving of Food	P				06/04/2010
2 14	Cabinets	P				06/04/2010
2 15	Counter Tops	P				06/04/2010
Item No	Bathroom	Yes Pass	No Fail	In-Conc	Comments	Approval Date
3 1	Bathroom Presents	P				06/04/2010
3 2	Electricity	P				06/04/2010
3 3	Electrical Hazards	P				06/04/2010
3 4	Security	P				06/04/2010
3 5	Window Condition	P				06/04/2010
3 6	Ceiling Condition	P				06/04/2010
3 7	Wall Condition	P				06/04/2010
3 8	Floor Condition	P				06/04/2010
3 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?	P				06/04/2010
3 10	Flush Toilet in Enclosed Room in Unit	P				06/04/2010
3 11	Fix Wash Basin or Lavatory in Unit	P				06/04/2010
3 12	Tub or Shower in Unit	P				06/04/2010
3 13	Ventilation	P				06/04/2010
3 14	Mirror	P				06/04/2010
3 15	Closet	P				06/04/2010
3 16	Cabinet	P				06/04/2010

Item No	4 Other Rooms Used For Living and Halls 4.1 Bedroom	Yes Pass	No Fail	In-Conc	Comments	Approval Date
4 2	Electricity/Illumination	P				06/04/2010
4 3	Electrical Hazards	P				06/04/2010
4 4	Security	P				06/04/2010
4 5	Window Condition	P				06/04/2010
4 6	Ceiling Condition	P				06/04/2010
4 7	Wall Condition	P				06/04/2010
4 8	Floor Condition	P				06/04/2010
4 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?	P				06/04/2010
4 10	Smoke Detector	P				06/04/2010
Item No	4 Other Rooms Used For Living and Halls 4 1 Bedroom 2	Yes Pass	No Fail	In-Conc	Comments	Approval Date
4 2	Electricity/Illumination	P				06/04/2010
4 3	Electrical Hazards	P				06/04/2010
4 4	Security	P				06/04/2010
4 5	Window Condition	P				06/04/2010
4 6	Ceiling Condition	P				06/04/2010
4 7	Wall Condition	P				06/04/2010
4 8	Floor Condition	P				06/04/2010
4 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?	P				06/04/2010
4 10	Smoke Detector	P				06/04/2010
Item No	4 Other Rooms Used For Living and Halls 4.1 Dining Room	Yes Pass	No Fail	In-Conc	Comments	Approval Date
4 2	Electricity/Illumination	P				06/04/2010
4 3	Electrical Hazards	P				06/04/2010
4 4	Security	P				06/04/2010
4 5	Window Condition	P				06/04/2010
4 6	Ceiling Condition	P				06/04/2010
4 7	Wall Condition	P				06/04/2010
4 8	Floor Condition	P				06/04/2010
4 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?	P				06/04/2010
4 10	Smoke Detector	P				06/04/2010
Item No.	4 Other Rooms Used For Living and Halls 4 1 Hall	Yes Pass	No Fail	In-Conc	Comments	Approval Date
4 2	Electricity/Illumination	P				06/04/2010
4 3	Electrical Hazards	P				06/04/2010

Item No	4 Other Rooms Used For Living and Halls 4 1 Hall	Yes Pass	No Fail	In-Conc	Comments	Approval Date
4 4	Security	P				06/04/2010
4 5	Window Condition	P				06/04/2010
4 6	Ceiling Condition	P				06/04/2010
4 7	Wall Condition	P				06/04/2010
4 8	Floor Condition	P				06/04/2010
4 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?	P				06/04/2010
4 10	Smoke Detector	P				06/04/2010
4 11	Stairs & Rails	P				06/04/2010
Item No	4 Other Rooms Used For Living and Halls 4 1 Common Hallway	Yes Pass	No Fail	In-Conc	Comments	Approval Date
4 3	Electrical Hazards	P				06/04/2010
4 4	Security	P				06/04/2010
4 5	Window Condition	P				06/04/2010
4 6	Ceiling Condition	P				06/04/2010
4 7	Wall Condition	P				06/04/2010
4 8	Floor Condition	P				06/04/2010
4 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?	P				06/04/2010
4 10	Smoke Detector	P				06/04/2010
4 11	Stairs & Rails	P				06/04/2010
4 12	Fire Exits	P				06/04/2010
Item No	4 Other Rooms Used For Living and Halls 4 1 Other Room	Yes Pass	No Fail	In-Conc	Comments	Approval Date
4 2	Electricity/Illumination	P				06/04/2010
4 3	Electrical Hazards	P				06/04/2010
4 4	Security	P				06/04/2010
4 5	Window Condition	P				06/04/2010
4 6	Ceiling Condition	P				06/04/2010
4 7	Wall Condition	P				06/04/2010
4 8	Floor Condition	P				06/04/2010
4 9	Lead-Based Paint Are all painted surface free of deteriorated paint? If not, do deteriorated surface exceed two square feet per room and/or is more than 10% of a component?	P				06/04/2010
4 10	Smoke Detector	P				06/04/2010
Item No	5. All Secondary Rooms (Rooms not used for living) 5 1 None [ ] Go to Part 6 Attic	Yes Pass	No Fail	In-Conc.	Comments	Approval Date
5 3	Electrical Hazards	P				06/04/2010
5 5	Windows	P				06/04/2010

Item No	5 All Secondary Rooms (Rooms not used for living) 5 1 None [ ] Go to Part 6 Attic	Yes Pass	No Fail	In-Conc	Comments	Approval Date
5 6	Walls	P				06/04/2010
5 7	Floors	P				06/04/2010
5 8	Stairs & Rails	P				06/04/2010

Item No	5 All Secondary Rooms (Rooms not used for living) 5.1 None [ ] Go to Part 6 Basement	Yes Pass	No Fail	In-Conc	Comments	Approval Date
5 2	Security	P				06/04/2010
5 3	Electrical Hazards	P				06/04/2010
5 5	Windows	P				06/04/2010
5 6	Walls	P				06/04/2010
5 7	Stairs & Rails	P				06/04/2010
5 8	Smoke Detector	P				06/04/2010

Item No	Building Exteriors	Yes Pass	No Fail	In-Conc	Comments	Approval Date
6 1	Condition of Foundation	P				06/04/2010
6 2	Condition of Stairs, Rails, and Porches	P				06/04/2010
6 3	Condition of Roof/Gutters	P				06/04/2010
6 4	Condition of Exterior Surfaces	P				06/04/2010
6 5	Condition of Chimney	P				06/04/2010
6 8	Porches	P				06/04/2010
6 9	Defective Paint	P				06/04/2010

Item No	Heating / Plumbing	Yes Pass	No Fail	In-Conc	Comments	Approval Date
7 4	Water Heater	P				06/04/2010
7 5	Approvable Water Supply	P				06/04/2010
7 7	Sewer Connection	P				06/04/2010
7 8	Air-Conditioner	P				06/04/2010
7 9	Heating System	P				06/04/2010
7 10	Faucets	P				06/04/2010

Item No	General Items	Yes Pass	No Fail	In-Conc.	Comments	Approval Date
8 1	Access to Unit	P				06/04/2010
8 2	Fire Exits	P				06/04/2010
8 3	Evidence of Infestation	P				06/04/2010
8 4	Garbage and Debris	P				06/04/2010
8 5	Refuse Disposal	P				06/04/2010
8 6	Interior Stairs and Common Halls	P				06/04/2010
8 8	Elevators	P				06/04/2010
8 9	Interior Air Quality	P				06/04/2010
8 10	Site and Neighborhood Conditions	P				06/04/2010
8 11	Lead-Based Paint Owner's Certification	P				06/04/2010
8 12	Common Walls	P				06/04/2010
8 13	City Rental License	P				06/04/2010
8 14	Sprinkler System	P				06/04/2010

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, or certified lead-based paint inspector, the PHA must obtain certi fication that the work has been done in accordance with all applicable requirements of 24 CFR Part 35 The Lead-Based Paint Owner Certifica tion must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required

C Special Amenities (Optional)

This Section is for optional use of the HA. It is designed to collect additional information about other positive features of the unit that may be present Although the features listed below are not included in the Housing Quality Standards, the tenant and HA may wish to take them into consideration in decisions about renting the unit and the reasonableness of the rent Check/list any positive features found in relation to the unit

1 Living Room

- ☐ High quality floors or wall coverings
- ☐ Working fireplace or stove
- ☐ Balcony, patio, deck, porch
- ☐ Special windows or doors
- ☐ Exceptional size relative to needs of family
- ☐ Other (Specify)

2 Kitchen

- ☐ Dishwasher
- ☐ Separate freezer
- ☐ Garbage disposal
- ☐ Eating counter/breakfast nook
- ☐ Pantry or abundant shelving or cabinets
- ☐ Double oven/self cleaning oven, microwave
- ☐ Double sink
- ☐ High quality cabinets
- ☐ Abundant counter-top space
- ☐ Modern appliance(s)
- ☐ Exceptional size relative to needs of family
- ☐ Other (Specify)

3. Other Rooms Used for Living

- ☐ High quality floors or wall coverings
- ☐ Working fireplace or stove
- ☐ Balcony, patio, deck, porch
- ☐ Special windows or doors
- ☐ Exceptional size relative to needs of family
- ☐ Other (Specify)

4 Bath

- ☐ Special feature shower head
- ☐ Built-in heat lamp
- ☐ Large mirrors
- ☐ Glass door on shower/tub
- ☐ Separate dressing room
- ☐ Double sink or special lavatory
- ☐ Exceptional size relative to needs of family
- ☐ Other (Specify)

5 Overall Characteristics

- ☐ Storm windows and doors
- ☐ Other forms of weatherization (e g , insulation, weather stripping)
- ☐ Screen doors or windows
- ☐ Good upkeep of grounds (i e , site cleanliness, landscaping, condition of lawn)
- ☐ Garage or parking facilities
- ☐ Driveway
- ☐ Large yard
- ☐ Good maintenance of building exterior
- ☐ Other (Specify)

6 Disabled Accessibility

Unit is accessible to a particular disability ☐ Yes ☒ No

Disability

D Questions to ask the Tenant (Optional)

1 Does the owner make repairs when asked? ☒ Yes ☐ No

2 How many people currently live in unit? 3

3 How much money do you pay to the owner/agnet for rent? 0

4 Do you pay for anything else? elec

5 Who owns the range and refrigerator?(insert O=Owner or T=Tenant) Range O Refrigerator O Microwave O

6 Is there anything else you want to tell us? (specify) ☒ Yes ☐ No no

E Inspection Summary/Comments (Optional)

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments"

Tenant ID Number	Inspector	Date of Inspection (mm/dd/yyyy)	Address of Inspected Unit
100054178	Vassell Norris	06/04/2010	3007 11th Street NW APT BASEME JOYCE Washington DC 20001
Type of Inspection [Annual Inspection]	☐ Initial ☐ Special ☒ Reinspection		1 County 1

Item Number	Reason for "Fail" or "Pass with Comments" Rating
1	June 04, 2010 -- Annual Inspection reveals the unit pass HQS Insp / [NV]

Owner Signature

VASSELL

Inspector Signature

1. Form 129 Advisory Neighborhood Commission (ANC) Report.

2. Neighborhood Support Signatures.

3. DC Department of Regulatory Affairs Building and Supplemental Permits.

4. DC Department of Regulatory Affairs Inspection Reports 2012-2014.

BEFORE THE ZONING COMMISSION AND
BOARD OF ZONING ADJUSTMENT OF THE DISTRICT OF COLUMBIA

FORM 129 – ADVISORY NEIGHBORHOOD COMMISSION (ANC) REPORT

Before completing this form, please review the instructions on the reverse side.

Pursuant to §§ 3012.5 and 3115.1 of Title 11 DCMR Zoning Regulations, the written report of the Advisory Neighborhood Commission (ANC) shall contain the following information:

IDENTIFICATION OF APPEAL, PETITION, OR APPLICATION:

Case No.	18687	**Case Name:**	William L Ricks
Address or Square/Lot(s) of Property.	3007 11th Street, N W (Square 2851, Lot 99)		
Relief Requested	variance from lot area requirements, variance from the rear yard requirements and a variance from the open court requirements		

ANC MEETING INFORMATION

Date of ANC Public Meeting:	1	3	/	1	1	/	1	3	**Was proper notice given?.**	**Yes**	☑	**No**	☐		
Description of how notice was given:	ANC Web site, E-mail/Listserve distribution, Twitter														
Number of members that constitutes a quorum:	7								**Number of members present at the meeting:**	11					

MATERIAL SUBSTANCE

The issues and concerns of the ANC about the appeal, petition, or application as related to the standards of the Zoning Regulations against which the appeal, petition, or application must be judged (*a separate sheet of paper may be used*):

The recommendation, if any, of the ANC as to the disposition of the appeal, petition, or application (*a separate sheet of paper may be used*):

Whereas the subject property has already been converted to a three unit apartment house in the R-4 District, without increasing the structure's height or footprint, and whereas more density is desired in the community, when possible, ANC 1A concluded that permitting the structure to remain as a three unit apartment house was in the best interest of all parties ANC 1A recommends approval of the variance sought

AUTHORIZATION

ANC	1	A	**Recorded vote on the motion to adopt the report (i.e 4-1-1):**	11-0-0
Name of the person authorized by the ANC to present the report:	Kent C Boese			
Name of the Chairperson or Vice-Chairperson authorized to sign the report:	Kent C Boese			
Signature of Chairperson/ Vice-Chairperson:			**Date:**	11/14/2013

ANY APPLICATION THAT IS FOUND TO BE INCOMPLETE MAY NOT BE ACCORDED "GREAT WEIGHT" PURSUANT TO 11 DCMR §§ 3012 AND 3115.

William L. Ricks
3007 11th Street NW
WASHINGTON, DC 20001

11 October 2013

DEAR NEIGHBORS

WILLIAM L RICKS IS IN THE PROCESS OF CONVERTING 3007 11TH STREET NW DC INTO A THREE UNIT APARTMENT BUILDING THE BUILDING AT THIS TIME ONLY HAS MR RICKS AND HIS GRANDSON IN RESIDENCE

ALL PREVIOUS TENANTS HAVE MOVED

DC ZONING REQUIRES A VARIANCE FOR SUCH A CONVERSION

PLEASE INDICATE YOU SUPPORT HIS APPLICATION BY SIGNING BELOW

THANKS

SIGNATURE	PRINT NAME	ADDRESS	DATE
	Ryan Whalen	3012 11th St NW 20001	10/31/13
	Marina Barakatt	302 11th St NW	10/31/13
	Jose Mendez	3027-11st NW 20001	11-1-2013
Jorge Sanchez	Jorge Sanchez	1018 Girard St	11/1/2013
	Reginald Harrington	738 Columbia Rd	11/1/13
	Robin Webb	740 Hobart pl NW	11/1/13

William L. Ricks
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WASHINGTON, DC 20001

11 October 2013

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THANKS

SIGNATURE	PRINT NAME	ADDRESS	DATE
Calvin Burns	Calvin Burns	3014 11th ST NW	11,1,2013
Delores Black	Delores Black	1108 Columbia #105	
Joseph Gethers	Joseph Gethers	3006 11th St. NW	11-1-13
	Kyle Flaherty	1256 Columbia Road	11/1/13
	PAUL BLUMENTHAL	2973 SHERMAN AVE	11/1/13
	Nelly Gomez	2904 11th ST NW	11/1/13

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THANKS

SIGNATURE	PRINT NAME	ADDRESS	DATE
	Bryce Tower	3005 11th St NW	12/21/13
	Robert Tripp	3001 11th St	12/21/13
	William Ricks	3007 11th St NW	12/21/13

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THANKS

SIGNATURE	PRINT NAME	ADDRESS	DATE
[signature]	ELSY GOLLO	3004 - 11 ST. N.W	
[signature]	Lucas Linda	3016 11st NW W.DC 20001	
[signature]	CHARLES HARR	3033 11TH NW	12/21/13

SIGNATURE PRINT NAME ADDRESS DATE

SIGNATURE PRINT NAME ADDRESS DATE

SIGNATURE PRINT NAME ADDRESS DATE

William L. Ricks
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WASHINGTON, DC 20001

11 October 2013

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THANKS

SIGNATURE	PRINT NAME	ADDRESS	DATE
[signature]	Timnit Jumnich	915 Columbia Rd	12-21-13
SIGNATURE	PRINT NAME	ADDRESS	DATE
SIGNATURE	PRINT NAME	ADDRESS	DATE
SIGNATURE	PRINT NAME	ADDRESS	DATE
SIGNATURE	PRINT NAME	ADDRESS	DATE
SIGNATURE	PRINT NAME	ADDRESS	DATE

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WASHINGTON, DC 20001

11 October 2013

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THANKS

SIGNATURE	PRINT NAME	ADDRESS	DATE
Penny Foster	Penny Foster	1301 13th ST. N.W	11/23/13
Pollay Wane	Pollay Wane	3500 14th St. N.W	11/23/13

William L. Ricks
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WASHINGTON, DC 20001

11 October 2013

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THANKS

SIGNATURE	PRINT NAME	ADDRESS	DATE
William	William	2901 4th St	23/11/13
Al Patrick		[illegible] 35[illegible]	
[illegible]		3055 36 St	11/23/13
Guy Taliaferro		3322 14th St. N.W. #212	11-23-13
Homer Palmer	HOMER PALMER	1124 Lamont St. N.W	11-23-13

William L. Ricks
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WASHINGTON, DC 20001

11 October 2013

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THANKS

SIGNATURE	PRINT NAME	ADDRESS	DATE
Annie Edison		3500 [illegible]	
[signature]	DeWitt Brookins	3322 14th St N.W.	11-23-13
[signature]	HERBERT	2520 10 ST NE	11-23-13
[signature]	[illegible]	1424 U ST NW #102	11-23-[illegible]
[signature]	[illegible]	2411 13th St NW	
[signature]	JUAN KOMEKO	1418 Belmont St	11-23-13

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WASHINGTON, DC 20001

11 October 2013

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THANKS

SIGNATURE	PRINT NAME	ADDRESS	DATE
	SEAN EAGER	1038 Lamont St	11/22/2013
	Leathena N. Clarke	3333 11th St. N.W.	11/22/13
	Shelece C Williams	3215 13th St NW DC 20010	11/22/13
	Robert Taylor	3311 11th St	11/22/13
	CARolyN CHANE	3216 Sherman Ave, N	11/22/13
	Eddie J. Wood	3225-11th St NW	22/Oct/13

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THANKS

SIGNATURE	PRINT NAME	ADDRESS	DATE
		1123 11th St NW	11-22-13
		1006 Kenyon ST	11-23-13
		3304 11TH NW	11/23/13
	Barrington	333 11ST NW	11/23/13
		1124 Iowa Ave	
		3504 Quebec	11/23/13

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WASHINGTON, DC 20001

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THANKS

SIGNATURE	PRINT NAME	ADDRESS	DATE
Carol Watson	Carol Watson	3636 14th St	11-23-13
David Lindsey	DAVID L NOSEY	1345 Park Rd	11-23-13
Beverly Fitchpatrick	Beverly Fitchpatrick	3479 Holmead Pl NW	11-23-13
FRED	FRED	3322 13th No	11-23-13
Glenn Wenzel	GLENN WENZEL	3500 14th St	11/23-13
Roland Barnes	Roland Barnes	5524 8th WASHINGTON	11/23/13

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11 October 2013

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THANKS

SIGNATURE	PRINT NAME	ADDRESS	DATE
[signature]	John McMichael	767 Harvard St	11/23/13
[signature]	[illegible]	[illegible] 16th St	11/23/13
[signature]	[illegible]	[illegible] Park Pl NW	11/23/13
[signature]	Richard A Edwards	1508 Park Rd	11/23/13
[signature]	Raymond Compres	1428 Park RD NW	11/23/13
[signature]	Aris Compres	1428 Park Rd NW	11/23/13

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THANKS

SIGNATURE	PRINT NAME	ADDRESS	DATE
[signature]	Larry Banks	3541 11th St NW #2	11/22/13
[signature]	Charles B. Sneed	3512 11th St, NW	11-22-13
[signature]	Lee McTeal	3430 11ST NW	11/22/13
[signature]	Steven Mason	3425 11st NW	11/22/13
[signature]	Charles Jordan	1033 Park Rd	11/22/13
[signature]	Bryant Cruel	727 Park Rd NW	11/22/2013

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THANKS

SIGNATURE	PRINT NAME	ADDRESS	DATE
[signature]	Christopher Andrews	3350 Curtis Drive Apt Suitland MD	11-23-13
[signature]	Chevester Parker	CHEVESTER PARKER 1031 LAMONT ST. NW	11/23/13
[signature]	Aiutha Jones	[illegible]	11/23/13
[signature]	ANTHONY ELLIS	4900 GEORGIA Ave	11/23/13
[signature]	JAMES BOWEN	131 Hamilton St NW	10-23-13
[signature]	RAYMOND MAYS	3217 Adams Mill Rd NW	11-23-13

Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration
941 North Capitol Street N.E. room 2100
Washington D.C. 20002
Tel. (202) 442 - 4470 Fax (202) 442 - 4862

E ELECTRICAL PERMIT

PERMIT NO.
EL 139927

THIS PERMIT IS VALID ONLY FOR THE PREMISES OF THE PROJECT ADDRESS

BLDG PMT. B

DATE : 3/23/2007

3007 11TH ST. NW

PRCLID: 2851 (square) -0000- 0099 (lot)

WARD: 1 ZONE : R4

OWNER'S NAME: WILLIAM RICKS

OWNER'S ADDRESS: 3007 11TH ST NW

OWNER'S TELEPHONE NO.:

CONTRACTOR'S NAME: HUBBARD LIGHTING & POWER SYSTE

CONTRACTOR'S ADDRESS: HUBBARD LIGHTING AND POWER SYSTEM,SU
CAPITOL HEIGHTS
MD Zip : 20743

CONTRACTOR'S PHONE NO.: BUS. (301)333-9188 x
FAX

MASTER ELECTRICIAN: STANLEY HUBBARD

LICENSE #: DM000000200501

PHONE NO.:

NEW ADDITION REPLACEMENT REPAIR

DESCRIPTION OF WORK: 1-400amp. heavy up;3-meter stack

CURRENT USE: R4 DETACHED SINGLE FAMILY

PROPOSED USE: R4 DETACHED SINGLE FAMILY

FLOOR NUMBERS

FEE: $144.00

This permit authorizes the contractor to perform the work described herein at the address shown above, under the conditions stated on this permit. THIS PERMIT MUST ALWAYS BE CONSPICUOUSLY DISPLAYED AT THE ADDRESS OF WORK UNTIL WORK IS COMPLETED. For all electrical inspections, call 202-442-4643 or fax your request to 202-442-4863.

Interim Director: Lisa M Morgan

PERMIT CLERK: D. MINOR

EXPIRATION DATE: Mar - 23 - 2008

3/07

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

BUILDING AND LAND REGULATION ADMINISTRATION; PERMIT CENTER
941 NORTH CAPITOL STREET N.E. 2nd FL
WASHINGTON D.C. 20002

APPLICATION TO INSTALL SUPPLEMENTAL ELECTRICAL SYSTEMS IN BUILDINGS

E ELECTRICAL PERMIT APPLICATION

APPLICATION MUST BE COMPLETE IN ITS ENTIRETY

BLDG PERMIT NUMBER:				
ADDRESS OF PROPOSED WORK: 3087 11th St NW	SUITE/ROOM:	LOT: 99	SQUARE:	APPLICATION DATE:
OWNER OF BUILDING: Mr. Ricks	ADDRESS OF OWNER:			PHONE:
OWNER OF BUSINESS:	BUSINESS OWNER'S ADDRESS:			PHONE:

TYPE OF WORK:	IS THE WORK INTENDED TO CHANGE THE USE OF THE BUSINESS?	PROPOSED USE (CURRENT USE IF NO CHANGE):		
a. • New	• YES	a. • Single Family	e. • Restaurant	i. • Office
b. • Replacement	• NO	b. • Two Family Flat	f. • Store	j. • Garage
c. • Remodeling		c. • Rooming House	g. • Shop	k. • Other (specify) _____
d. • Repair		d. • Apartment	h. • Theater	

NO OF ROOMS:	NO. OF FLOORS:	Specify all proposed electrical work (Note that plans are required when more than 10 outlets will be installed).
		ESTIMATED COST OF WORK $

ELECTRICAL

NUMBER	ITEM	FEE	NUMBER	ITEM	FEE
	OUTLETS			Motors (list)	
	LIGHTS I. Inside _____ watts II. Outside _____ watts				
	Central Air Conditioner:			Service & Meter Equipment (list)	
	Electric Range		1	400A Heavy Up	
	Clothes Dryer			3 meter Stack	
	Garbage Disposal			Other (list)	
	Dishwasher				
	Hot Water Heater				ELECTRICAL FEE
	Temp Use of Current for _____ days.				

Is current being used in building? • Yes • No	Electrical Contractor: HUBBARD Lighting + Power		
Lic. No. 1289	Address: 9244 E. Hampton Dr, Capitol Heights, MD	Phone No: 3/333-9188	By:
Master Electrician Signature:		Lic. No. 200501	Date:

Stan Hubbard

1/8: 3530

TO REPORT WASTE, FRAUD OR ABUSE BY ANY D.C GOVERNMENT OFFICE OR OFFICIAL, CALL THE INSPECTOR GENERAL AT 1-800-521-1639. ALL CALLS ARE CONFIDENTIAL.

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Address							
St No	3007	St Name	11TH	Suffix	ST	Q	
Zip		Square	2851	Suffix	0000	L	
Lot 3		Lot Ext		Cluster		W	
Parcel Key	96070	Address	3007 11TH ST NW				

Building Permit							
Rec Type	ELECTRICAL	App Date	03/29/2007	Issued Date	03/29/2007	F	
Bldg Permit No	B	Permit Type		Flrs		U	
Use Group.				Use			
Permit Fee	1444	Valuation		Filling Fee			
Owner Name	MR. RICKS						
Agent	HUBBARD LIGHTING						
Address	9244 E HAMPTON DR			City	CAPITOL HEIGHTS	S	
Comments							

Record No	87041						
Added By	SWILLIAM	Added Date	3/29/2007	Updated By		U D	

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Department of Consumer and Regulatory Affairs (DCRA)

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St Type	ST	Quad Name	NW	

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Address							
St No	3007	St Name	11TH	Suffix	ST	Q	
Zip		Square	2851	Suffix	0000	L	
Lot 3		Lot Ext		Cluster		W	
Parcel Key	96070	Address	3007 11TH ST NW				

Building Permit							
Rec Type	PLUMBING	App Date	10/18/2007	Issued Date	10/18/2007	F	
Bldg Permit No		Permit Type		Flrs		U	
Use Group				Use			
Permit Fee	138	Valuation		Filing Fee			
Owner Name	WILLIAM RISKS						
Agent	ACCUTEMP HTG & A/C						
Address	817 SELBY BLVD			City	EDGEWATER	S	
Comments							

Record No	102287				
Added By	LHACKNEY	Added Date	10/18/2007	Updated By	

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

Department of Consumer and Regulatory Affairs (DCRA)

COPY COPY

Department of Consumer and Regulatory Affairs

Permit Center
941 North Capitol St. NE Room 2100
Washington DC 20002

B

Tel:(202) 442-4589

Building Permit

THIS PERMIT IS VALID ONLY FOR THE PREMISES
OF THE PROJECT ADDRESS

PERMIT NO. 114682 **DATE: 1/10/2008**

ADDRESS OF PROJECT:	S S L: SQ: 2851 SX: LOT: 998
3007 11TH ST NW	WARD: 1 ZONE: R3

DESCRIPTION OF WORK:
REMOVE AND REPLACE DRYWALL TO EXISTING PARTITIONS REMOVE EXISTING FLOORING AND REPLACE ALL INTERIOIR DOORS AND REMOVE AND ALL PLUMBING FIXTURES REPLACE

PERMIT TYPE:	PLANS (Y/N):	EXISTING USE:	PROPOSED USE:
Alteration and Repair	Y	Multifamily (> 2 units)	Multifamily (> 2 units)

PERMISSION IS HEREBY GRANTED TO
OWNER: WILLIAM RICKS

PERMIT FEE:
$456.00

AGENT NAME:
CHERYL CAMPBELL 240-604-1600

CONDITIONS / RESTRICTIONS:

TO REPORT WASTE, FRAUD OR ABUSE BY ANY DC GOVERNMENT OFFICIAL, CALL THE DC INSPECTOR GENERAL AT 1-800-521-1639.

Acting DIRECTOR: Linda K. Argo

PERMIT CLERK:

EXPIRATION DATE: 1/9/2009

CONDITIONS: 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 the 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 the Permit must start within one (1) year of the date appearing on this permit or this permit is automatically void. If work is not started, any application for partial refund must be made within six months of the date appearing on this permit.

THIS PERMIT MUST ALWAYS BE CONSPICUOUSLY DISPLAYED AT ADDRESS OF WORK UNTIL WORK IS COMPLETED.

NOTIFY THE BUILDING INSPECTOR THE DAY THE WORK STARTS. PHONE (202)442-9557 at 941 NORTH CAPITOL ST NE WASHINGTON DC 20002.

Separate permits are required for all Plumbing, Refrigeration, Gas Fitting, and Electrical Work.

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St Type ST Quad Name NW

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Address							
St No	3007	St Name	11TH	Suffix	ST	Q	
Zip		Square	2851	Suffix		L	
Lot 3		Lot Ext		Cluster		W	
Parcel Key		Address	3007 11TH ST NW				

Building Permit							
Rec Type	BUILDING	App Date		Issued Date	01/10/2008	F	
Bldg Permit No	114682	Permit Type	Alteration and Repai	Flrs		U	
Use Group				Use			
Permit Fee	456	Valuation	20000	Filling Fee	0		
Owner Name	WILLIAM RICKS						
Agent	CHERYL CAMPBELL 240-604-1600						
Address				City		S	
Comments	REMOVE AND REPLACE DRYWALL TO EXISTING PARTITIONS REMOVE EXISTING FL REMOVE AND ALL PLUMBING FIXTURES REPLACE						

Record No	106765						
Added By		Added Date		Updated By		U D	

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

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St Type ST Quad Name NW

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Address							
St No	3007	St Name	11TH	Suffix	ST	Q	
Zip		Square	2851	Suffix		L	
Lot 3		Lot Ext		Cluster		W	
Parcel Key		Address	3007 11TH ST NW				

Building Permit							
Rec Type	BUILDING	App Date		Issued Date	01/17/2008	F	
Bldg Permit No	114893	Permit Type	Building	Flrs		U	
Use Group				Use			
Permit Fee	243	Valuation	1900	Filling Fee	0		
Owner Name	WILLIAM NICKS						
Agent	CHERYL CAMBELL 240-604-1600						
Address				City		S	
Comments	REMOVE ANDREPLACE ALL PLUMBING FIXTURES - REMOVE AND REPLACE DRYWA INTERIOR DOORS						

Record No	107202						
Added By		Added Date		Updated By		U D	

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St Type	ST	Quad Name	NW	

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Address							
St No	3007	St Name	11TH	Suffix	ST	Q	
Zip		Square	2851	Suffix		L	
Lot 3		Lot Ext		Cluster		W	
Parcel Key		Address	3007 11TH ST NW				

Building Permit							
Rec Type.	BUILDING	App Date		Issued Date	01/18/2008	F	
Bldg Permit No	114956	Permit Type	Alteration and Repai	Flrs		U	
Use Group				Use			
Permit Fee	157.8	Valuation	6000	Filling Fee	0		
Owner Name	WILLIAM NICKS						
Agent	CHERYL CAMPBELL 240-604-1600						
Address				City		S	
Comments	REVOVE AND REPLACE DRYWALL TO PARTITIONS - REMOVE AND REPLACE ALL IN PLUMBING FIXTURES TO EXISTING SECOND FLOOR APARTMENT						

Record No	107254				
Added By		Added Date		Updated By	

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Department of Consumer and Regulatory Affairs (DCRA)

Permit Center
941 North Capitol Street NE, room 2100
Washington DC 20002
Tel: (202) 442-4589

Government of the District of Columbia
DCRA

E ELECTRICAL PERMIT

PERMIT NO.
EL 159972

THIS PERMIT IS VALID ONLY FOR THE PREMISES OF THE PROJECT ADDRESS

BLDG PMT. B114682

DATE : 1/28/2008

3007 11TH ST NW

PRCLID : 2851 (square) -0000- 0099 (lot)

WARD: 1 ZONE : R4

OWNER'S NAME	OWNER'S ADDRESS	OWNER'S TELEPHONE NO
WILLIAM RICKS	3007 11TH ST NW	

CONTRACTOR'S NAME	CONTRACTOR'S ADDRESS	CONTRACTOR'S PHONE NO
LEON ELECTRICAL CONSTRUCTION	7702 GEORGIAN DR UPPER MARLBORO MD	BUS. (301)792-6111 x FAX.

MASTER ELECTRICIAN	LICENSE #	PHONE NO
ROBERT SMITH	00000302	

NEW [ ] REMODEL [X] REPLACEMENT [ ] REPAIR [ ]

CURRENT USE
R3 ONE & TWO FAMILY DWELLINGS

PROPOSED USE
R3 ONE & TWO FAMILY DWELLINGS

DESCRIPTION OF WORK

FLOOR NUMBERS

FEE :
$230.00

50	OUTLETS		
25	LIGHTS	0	
3	ELECTRIC RANGE	0	
3	GARBAGE DISPOSAL		
3	DISH WASHER		

This permit authorizes the contractor to perform the work described herein at the address shown above, under the conditions stated on this permit. THIS PERMIT MUST ALWAYS BE CONSPICUOUSLY DISPLAYED AT THE ADDRESS OF WORK UNTIL WORK IS COMPLETED. For all electrical inspections, call 202-442-4643 or fax your request to 202-442-4863.

Director
Linda K. Argo

PERMIT CLERK:
D. Minor

EXPIRATION DATE
Jan - 28 - 2009