



Department of Consumer and Regulatory Affairs

Permit Operations Division

1100 4th Street SW

Washington DC 20024

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



B

BUILDING PERMIT

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

Issue Date: 07/21/2014

PERMIT NO. B1409928

Expiration Date: 07/21/2015

Address of Project: 1636 ARGONNE PL NW		Zone:	Ward: 1	Square: 2589	Suffix:	Lot: 0460
Description Of Work: Regrade Rear for future garden. Patch garage door. New retaining wall no taller than 30 inches						
Permission Is Hereby Granted To: District Design And Development Argonne Llc		Owner Address: 10305 HOLLY HILL PL, POTOMAC MD 20854		PERMIT FEE: \$151.80		
Permit Type: Alteration and Repair	Existing Use: Single Family	Proposed Use: Single Family			Plans: Yes	
Agent Name: Erica Rokenbrod, Carmel Greer District Design	Agent Address: 1766 Florida Ave, NW 20009	Existing Dwell Units: 1	Proposed Dwell Units: 1	No. of Stories: 2	Floor(s) Involved: 1	
Conditions/ Restrictions:						
No excavation or land disturbance other than gardening and install retaining wall less than 50 linear feet.						
This Permit Expires if no Construction Is Started Within 1 Year or If the Inspection Is Over 1 Year. All Construction Done According To The Current Building Codes And Zoning Regulations: As a condition precedent to the issuance of this permit, the owner agrees to conform with all conditions set forth herein, and to perform the work authorized hereby in accordance with the approved application and plans on file with the District Government and in accordance with all applicable laws and regulations of the District of Columbia. The District of Columbia has the right to enter upon the property and to inspect all work authorized by this permit and to require any change in construction which may be necessary to ensure compliance with the permit and with all the applicable regulations of the District of Columbia. Work authorized under this Permit must start within one(1) year of the date appearing on this permit or the permit is automatically void. If work is started, any application for partial refund must be made within six months of the date appearing on this permit. Lead Paint Abatement Whenever any such work related to this Permit could result in the disturbance of lead based paint, the permit holder shall abide by all applicable paint activities provisions of the 'Lead Hazard Prevention and Elimination Act of 2008' and the EPA 'Lead Renovation, Repair and Painting rule' regarding lead-based include adherence to lead-safe work practices. For more information, go to http://ddoe.dc.gov, Lead and Healthy Housing.						
Director: Rabbiah A. Sabbakhan		Permit Clerk: Patrice Derricott				
TO REPORT WASTE, FRAUD OR ABUSE BY ANY DC GOVERNMENT OFFICIAL, CALL THE DC INSPECTOR GENERAL AT 1-800-521-1639 FOR CONSTRUCTION INSPECTION INQUIRIES CALL (202) 442-9557 TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442-9557.						

Board of Zoning Adjustment
District of Columbia
CASE NO.18980
EXHIBIT NO.22E

DCRA

Patrice Derricott Sun Out



Home | People | Inspections | Reports | Email | Preferences



User Info

Patrice Derricott

Issue DCRA
DCRA

Department of Consumer & Regulatory Affairs

Record

Menu Search New GIS Help My QuickQueries --Select-- Module Building

Permit #	Status	Permit Type	Opened	Street #	Street Name	Street Type	Quadrant	Unit Type	Unit #	Created By
01409928	Review in Process	Building/Construction/Alteration and Repairs/NA	07/21/2014	1636	ARGOWNE	PL	NW			DCPI

Building Permit ID: 01409928

Pay Apply Refund Generate Receipt Fund Transfer Help

Go To Payment

Total Invoice Amount: \$151.80
Total Payment: \$151.80
Total Balance: \$0.00
Amount Not Applied: \$48.51

Terminal #: POEM/COT1
Date: 07/21/2014

Invoices

Invoice #	Amount	Paid in Full	Balance
1107357	\$103.29	Y	\$0.00
1107052	\$48.51	N	\$48.51

Transactions

Transaction Code	Transactions	Method	Receipt #	Not Applied	Amount	Status	Received	Trust Account ID	Date
	Payment	Credit Card		\$48.51	\$48.51	Paid			07/21/2014
	Payment	Credit Card	111214	\$0.00	\$103.29	Paid			07/21/2014



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Received:

Plans

Application

Date: 7/21/2014



Engineering

Emlyn Davies-Cole

Applicant/Agent:

District Design And Development Argonne LLC

2025180892

Job

WT

Job No:

Address of Project:

1636 ARGONNE PL NW

B1409928

Existing Use: Single Family

Existing No. of Stories: 2

Proposed Use: Single Family

Prop no of Stories: 2

Permit Type: Alteration and Repair

SSL: 2589 0460

Description of Work:

Regrade Rear for future garden. Patch garage door. New retaining wall no taller than 30 inches

OK
B 7-21-14

Required Reviews: (Checked boxes only)	Reviewer:	Completion Time:	Review Status:
☐ Fine Arts:		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Conf. w/Applicant
☐ Historic:		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Conf. w/Applicant
☐ Public Space/ODOT:		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Conf. w/Applicant
☒ Zoning: <i>R-1-B</i>	<i>[Signature]</i>	☒ AM ☐ PM	☒ Approved ☐ HFC ☐ Conf. w/Applicant
☒ Soil Erosion/DDOE:	<i>[Signature]</i>	☐ AM ☐ PM	☒ Approved ☐ HFC <i>No Fee</i> ☐ Conf. w/Applicant
☐ DC Water:		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Conf. w/Applicant
☐ Mechanical:		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Conf. w/Applicant
☐ Plumbing:		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Conf. w/Applicant
☐ Health/DOH:		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Conf. w/Applicant
☐ Electrical:		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Conf. w/Applicant
☐ Elevator:		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Conf. w/Applicant
☐ Fire Protection:		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Conf. w/Applicant
☒ Structural: <i>7/21/14</i>	<i>[Signature]</i>	☐ AM ☐ PM	☒ Approved ☐ HFC ☐ Conf. w/Applicant
☐ Green Review:		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Conf. w/Applicant
☐ Chinatown Review:		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Conf. w/Applicant
New/ Addl Cost	Alt/Rpr Cost	Total Cost	Volume of New Bldg. or Addl Cubic ft.
\$0.00	\$3,000.00	\$3,000.00	2143

Alter/Repair FEE	New Const. FEE	Filing FEE	Enhancement FEE	Green FEE:	Total Permit FEE
		-103.29			48.51

4643 - 138 x 109

[Signature] 7/21/14

Show Receipt Detail

Page 1 of 1

RECEIPT

DCRA
DCRA
1100 4TH ST SW
Nicholas Majett
DIRECTOR - DCRA

Application: 81409928**Application Type:** Building/Construction/Alteration and Repair/NA**Address:** 1636 ARGONNE PL , Washington, DC 20009**Owner Name:** DISTRICT DESIGN AND DEVELOPMENT ARGONNE LLC**Owner Address:** 10305 HOLLY HILL PL, POTOMAC MD 20854**Application Name:**

Receipt No.	411714					
Payment Method	Ref Number	Amount Paid	Payment Date	Cash Drawer ID	Received	Comments
Credit Card	VXHAC16D62B1	\$103.29	07/21/2014			OCPI

Owner Info.: DISTRICT DESIGN AND DEVELOPMENT ARGONNE LLC
10305 HOLLY HILL PL, POTOMAC MD

Work Description: Regrade Rear for future garden. Patch garage door. New retaining wall no taller than 30 inches

U.S. Postal Service™**CERTIFIED MAIL™ RECEIPT****(Domestic Mail Only; No Insurance Coverage Provided)**For delivery information visit our website at www.usps.com®

WASHINGTON, DC 20009

OFFICIAL USE

Postage	\$ 0.49	0237
Certified Fee	\$3.30	15
Return Receipt Fee (Endorsement Required)	\$0.00	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 3.79	04/14/2014

Sent To

GENE RICE

Street, Apt. No.,

or PO Box No.

1634 ARNONE PL NW

City, State, ZIP+4

WASHINGTON, DC 20009

Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service[™]
CERTIFIED MAIL[™] RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

WASHINGTON, DC 20009

OFFICIAL USE

Postage	\$ 0.98	0237
Certified Fee	\$3.30	15
Return Receipt Fee (Endorsement Required)	\$0.00	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 4.28	04/14/2014

Sent to: **Luis A. CANIZARES**
 Street, Apt. No.,
 or PO Box No. **1638 ARCADE PL NW**
 City, State, ZIP+4[®]
WASHINGTON, DC 20009

PS Form 3800, August 2009

See Reverse for Instructions

PTD 1000 0506 2102

NOTIFICATION FORM

April 8, 2014

OWNER: District Design and Development, LLC
ADDRESS: 10305 Holly Hill Place
Potomac, MD 20854
TEL: 301-455-6388
E MAIL: gakeats@gmail.com

ADJACENT OWNER: Gene Rice
ADDRESS: 1634 Argonne Place, NW
Washington, DC 20009
TEL: _____
E MAIL: _____

SCOPE OF WORK (S= STRUCTURAL, NS = NOT STRUCTURAL):

- ☐ 1. WORK ALONG PROPERTY LINE (NS) ☐ 4. UNDERPINNING OF FOUNDATION (S)
☐ 2. ADDITION OF STRUCTURE ALONG PARTY LINE (NS) ☒ 5. ADDITION OF STRUCTURE ON PARTY WALL (S)
☐ 3. WORK AFFECTING PARTY WALL. (NS)
☐ OTHER, SPECIFY _____ (NS) OR (S)

Dear Mr. Rice

My name is Greg Keats of District Design and Development, LLC. I am the owner of the property located at 1636 Argonne Place NW, which adjoins your property. I am in the process of submitting a building permit application to renovate my building to the DC Department of Consumer and Regulatory Affairs (DCRA). Under DC Municipal Regulations (DCMR) Title 12 DC Building Code Supplement, Section 3307A, I'm required to give a certified notification letter to tell you about the construction I am planning. I'm also required to give you the opportunity to review the permit application and the proposed work plans. If you would like to review a copy of the proposed construction plans, please send me a written request.

The code also requires you, as the adjacent property owner, to allow me, as the person causing the construction, to inspect your property for any damages -- before and after the proposed construction (at times that are convenient for both of us).

The code clearly states that I am responsible for safeguarding your property during the construction, but if you are unwilling to allow me permission to access your property (with reasonable notice and at a mutually convenient time), I am relieved of any responsibility for possible damage to your property. This letter hereby serves as the notification letter required by DCMR 12A section 3307A. To help protect your rights, I ask you sign this letter below to acknowledge that you received it; and sign in the consent block to allow the inspections of your property mentioned above. You can reach me by calling 301-455-6388. Please feel free to contact me with any questions you might have, and to let me know when I may stop by to say hello and pick up this notification form.

If you have any interest in selling or moving, I would be glad to talk to you about purchasing your home. I will typically accept the property in an 'as is' condition, which means you don't have to do anything to it, or have a bunch of people viewing your property (often at inconvenient times). I can be flexible as to a move date and will pay you in cash, which means there is no financing contingency, something you would likely incur if you were to try to sell your house on the open market. I will also offer you exactly what I paid for your neighbor's house, which is a bit over the current market value, so you know you are getting the most for it that you could.

Thank you.

Sincerely, *Greg Keats for District Design and Development @ Argonne, LLC 4/8/2014*

Greg Keats for District Design and Development, LLC

Adjoining Owner's Permission Granted _____ Denied _____ Signature _____

DATE _____

NOTIFICATION FORM

April 8, 2014

OWNER: District Design and Development, LLC
 ADDRESS: 10305 Holly Hill Place
 Potomac, MD 20854
 TEL: 301-455-6388
 E MAIL: gakeats@gmail.com

ADJACENT OWNER: Luis A. Canizares
 ADDRESS: 1638 Argonne Place, NW
 Washington, DC 20009
 TEL: _____
 E MAIL: _____

SCOPE OF WORK (S= STRUCTURAL, NS = NOT STRUCTURAL):

- ☐ 1. WORK ALONG PROPERTY LINE (NS) ☐ 4. UNDERPINNING OF FOUNDATION (S)
☐ 2. ADDITION OF STRUCTURE ALONG PARTY LINE (NS) ☒ 5. ADDITION OF STRUCTURE ON PARTY WALL (S)
☐ 3. WORK AFFECTING PARTY WALL. (NS)

☐ OTHER, SPECIFY _____ (NS) OR (S)

Dear Mr. Canizares,

My name is Greg Keats of District Design and Development, LLC. I am the owner of the property located at 1636 Argonne Place NW, which adjoins your property. I am in the process of submitting a building permit application to renovate my building to the DC Department of Consumer and Regulatory Affairs (DCRA). Under DC Municipal Regulations (DCMR) Title 12 DC Building Code Supplement, Section 3307A, I'm required to give a certified notification letter to tell you about the construction I am planning. I'm also required to give you the opportunity to review the permit application and the proposed work plans. If you would like to review a copy of the proposed construction plans, please send me a written request.

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Thank you.

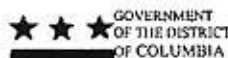
Sincerely, *Greg Keats for District Design and Development @ Argonne, LLC 4/8/2014*

Greg Keats for District Design and Development, LLC

Adjoining Owner's Permission Granted _____ Denied _____ Signature _____

DATE _____

PRE-FILE NUMBERS		ZONING DISTRICT	FILE NUMBER	PERMIT NUMBER	
N.C.P.C. No:	O.G. No:			B1409928	By:
H.P.A. No:	S.S.L. No: 2589 0460	Ward No: 1	Receipt No:	Date:	Receipt No:



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



FJ-5006956

BLRA-33
(Rev. 10/2011)

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

CLEARANCE TO FILE

By _____ Date _____

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

(A) ALL APPLICANTS MUST COMPLETE ITEMS 1 THRU 32

1 Address of Proposed Work: 1636 ARGONNE PLACE NW		Suite No.	2 Lot 0460	3 Square 2589	4 Application Date 7/20/2014
5 Owner of Building or Property DISTRICT DESIGN AND DEVELOPMENT ARGONNE LLC		6 Address (include Zip Code) 10305 HOLLY HILL PL, POTOMAC MD 20854		7 Phone 202-518-0892	
8 Agent for Owner: (if applicable) Erica Rokenbrod, Carmel Greer DISTRICT DESIGN		9 Address (include Zip Code) 1766 Florida Ave. NW 20009		10 Phone 202-518-0892	
11. Type of Proposed Work (Select only one) ALL APPLICANTS MUST COMPLETE SECTIONS AF AND AI					
☐ New Building(B) ☐ Awning(G) ☐ Fire Retardant Paint(O) ☐ Sheet piling and Shoring(X) ☐ Addition(B) ☐ Sign(H) ☐ Flag Pole(P) ☐ Tenant Layout(Y) ☐ Addition Alteration Repair(B) ☐ After Hours(I) ☐ Observation Stand(Q) ☐ Swimming Pool(Z) ☒ Alteration and Repair(B) ☐ Demolition(J) ☐ Scaffolding Information (R) ☐ Special Sign(AA) ☐ Raze Building(C) ☐ Blasting Operations(K) ☐ Soil Boring(S) ☐ Projection(AB) ☐ Retaining Wall(D) ☐ Christmas Tree Stand(L) ☐ Tower Crane(T) ☐ Excavation only (AC) ☐ Fence(E) ☐ Fireworks Stand(I.) ☐ Foundation Only(IJ) ☐ Tent(AD) ☐ Shed(F) ☐ Exterior Cleaning Information(M) ☐ Underground Storage Tank(V) ☐ Antenna(AE) ☐ Garage(F) ☐ Capacity Placard(N) ☐ Water And Damp Proofing(W) Civil Site Work Only (AH)					
12. Description of Proposed Work Regrade Rear for future garden. Patch garage door. New retaining wall no taller than 30 inches					
13 Existing Use(s) of Building or Property Single Family		14 Ex. No of Stories of Bldg 2	15 Ex. No of Dwelling Units 1	Official Use Only Miscellaneous FEE \$	
16 Proposed Use(s) of Building or Property Single Family		17 Prop. No of Stories of Bldg 2	18 Prop. No of Dwelling Units 1	By:	Date:
19 Starting Date 7/25/2014	20 Completion Date of work 7/25/2015	21 Method of Removing Construction Debris ☒ Pick-up Truck ☐ Dumpster ☐ Other (specify)		22 Does the proposed work involve disturbing the earth or razing a building? ☐ Yes, answer q. 23 ☒ No, SKIP q. 23-27	
23. Is the area of disturbed earth more than 50 sq. ft? ☐ Yes, answer q. 24-25 ☐ No, SKIP q. 24-25	24. Soil Erosion Control Methods		25. Area of Offsite Drainage sq. ft	26. No of Footings or Columns	27 Size of Footings or Columns

ALWAYS SIGN THE APPLICATION ON PAGE 8 (SECTION AI)

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

OFFICIAL USE ONLY

	R	P	H	A	
M					
P					
E					W ☐ Yes ☐ No
F					PLANS
S					☐ No ☐ Sm ☐ Lg

Page 2

1636 ARGONNE PLACE NW (FJ-5006956)

28. Existing Stories Plus: Cellar		29. Proposed Stories Plus: Cellar		30. Existing Stories Penthouse: ☐ Yes ☒ No		31. Proposed Stories Penthouse: ☐ Yes ☒ No		32. Is this related to a Stop Work order: ☐ Yes ☒ No					
(B) NEW BUILDING, ADDITION, & ALTERATION (COMPLETE ITEMS B-1 THRU B-37)													
B-1. Architect's Name:			B-2. D.C. Lic. No.:		B-3. Architect's Address: (include Zip Code)			B-4. Phone:					
B-5. Engineer's Name:			B-6. D.C. Lic. No.:		B-7. Engineer's Address: (include Zip Code)			B-8. Phone:					
B-9. Building Contractor's Name:			B-10. D.C. Lic. No.:		B-11. Contractor's Address:			B-12. Phone:					
B-13. Type of Construction: ☐ Masonry ☐ Steel ☐ Wood ☐ Other ☒ Concrete		B-14. Fire Suppression: ☐ Fully Sprinklered ☐ Partially Sprinklered ☐ Standpipe System ☒ None ☐ Other		B-15. Booster Pump: ☐ New ☐ Existing ☒ None		B-16. Total Lot Area: 1700.00 Sq. ft.		B-18. Present Gross Floor Area of Bldg.: 2143.00					
								B-17. Breakdown of Lot Area (~100%)					
								a. building					
								b. paved area					
								c. greenery					
B-19. Proposed Gross floor Area of Bldg.: 2143.00		B-20. Length: 0.00		B-21. Width: 0.00		B-22. Height: 0.00		B-23. Floors involved in this permit: ☐ All ☒ Floors 1					
								B-24. Projection beyond building line? ☐ Yes, Answer q. B-23 to B-27 ☒ No. SKIP q. B-23 to B-27					
B-25. Number and type of projection:			B-26. Distance of Projection: ft.		B-27. Width of Projection: ft.		B-28. Width of Building frontage: ft.		B-29. Signature of Owner (projection only):				
B-30. Water or Sewer Excavation: ☐ Yes ☒ No		B-31. Driveway Construction: ☐ Yes ☒ No		B-32. Sheet piling/Shoring Necessary: ☐ Yes ☒ No		B-33. Elevators Involved: ☐ Yes, Answer B-34. ☒ No		B-34. No. and Type of Elevator:		B-35. Plans Certified by Engineer: ☐ Yes, Cert. Attached ☒ No			
B-36. Estimated Cost of Work (a) New/Add.: \$ 0.00 (b) Alt/Repair \$ 3000.00 Total \$ 3000.00				OFFICIAL USE ONLY									
				Alter/Repair FEE		New Const. FEE		Filing Fee		TOTAL PERMIT FEE			
				\$		\$		\$		\$			
B-37. Volume of New Bldg. or Addition 0.00 Cubic ft.				By:		Date:		By:		Date:			
(C) RAZING A BUILDING (COMPLETE ITEMS C-1 THRU C-18)													
C-1. Insurance Company:			C-2. Policy or Cert. No.:			C-3. Policy Expiration Date:			C-4. Raze Method:				
C-5. Building Material:			C-6. Raze Entire Building: ☐ Yes ☐ No		C-7. Building is Condemned: ☐ Yes ☐ No		C-8. Building is Vacant: ☐ Yes ☐ No		C-9. Building has Vault: ☐ Yes ☐ No		C-10. Disconnect Utilities: ☐ Yes ☐ No		
C-11. Length:		C-12. Width:		C-13. Height:		C-14. Volume:		OFFICIAL USE ONLY					
C-15. Is Building an Accessory Structure: ☐ Yes ☐ No		C-16. Asbestos in the building? ☐ No ☐ Yes, location		C-17. Party Wall: ☐ Yes ☐ No		C-18. Owners Notified: ☐ Yes ☐ No		Fee: \$		By:		Date:	
(D) RETAINING WALL (COMPLETE ITEMS D-1 to D-6)													
The retaining wall will not obstruct any accessible parking required by D.C. Zoning Regulations													
D-1. Cost of work, \$:		D-2. Material:		D-3. Height:		D-4. Color:		D-5. Location: ☐ Entirely on Owner's Land ☐ Party Line with Adjacent Neighboring Land *					
*If party wall, the owner of the adjoining property must agree to the erection of the retaining wall and this application													
D-6. Address of Adjoining Owner:						OFFICIAL USE ONLY							
						Fee: \$		By:		Date:			

(E) FENCE (COMPLETE ITEMS E-1 THRU E-5)							
E-1. Material and Type:		E-2. Height:		E-3. Color:		E-4. Location: ☐ Entirely on Owner's Land ☐ Party Line with Adjacent Neighboring Land*	
*If party fence, the owner of the adjoining property must agree to the erection of the fence and this application							
E-5. Address of Adjoining Owner:							
(F) SHED OR GARAGE (COMPLETE ITEMS F-1 THRU F-9)							
F-1. Number:		F-2. Length: Ft.		F-3. Width: Ft.		F-4. Area: Sq. Ft.	
F-5. Height: Ft.		F-6. Volume: cu. ft.		OFFICIAL USE ONLY			
F-7. Est. Cost of work: \$		F-8. Material of sides		F-9. Color:		Fees:	
						By: Date:	
(G) AWNING (COMPLETE ITEMS G-1 THRU G-10)							
G-1. Number:		G-2. Color:		G-3. Type ☐ Folding ☐ Fixed:		G-4. Projections: Beyond Bldg. Line _____ in. Beyond pt of attachment _____ in.	
G-5. Height of Lowest Part of awning:		(a) _____ ft Above sidewalk		(b) _____ ft Above parking		(c) _____ ft Above grade	
G-6. Material of Frame:		G-7. Material of Covering:		G-8. Lettering on awning ☐ Yes ☐ No		G-9. Fixed Posts: ☐ Yes ☐ No	
G-10. Over Side-Walk café: ☐ Yes ☐ No						By: Date:	
(H) SIGN (COMPLETE ITEMS H-1 THRU H-20)							
H-1. Number:		H-2. Electric Signs: ☐ Yes, Answer q. H-3 to H-8 ☐ No, SKIP q. H-3 to H-8		H-3. Type: ☐ Incandes ☐ Fluoresc ☐ Neon		H-4. Power: VA	
						H-5. Electrical Contractor: Business License Number:	
H-5. Address of Electrical Contractor: (include zip)				H-6. Signature of Licensed Electrician :		H-7. Phone No.	
						H-8. License No.	
H-9. Height relative to building and ground (a) _____ ft _____ in above sidewalk (b) _____ ft _____ in above roof (c) _____ ft _____ in is building height (d) _____ ft _____ in above projection of Window (e) _____ ft _____ in from roof to sign's bottom				H-10. Material of Sign:		H-11. Type of Sign:	
				H-12. Color:			
H-13. Width: Ft.		H-14. Length: Ft.		H-15. Area of Sign: Sq. ft		H-16. Width of Business frontage: Ft.	
H-17. C of O No for Bldg.:				H-18. Sign Contractor Name:			
				OFFICIAL USE ONLY			
H-19. Sign Contractor's Address:				H-20. Phone:			
Sign FEE		Elect. FEE		Total FEE			
\$		\$		\$			
By: Date:		By: Date:		By: Date:		By: Date:	

(I) AFTER HOURS (COMPLETE ITEMS I-1 THRU I-8)						
I-1. Type of permit:	I-2. Existing Permit No:	I-3. Date of Operation From:	I-4. Date of Operation To:	OFFICIAL USE ONLY		
				Fee:		
I-5. Hours of Operation From:	I-6. Hours of Operation To:	I-7. 500 ft from Residential Zone/Hotel: ☐ Yes ☐ No	I-8. Located in Residential Zone: ☐ Yes ☐ No	By:	Date:	
(J) DEMOLITION (COMPLETE ITEMS J-1 THRU J-5)						
J-1. Type of Demolition:	J-2. Type of Walls	J-4. Roof Remain: ☐ Yes ☐ No	OFFICIAL USE ONLY			
			Fee:			
J-3. Number of Exterior Walls Removed	J-5. Are Walls Load-Bearing: ☐ Yes ☐ No		By:	Date:		
(K) BLASTING OPERATIONS (COMPLETE ITEM K-1)						
K-1. Type of structure:	OFFICIAL USE ONLY					
Fee:			By:	Date:		
(L) CHRISTMAS TREE STAND OR FIREWORKS STAND (COMPLETE ITEMS L-1 THRU L-10)						
L-1. No. of Stands:	L-2. Stand Location:	L-3. Electrical Permit No.:	OFFICIAL USE ONLY			
			Fee:			
L-4. Electrical Use: ☐ Yes ☐ No	L-5. Letter of Authorization: ☐ Yes ☐ No	L-6. Starting Date:	By:			
L-7. Expiration Date:	L-8. Power Requirements:	L-9. Site Plan: ☐ Yes ☐ No	L-10. Surveyors Plan: ☐ Yes ☐ No	Date:		
(M) EXTERIOR CLEANING INFORMATION (COMPLETE ITEMS M-1 THRU M-4)						
M-1. Exterior Cleaned:	M-2. Material Used:		OFFICIAL USE ONLY			
			Fee:			
M-3. Scaffolding: ☐ Yes ☐ No	M-4. Location of Scaffold:		By:	Date:		
(N) CAPACITY PLACARD (COMPLETE ITEMS N-1 THRU N-13)						
N-1. Name:	N-2. Max Occupancy Load:	N-3. Location:	N-4. Sprinkler: ☐ Yes ☐ No	N-5. Bathroom Requirements satisfied: ☐ Yes ☐ No	N-6. Exit Requirements Satisfied: ☐ Yes ☐ No	
N-7. Room	N-8. Name of Area	N-9. Floor Location:	N-10. Type of Seating:	N-11. Net Square ft:	N-12. Capacity Use:	N-13. Max Allowable Capacity:
N-7A.	N-8A.	N-9A.	N-10A.	N-11A.	N-12A.	N-13A.
N-7B.	N-8B.	N-9B.	N-10B.	N-11B.	N-12B.	N-13B.
N-7C.	N-8C.	N-9C.	N-10C.	N-11C.	N-12C.	N-13C.
OFFICIAL USE ONLY						
Fee:		By:	Date:			
(O) FIRE RETARDANT PAINT (COMPLETE ITEMS O-1 THRU O-4)						
O-1. Quantity of Paint(Gallons):	O-2. Painted Surfaces:		OFFICIAL USE ONLY			
			Fee:			
O-3. Painted surfaces Location:	O-4. Sq. Footage Painted:		By:	Date:		

(P) FLAG POLE (COMPLETE ITEMS P-1 THRU P-5)				
P-1. Pole Location:		P-2. Site Location:		OFFICIAL USE ONLY
				Fee:
P-3. Pole Height:	P-4. Projection Distance:	P-5. Attached to Building:	By:	Date:
		☐ Yes ☐ No		
(Q) OBSERVATION STAND (COMPLETE ITEMS Q-1 THRU Q-5)				
Q-1. Name of Function:		Q-2. Starting Date:		OFFICIAL USE ONLY
				Fee:
Q-3. Ending Date:	Q-4. Hours of Use From:	Q-5. Hours of Use To:	By:	Date:
(R) SCAFFOLDING INFORMATION (COMPLETE ITEMS R-1 THRU R-5)				
R-1. No. of Stories:	R-2. Engineer of Record:	R-4. Location of Scaffold:	OFFICIAL USE ONLY	
			Fee:	
R-3. Building Permit No.:	R-5. Engineer Signature: ☐ Yes ☐ No		By:	Date:
(S) SOIL BORING (COMPLETE ITEMS S-1 THRU S-3)				
S-1. No. of Bores:	S-2. Location of Bores:	S-3. Site Plan: ☐ Yes ☐ No	OFFICIAL USE ONLY	
			Fee:	By: Date:
(T) TOWER CRANE (COMPLETE ITEMS T-1 THRU T-5)				
T-1. Crane Location:	T-3. Duration Date From:	T-4. Duration Date To:	OFFICIAL USE ONLY	
			Fee:	
	T-2. Crane Pad Approved: ☐ Yes ☐ No	T-5. Site Plan: ☐ Yes ☐ No	By:	Date:
(U) FOUNDATION ONLY (COMPLETE ITEMS U-1 THRU U-5)				
U-1. Type of Foundation:	U-5. Total Cubic Feet:	OFFICIAL USE ONLY		
		Fee:		
U-2. Removal of Trees: ☐ Yes ☐ No	U-3. Underpinning Required: ☐ Yes ☐ No	U-4. Required Notification to Adjacent Property Owner: ☐ Yes ☐ No	By:	Date:
(V) UNDER GROUND STORAGE TANK (COMPLETE ITEMS V-1 THRU V-2)				
V-1. Size of Tank:	Gallons	OFFICIAL USE ONLY		
V-2. Location of Tank:		Fee:	By:	Date:
(W) WATER AND DAMP PROOFING (COMPLETE ITEMS W-1 THRU W-2)				
W-1. Sq feet Affected:	OFFICIAL USE ONLY			
W-2. Location:	Fee:	By:	Date:	

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

(AE) ANTENNA (COMPLETE ITEMS AE-1 THRU AE-20)								
AE-1. Type of Antenna Proposed:	AE-2. Number of Existing Antennas on Site:	AE-3. Number of Proposed Antennas on Site:	AE-4. Replacement Antenna: ☐ Yes ☐ No	AE-5. Mount Type:	AE-6. Accessory Equipment Location:			
AE-7. Existing and/or Proposed Equipment Cabinet Height:	AE-8. Existing and/or Proposed Equipment Platform Height:	AE-9. Existing and/or Screening Provided Height:	AE-10. Height of Building from the Grade to Roof:	OFFICIAL USE ONLY				
				Fee:				
AE-11. Height of Building from the curb to Roof:	AE-12. Height of Proposed Antennas from the Grade to Roof:	AE-13. Height of Proposed Antennas from the Curb to Roof:	AE-14. Fully Mounted height of all Antennas and Equipment from the Roof and /or Parapet:	By:	Date:			
AE-15. Office of Planning Recommendation Letter: ☐ Yes ☐ No	AE-16. Radio Frequency Letter: ☐ Yes ☐ No	AE-17. Scaled D.C. Surveyor's Plats: ☐ Yes ☐ No	AE-18. Scaled Plans Elevations and the Sheet Location within the Plans: ☐ Yes ☐ No	AE-19. Structural Certification: ☐ Yes ☐ No	AE-20. Screening Provided: ☐ Yes ☐ No			
(AF) LEAD ABATEMENT (COMPLETE ITEMS AF-1 THRU AF-2)								
AF-1. Was the structure Built before 1978: ☒ Yes ☐ No	AF-2. Removing more than 2 Sq Ft. of Lead Paint: ☐ Yes ☒ No	OFFICIAL USE ONLY						
		Fee:	By:	Date:				
(AG) GREEN BUILDING (COMPLETE ITEMS AG-1 THRU AG-13)								
AG-1. Green Building: ☐ Yes ☐ No	AG-2. Certification Level :	AG-3. Owner Type :	AG-4. Scope of Project:	AG-5. Project Type:				
AG-6. Green Building Standards:	AG-7. Other Standard:		AG-8. Energy Star Rating:	AG-9. Green Building Square Feet:				
AG-10. LEED Scorecard Provided: ☐ Yes ☐ No	AG-11. Is Project Publicly - Owned or Financed : ☐ Yes ☐ No	AG-12. Is the Project Substantial Improvement: ☐ Yes ☐ No	OFFICIAL USE ONLY					
			Fee:	By:	Date:			
AG-13. Green Design Elements: <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 33%;"> ☐ Cool Roof ☐ Energy Efficient HVAC System ☐ Energy Efficient Lighting ☐ Green Roof ☐ Greywater ☐ Geothermal System </td> <td style="vertical-align: top; width: 33%;"> ☐ Hazard Reducing Product ☐ Hydro Power ☐ Low Emitting Windows ☐ Low Flush Toilets ☐ Low Flow Shower Heads ☐ Local Regional Building Materials </td> <td style="vertical-align: top; width: 33%;"> ☐ Passive Solar Energy ☐ Permeable Concrete ☐ Plant Building Material ☐ Recycled Building Materials ☐ Wind Power Energy </td> </tr> </table>						☐ Cool Roof ☐ Energy Efficient HVAC System ☐ Energy Efficient Lighting ☐ Green Roof ☐ Greywater ☐ Geothermal System	☐ Hazard Reducing Product ☐ Hydro Power ☐ Low Emitting Windows ☐ Low Flush Toilets ☐ Low Flow Shower Heads ☐ Local Regional Building Materials	☐ Passive Solar Energy ☐ Permeable Concrete ☐ Plant Building Material ☐ Recycled Building Materials ☐ Wind Power Energy
☐ Cool Roof ☐ Energy Efficient HVAC System ☐ Energy Efficient Lighting ☐ Green Roof ☐ Greywater ☐ Geothermal System	☐ Hazard Reducing Product ☐ Hydro Power ☐ Low Emitting Windows ☐ Low Flush Toilets ☐ Low Flow Shower Heads ☐ Local Regional Building Materials	☐ Passive Solar Energy ☐ Permeable Concrete ☐ Plant Building Material ☐ Recycled Building Materials ☐ Wind Power Energy						
(AH) CIVIL SITE WORK ONLY								
AH-1. Applicant's First Name:	AH-2. Applicant's Last Name:	AH-3. Applicant's Organization Name:	AH-4. Applicant's Street Address:					
AH-5. Applicant's Suite or Unit:	AH-6. Applicant's City:	AH-7. Applicant's State:	AH-8. Applicant's Zip Code:	AH-9. Applicant's Phone:				
AH-10. Applicant's Email:	AH-11. Is Lot(s) Vacant ? ☐ Yes ☐ No	AH-12. Contractor's Information Available: ☐ Yes ☐ No		AH-13. Contractor's First Name:				
AH-14. Contractor's Last Name:	AH-15. Contractor's Organization Name:	AH-16. Contractor's Street Address:		AH-17. Contractor's Suite or Unit:				
AH-18. Contractor's City:	AH-19. Contractor's State:	AH-20. Contractor's Zip Code:		OFFICIAL USE ONLY				
AH-21. Contractor's Phone:		AH-22. Contractor's Email:		By:	Date:			

(A) APPLICANT'S SIGNATURE

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

Signature of Owner 1636 Argonne PI NW Address 7-20-14 Date

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

Signature of Agent 1766 FLOREN AVE NW Address 7-20-14 Date



Department of Consumer and Regulatory Affairs

1100 4th St., SW
Washington, DC 20024

DC GREEN BUILDING ACT - PERMIT APPLICATION INTAKE FORM

Project Name: 1535 ARGONNE PL NW Project Address: 1636 ARGONNE PL NW
Project Phase (0%, 35%, 65%, 85%, 100%): Date Submitted to DCRA: 7/21/14
Owner/District Agency: DISTRICT DESIGN & DEVELOPMENT ARGONNE LLC Owner/District Agency PM or Contact: DISTRICT DESIGN
Submitted by (A/E Firm name): DISTRICT DESIGN Submitted by (name): ERICA ROKENBROD
Contact phone: 202-518-0892 Contact e-mail: ERICA@DISTRICTDESIGN.COM

- 1 Is this project District-owned?

Yes	No
☐	☒
- 2 Is this project District-financed in any amount?

Yes	No
☐	☒
- What Percentage of project financing is from the District? _____
- 3 Is this project in a District-owned building or on District Property?

Yes	No
☐	☒
- 4 Are you seeking an 'Expedited Permit' under the Green Building Act?

Yes	No
☐	☒
- 5 Was any portion of the property purchased or leased from the District or was the District an instrument of its sale?

Yes	No
☐	☒

6 What is the project type (check one)?

a Non-residential/Commercial/Institutional

Describe: _____

b Residential

c Mixed-Use

d K-12 Education Facility

e Interior/Tenant Improvement

f Other (describe): _____

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

a New construction

b Renovation

c Addition

d Other (describe): _____

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

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

a LEED for New Construction & Major Renovations (LEED-NC v2.2)

b LEED for Core & Shell (LEED-CS v2.0)

c LEED for Homes

d LEED for Schools

e LEED for Commercial Interiors (LEED-CI v2.0)

f Green Communities 2008/2008

g Other (describe): _____

Proceed to questions 10-11.

Proceed to questions 10-11.

Proceed to questions 10-11.

Proceed to questions 10-11.

Proceed to questions 10-11.

Proceed to question 13.

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

a If 'Yes', is a receipt for LEED registration included in this permit request? Proceed to question 11.

b If 'No', has the project received a waiver from the requirements of the Green Building Act? Proceed to question 12.

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

a If 'Yes', is a receipt for the Design Phase Review submitted to the U.S. Green Building Council included in this permit?

b If 'Yes', is the Design Phase Review summary report from the U.S. Green Building Council included with this permit request?

c If 'No', proceed to question 12.

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

a If 'Yes', has the indexed DCRA LEED scorecard been submitted electronically (on CD) with supporting documents to DCRA for review?

b If 'No', please download the DCRA LEED scorecard and follow instructions for completion.

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

a If 'Yes', has the indexed DCRA Green Communities checklist been submitted electronically (on CD) with supporting documents to DCRA for review?

b If 'No', please download the DCRA Green Communities checklist and follow instructions for completion.



Department of Consumer and Regulatory Affairs

Reasonable Accommodations and Modifications for Persons with Disabilities

The Department of Consumer and Regulatory Affairs (DCRA) is committed to fair housing practices for all residents of the District of Columbia. The Fair Housing Amendments Act of 1988 (FHA) allows qualified persons with disabilities and or their representatives to request reasonable accommodations and/or modifications so that they may fully use and enjoy their homes and related facilities. This law defines a qualified person with disability as:

Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

In general, a physical or mental impairment includes hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, and developmental disabilities that substantially limit one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself.

The FHA requires DCRA to make reasonable accommodations for qualified persons with disabilities. A reasonable accommodation is a change in rules, policy, practices, or services so that a person with a disability will have an equal opportunity to use and enjoy a dwelling unit or common space. DCRA is required provide reasonable accommodations to qualified persons with disabilities, but it is not required to make changes that would fundamentally alter the program or create an undue financial and administrative burden.

The FHA of 1988 requires DCRA to allow qualified persons with disabilities to make reasonable modifications. A reasonable modification is a structural modification that is made to allow persons with disabilities the full enjoyment of the housing and related facilities. DCRA is required to provide reasonable modifications to qualified persons with disabilities, but It is not required to make changes that would fundamentally alter the program or create an undue financial and administrative burden.

Would you like to obtain more information from DCRA on FHA reasonable accommodation and/modification requests for qualified persons with disabilities (*circle one*)?

YES

NO

Printed Name

Signature

ERICA ROKENBROD

If you have questions or concerns related to requesting reasonable accommodations or modifications for qualified persons with disabilities from DCRA, please contact:

*Mr. Jeffrey Mason
Department of Consumer & Regulatory Affairs
1100 4th Street, SW Suite 5311
Washington, DC 20024
Phone: (202)-442-4545
Fax: (202) 442-4884
jeffrey.mason@dc.gov*

DISTRICT DEPARTMENT OF THE ENVIRONMENT
BUILDING PERMIT APPLICATION SUPPLEMENTAL FORM - ENVIRONMENTAL QUESTIONNAIRE

PROJECT ADDRESS: 1636 ARGONNE PL NW LOT 0460 SQUARE 2589

Note: please answer all 10 questions in this questionnaire, by checking either column "Yes" or "No" for each question. If you answer "Yes" to any of the questions, you should contact the corresponding office(s) indicated in column 'contact person/office', as soon as possible. Until this application is reviewed and approved by the concerned office(s), the permit will not be issued.

SCOPE OF PROJECT	YES	NO	CONTACT PERSON/OFFICE	OFFICE USE
1. Does the total cost of the project exceed \$1 million? This does not apply if project is for internal (tenant space) renovation only and there will be no change in the use of the building.	☐	☒	(202) 535-2600, EIS Coordinator	
2. Will the work to be performed involve the installation, removal, abandonment, or repair of an underground storage tank (UST) system?	☐	☒	(202) 535-2600, Underground Storage Tank Division	
3. Will the work to be performed involve the assessment Or clean-up of soils associated with the release of materials from an underground storage tank (UST)?	☐	☒	(202) 535-2600, Underground Storage Tank Division (202) 535-2600, Air Quality Division	
4. Will the work to be performed involve the assessment or clean-up of groundwater associated with the release of materials from an underground storage tank (UST)?	☐	☒	(202) 535-2600, Underground Storage Tank Division (202) 535-2600, Air Quality Division (202) 535-2600, Water Quality Division	
5. Will the proposed project involve the installation or drilling of wells other than for the purposes stated in questions 3 and 4?	☐	☒	(202) 535-2600, Water Quality Division (202) 535-2600, Air Quality Division	
6. Will the proposed project involve the generation, treatment, storage, disposal or transportation of chemicals or other substances which may be considered hazardous?	☐	☒	(202) 535-2600, Hazardous Waste Division	
7. Will the proposed project involve construction which will disturb the sediment in rivers, streams or wetlands?	☐	☒	(202) 535-2600, Water Quality Division	
8. Will the proposed use involve the construction of a facility for the handling, transfer, storage, disposal or treatment of solid waste, medical waste, or recyclable materials?	☐	☒	(202) 535-2600, EIS Coordinator	
9. Will the proposed project result in the discharge into the air of gases, dust, or the creation of any objectionable odors?	☐	☒	(202) 535-2600, Air Quality Division	
10. Was the building built before 1978? (Lead paint may be present).	☒	☐	If you answer "YES" to this question, please answer the questions and follow the instructions on the "Lead Hazard Control Questionnaire" to determine if you need a permit to conduct a Lead Abatement Project.	

AFFIDAVIT

I hereby certify that I have the authority of the owner of the property to make this application. I declare that the answers to the above questions in this Questionnaire are complete and correct to the best of my knowledge.

Signature [Signature] Name (print) ERICA ROKENBROD
 Address 1766 FLORIDA AVE NW Date 7/21/14 Phone 202-518-0892

OFFICE USE ONLY	
DDOE APPROVAL BY _____	NAME (Print) _____
CONTACT NUMBER : (202) _____	DATE: _____
COMMENTS AND PERMIT RESTRICTIONS _____	

(USE REVERSE IF NECESSARY)

BLRA 33C

CONTRACT AGREEMENT

Name of Contractor/Owner **DISTRICT DESIGN** Contractor's License No. _____

Address of Contractor/ Owner **1766 FLORIDA AVE NW** Date: **7/21/14**

ADDRESS OF PROPOSED WORK 1636 ARGONNE PL NW		LOT: 0460 SQUARE: 2589
OWNER OF BUILDING OR BUSINESS: DISTRICT DESIGN & DEVELOPMENT ARGONNE		PHONE No: 202-518-0892
DESCRIPTION OF PROPOSED WORK: REGRADE REAR FOR FUTURE GARDEN. PATCH GARAGE DOOR. NEW RETAINING WALL NO TALLER THAN 30"		
COST ESTIMATE		
CONSTRUCTION e.g drywall, ceilings, framing, carpentry etc	\$ 3,000	
ELECTRICAL	\$ U	
MECHANICAL	\$ U	
PLUMBING	\$ U	
FIRE PROTECTION e.g sprinkler system, fire alarm system, generator etc.	\$ U	
DEMOLITION	\$ U	
MISC/OTHER (please specify)	\$ U	
TOTAL	\$ 3,000	
The labor and material costs of counter tops, kitchen cabinets, floor coverings, tile work, caulking, patching and plaster repair, painting other than fire retardant paint, gutters and downspouts, not more than 160 square feet of gypsum board shall not be included in the cost estimate for permitting purposes. The entire list can be seen in the 1999 D.C Building Supplement Chapter 1 Section 107.3.		
The foregoing terms, specifications and conditions are satisfactory and hereby agreed to. You are authorized to work as specified and payment will be made in the amount as outlined. Upon signing this agreement, the owner represents and warrants that he or she is the owner or the authorized agent of the owner of the aforesaid premises and that he or she has read this agreement.		
DISTRICT DESIGN CONTRACTOR _____ Signature & print		Date: 7/21/14
DISTRICT DESIGN & DEVELOPMENT ARGONNE LLC OWNER OF BUILDING/BUSINESS _____ Signature & print		Date: 7/21/14
Upon signing this document, the owner and contractor declare that the cost of construction as specified above for the referenced project is true and correct to the best of their knowledge		

Please fill out this agreement form in accordance with D.C Construction Code Supplement 1999, Chapter 1 Section 112.1.



Environmental Intake Form

Owner & Contact Information

Complete address of proposed work

Square	Suffix (if any)	Lot	Application date (4 numbers for year)
2589		0460	0 7 2 1 2 0 1 4

Number	Ext	Official street name	Quadrant	Unit/Suite
1636		ARGONNE PL NW		

Project name	Application number (if applicable)	Project Description
1636 ARGONNE PL NW		REGRADE REAR. NEW RETAINING WALL

6. Owner	7. Complete mailing address (include zip)	8. Phone	9. Email, if you prefer e-notice
DISTRICT DESIGN & DEVELOPMENT ARGONNE LLC	1636 ARGONNE PL NW 20009	202-518-0892	ERICA@DISTRICTDESIGN.COM
10. Agent for owner, if applicable	11. Complete mailing address (include zip)	12. Phone	13. Email, if you prefer e-notice
DISTRICT DESIGN	1766 FLORIDA AVE NW 20009	202-518-0892	ERICA@DISTRICTDESIGN.COM

Project Scope

Scope (Check all that this project involves.)	No	Yes	If You Answer "Yes"
1. Is this project a residential structure within R-1 through R-5-A zoning districts?		x	Skip to the signature line.
2. Is this project a single-family structure <i>not</i> built in conjunction with 2 or more units?			
3. Is this project an accessory structure, such as a garage, patio, pool, or fence?			
4. Is this project only an interior renovation with no building use or capacity change?			
5. Is this project in an Economic Development Zone, as defined in DC Official Code § 6-1501 et seq (DC Law 7-177)?			
6. Is this project in the Central Employment Area, defined in DC Zoning Regulations?			Attach a site plan. If there is no plan, attach a written explanation.
7. Does the project involve <i>only</i> operation, repair, maintenance, or minor alteration of public structures, facilities, mechanical equipment, or topographical features, with <i>negligible or no</i> expansion of use beyond its current use?			
8. Does the owner of this site own adjacent or abutting property?			
9. Do you plan to develop adjacent/abutting property in next 3 years?			See EIS Coordinator.
10. Do you plan more development that requires permit(s) on any site in this square in next 3 years?			
11. Is this project a solid waste facility?			Attach the EIS or equivalent.
12. Have you prepared an Environmental Impact Statement (EIS) or a functional equivalent, as required by the National Environmental Policy Act of 1969 (NEPA)?			
13. Are you claiming an exemption, other than those listed in this form, from the requirement to submit an Environmental Screening Form, under Title 20 § 7202.			Attach an explanation; cite relevant section of regulations.
14. Is the total project cost more than \$1.51 million, including site preparation and construction?			If you're not claiming an exemption, attach an EISF.
15. For projects with a total cost of \$1.51 million or less, check all that apply: ☐ Contains threatened or endangered plant or animal species. ☐ Is within 100 feet of a pond, stream, lake, spring, or wetland. ☐ Project will produce emission of odorous or other air pollutants (from any source, including VOCs). ☐ Project produce, use, or dispose of hazardous substances, as defined in 20 DCMR 7299. ☐ Will be built on land where the water table depth is less than 3 feet. ☐ Will require blasting. ☐ Will generate medical, infectious, radioactive, or hazardous waste.			If you check any item, attach EISF or equivalent.

I certify that all statements on this application are true and complete to the best of my knowledge and belief. I agree to comply with all applicable DC laws and regulations. The making of false statements on this application is punishable by criminal penalties. (DC Code Sec. 22-2514)

Signature of Owner/Authorized Agent

Date

7/21/14

OFFICIAL USE ONLY

Environmental Impact Screening Form Required



Yes. Referred to EIS Coordinator



No

DCRA Reviewer

Date

NOTE: Building permit approval is not the same as approval of an action or entire project under the Environmental Policy Act of 1989. If you build on the same, adjacent, or abutting property, or expand on work covered by this Environmental Intake Form within 3 years, you may be required to file an EISF for the whole project, including the part covered by this application and permit approval. If the action violates any federal or DC environmental laws, an EISF can be required.

To report waste, fraud, or abuse by any DC government office or official, call the Inspector General: 1-800-521-1639



LEAD PERMIT SCREENING FORM



- 1) Is the work you will be conducting going to disturb paint on the interior or exterior of a property built prior to 1978? This includes residential and commercial properties, as well as child-occupied facilities such as daycares, pre-schools, libraries, etc...
☐ Yes (continue to next question)
☒ No (there is no lead abatement permit requirement; you can skip the rest of this form)
- 2) Do you have a lead inspector's written report stating that the paint you'll be disturbing is NOT lead-based paint?
☐ Yes (there is no lead abatement permit requirement and you can skip the rest of this form; BUT you must submit a copy of the inspector's report to DDOE's Lead and Healthy Housing Division)
☒ No (continue to next question)
- 3) Will you be doing work that involves the enclosure/encapsulation of painted components, the use of chemical stripping, the replacement of painted surfaces or fixtures, or the removal or covering of lead-contaminated soil?
☐ Yes (this abatement work requires a DDOE lead abatement permit)
☒ No (there is no lead abatement permit requirement; you can skip the rest of this form)

Lead Abatement Permit Requirements

If you are required to obtain a lead abatement permit, you must:

- 1) Apply for a lead abatement permit from DDOE's Lead and Healthy Housing Division (call 535-1934 for details)
- 2) Use a DDOE certified lead abatement worker/supervisor to conduct the abatement activity
- 3) Produce an independent "clearance report" at the end of the work, confirming that the abatement activities were conducted in such a manner that no lead-based paint hazards remain in the work area(s).

**To obtain a DDOE lead abatement permit application, please visit:
www.ddoe.dc.gov and click on Lead and Healthy Housing Division.**

NOTICE: Lead Abatement Permit Exemptions

- 1) Are you a property owner who is performing lead-based paint activities or renovations in a residence that you own and live in, which is occupied solely by you or your immediate family, AND where neither children under 6 years of age NOR a pregnant woman lives? ☐ Yes
- 2) Will the work that you will perform disturb 2 square feet or less of paint per room? ☐ Yes

If you answered "yes" to either one of these questions, NO DDOE lead abatement permit is required.



Zoning Data Summary

General Instructions: Pursuant to 12 DCMR, § 106.1.11.6, submit this completed form with Building Permit and Certificate of Occupancy applications for:

- proposed new construction of buildings
- additions to existing buildings
- changes in use or occupant load.

Print clearly in ink. Do not write in gray areas. Write N/A (non-applicable) for items that do not apply. If you erase, cross out, white out, or otherwise change any information on this application, the application will be void.

For more information, call the Office of Zoning Administrator at 202-442-4576. If you need more forms, you can download them at dcra.dc.gov (go to Permits/Zoning/Certificates of Occupancy and Zoning) or pick them up at the Permit Center, 1100 4th St SW, 2nd Floor

A. Site Address

Give complete and legal District address. If you need to apply for a new address, complete a New Address Application, before you complete this form. Do not abbreviate street names. Write the correct quadrant (NW, NE, SW, SE), suite or office number. Enter the correct Square, Suffix, and Lot number (SSL) or parcel ID.

Street Number 1636	Street Name ARGONNE PL NW	Quadrant	Unit / Suite	Application Date 7/21/14
Square 2589	Suffix	Lot 0460	Proposed use SINGLE FAMILY	

B. Owner & Contact Information

Agent must be an individual – not company.

Owner of Building or Property DISTRICT DESIGN & DEVELOPMENT ARGONNE LLC	Complete mailing address (include zip) 1636 ARGONNE PL NW 20009	Phone Number(s) 202-518-0892	Email ERICA@DISTRICTDESIGN.COM
Agent for owner, if applicable DISTRICT DESIGN	Complete mailing address (include zip) 1766 FLORIDA AVE NW 20009	Phone Number(s) 202-518-0892	Email ERICA@DISTRICTDESIGN.COM

C. Zoning District & Special Development Restrictions

Give the correct zoning and overlay zoning district(s). Check with Zoning staff if you are unsure. If your proposed construction was subject to Board of Zoning Adjustments (BZA) or Zoning Commission review, write the order number. Attach copies of BZA order and Office of Zoning stamped plan exhibits (site plan, elevations, and floor plans).

District R-5-B	Overlay(s), if any
--------------------------	--------------------

Number of Board of Zoning Adjustment (BZA) or Zoning Commission (ZC) Order, if applicable.

D. Zoning Data

For items with asterisks (*) refer to the Definitions Section of the Zoning Regulations, 11 DCMR, § 199.1, available online at dcra.dc.gov/info/reg.shtml.

Data	Existing	Proposed	Official Use Only (code requirement)
Units & Parking Spaces			
Fill in both columns: numbers must match those on attached applications, plats, and plans.			
Number of dwelling units	1 Units	1 Units	
Number of parking spaces (9' x 19')	N/A Units	N/A Units	
Setbacks & Building Heights			
Side Yard* Setback (left when you face property)	0 Linear feet	0 Linear feet	
Side Yard* Setback (right when you face property)	0 Linear feet	0 Linear feet	
Rear Yard* Setback	15 Linear feet	15 Linear feet	
Building Height*	2 Stories	2 Stories	
	34 Feet	34 Feet	
Areas			
Lot Area	1700 Square feet	1700 Square feet	
Gross Floor Area* (GFA) of entire building (sum of all floors)	2143 Square feet	2143 Square feet	
Floor Area Ratio*	1.26 GFA / Lot Area	1.26 GFA / Lot Area	
Building Area* (sum of footprints of all buildings)	997 Square feet	997 Square feet	
Lot Occupancy* (Bldg Area / Lot Area)	58 %	58 %	

Form Completed by (sign and print name): ERICA KOKENBROD

Date: 7/21/14

DISTRICT OF COLUMBIA GOVERNMENT OFFICE OF THE SURVEYOR

Washington, D.C. March 6, 2014

Plat for Building Permit of SQUARE 2589 LOT 460

Scale: 1 inch = 20 feet Recorded in Book 61 Page 40

Receipt No. 14-03030

Furnished to: ERICA J. ROKENBROD

For AS
By: A.S.
Alphonse
Surveyor, D.C.

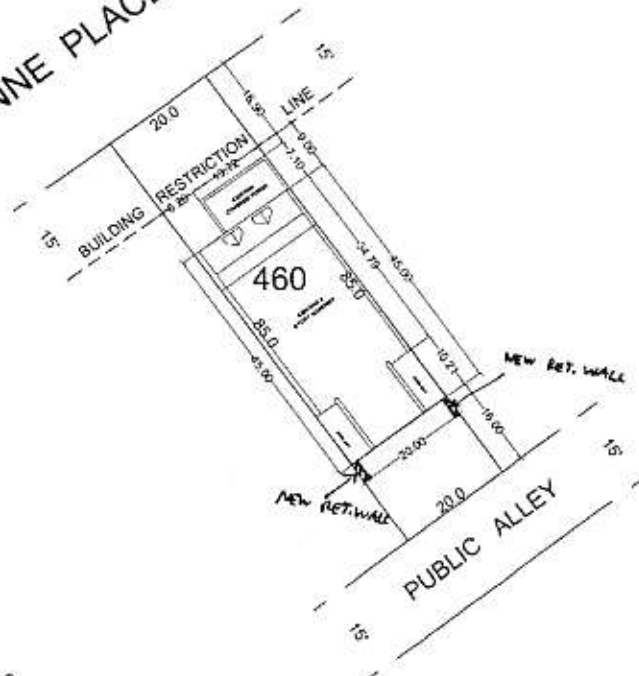
I hereby certify that all existing improvements shown thereon, are completely dimensioned, and are correctly plotted; that all proposed buildings or construction, or parts thereof, including covered porches, are correctly dimensioned and plotted and agree with plans accompanying the application; that the foundation plans as shown herein are drawn, and dimensioned accurately to the same scale as the property lines shown on this plat; and that by reason of the proposed improvements to be erected as shown hereon, the size of any adjoining Lot or premises is not decreased to an area less than is required by the Zoning Regulations for light and ventilation; and it is further certified that all lot divisions or combinations pending at the Office of Tax & Revenue are correctly depicted, and it is further certified and agreed that accessible parking area where required by the Zoning Regulations will be reserved in accordance with the Zoning Regulations, and that this area has been correctly drawn and dimensioned hereon. It is further agreed that the elevation of the accessible parking area with respect to the Highway Department approved curb and alley grade will not result in a rate of grade along centerline of driveway at any point on private property in excess of 20% for single-family dwellings or flats, or in excess of 12% at any point for other buildings. (The policy of the Highway Department permits a maximum driveway grade of 12% across the public parking and private restricted property.) Owner/Agent shall indemnify, defend, and hold the District, its officers, employees and agents harmless from and against any and all losses, costs, claims, damages, liabilities, and causes of action (including reasonable attorneys' fees and court costs) arising out of death of or injury to any person or damage to any property occurring on or adjacent to the Property and directly or indirectly caused by any work done thereon or any acts or omissions of Owner/Agent; provided, however, that the foregoing indemnity shall not apply to any losses, costs, claims, damages, liabilities, and causes of action due solely to the gross negligence or willful misconduct of District or its officers, employees or agents.

Date: 7-21-14

[Signature]
(Signature of Owner or his authorized agent)

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

ARGONNE PLACE, N.W.



7-21-14
DCRA/OFFICE OF THE ZONING
ADMINISTRATION/COMPLIES
WITH THE REQUIREMENTS OF
DC ZONING REGULATIONS (11 DCMR)
7-21-14
(30' RET. WALLS)



PROJ. 827
 1-10-10 10:10 AM
 10:10 AM
 10:10 AM

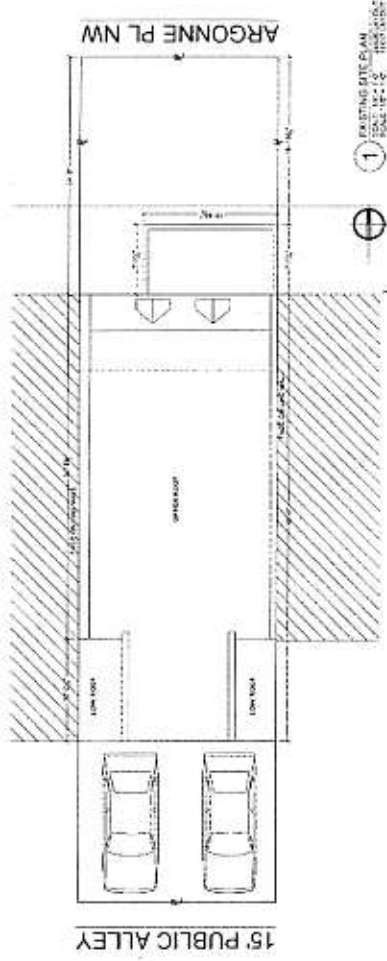
no negative



1992-1993

1111

A0100

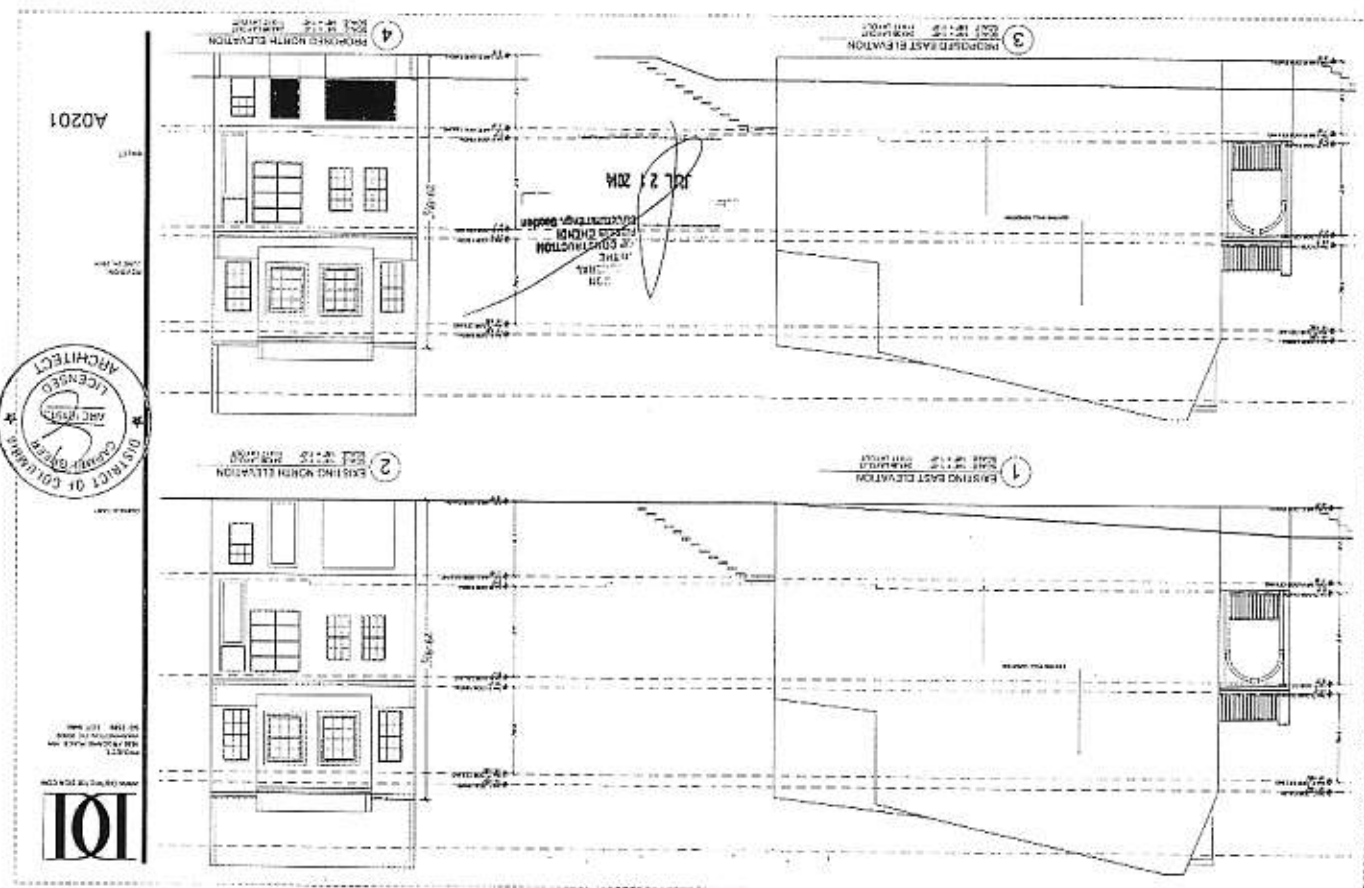


1 EXISTING SITE PLAN
SCALE: 1"=10' 1"=10' 1"=10'
SHEET 11 OF 12

2004 Structural Eng. Gordon
FIDELIS CHEN
CHIEF OF CONSTRUCTION
SUBJECT TO THE
JOINT GENERAL
TONG CHEN
CHIEF OF CONSTRUCTION

~~JUL 21 2014~~

~~JUL 21 2014~~



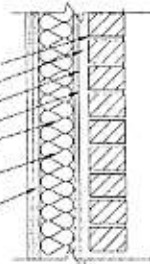
A0201



DCR/OFFICE OF THE ZONING
ADMINISTRATOR COMPLIES
WITH THE REQUIREMENTS OF
DC ZONING REGULATIONS (11 DCMR)
6/7/14

2 HR RATED WALL - MASONRY VENEER
ANSI 308 DESIGN #1002
STC RATING 90

- TWO LAYERS 5/8" TYPE X GYPSUM BOARD
- FACE LAYER VERTICAL JOINTS
- 2X4 OR 2X6 WOOD FRAMING
- AT 16" O.C.
- INSULATION TO MEET CURRENT CODE
- 1/2" EXTERIOR SHEATHING TAG
- TYVEK HOUSEWRAP
- 1" AIR SPACE W/ CORRUGATED WALL TIES
- 3/4" BRICK VENEER



2'-6" MAX

PROPERTY LINE

2

RETAINING WALL DETAIL

NEW GRADE
NO TALLER THAN 30"
NEW 8" CONCRETE RETAINING WALL
FACE ON LINE FOUNDATION
EXISTING GRADE

JUL 27 2014
FURTHER APPROVAL OF CONSTRUCTION
APPROVED SUBMITTAL
BY THE DISTRICT OF COLUMBIA
DEPARTMENT OF PERMITS
AND CONSTRUCTION

A0501



(AJ) APPROVALS (DO NOT WRITE ON THIS PAGE; OFFICIAL USE ONLY):**A. PERMIT CONTROL**

- ☐ 1. Fine Arts by: _____ Date: _____
- ☐ 2. Historic by: _____ Date: _____
- ☐ 3. Cap. Gateway by: _____ Date: _____
- ☐ 4. NCPD: _____ Date: _____
- ☐ 5. W.H./Obs. Precinct by: _____ Date: _____
- ☐ 6. Flood Control by: _____ Date: _____
- ☐ 7. WMATA by: _____ Date: _____
- ☐ 8. Condem. by: _____ Date: _____
- ☐ 9. Rental Accom. by: _____ Date: _____
- ☐ 10. Chinatown Distr. by: _____ Date: _____
- ☐ 11. Utility Clearance by: _____ Date: _____
- ☐ 12. General Liability Ins. Policy Clearance by: _____ Date: _____

B. CLEARANCE TO FILE PLANS

- ☐ 1. Zoning by: _____ Date: _____
- ☐ 2. DDOT - Permit and Records Division
Access to Parking Street ☐ Street ☐ Alley
Cleared by: _____ Date: _____
- ☐ 3. DDOT - Consumer Engineer
Cleared by: _____ Date: _____
- ☐ 4. ERA - Erosion Control
Cleared by: _____ Date: _____

Restrictions of the Permit:

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

C. PLANS AND APPLICATION APPROVAL

- ☐ 1. Information Counter by: _____ Date: _____
- ☐ 2. Information Center by: _____ Date: _____
- ☐ (a) ABRA by: _____ Date: _____
- ☐ (b) Noise Control by: _____ Date: _____
- ☐ (c) Industrial Safety by: _____ Date: _____
- ☐ (d) Vector Control by: _____ Date: _____
- ☐ (e) D.C. Animal by: _____ Date: _____
- ☐ (f) Police Dept. by: _____ Date: _____
- ☒ 3. Zoning by: *[Signature]* Date: *7-21-14*
Zoning Update by: _____ Date: _____
Zoning Overlay approval by: _____ Date: _____
- ☐ 4. DDOT - Permit and Records Division/Deposit #
Sidewalk Deposit \$ _____ Driveway Deposit \$ _____
by: _____ Date: _____
- ☐ 5. Water/Sewer Design Branch
Consumer Eng. by: _____ Date: _____
- ☐ 6. Environmental Regulation Administration
☐ Environmental Policy Review
Control No. _____ by: *[Signature]* Date: *7/21/14*
☐ Erosion Control by: _____ Date: _____
☐ Storm Water Mgmt. by: _____ Date: _____
Plan No. _____
- ☐ Air Quality by: _____ Date: _____
- ☐ Underground Storage by: _____ Date: _____
- ☐ 7. Mechanical Eng. Review by: _____ Date: _____
- ☐ 8. Plumbing Eng. Review by: _____ Date: _____
- ☐ 9. Electrical Eng. Review by: _____ Date: _____
- ☐ 10. Health Plan Review
☐ (a) Food Plan Review by: _____ Date: _____
☐ (b) Medical X-Ray Plan Rev. by: _____ Date: _____
- ☐ 11. Fire Protection Plan Review
by: _____ Date: _____
- ☐ 12. D.C. Fire Dept. (Fire Prevention Plan Review Section)
by: _____ Date: _____
- ☐ 13. Elevator Plan Rev. Sec. by: _____ Date: _____
- ☐ 14. Plumbing Insp. Rev. by: _____ Date: _____
- ☐ 15. Construction Insp. Branch (Field Check)
by: _____ Date: _____
- ☐ 16. Historic Pres. Div. by: _____ Date: _____
- ☐ 17. EISF: _____ Date: _____
- ☐ 18. Structural Eng. by: *[Signature]* Date: *7/21/14*
- ☐ 19. Permit and Certificate Issuance Counter
by: _____ Date: _____
- ☐ 20. QC By: _____ Date: _____

ZONING

C of O Number _____ Date: _____

Existing Use(s) _____

Proposed Use _____

- ☐ New Bldg
- ☐ P.O.D.
- ☐ File in room 2124

DDOT - PUBLIC SPACE

Street Name: _____

Street Width: _____

Road Width: _____

Sidewalk Width: _____

Parking: _____

Restrictions: _____

Job No. _____

BZA Case No. _____

PUD Order No. _____