Department of Consumer and Regulatory Affairs
Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862

15-000-221

B

BUILDING PERMIT

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

Issue Date: 03/24/2015

PERMIT NO. B1502210

Expiration Date: 03/24/2016

Address of Project:	Zone:	Ward:	Square:	Suffix:	Lot:
1636 ARGONNE PL NW	R-5-B	1	2589		0460

Description Of Work:
REVISE B1404813 - PLANS TO REFLECT NEW GRADE.

Permission Is Hereby Granted To:	Owner Address:	PERMIT FEE:
District Design And Development Argonne Llc	10305 HOLLY HILL PL POTOMAC, MD 20854-5027	$404.80

Permit Type:	Existing Use:	Proposed Use:	Plans:
Alteration and Repair	Single Family Dwelling - R-3	Apartment Houses - R-2	

Agent Name:	Agent Address:	Existing Dwell Units:	Proposed Dwell Units:	No. of Stories:	Floor(s) Involved:
District Design		1	4	3	

Conditions/ Restrictions:

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.

Interim Director:
Melinda Bolling

Melinda Bolling

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

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Received: Date: 12/4/2014 Plans [ ] Applicatio [ ]

Engineering: Joseph Bembry
Applicant/Agent: Josephine J Dumm Phone
Job: **WT** Job No:

Address of Project:

1636 ARGONNE PL NW

B1502210

Existing Use: Single Family Dwelling - R-3
Proposed Use: Apartment Houses - R-2
Permit Type: Alteration and Repair
Description of Work:
REVISE PLANS TO REFLECT ~~EXISTING~~ New GRADE

Existing No. of Stories:
Prop no of Stories:
SSL: 2589 0460

Revision to B1404813

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/DDOT:		[ ] AM [ ] PM	[ ] Approved [ ] HFC [ ] Conf. w/Applicant
[x] Zoning: R-5-B	JA 12/18/14	[ ] AM [x] PM	[x] Approved [ ] Conf. w/Applicant
[ ] Soil Erosion/DDOE:		[ ] AM [ ] PM	[ ] Approved [ ] HFC [ ] 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
[x] Structural: BJ	12/19/14	[ ] AM [ ] PM	[x] 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	$1.00	~~$0.00~~ $8,000	

Alter/Repair FEE	New Const. FEE	Filing FEE	Enhancement FEE	Green FEE:	Total Permit FEE
$368			$36.80		$404.80

RETAINING WALL = 8,000/1000 × 46 = $368.00
ENHANCEMENT ADD 10% $36.80
= $404.80

DCRA

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

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Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862

Remittance Source Document

INVOICE

Date: March 24, 2015

Invoice Number: 1650318

Customer: JOSEPHINE J DUMM

Mailing Address: 1636 ARGONNE PL NW
WASHINGTON, DC 20009-5901

Address of Work: 1636 ARGONNE PL NW
WASHINGTON, DC 20009

Permit: B1502210

Type of Permit: Alteration and Repair

Acct Code:	Fees:	Description:
3012-3012-1000-2103	$-	Civil Plans Ehancement Fee - Filing Fee
3012-3012-6030-6710	$-	Enhanced Service Fee - Green Building
3012-3012-1000-2103	$1.65	Enhanced Services Fee - Permit Fee
3012-3012-1000-2103	$2.65	Enhanced Service Fee - Filing Fee
3012-3012-1000-2103	$16.50	Alteration & Repair Permit Fee
3012-3012-1000-2103	$26.50	Addition/Alteration/Repair - Filing Fee
3012-3012-1000-2103	$32.50	Civil Plans Ehnancement Fee - Permit Fee
3012-3012-1000-2103	$325.00	Civil Plans Permit Fee
Invoice Total:	$404.80	

Patrice Derricott

PRE-FILE NUMBERS		ZONING DISTRICT	FILE NUMBER	PERMIT NUMBER	
N.C.P.C. No:	O.G. No:			B1502210	By:
H.P.A. No:	S.S.L. No:	Ward No:	Receipt No:	Date:	Receipt No:

GOVERNMENT OF THE DISTRICT OF COLUMBIA

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

BLRA-33
(Rev.10/2011)

APPLICATION FOR CONSTRUCTION PERMITS ON PRIVATE PROPERTY

(PRINT IN INK OR TYPE, DO NOT WRITE IN SHADED AREAS)

CLEARANCE TO FILE
By_____Date_____

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

(A) ALL APPLICANTS MUST COMPLETE ITEMS 1 THRU 32

1 Address of Proposed Work:	Suite No.	2. Lot	3. Square	4. Application Date
1636 ARGONNE PL NW		0460	2589	12-4-14

5 Owner of Building or Property	6 Address (*include Zip Code*)	7 Phone
DISTRICT DESIGN & DEVELOPMENT ARGONNE LLC	1636 ARGONNE PL NW, 20009	
8 Agent for Owner: (*if applicable*)	**9. Address (*include Zip Code*)**	**10. Phone**
DISTRICT DESIGN	1766 FLORIDA AVE NW 20009	202-518-0392

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

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

12. Description of Proposed Work
REVISE PLANS TO REFLECT EXISTING GRADE

13 Existing Use(s) of Building or Property	14 Ex. No of Stories of Bldg	15 Ex. No of Dwelling Units	Official Use Only Miscellaneous FEE
SINGLE FAMILY		1	$
16 Proposed Use(s) of Building or Property	**17 Prop. No of Stories of Bldg**	**18 Prop. No of Dwelling Units**	**By: / Date:**
MULTI-FAMILY		4	

19 Starting Date	20 Completion Date of work	21 Method of Removing Construction Debris	22 Does the proposed work involve **disturbing the earth** or razing a building?
1/1/15	1/1/16	☒ Pick-up Truck ☐ Dumpster ☐ Other (*specify*)	☐ Yes, answer q. 23 ☒ No, SKIP q. 23-27

23. Is the area of disturbed earth more than 50 sq. ft?	24. Soil Erosion Control Methods	25. Area of Offsite Drainage	26. No of Footings or Columns	27 Size of Footings or Columns
☐ Yes, answer q. 24-25 ☒ No, SKIP q. 24-25		sq. ft		

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

(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 Plat: ☐ 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-15):

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-8 C.	N-9 C.	N-10 C.	N-11 C.	N-12 C.	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:

28. Existing Stories Plus:	29. Proposed Stories Plus:	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 Sq. ft	B-18. Present Gross Floor Area of Bldg.: 2143	B-17. Breakdown of Lot Area (=100%) a. building ___ % b. paved area ___ % c. greenery ___ %

B-19. Proposed Gross floor Area of Bldg.: 3008	B-20. Length:	B-21. Width:	B-22. Height:	B-23. Floors involved in this permit: ☑ All ☐ Floors	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. Sheeting/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.: $_____
(b) Alt/Repair $_____
Total $_____

OFFICIAL USE ONLY

Alter/Repair FEE	New Const. FEE	Filing Fee	TOTAL PERMIT FEE
$	$	$	$
By: Date:	By: Date:	By: Date:	By: Date:

B-37. Volume of New Bldg. or Addition Cubic ft.

(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** Fee:$	By:	Date:

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

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

The retaining wall will not reduce any existing 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:

(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: ☐ Yes ☐ No	By:	Date:

(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) UNDERGROUND 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. Sealed D.C. Surveyor's Plats: ☐ Yes ☐ No	AE-18. Sealed 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. LEED Certificate Level :	AG-3. Owner :	AG-4. Scope of Project:	AG-5. Project Type:
AG-6. Green Building Standards:	AG-7. Other Standard:	AG-8. Energy Star Rating:	AG-9. Total Area for Green Building Fee:	
AG-11. LEED Scorecard Provided: ☐ Yes ☐ No	AG-12. Green Communities Check List : ☐ Yes ☐ No	AG-13. Public Financing greater than 15%: ☐ Yes ☐ No	**OFFICIAL USE ONLY** Fee: By:	Date:

AG-10. Green Design Elements:

- ☐ 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**	Fee:
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_____ Address_____ Date_____

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

Signature of Agent Eric Rohde Address 1766 FLORIDA AVE NW Date 12-4-14

(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 Fees:

F-7. Est. Cost of work: $	F-8. Material of sides	F-9. Color:	By:	Date:

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

G-1. Number:	G-2. Color:	G-3. Type ☐ 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	OFFICIAL USE ONLY Fees:

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

		Sign FEE		Elect. FEE		Total FEE	
H-19. Sign Contractor's Address:	H-20. Phone:	$		$		$	
		By:	Date:	By:	Date:	By:	Date:

(A) 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. NCPC: _____ 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: _____ Date: _____
  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 _____ Date_____
  - ☐ 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: _____ Date _____
- ☐ 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

Job No.	BZA Case No	PUD Order No.

DDOT – PUBLIC SPACE

Street Name: _____

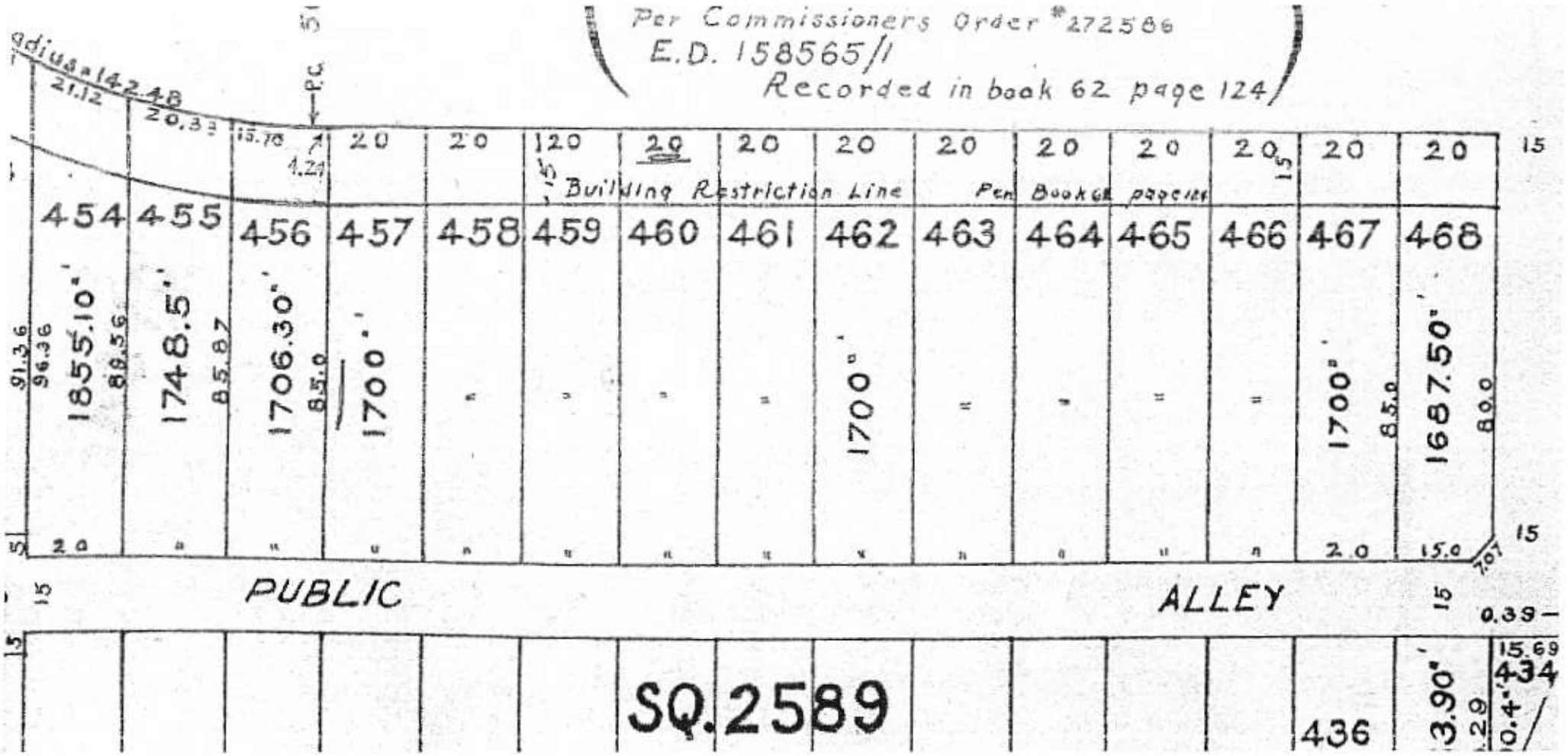
Street Width: _____

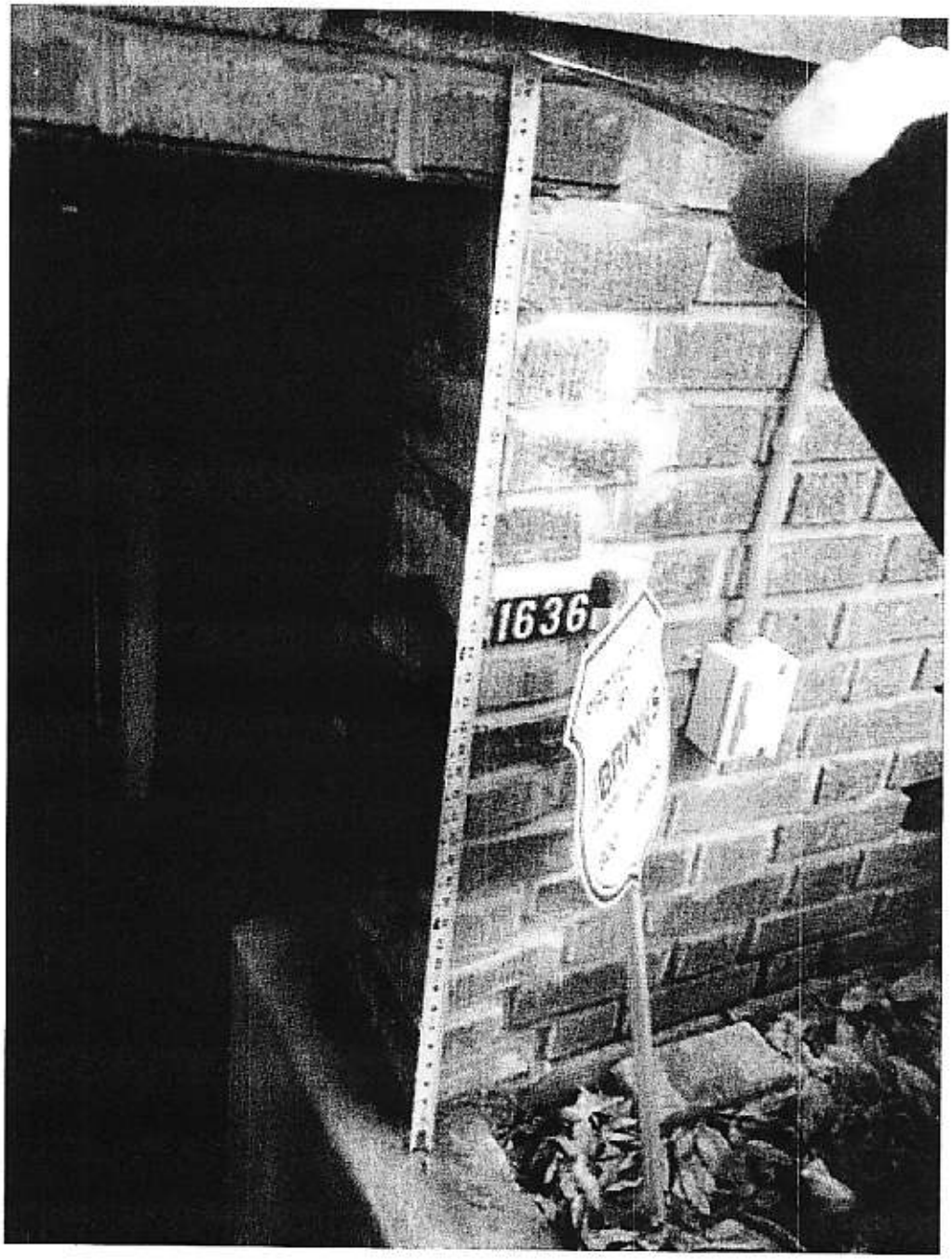
Road Width: _____

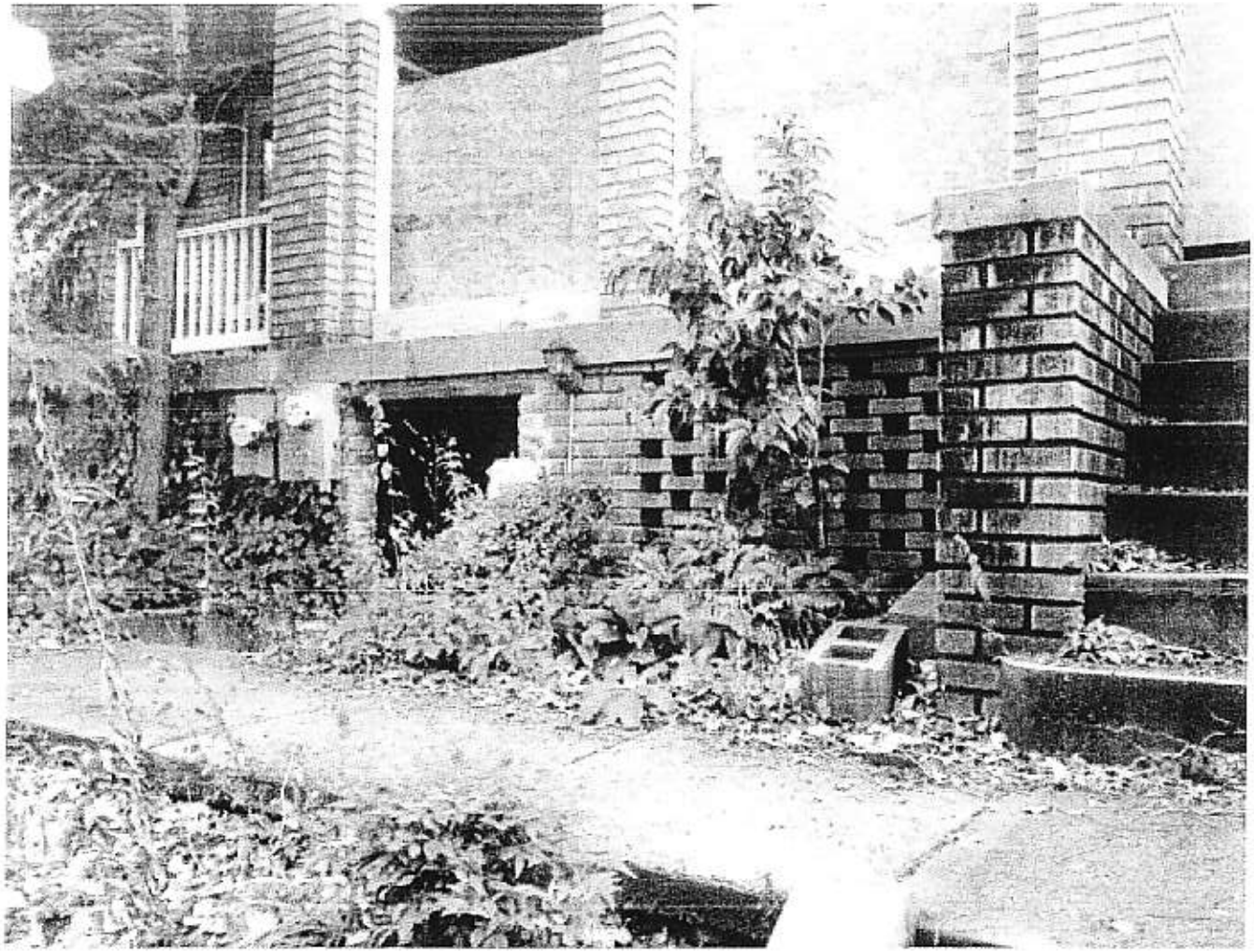
Sidewalk Width: _____

Parking: _____

Restrictions:




1636



Gmail by Google

Erica Rokenbrod <erica@districtdesign.com>

Re: 1636 Argonne Place NW

7 messages

Carmel Greer <carmel@districtdesign.com> Mon, Nov 24, 2014 at 1:17 PM
To: "Reid, Rohan (DCRA)" <rohan.reid@dc.gov>
Cc: KC Price <kcdprice@gmail.com>, "LeGrant, Matt (DCRA)" <matthew.legrant@dc.gov>, "info@districtdesign.com" <info@districtdesign.com>, Erica Rokenbrod <erica@districtdesign.com>

Hi,

I just went to the site to measure, and **the cellar is most assuredly a cellar** (both in dimension and in spirit - at the front of the building, the ceiling is 3'-6" above grade). There is, however, a typo on sheets A201/A202.

Attached please find the corrected A201/202 (indicating the as-built grade to cellar ceiling height), as well as site photos from TODAY indicating the as-built dimension.

Please let me know if there is anything further we can provide.

Best,
Carmel

On Mon, Nov 24, 2014 at 11:37 AM, Reid, Rohan (DCRA) <rohan.reid@dc.gov> wrote:

> Good morning Mr. Price,
>
> Our office received concerns about the construction occurring at 1636 Argonne Place NW under building permit B1404813. Specifically, there are questions regarding the FAR and lot occupancy of the proposed construction. Our recent re-review of the building plans determined that the proposed construction exceeds the allowable FAR of 1.8. Based on the dimensions shown on the building plans, the lowest level would be considered a basement and not a cellar and would count towards the FAR.
>
> The Zoning Administrator is asking for the architect on this project to demonstrate how the proposed construction complies with the allowable FAR. The zoning analysis indicated by District Design on the submitted plans, suggest that the proposed FAR is 1.77.
>
> Your name was listed as the agent on the project and I am hoping that you can assist with getting this information. If you are not the appropriate point of contact, I would appreciate routing this email to the correct individual. Please let me know if you have any questions and thanks for your cooperation.
>
> Regards,
>
> **Rohan Reid**
>
> Program Analyst I Office of the Zoning Administrator
>
> Department of Consumer and Regulatory Affairs

Government of the District of Columbia

1100 4th Street, SW, Suite E340 I Washington, DC 20024

(202) 442-4648 (p) I (202) 442-4863 (f) I rohan.reid@dc.gov I www.dcra.dc.gov

–

Carmel Greer AIA, LEED AP
DISTRICT **DESIGN**
www.districtdesign.com
carmel@districtdesign.com
Mobile: 202.251.5291
Office: 202.518.0892
1766 Florida Ave. NW, WDC, 20009

5 attachments

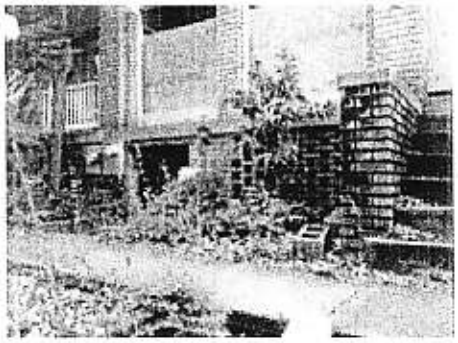


photo 1.JPG
193K

photo 2.JPG
152K

photo 3.JPG
119K

1636_ARGONNE_PLACE_AMENDMENT.pdf
114K

1636_ARGONNE_PLACE_AMENDMENT_201.pdf
113K

Carmel Greer <carmel@districtdesign.com> Tue, Nov 25, 2014 at 9:31 AM
To: "Reid, Rohan (DCRA)" <rohan.reid@dc.gov>, Greg Keats <gakeats@gmail.com>
Cc: "LeGrant, Matt (DCRA)" <matthew.legrant@dc.gov>, Erica Rokenbrod <erica@districtdesign.com>

Hi, An inspector was at the property with a stop work order over this issue. **Can some one please confirm receipt of this e-mail and make sure that the field inspection division is similarly aware.**
Best,
Carmel
[Quoted text hidden]

Greg Keats <gakeats@gmail.com> Wed, Dec 3, 2014 at 11:58 AM
To: Carmel Greer <carmel@districtdesign.com>, erica@districtdesign.com

Carmel,

Has there been any further follow through with this ? I now have a stop work order on the job so my guess is that nothing has been done and what was provided isn't adequate. PLEASE tell me what you are going to do and the time frame you are going to do it. Hopefully you can get this resolved TODAY.

Greg Keats
301.455.6388
[Quoted text hidden]

Carmel Greer <carmel@districtdesign.com> Wed, Dec 3, 2014 at 11:59 AM
To: Greg Keats <gakeats@gmail.com>
Cc: Erica Rokenbrod <erica@districtdesign.com>

What is the stop work order for? I cannot help you unless I know what the issue is.
[Quoted text hidden]

Greg Keats <gakeats@gmail.com> Wed, Dec 3, 2014 at 12:05 PM

To: Carmel Greer <carmel@districtdesign.com>
Cc: Erica Rokenbrod <erica@districtdesign.com>

Apparently the cellar FAR issue has not been satisfactorily resolved.

Greg
[Quoted text hidden]

Greg Keats <gakeats@gmail.com> Wed, Dec 3, 2014 at 12:13 PM
To: Carmel Greer <carmel@districtdesign.com>, "Reid, Rohan (DCRA)" <rohan.reid@dc.gov>
Cc: "LeGrant, Matt (DCRA)" <matthew.legrant@dc.gov>, Erica Rokenbrod <erica@districtdesign.com>

Mr. Reid,

I am the building owner and as such am deeply concerned about the stop work order that was placed on the job today. I was under the impression that your concerns had been addressed, but it seems that that isn't the case. Will you please contact me and Carmel Greer, the architect for the job, as soon as possible, so that we may, get you whatever further documentation you need.

Greg Keats
301.455.6388

On 11/25/2014 9:31 AM, Carmel Greer wrote:
[Quoted text hidden]

Carmel Greer <carmel@districtdesign.com> Wed, Dec 3, 2014 at 1:05 PM
To: "Reid, Rohan (DCRA)" <rohan.reid@dc.gov>
Cc: KC Price <kcdprice@gmail.com>, "LeGrant, Matt (DCRA)" <matthew.legrant@dc.gov>, "info@districtdesign.com" <info@districtdesign.com>, Erica Rokenbrod <erica@districtdesign.com>

Hi, I just want to confirm that this was received. The cellar in question is indeed a cellar, yet, it seems a stop work order was issued today. Please let us know what the issue is and if there is any further information we can provide. Thanks, Carmel

On Mon, Nov 24, 2014 at 1:17 PM, Carmel Greer <carmel@districtdesign.com> wrote:
[Quoted text hidden]
[Quoted text hidden]

Department of Consumer and Regulatory Affairs

1100 4th St., SW
Washington, DC 20024

DC GREEN BUILDING ACT - PERMIT APPLICATION INTAKE FORM

Project Name: 1636 ARGONNE PL NW	Project Address: 1636 ARGONNE PL NW
Project Phase (0%, 35%, 65%, 95%, 100%):	Date Submitted to DCRA: 12/4/14
Owner/District Agency: DIST. DEV. & DEV. 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: CARMEL@DISTRICTDESIGN.COM

	Yes	No
1 Is this project District-owned?	☐	☑
2 Is this project District-financed in any amount?	☐	☑
What Percentage of project financing is from the District? _____		
3 Is this project in a District-owned building or on District Property?	☐	☑
4 Are you seeking an 'Expedited Permit' under the Green Building Act?	☐	☑
5 Was any portion of the property purchased or leased from the District or was the District an instrument of its sale?	☐	☑

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) ○ *Proceed to questions 10-11.*
- b LEED for Core & Shell (LEED-CS v2.0) ○ *Proceed to questions 10-11.*
- c LEED for Homes ○ *Proceed to questions 10-11.*
- d LEED for Schools ○ *Proceed to questions 10-11.*
- e LEED for Commercial Interiors (LEED-CI v2.0) ○ *Proceed to questions 10-11.*
- f Green Communities 2006/2008 ○ *Proceed to question 13.*
- g Other (describe): _____

	Yes	No
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

ERICA ROKENBROD

Printed Name **Signature**

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

ROJECT ADDRESS: 1636 ARGONNE PL NW LOT 0460 SQUARE 2589

ote: please answer all 10 questions in this questionnaire, by checking either column Yes"or "No" for each question. If you answer "Yes" to ıy of the questions, you should contact the corresponding office(s) indicated in column 'contact person/office', as soon as possible. Until .is 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

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 uestionnaire are complete and correct to the best of my knowledge.

ignature Erin Rokenbrod Name (print) ERICA ROKENBROD

ddress 1766 FLORIDA AVE NW Date 12/4/14 Phone 202-578-0892

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:** 12-3-14

ADDRESS OF PROPOSED WORK 1636 ARGONNE PL NW	LOT: 0460 SQUARE: 2589
OWNER OF BUILDING OR BUSINESS: DISTRICT DESIGN AND DEVELOPMENT ARGONNE LLC	PHONE No: 202-518-0812
DESCRIPTION OF PROPOSED WORK: REVISE PLANS TO REFLECT EXISTING GRADE	

COST ESTIMATE

CONSTRUCTION e.g drywall, ceilings, framing, carpentry etc	$	
ELECTRICAL	$	
MECHANICAL	$	
PLUMBING	$	
FIRE PROTECTION e.g sprinkler system, fire alarm system, generator etc.	$	
DEMOLITION	$	
MISC/OTHER (please specify)	$	
TOTAL	$	

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.

CONTRACTOR _____ CARMEL GREER **Date:** 12-3-14
Signature & print

OWNER OF BUILDING/BUSINESS _____ GREG KEATS **Date:** 12-3-14
Signature & print

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.

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

Environmental Intake Form

Owner & Contact Information

Complete address of proposed work

Square	Suffix (if any)	Lot	Application date (4 numbers for year)
2589		0460	12042014

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

Project name	Application number (if applicable)	Project Description
1636 ARGONNE PL NW		REVISE PLANS TO REFLECT EXISTING GRADE

6. Owner	7. Complete mailing address (include zip)	8. Phone	9. Email, if you prefer e-notice
DISTRICT DESIGN AND DEVELOPMENT ARGONNE LLC	1636 ARGONNE PL NW 20009		

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	

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?			Skip to the signature line.
2. Is this project a single-family structure ***not*** 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?			
7. Does the project involve ***only*** operation, repair, maintenance, or minor alteration of public structures, facilities, mechanical equipment, or topographical features, with ***negligible or no*** expansion of use beyond its current use?			
8. Does the owner of this site own adjacent or abutting property?			Attach a site plan. If there is no plan, attach a written explanation.
9. Do you plan to develop adjacent/abutting property in next 3 years?			
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?			See EIS Coordinator.
12. Have you prepared an Environmental Impact Statement (EIS) or a functional equivalent, as required by the National Environmental Policy Act of 1969 (NEPA)?			Attach the EIS or equivalent.
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: ⑤ Contains threatened or endangered plant or animal species. ⑤ Is within 100 feet of a pond, stream, lake, spring, or wetland. ⑤ Project will produce emission of odorous or other air pollutants (from any source, including VOCs). ⑤ Project produce, use, or dispose of hazardous substances, as defined in 20 DCMR 7299. ⑤ Will be built on land where the water table depth is less than 3 feet. ⑤ Will require blasting. ⑤ 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 [signature] **Date** 12-4-14

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

DISTRICT DEPARTMENT OF THE ENVIRONMENT

GOVERNMENT OF THE DISTRICT OF COLUMBIA

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.

Statutory Authority for these requirements and exemptions: D.C. Official Code § 8-231.01 *et seq.*

Zoning Data Summary

eneral 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.**

rint 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 n this application, the application will be void.*

or 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 Occupancy and Zoning) or pick them up at the Permit Center, **1100 4th St SW, 2nd Floor**

A. Site Address

ive 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 ames. 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	Street Name	Quadrant	Unit / Suite	Application Date
1636	ARGONNE PL NW			12-4-14

Square	Suffix	Lot	Proposed use
2589		0460	MULTI-FAMILY

B. Owner & Contact Information

gent must be an individual -- not company.

	Complete mailing address (include zip)	Phone Number(s)	Email
wner of Building or Property	20009 1636 ARGONNE PL NW		
gent for owner, if applicable DISTRICT DESIGN	Complete mailing address (include zip) 20009 1766 FLORIDA AVE NW	Phone Number(s) 202-518-0892	Email CARMEL@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) 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	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 dcoz.dc.gov/info/reg.shtm.

Data	Existing	Proposed	Official Use Only (code requirement)
	Fill in both columns: numbers must match those on attached applications, plats, and plans.		
Units & Parking Spaces			
Number of dwelling units	1 Units	4 Units	
Number of parking spaces (9' x 19')	2 Units	2 Units	
Setbacks & Building Heights			
Side Yard* Setback (left when you face property)	— Linear feet	— Linear feet	
Side Yard* Setback (right when you face property)	— Linear feet	— Linear feet	
Rear Yard* Setback	15' Linear feet	15' Linear feet	
Building Height*	2+L Stories	3+L Stories	
	33+/- Feet	44+/- Feet	
Areas			
Lot Area	1700 Square feet	1700 Square feet	
Gross Floor Area* (GFA) of *entire* building (sum of all floors)	2,143 Square feet	3008 Square feet	
Floor Area Ratio*	1.26 GFA / Lot Area	1.77 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): [signature] ERICA ROKENBROD Date: 12-4-14

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS
Inspections & Compliance Administration
1100 4th Street, SW – Fourth Floor
Washington, DC 20024

STOP WORK ORDER

1056 KENYON PL NW

(Address)

You are hereby ordered to IMMEDIATELY STOP all work at this building or structure.

☑ You are performing work that violates the Construction Code:
☐ You are performing work in an unsafe and dangerous manner:

ode Section (s)	Violation (s)	What You Must Do to Correct the Violation (s)
DCMR 402.4	FLOOR AREA RATIO IS BEING EXCEEDED FOR	1- SATISFY STOP WORK ORDER
	R-5 B ZONE	2- ~~OBTAIN~~ CONTACT DC ZONING DEPT.

o NOT work at this address until you:
- ☑ Correct the violation(s)
- ☐ Pay the fine amount
- ☐ Obtain and post the required permit(s)
  ☐ Electrical ☐ Plumbing ☐ Construction ☐ Boiler ☐ Fire ☐ Elevator ☐ Other _____
- ☑ Receive approval from the Code Official to remove the Stop Work Order.

WARNING

Unauthorized removal of a posted Stop Work Order is a Construction Code violation, subject to penalties and injunctive relief under DC Official Code §6-1406 and §6-1407 and 12A DCMR §114.3.

A Stop Work Order for illegal construction under 12A DCMR §113.7 and §114.6 requires you to stop all work at the building or structure, *whether or not the work requires building permits.*

It Is a Stop Work Order violation for an owner or agent to enter the site for any reason without the Code Official's approval. (The Building Official may allow temporary access to ensure the property's security and safety, under 12A DCMR §114.6.1.)

Anyone who continues any work in or around a structure posted with a Stop Work Order – except to do work that the Building Official approves to remove a violation or unsafe condition – is subject to penalties and injunctive relief under DC Official Code §6-1406 and 12A DCMR §105.8 and 12A DCMR §114.10.

RIGHT TO APPEAL

You have the right to appeal this Order to the Reviewing Official (Rabbiah Sabbakhan, Chief Building Code Official, Inspections and Compliance Administration) within 15 days of its posting, under 12A DCMR §114.11.1. You may call the Reviewing Official at (202) 442-7867. You may obtain a Stop Work Order Appeal Request Form at the address above or at dcra.dc.gov. If the Reviewing Official denies your appeal or takes no action within 10 working days of receiving it, you may appeal to the DC Office of Administrative Hearings (OAH). You may deliver your written request for a hearing to OAH at 441 4th Street, NW, Suite 1040S, Washington, DC 20002 or mail it to PO Box 77718, Washington, DC 20013-8713.

Signature of Issuing Official _____ Date 10/6/14 Time 11:00 AM

Badge Number 2478 Phone Number 202 [illegible]

DEPARTMENT OF CONSUMER & REGULATORY AFFAIR

STOP WORK ORDER APPEAL FORM

LANGUAGE PREFERRED ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Amharic ☐ Korean ☐ Other: _____

Under Title 12A, DC Municipal Regulations, § 114.11, you have the right to appeal the Stop Work Order on your property. To exercise this right, you must complete and file this form within 15 calendar days after posting of the Stop Work Order. You may email, or hand-deliver this appeal to the Reviewing Official.

Rabbiah A. Sabbakhan, Chief Building Official
Department of Consumer & Regulatory Affairs
Inspections Division
1100 4th Street, SW, 4th Floor
Washington DC 20024 202-442-7867
Email: Sarah.Thigpen@dc.gov

Within ten (10) working days of the Reviewing Official's receipt of your Appeal Form, the Reviewing Official shall affirm, modify, or reverse the Stop Work Order.

Under Title 12A, DC Municipal Regulations, § 114.11.1 if the Code Offcial denies or takes no action on your appeal within ten (10) workir days of receiving it, you may appeal to the DC Office of Administrative Hearings (OAH). You may deliver your written request for a hearing to: OAH, One Judiciary Square, 441 4th Street, NW Washington, DC 20001, or mail it to PO Box 77718, Washington, DC 20013-8713.

Please Note: Under Title 12A, DC Municipal Regulations § 114.11.2 The filing of an appeal does not stay the effect of a stop work order.

INFORMATION

Owner/Agent Name: _____ Date: _____

Owner/Agent Address: _____ Zip Code: _____

Owner/Agent Phone Number: _____ Email: _____

Address of Stop Work Order: _____ Order Date: _____

SIGNATURE

Under Title 12A, §114.11 DC Municipal Regulations, I appeal the above Stop Work Order.

Owner's or Agent's Signature: _____ Date: _____

REASON FOR APPEAL

☐ DCRA has incorrectly interpreted the true intent of the Construction Code or rules.

☐ The Construction Code provisions do not fully apply.

☐ An equally good or better form of construction will meet the intent of the Construction Code.

EXPLANATION: