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

RW

RETAINING WALL PERMIT

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

PERMIT NO. RW1500079

Date: **06/19/2015**

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

Description of Work:

NEW RETAINING WALL AT REAR PER PLANS.

Type of Work:	Retaining Wall Height	Length in linear feet:	Material:	Color:
	1	**20** FT		

Permissson Is Hereby Granted To	Owner Address:	PERMIT FEE:
District Design And Development Argonne Llc	**10305 HOLLY HILL PL POTOMAC, MD 20854-5027**	**$151.80**

Engineer/Architect Name:	License Number:	Engineer/Architect Address:

Conditions/ Restrictions:

approval for a retaining wall with 1.83 ft. high max and interior alterations and repairs. no change in use has been approved.

This permit is associated with the building permit number .

This permit expires if no construction is started within 1 year or if the last inspection is over 1

All construction done according to the current construction 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

Interim Director: Melinda Bolling	Permit Clerk	Expiration Date:
Melinda Bolling	**Stacie Williams**	

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: Plans Applicatio
Date: 6/17/2015

Engineering Sheronne Mason

Applicant/Agent: District Design And Development Argonne LlcPhone

Job **WT**

Job No:

Address of Project:

1636 ARGONNE PL NW

RW1500079

Existing Use:

Proposed Use:

Existing No. of Stories:

Prop no of Stories:

Permit Type: Retaining Wall

Description of Work:

NEW RETAINING WALL AT REAR PER PLANS.

SSL: 2589 0460

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
☑ Zoning:	6/17/15	☐AM ☐PM	☒Approved ☐HFC ☐Conf. w/Applicant
☑ Soil Erosion/DDOE:		☐AM ☐PM	☒Approved ☐HFC ☐Conf. w/Applicant Fee
☐ 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
☐ Energy Review:		☐AM ☐PM	☐Approved ☐HFC ☐Conf. w/Applicant
☐ Fire Protection:		☐AM ☐PM	☐Approved ☐HFC ☐Conf. w/Applicant
☑ Structural:	RJ 6-19-15	☐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	$0.00	$0.00	

Alter/Repair FEE	New Const. FEE	Filing FEE	Enhancement FEE	Green FEE:	Total Permit FEE
$138.00				$13.80	$151.80

PRE-FILE NUMBERS		ZONING DISTRICT	FILE NUMBER	PERMIT NUMBER	
N.C.P.C. No:	O.G. No:			B1509053	By: MB
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 PLACE NW		0460	2589	6/17/2015

5 Owner of Building or Property	6 Address (*include Zip Code*)	7 Phone
DISTRICT DESIGN AND DEVELOPMENT ARGONNE LLC		

8 Agent for Owner: (*if applicable*)	9. Address (*include Zip Code*)	10. Phone
CARMEL GREER, ASHLEY ADAMS ERICA ROSENBROD DISTRICT DESIGN	1744 FLORIDA AVE NW 20009	202 518 0892

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

..., NEW RETAINING WALL AT REAR.

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 $
MULTIFAMILY HOME	3	4	

16 Proposed Use(s) of Building or Property	17 Prop. No of Stories of Bldg	18 Prop. No of Dwelling Units	By:	Date:
MULTIFAMILY HOME	3	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?
7/17/2015	7/17/2016	☑ 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**	DCMR 12	20 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-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-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
3+L	3+L			

(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:	B-14. Fire Suppression:	B-15. Booster Pump:	B-16. Total Lot Area :	B-18. Present Gross Floor Area of Bldg.:	B-17. Breakdown of Lot Area (=100%)		
☐ Masonry ☐ Steel ☐ Wood ☐ Other ☒ Concrete	☐ Fully Sprinklered ☐ Partially Sprinklered ☐ Standpipe System ☒ None ☐ Other	☐ New ☐ Existing ☒ None	1,700 Sq. ft	3,067	a. building		%
					b. paved area		%
					c. greenery		%

B-19. Proposed Gross floor Area of Bldg.:	B-20. Length:	B-21. Width:	B-22. Height:	B-23. Floors involved in this permit:	B-24. Projection beyond building line?
3,067				☐ All ☐ Floors	☐ 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:	B-31. Driveway Construction:	B-32. Sheeting/Shoring Necessary:	B-33. Elevators Involved:	B-34. No. and Type of Elevator:	B-35. Plans Certified by Engineer:
☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes, Answer B-34. ☒ No		☐ Yes, Cert. Attached ☒ No

B-36. Estimated Cost of Work
(a) New/Add.: $_____
(b) Alt/Repair $_____
Total $ 3,000

OFFICIAL USE ONLY

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

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

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

C-1. Insurance Company:	C-2. Policy or Cert. No.:	C-3. Policy Expiration Date:	C-4. Raze Method:

C-5. Building Material:	C-6. Raze Entire Building:	C-7. Building is Condemned:	C-8. Building is Vacant:	C-9. Building has Vault:	C-10. Disconnect Utilities :
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

C-11. Length:	C-12. Width:	C-13. Height:	C-14. Volume:

OFFICIAL USE ONLY

C-15. Is Building an Accessory Structure:	C-16. Asbestos in the building?	C-17. Party Wall:	C-18. Owners Notified:	Fee:$	By:	Date :
☐ Yes ☐ No	☐ No ☐ Yes, location _____	☐ Yes ☐ No	☐ Yes ☐ No			

(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:
3,000	Concrete			☒ 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) 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
				Fee:

AB-5. Width of Projection	AB-6. Width of Building Frontage:	AB-7. Signature of owner: ☐ Yes ☐ No	AB-8. Street Name:

AB-9. Street Width: Ft.	AB-10. Road Width: Ft.	AB-11. Sidewalk Width: Ft.	AB-12. Parking Restrictions:	By:	Date:

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

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

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

AD-1. Total No. of Tents:	AD-2. Event Date From:	AD-3. Event Date To:	AD-4. Special Event Name:	AD-5. Certificate of Flame Resistance: ☐ 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. 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 [signature] Address 1766 FLORIDA AVE NW WASHINGTON DC 20009 Date 6/17/2015

(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	H-10. Material of Sign:	H-11. Type of Sign:	H-12. Color:
(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-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 $ By: Date: / Elect. FEE $ By: Date: / Total FEE $ 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 6-19-15
- ☐ 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: