



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: 08/08/2014

PERMIT NO. B1408394

Expiration Date: 08/08/2015

Address of Project: 2026 NORTH CAPITOL ST NW	Zone:	Ward: 5	Square: 3117	Suffix:	Lot: 0834
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Description Of Work:
Addition for the Attic and renovation of rear deck stairways.

Permission Is Hereby Granted To: Guy Prudhomme	Owner Address: 2026 NORTH CAPITOL, WASHINGTON, NW. DC 20002	PERMIT FEE: \$800.53
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Permit Type: Addition Alteration Repair	Existing Use: Fiat (Two Family)	Proposed Use: Fiat (Two Family)	Plans: Yes
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Agent Name: Keith Preddie	Agent Address: 4809a Georgia Ave., N.W. Washington, D.C 20011	Existing Dwell Units: 2	Proposed Dwell Units: 2	No. of Stories: 3	Floor(s) Involved: 3
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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.

Director: Rabbiah A. Sabbakhan	Permit Clerk: Patrice Derricott
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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.19018
EXHIBIT NO.49

PRE-FILE NUMBERS		ZONING DISTRICT	FILE NUMBER	PERMIT NUMBER	
N.C.P.C. No:	O.G. No:				By:
H.P.A. No:	S.S.L. No: 3117 0834	Ward No: 5	Receipt No:	Date:	Receipt No:



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



FJ-4259973

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: 2026 NORTH CAPITOL STREET NW		Suite No.	2. Lot 0834	3. Square 3117	4. Application Date 6/9/2014
5 Owner of Building or Property Guy Prudhomme		6 Address (include Zip Code) 2026 North Capitol, Washington, NW. DC 20002			7 Phone 202-423-6116
8 Agent for Owner: (if applicable) Keith Preddie		9. Address (include Zip Code) 4809A Georgia Ave., N.W. Washington, D.C. 20011			10. Phone 202-423-6116

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)	☐ Sheeting 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(L)	☐ Foundation Only(U)	☐ 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
Addition for the Attic and renovation of rear deck stairways.

13 Existing Use(s) of Building or Property Flat (Two Family)	14 Ex. No of Stories of Bldg 3	15 Ex. No of Dwelling Units 2	Official Use Only Miscellaneous FEE \$	
16 Proposed Use(s) of Building or Property Flat (Two Family)	17 Prop. No of Stories of Bldg 3	18 Prop. No of Dwelling Units 2	By:	Date:

19 Starting Date 6/9/2014	20 Completion Date of work 8/8/2014	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				
F				
S				
W ☐ Yes ☐ No				
PLANS				
☐ No ☐ Sm ☐ Lg				

28. Existing Stories Plus: Basement	29. Proposed Stories Plus: Basement	30. Existing Stories Penthouse: ☐ Yes ☒ No	31. Proposed Stories Penthouse: ☐ Yes ☒ No	32. Is this related to a Stop Work order: ☐ Yes ☒ No
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(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: Keith Preddie		B-6. D.C. Lic. No.: 8142		B-7. Engineer's Address: (include Zip Code) 4809A Georgia Avenue, Silver Spring 20011		B-8. Phone: 202-423-6116	
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 : 2001.00 Sq. ft	
				B-18. Present Gross Floor Area of Bldg.: 1078.00		B-17. Breakdown of Lot Area (=100%)	
						a. building	54.00 %
						b. paved area	35.00 %
						c. greenery	11.00 %
B-19. Proposed Gross floor Area of Bldg.: 1615.00		B-20. Length: 32.00	B-21. Width: 19.00	B-22. Height: 9.00	B-23. Floors involved in this permit: ☐ All ☒ Floors 3		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.: \$ 50000.00 (b) Alt/Repair \$ 25000.00 Total \$ 75000.00				OFFICIAL USE ONLY			
				Alter/Repair FEE		New Const. FEE	
				Filing Fee		TOTAL PERMIT FEE	
				\$		\$	
				\$		\$	
B-37. Volume of New Bldg. or Addition 5472.00 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: ☐ 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*
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*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																				
H-19. Sign Contractor's Address:		H-20. Phone:		<table border="1"> <tr> <td colspan="2">Sign FEE</td> <td colspan="2">Elect. FEE</td> <td colspan="2">Total FEE</td> </tr> <tr> <td>\$</td> <td></td> <td>\$</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>By:</td> <td>Date:</td> <td>By:</td> <td>Date:</td> <td>By:</td> <td>Date:</td> </tr> </table>		Sign FEE		Elect. FEE		Total FEE		\$		\$		\$		By:	Date:	By:	Date:	By:	Date:
Sign FEE		Elect. FEE		Total FEE																			
\$		\$		\$																			
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 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:
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(O) FIRE RETARDANT PAINT (COMPLETE ITEMS O-1 THRU O-4)

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

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

P-1. Pole Location:	P-2. Site Location:	OFFICIAL USE ONLY	
		Fee:	
P-3. Pole Height:	P-4. Projection Distance:	P-5. Attached to Building: ☐ 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: _____	
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(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 border="0"> <tr> <td>☐ Cool Roof</td> <td>☐ Hazard Reducing Product</td> <td>☐ Passive Solar Energy</td> </tr> <tr> <td>☐ Energy Efficient HVAC System</td> <td>☐ Hydro Power</td> <td>☐ Permeable Concrete</td> </tr> <tr> <td>☐ Energy Efficient Lighting</td> <td>☐ Low Emitting Windows</td> <td>☐ Plant Building Material</td> </tr> <tr> <td>☐ Green Roof</td> <td>☐ Low Flush Toilets</td> <td>☐ Recycled Building Materials</td> </tr> <tr> <td>☐ Greywater</td> <td>☐ Low Flow Shower Heads</td> <td>☐ Wind Power Energy</td> </tr> <tr> <td>☐ Geothermal System</td> <td>☐ Local Regional Building Materials</td> <td></td> </tr> </table>					☐ Cool Roof	☐ Hazard Reducing Product	☐ Passive Solar Energy	☐ Energy Efficient HVAC System	☐ Hydro Power	☐ Permeable Concrete	☐ Energy Efficient Lighting	☐ Low Emitting Windows	☐ Plant Building Material	☐ Green Roof	☐ Low Flush Toilets	☐ Recycled Building Materials	☐ Greywater	☐ Low Flow Shower Heads	☐ Wind Power Energy	☐ Geothermal System	☐ Local Regional Building Materials	
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(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:	
AH-21. Contractor's Phone:		AH-22. Contractor's Email:		OFFICIAL USE ONLY Fee: _____ By: _____ Date: _____			

(AD) 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 _____ Address _____ Date _____

(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. 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

DDOT – PUBLIC SPACE

Street Name: _____

Street Width: _____

Road Width: _____

Sidewalk Width: _____

Parking: _____

Job No.

BZA Case No

PUD Order No.

Restrictions: