



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: 06/23/2015

PERMIT NO. **B1509180**

Expiration Date: 06/23/2016

Address of Project: 1636 ARGONNE PL NW		Zone: R-5-B	Ward: 1	Square: 2589	Suffix:	Lot: 0460
Description Of Work: REVISION TO B1404813 TO REMOVE APPROXIMATELY 73 SQUARE FEET OF CELLAR AND INSTALL RETAINING WALL.						
Permission Is Hereby Granted To: Greg Keats		Owner Address: 10305 HOLLY HILL PLACE POTOMAC, MD 20854-5027		PERMIT FEE: \$103.29		
Permit Type: Alteration and Repair	Existing Use: Apartment Houses - R-2		Proposed Use: Apartment Houses - R-2		Plans: Yes	
Agent Name: District Design	Agent Address: 1766 Florida Ave Nw 20009	Existing Dwell Units: 4	Proposed Dwell Units: 4	No. of Stories: 3	Floor(s) Involved: 1	
Conditions/ Restrictions: Revision to B1404813 to turn it from a retaining wall permit to a building permit for the same scope of work. 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		Permit Clerk Jeannette Anderson				
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.19986
EXHIBIT NO.30



Department of Consumer and Regulatory Affairs

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Received:

Plans

Application

Date: 6/23/2015



Engineering

Henry Jarrett

Applicant/Agent:

District Design And Development Argonne LLC

2025180892

Job

WT

Job No:

Address of Project:

1636 ARGONNE PL NW

B1509180

Existing Use: ~~MULTI-FAMILY~~ Multifamily (> 2-units)

Proposed Use: ~~MULTI-FAMILY~~ Multifamily (> 2-units)

Permit Type: Alteration and Repair

Description of Work:

REVISION TO B1404813 TO REMOVE APPROXIMATELY 73 SQUARE FEET OF CELLAR AND INSTALL RETAINING WALL.

Existing No. of Stories: 3

Prop no of Stories: 3

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:	<i>[Signature]</i>	☐ AM ☐ PM	☒ Approved ☐ HFC ☐ Conf. w/Applicant
☒ Soil Erosion/DDOE:	<i>[Signature]</i>	☐ 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
☐ Energy Review:		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Conf. w/Applicant
☐ Fire Protection:		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Conf. w/Applicant
☒ Structural:	<i>[Signature]</i>	☐ AM ☐ PM	☒ Approved ☐ HFC ☐ Conf. w/Applicant
☐ Green Review:		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Conf. w/Applicant
☐ Chinatown Review:		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Conf. w/Applicant

New/ Addl Cost	Alt/Rpr Cost	Total Cost	Volume of New Bldg, or Addl Cubic ft.
\$0.00	\$3,000.00	\$3,000.00	3067

Alter/Repair FEE	New Const. FEE	Filing FEE	Enhancement FEE	Green FEE:	Total Permit FEE
\$90.00			\$9.39	\$3.70	\$103.29

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B1509180

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

Ashley Adams

Printed Name

Ashley Adams

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

PROJECT ADDRESS: 1636 Arbonne place NW LOT _____ SQUARE _____

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

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

AFFIDAVIT

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

Signature Ashley Adams Name (print) Ashley Adams
 Address 1746 Florida Ave NW Date 6/22/15 Phone 202 518 0892

OFFICE USE ONLY

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



CONTRACT AGREEMENT

Name of Contractor/Owner Greg Keats Date: _____
Print Name

Address of Contractor / Owner _____ Date: 6/22/15

ADDRESS OF PROPOSED WORK <u>1636 Argonne place NW Washington DC</u> <u>20009</u>		LOT: <u>0460</u>
OWNER OF BUILDING OR BUSINESS <u>Greg Keats</u>		SQUARE: <u>2589</u>
DESCRIPTION OF PROPOSED WORK: <u>Revision to B1404813 to remove approximately 73 square feet of</u> <u>cellar and install retaining wall.</u>		PHONE No: <u>202 518 0892</u>

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 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 _____ Print Name	_____ Signature	Date: _____
OWNER OF BUILDING/BUSINESS _____ Print Name	_____ Signature	Date: _____

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.



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)
2587		0460	06228015

Number	Ext	Official street name	Quadrant	Unit/Suite
1636		Argonne Place	NW	

Project name	Application number (if applicable)	Project Description
1636 Argonne place NW		Revision to B1404813 to remove approximately 73 square feet of cellar and install retaining wall.

6. Owner	7. Complete mailing address (include zip)	8. Phone	9. Email, if you prefer e-notice
Greg Karts			

10. Agent for owner, if applicable	11. Complete mailing address (include zip)	12. Phone	13. Email, if you prefer e-notice
District Design	1746 Florida Ave NW 20009	202 518 0892	info@districtdesign.com

Project Scope

Scope (Check all that this project involves.)	No	Yes	If You Answer "Yes"
1. Is this project a residential structure within R-1 through R-5-A zoning districts?		☒	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?		☒	Attach a site plan. If there is no plan, attach a written explanation.
8. Does the owner of this site own adjacent or abutting property?		☒	
9. Do you plan to develop adjacent/abutting property in next 3 years?		☒	
10. Do you plan more development that requires permit(s) on any site in this square in next 3 years?		☒	See EIS Coordinator.
11. Is this project a solid waste facility?		☒	
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: ① Contains threatened or endangered plant or animal species. ② Is within 100 feet of a pond, stream, lake, spring, or wetland. ③ Project will produce emission of odorous or other air pollutants (from any source, including VOCs). ④ 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. ⑥ Will require blasting. ⑦ Will generate medical, infectious, radioactive, or hazardous waste.		☒	If you check any item, attach EISF or equivalent.

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

Signature of Owner/Authorized Agent

Date

6/22/15

OFFICIAL USE ONLY

Environmental Impact Screening Form Required

① Yes. Referred to EIS Coordinator

② No

DCRA Reviewer

Date

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

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

LEAD PERMIT SCREENING FORM

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

Lead Abatement Permit Requirements

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

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

To obtain a DDOE lead abatement permit application, please visit:

www.ddoe.dc.gov and click on Lead and Healthy Housing Division.

NOTICE: Lead Abatement Permit Exemptions

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

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



Zoning Data Summary

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

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

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

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

A. Site Address

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

Street Number 1636	Street Name Argonne Place	Quadrant NW	Unit / Suite	Application Date 6/22/15
Square 2589	Suffix	Lot 0460	Proposed use multifamily	

B. Owner & Contact Information

Agent must be an individual – not company.

Owner of Building or Property Greg Keats	Complete mailing address (include zip)	Phone Number(s)	Email
Agent for owner, if applicable District Design	Complete mailing address (include zip) 1746 Florida Ave NW 20019	Phone Number(s) 800 518 0892	Email info@districtdesign.com

C. Zoning District & Special Development Restrictions

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

District	Overlay(s), if any
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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 dcz.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	2 FEM Units	2 FEM Units	CO/304780
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	16' Linear feet	16' Linear feet	
Building Height*	3 Stories	3 Stories	
	44' Feet	44' Feet	
Areas			
Lot Area	1700 Square feet	1700 Square feet	
Gross Floor Area* (GFA) of entire building (sum of all floors)	3067 Square feet	3067 Square feet	
Floor Area Ratio*	1.80 GFA / Lot Area	1.80 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): Abshley Adams Date: 6/22/15