FJ-435514874

PRE-FILE NUMBERS		ZONING DISTRICT	FILE NUMBER	PERMIT NUMBER	
N.C.P.C. No:	O.G. No:			B1509391	By:
H.P.A. No:	S.S.L. No: 0835 0029	Ward No: 6	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

FJ-435514874

BLRA-33
(Rev.10/2011)

APPLICATION FOR CONSTRUCTION PERMITS ON PRIVATE PROPERTY

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

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

CLEARANCE TO FILE
By_____ Date_____

(A) ALL APPLICANTS MUST COMPLETE ITEMS 1 THRU 32

1 Address of Proposed Work:	Suite No.	2. Lot	3. Square	4. Application Date
518 6TH STREET NE		0029	0835	6/25/2015

5 Owner of Building or Property	6 Address (*include Zip Code*)	7 Phone
Feroz Ashraf - REDUX PROPERTIES LLC	518 6th St NE 20002	571-426-6769
8 Agent for Owner: (*if applicable*)	9. Address (*include Zip Code*)	10. Phone

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)
- [x] 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
Interior: renovate bedrooms, bathrooms, kitchen, flooring, paint, change appliances, add skylights, replace staircase.
Exterior: paint, change windows, replace pavers, fix carport area, repair rear deck, fix leaking roof.

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	3	1	$
16 Proposed Use(s) of Building or Property	17 Prop. No of Stories of Bldg	18 Prop. No of Dwelling Units	By: / Date:
Single Family	3	1	

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?
6/26/2015	12/24/2015	[ ] Pick-up Truck [x] Dumpster [ ] Other (*specify*)	[ ] Yes, answer q. 23 [x] 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

28. Existing Stories Plus:	29. Proposed Stories Plus:	30. Existing Stories Penthouse: [ ] Yes [x] No	31. Proposed Stories Penthouse: [ ] Yes [x] No	32. Is this related to a Stop Work order: [ ] Yes [x] No
Basement	Basement			

(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:
All Info on Plans			
B-5. Engineer's Name:	B-6. D.C. Lic. No.:	B-7. Engineer's Address: (include Zip Code)	B-8. Phone:
All Info on Plans			
B-9. Building Contractor's Name:	B-10. D.C. Lic. No.:	B-11. Contractor's Address:	B-12. Phone:
All Info on Plans			

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 [x] Wood [ ] Other [ ] Concrete	[ ] Fully Sprinklered [ ] Partially Sprinklered [ ] Standpipe System [x] None [ ] Other	[ ] New [ ] Existing [x] None	1276.20 Sq. ft	2100.00	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?
2100.00	0.00	0.00	0.00	[x] All [ ] Floors 4	[ ] Yes, Answer q. B-23 to B-27 [x] 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 [x] No	[ ] Yes [x] No	[ ] Yes [x] No	[ ] Yes, Answer B-34. [x] No		[x] Yes, Cert. Attached [ ] No

B-36. Estimated Cost of Work
(a) New/Add.: $ 0.00
(b) Alt/Repair $ 52000.00
Total $ 52000.00

B-37. Volume of New Bldg. or Addition 0.00 Cubic ft.

OFFICIAL USE ONLY

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

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

Fee:$	By:	Date :

C-15. Is Building an Accessory Structure:	C-16. Asbestos in the building?	C-17. Party Wall:	C-18.Owners Notified:
[ ] 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:
				[ ] Entirely on Owner's Land [ ] Party Line with Adjacent Neighboring Land *

*If party wall , the owner of the adjoining property must agree to the erection of the retaining wall and this application

D-6. Address of Adjoining Owner:

OFFICIAL USE ONLY

Fee: $	By:	Date:

(E) FENCE (COMPLETE ITEMS E-1 THRU E-5)

E-1. Material and Type:	E-2.Height	E-3.Color:	E-4. Location: ☐ Entirely on Owner's Land ☐ Party Line with Adjacent Neighboring Land*

*If party fence, the owner of the adjoining property must agree to the erection of the fence and this application

E-5. Address of Adjoining Owner:

(F) SHED OR GARAGE (COMPLETE ITEMS F-1 THRU F-9)

F-1. Number:	F-2. Length: Ft.	F-3. Width: Ft.	F-4. Area: Sq. ft	F-5. Height : Ft.	F-6.Volume: cu. ft	OFFICIAL USE ONLY 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: By: Date:

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

(H) SIGN (COMPLETE ITEMS H-1 THRU H-20)

H-1. Number:	H-2. Electric Signs: ☐ Yes, Answer q. H-3 to H-8 ☐ No, SKIP q. H-3 to H-8	H-3. Type: ☐ Incandes ☐ Fluoresc ☐ Neon	H-4. Power: VA	H-5. Electrical Contractor: Business License Number:

H-5. Address of Electrical Contractor: (include zip)	H-6. Signature of Licensed Electrician :	H-7. Phone No.	H-8. License No.

H-9. Height relative to building and ground (a)_____ft_____ in above sidewalk (b)_____ft_____ in above roof (c)_____ft_____ in is building height (d)_____ft_____ in above projection of Window (e)_____ft_____ in from roof to sign's bottom	H-10. Material of Sign:	H-11. Type of Sign:	H-12. Color:

H-13. Width: Ft.	H-14. Length: Ft.	H-15. Area of Sign: Sq. ft	H-16. Width of Business frontage: Ft.

H-17. C of O No for Bldg.:	H-18. Sign Contractor Name:	OFFICIAL USE ONLY

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

518 6TH STREET NE (FJ-435514874)

(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	
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	Fee: 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	
J-3. Number of Exterior Walls Removed	J-5. Are Walls Load-Bearing: ☐ Yes ☐ No		Fee: 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
L-4. Electrical Use: ☐ Yes ☐ No	L-5. Letter of Authorization: ☐ Yes ☐ No	L-6. Starting Date:		Fee: 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	
M-3. Scaffolding: ☐ Yes ☐ No	M-4. Location of Scaffold:	Fee: 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	
O-3. Painted surfaces Location:	O-4. Sq. Footage Painted:	Fee: By:	Date:

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(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:

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(X) SHEETING AND SHORING (COMPLETE ITEMS X-1 THRU X-7)

X-1. Removal of Trees: ☐ Yes ☐ No	X-2. Underpinning Required: ☐ Yes ☐ No	X-3. Required Notification to adjacent property owner: ☐ Yes ☐ No	**OFFICIAL USE ONLY** Fee:	
X-4. Tiebacks: ☐ Yes ☐ No	X-5. DC Surveyors Plat Submitted: ☐ Yes ☐ No	X-6. Plans Certified by D.C. Licensed Engineer: ☐ Yes ☐ No	X-7. No. of Cubic ft Removed:	By: / Date:

(Y) TENANT LAYOUT (COMPLETE ITEMS Y-1 THRU Y-3)

Y-1. First Occupant in Space: ☐ Yes ☐ No	Y-3. Type of Tenant Layout:	**OFFICIAL USE ONLY** Fee:	
Y-2. Floor Location of Tenant Layout:		By:	Date:

(Z) SWIMMING POOL (COMPLETE ITEMS Z-1 THRU Z-12)

Z-1. Type of Swimming Pool:	Z-3. Fence: ☐ Yes ☐ No	Z-5. Pool Cover: ☐ Yes ☐ No	Z-6. D.C. Surveyor's Plat Submitted: ☐ Yes ☐ No	Z-9. Pool Type:	**OFFICIAL USE ONLY** Fee:	
Z-2. No. of Gallons:	Z-4. Height of Fence:	Z-7. Depth of Pool at High End:	Z-8. Depth of Pool at Lower End:	Z-10. Length:	Z-11. Width	Z-12. Area:	By:	Date:

(AA) SPECIAL SIGN (COMPLETE ITEMS AA-1 THRU AA-11)

AA-1. Application Change of Special Sign Artwork and copy:	AA-2. Existing Permit No.:	AA-5. Is the Applicant Seeking a "Temporary Permit":	AA-6. Face Direction of the Wall at St Frontage

AA-3. Is the Proposed Special Sign Located in a Residential Zoned Area: ☐ Yes ☐ No	AA-4. Is the Proposed Special Sign Wall Part of a Historic Building or a Historic District : ☐ Yes ☐ No	AA-7. Has the Applicant Completed an Affidavit that is in Compliance with the D.C."Clean Hands Act": ☐ Yes ☐ No	**OFFICIAL USE ONLY** Fee:	
AA-8. Is the Applicant Registered with the District of Columbia Office of Tax and Revenue : ☐ Yes ☐ No	AA-9. Does the Applicant have a Valid D.C Certificate of Good Standing : ☐ Yes ☐ No	AA-10. Proposed Dimensions of the Special Sign (Width):	AA-11. Proposed Dimensions of the Special Sign (Height):	By: / Date:

(AB) PROJECTION (COMPLETE ITEMS AB-1 THRU AB-12)

AB-1. Type of Projection:	AB-2. Is Projection Beyond Building Line: ☐ Yes ☐ No	AB-3. Number of Projections:	AB-4. Distance of Projection:	**OFFICIAL USE ONLY**
AB-5. Width of Projection	AB-6. Width of Building Frontage:	AB-7. Signature of owner: ☐ Yes ☐ No	AB-8. Street Name:	Fee:

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

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

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

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

AD-1. Total No. of Tents:	AD-2. Event Date From:	AD-3. Event Date To:	AD-4. Special Event Name:	AD-5. Certificate of Flame Resistance: ☐ Yes ☐ No	AD-6. Site Plan: ☐ Yes ☐ No

AD-7. Number of Tents:	AD-8. Length of Tent:	AD-9. Width of Tent:	**OFFICIAL USE ONLY**		
AD-7A.	AD-8A.	AD-9A.	Fee:	By:	Date:
AD-7B.	AD-8B.	AD-9B.			
AD-7C.	AD-8C.	AD-9C			

(AE) ANTENNA(COMPLETE ITEMS AE-1 THRU AE-20)

AE-1. Type of Antenna Proposed:	AE-2. Number of Existing Antennas on Site:	AE-3. Number of Proposed Antennas on Site:	AE-4. Replacement Antenna: ☐ Yes ☐ No	AE-5. Mount Type:	AE-6. Accessory Equipment Location:
AE-7. Existing and/or Proposed Equipment Cabinet Height:	AE-8. Existing and/or Proposed Equipment Platform Height:	AE-9. Existing and/or Screening Provided Height:	AE-10 Height of Building from the Grade to Roof:	**OFFICIAL USE ONLY** Fee:	
AE-11. Height of Building from the curb to Roof:	AE-12. Height of Proposed Antennas from the Grade to Roof:	AE-13. Height of Proposed Antennas from the Curb to Roof:	AE-14. Fully Mounted height of all Antennas and Equipment from the Roof and /or Parapet:	By:	Date:

AE-15. Office of Planning Recommendation Letter: ☐ Yes ☐ No	AE-16. Radio Frequency Letter: ☐ Yes ☐ No	AE-17. Scaled D.C. Surveyor's Plats: ☐ Yes ☐ No	AE-18. Scaled Plans Elevations and the Sheet Location within the Plans: ☐ Yes ☐ No	AE-19. Structural Certification: ☐ Yes ☐ No	AE-20. Screening Provided: ☐ Yes ☐ No

(AF) LEAD ABATEMENT (COMPLETE ITEMS AF-1 THRU AF-2)

AF-1. Was the structure Built before 1978: ☑ Yes [ ] No	AF-2. Removing more than 2 Sq Ft. of Lead Paint: [ ] Yes ☑ No	**OFFICIAL USE ONLY** Fee:	By:	Date:

(AG) GREEN BUILDING (COMPLETE ITEMS AG-1 THRU AG-13)

AG-1. Green Building: ☐ Yes ☐ No	AG-2. Certification Level :	AG-3. Owner Type :	AG-4. Scope of Project:	AG-5. Project Type:
AG-6. Green Building Standards:	AG-7. Other Standard:	AG-8. Energy Star Rating:	AG-9. Green Building Square Feet:	

AG-10. LEED Scorecard Provided: ☐ Yes ☐ No	AG-11. Is Project Publicly - Owned or Financed : [ ] Yes [ ] No	AG-12. Is the Project Substantial Improvement: [ ] Yes [ ] No	**OFFICIAL USE ONLY** Fee:	By:	Date:

AG-13. Green Design Elements:

- ☐ 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:

(AI) 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_____

FJ-435514874

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

FEROZ ASHRAF

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

PROJECT ADDRESS:_____ 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 and there will be no change in the use of the building.		✓	(202) 535-2600, EIS Coordinator	
2. Will the work to be performed involve the installation, removal, abandonment, or repair of an underground storage tank (UST) system?		✓	(202) 535-2600, Underground Storage Tank Division	
3. Will the work to be performed involve the assessment Or clean-up of soils associated with the release of materials from an underground storage tank (UST)?		✓	(202) 535-2600, Underground Storage Tank Division (202) 535-2600, Air Quality Division	
4. Will the work to be performed involve the assessment or clean-up of groundwater associated with the release of materials from an underground storage tank (UST)?		✓	(202) 535-2600, Underground Storage Tank Division (202) 535-2600, Air Quality Division (202) 535-2600, Water Quality Division	
5. Will the proposed project involve the installation or drilling of wells other than for the purposes stated in questions 3 and 4?		✓	(202) 535-2600, Water Quality Division (202) 535-2600, Air Quality Division	
6. Will the proposed project involve the generation, treatment, storage, disposal or transportation of chemicals or other substances which may be considered hazardous?		✓	(202) 535-2600, Hazardous Waste Division	
7. Will the proposed project involve construction which will disturb the sediment in rivers, streams or wetlands?		✓	(202) 535-2600, Water Quality Division	
8. Will the proposed use involve the construction of a *facility for the handling, transfer, storage, disposal or* treatment of solid waste, medical waste, or recyclable materials?		✓	*(202) 535-2600, EIS Coordinator*	
9. Will the proposed project result in the discharge into the air of gases, dust, or the creation of any objectionable odors?		✓	(202) 535-2600, Air Quality Division	
10. Was the building built before 1978? (Lead paint may be present).	✓		If you answer "YES" to this question, please answer the questions and follow the instructions on the "Lead Hazard Control Questionnaire" to determine if you need a permit to conduct a Lead Abatement Project.	

AFFIDAVIT

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

Signature_____ Name (print) Feroz Ashraf

Address 519 6th St NE Date 6-26-15 Phone 571-426-6769

OFFICE USE ONLY

DDOE APPROVAL BY _____ NAME (Print)_____

CONTACT NUMBER : (202)_____ DATE: _____

COMMENTS AND PERMIT RESTRICTIONS_____

(USE REVERSE IF NECESSARY)

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

CONTRACT AGREEMENT

Name of Contractor/Owner ON PLANS Date: 6-26-15
Print Name

Address of Contractor / Owner ON PLANS Date: 6-26-15

ADDRESS OF PROPOSED WORK 518 6TH ST NE	LOT: 0029 SQUARE: 0835
OWNER OF BUILDING OR BUSINESS 518 6TH ST NE	PHONE No: 571-426-6769
DESCRIPTION OF PROPOSED WORK: ON APPLICATION (ATTACHED)	

COST ESTIMATE

CONSTRUCTION e.g., drywall, ceilings, framing, carpentry etc	$ 26,000
ELECTRICAL	$ 10,000
MECHANICAL	$ 10,000
PLUMBING	$ 8,000
FIRE PROTECTION e.g., sprinkler system, fire alarm system, generator etc.	$
DEMOLITION	$ 4,000
MISC / OTHER (please specify)	$
TOTAL	$ 52,000

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 _____ _____ Date: _____
Print Name Signature

OWNER OF BUILDING/BUSINESS FEROZ ASHRAF _____ Date: 6-26-15
Print Name Signature

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)
0835		0029	06262015

Number	Ext	Official street name	Quadrant	Unit/Suite
518		6TH ST	NE	

Project name	Application number (if applicable)	Project Description	
518 6TH ST NE			
6. Owner	**7. Complete mailing address (include zip)**	**8. Phone**	**9. Email, if you prefer e-notice**
Feroz ASHRAF REDUX LLC		571-426-6765	
10. Agent for owner, if applicable	**11. Complete mailing address (include zip)**	**12. Phone**	**13. Email, if you prefer e-notice**

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 _____ **Date** 6-26-15

OFFICIAL USE ONLY

Environmental Impact Screening Form Required

⑤ Yes. Referred to EIS Coordinator. ⑤ 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

LEAD PERMIT SCREENING FORM

★ ★ ★ GOVERNMENT OF THE DISTRICT OF COLUMBIA

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.*

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

Zoning Data Summary

General Instructions: Pursuant to 12 DCMR § 106.1.1.6, 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	Street Name	Quadrant	Unit / Suite	Application Date
518	6TH ST	NE		

Square	Suffix	Lot	Proposed use	
0835		0029	SFH	

B. Owner & Contact Information

Agent must be an individual - not company

Owner of Building or Property	Complete mailing address (include zip)	Phone Number(s)	Email
Agent for owner, if applicable	**Complete mailing address (include zip)**	**Phone Number(s)**	**Email**

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

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	1 Units	
Number of parking spaces (9' x 19')	1 Units	1 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	Linear feet	Linear feet	
Building Height*	Stories	Stories	
	Feet	Feet	
Areas			
Lot Area	Square feet	Square feet	
Gross Floor Area* (GFA) of *entire* building (sum of all floors)	Square feet	Square feet	
Floor Area Ratio*	GFA / Lot Area	GFA / Lot Area	
Building Area* (sum of footprints of all buildings)	Square feet	Square feet	
Lot Occupancy* (Bldg Area / Lot Area)	%	%	

Form Completed by (sign and print name): _____ Date: 6-26-15

3/2011 rev. 2