

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: <b>0886 0035</b>	Ward No: <b>6</b>	Receipt No:	Date:	Receipt No:



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



\*FJ-796410\*

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 35**

1 Address of Proposed Work: <b>1125 7TH STREET NE</b>	Suite No.	2. Lot <b>0035</b>	3. Square <b>0886</b>	4. Application Date <b>3/23/2017</b>
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5 Owner of Building or Property <b>Stony Creek Homes</b>	6 Address (include Zip Code) <b>1125 7th Street NE 20002</b>	7 Phone
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8 Agent for Owner: (if applicable) <b>Stephanie Erwin</b>	9. Address (include Zip Code) <b>22182</b>	10. Phone <b>202-815-4002</b>
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11. Type of Proposed Work (Select only one)

<input type="checkbox"/> New Building(B)	<input type="checkbox"/> Awning(G)	<input type="checkbox"/> Observation Stand(L)#	<input type="checkbox"/> Sheeting and Shoring(R)
<input type="checkbox"/> Addition(B)	<input type="checkbox"/> Sign(Z)	<input type="checkbox"/> Scaffolding Information (M)	<input type="checkbox"/> Tenant Layout(S)
<input type="checkbox"/> Addition Alteration Repair(B)	<input type="checkbox"/> After Hours(H)	<input type="checkbox"/> Soil Boring(N)	<input type="checkbox"/> Swimming Pool(T)
<input checked="" type="checkbox"/> Alteration and Repair(B)	<input type="checkbox"/> Demolition(I) ##	<input type="checkbox"/> Tower Crane(O)	<input type="checkbox"/> Special Sign(U)
<input type="checkbox"/> Raze Building(C)	<input type="checkbox"/> Capacity Placard(AA)	<input type="checkbox"/> Foundation Only(P)	<input type="checkbox"/> Solar System(AB)
<input type="checkbox"/> Retaining Wall(D)	<input type="checkbox"/> Christmas Tree Stand(J)	<input type="checkbox"/> Underground Storage Tank(Q)	<input type="checkbox"/> Excavation only(V)
<input type="checkbox"/> Fence(E)	<input type="checkbox"/> Fireworks Stand(J)	<input type="checkbox"/> Civil Site Work Only (K)	<input type="checkbox"/> Tent(X)
<input type="checkbox"/> Shed(F)	<input type="checkbox"/> Garage(F)		<input type="checkbox"/> Antenna (W)

12. Description of Proposed Work <b>Revision to building permit B1606543 and building permit B1512853 reflecting underpinning. Renovation of an existing single family dwelling unit to a 2-unit separate townhouse.</b>	13. Do you have an Elevation Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No
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14 Existing Use(s) of Building or Property <b>Single Family</b>	15 Ex. No of Stories of Bldg <b>3</b>	16 Ex. No of Dwelling Units <b>1</b>	<b>Official Use Only</b> Miscellaneous FEE \$
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17 Proposed Use(s) of Building or Property <b>Flat (Two Family)</b>	18 Prop. No of Stories of Bldg <b>3</b>	19 Prop. No of Dwelling Units <b>2</b>	By: _____ Date: _____
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20 Starting Date	21 Completion Date of work	22 Method of Removing Construction Debris <input type="checkbox"/> Pick-up Truck <input checked="" type="checkbox"/> Dumpster <input type="checkbox"/> Other (specify)	23 Does the proposed work involve <b>disturbing the earth</b> or razing a building? <input type="checkbox"/> Yes, answer q. 24 <input checked="" type="checkbox"/> No, SKIP q. 24-29
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24. Is the area of disturbed earth more than 50 sq. ft? <input type="checkbox"/> Yes, answer q. 26-27 <input type="checkbox"/> No, SKIP q. 26-27	26. Soil Erosion Control Methods	27. Area of Offsite Drainage sq. ft	28. No of Footings or Columns	29. Size of Footings or Columns
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25. Is the area disturbed earth more than 5000 sq.ft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30. Existing Stories Plus Cellar	32. Existing Penthouse <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>OFFICIAL USE ONLY</b>				
	31. Proposed Stories Plus Cellar	33. Proposed Penthouse <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	M	R	P	H	A

34. 3rd Party Review? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35. 1st time Tenant Build <input type="checkbox"/> Yes Outs <input type="checkbox"/> No	36. Floors Involved in Proposed Construction <b>1st;2nd</b>	E	F	S	W <input type="checkbox"/> Yes <input type="checkbox"/> No
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Board of Zoning Adjustment  
 District of Columbia  
 CASE NO. 19550  
 EXHIBIT NO. 461

<b>(B) NEW BUILDING ,ADDITION, &amp; ALTERATION (COMPLETE ITEMS 1 THRU 36)</b>									
1. Architect's Name:		2. D.C. Lic. No.:		3. Architect's Address: (include Zip Code)			4. Phone:		
5. Engineer's Name:		6. D.C. Lic. No.:		7. Engineer's Address: (include Zip Code)			8. Phone:		
9. Building Contractor's Name:		10. D.C. Lic. No.:		11. Contractor's Address:			12. Phone:		
13. Fire Suppression: <input checked="" type="checkbox"/> Fully Sprinklered <input type="checkbox"/> Partially Sprinklered <input type="checkbox"/> Standpipe System <input type="checkbox"/> None <input type="checkbox"/> Other	14. Present Gross Floor Area of Bldg. : <b>2500.00</b> Sq. ft		15. Proposed Gross floor area of Addition Sq. ft			17. Breakdown of Lot Area (=100%)			
			16. Proposed Gross floor Area of Bldg.: <b>4800.00</b> Sq. ft			a. building			%
						b. paved area			%
						c. greenery			%
18 Total Lot Area : <b>2331.00</b> Sq. ft	19. Length: <b>0.00</b>	20. Width: <b>0.00</b>	21. Height: <b>0.00</b>	22. Floors involved in this permit: <b>3</b>		23. Projection beyond building line? <input type="checkbox"/> Yes, Answer 24 to 28 <input checked="" type="checkbox"/> No. SKIP 24 to 28			
24. Number and type of projection:		25. Distance of Projection: ft.		26. Width of Projection: Ft.	27. Width of Building frontage: Ft		28. Signature of Owner (projection only):		
29. Water or Sewer Excavation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30. Driveway Construction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31. Sheeting/Shoring Necessary: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32. Elevators Involved: <input type="checkbox"/> Yes, Answer 33. <input checked="" type="checkbox"/> No		33. No. and Type of Elevator:		34. Plans Certified by Engineer: <input checked="" type="checkbox"/> Yes, Cert. Attached <input type="checkbox"/> No		
35. Estimated Cost of Work (a) New/Add.: \$ 0.00 (b) Alt/Repair \$ 1.00  Total \$ <b>1.00</b>		<b>OFFICIAL USE ONLY</b>							
		Alter/Repair FEE		New Const. FEE		Filing Fee		TOTAL PERMIT FEE	
		\$		\$		\$		\$	
36. Volume of New Bldg. or Addition <b>0.00</b> Cubic ft.		By:	Date:	By:	Date:	By:	Date:	By:	Date:

**(H) SIGN (COMPLETE ITEMS 1 THRU 22)**

1. Number:	2. Electric Signs: <input type="checkbox"/> Yes, Answer 3 to 10  <input type="checkbox"/> No, SKIP 3 to 10	3. Type: <input type="checkbox"/> Incandes <input type="checkbox"/> Fluoresc <input type="checkbox"/> Neon <input type="checkbox"/> LED	4. Power:  VA	5. Electrical Contractor:  6. Business License Number:					
7. Address of Electrical Contractor: (include zip)		8. Signature of Licensed Electrician :		9. Phone No.	10. Electrician License No.				
11. 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		12. Material of Sign:		13. Type of Sign:		14. Color:			
		15. Width:  Ft.	16. Length:  Ft.	17. Area of Sign:  Sq. ft	18. Width of Business frontage:  Ft.				
19. Certificate of Occupancy No. for Bldg.:		20. Sign Contractor Name:		<b>OFFICIAL USE ONLY</b>					
				Sign FEE		Elect. FEE		Total FEE	
21. Sign Contractor's Address:		22. Phone:		\$	\$	\$			
				By:	Date:	By:	Date:	By:	Date:

**SOLAR SYSTEM (COMPLETE ITEMS 1 THRU 27)**

1. Type of System:	2. System Connection:	3. Inverter Type:	4. Number of modules/collectors:	5. Single-Module Rated Output:
6. Mounting system: <input type="checkbox"/> Rafters <input type="checkbox"/> Parapet to Parapet <input type="checkbox"/> Ballasted <input type="checkbox"/> Other	7. Angle with Respect to Roof:	8. Year House Built:	9. Number of Neighbor Notifications	10. Year Roof Replaced
				11. Roof Area.  Sq.ft
12. Total Surface Area of Panels / collectors:  Sq.ft	13. Height of the System Above Roof:  Ft.                      In	14. Type of Financing:	15. Solar Renewable energy Credits (SREC)	
16. General Contractor's First Name:	17. General Contractor's Last Name:		18. General Contractor's Company Name:	
19. General Contractor's Street Address:	20. General Contractor's Suite or Unit:		21. General Contractor's City:	
22. General Contractor's State:	23. General Contractor's Zip Code:		24. General Contractor's Phone:	
25. General Contractor's Email:	26. General Contractor's DC License Number:		27. System Size:  kW/ Btu.	

**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 \_\_\_\_\_



## BUILDING PERMIT APPLICATION SUPPLEMENTAL FORM - ENVIRONMENTAL QUESTIONNAIRE

PROJECT ADDRESS: 1125 7TH STREET NE SQUARE: 0886 SUFFIX: \_\_\_\_\_ LOT: 0035

Directions: Please answer all 19 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 supplement form is reviewed and approved by the concerned office(s), the building permit will not be issued.

SCOPE OF PROJECT	YES	NO	CONTACT PERSON/OFFICE	OFFICE USE
1. Will the work to be performed involve the installation, removal, close-in-place now, or repair of an underground storage tank (UST) system?  <i>Please get approvals or signatures from the Underground Storage Tank Branch, Water Quality Division and the Air Quality Division.</i>			(202) 535-2600 or <a href="mailto:ust.doe@dc.gov">ust.doe@dc.gov</a> , Underground Storage Tank Branch  (202) 535-2600, Air Quality Division, Permitting Branch	
2. Will the work to be performed involve assessment of soil or soil-vapor, or cleanup of soil associated with the released material from an underground storage tank (UST)?  <i>Please get approvals or signatures from the Underground Storage Tank Division, Water Quality Division and the Air Quality Division.</i>			(202) 535-2600 or <a href="mailto:ust.doe@dc.gov">ust.doe@dc.gov</a> , Underground Storage Tank Branch  (202) 535-2600, Water Quality Division  (202) 535-2600, Air Quality Division	
3. Will the work to be performed involve the assessment or clean-up of groundwater associated with the release of material from an underground storage tank (UST)?  <i>Please get approvals or signatures from the Underground Storage Tank Division, Water Quality Division and the Air Quality Division.</i>			(202) 535-2600 or <a href="mailto:ust.doe@dc.gov">ust.doe@dc.gov</a> , Underground Storage Tank Branch  (202) 535-2600, Air Quality Division  (202) 535-2600, Water Quality Division	
4. Will the proposed project involve the installation or drilling of wells other than for the purposes stated in questions 2 and 3?  <i>Please get approvals or signatures from the Water Quality Division.</i>			(202) 535-2600, Water Quality Division	
5. Will the proposed project involve installation or drilling of wells using air rotary drilling methods or any methods discharging gases or dust into the air?  <i>Please get approvals or signatures from the Water Quality Division and the Air Quality Division.</i>			(202) 535-2600, Water Quality Division  (202) 535-2600, Air Quality Division, Permitting Branch	
6. Will the proposed project involve the generation, treatment, storage, disposal or transportation of chemicals or other substances which may be considered hazardous?  <i>Contact Hazardous Materials Branch (202) 535-2600.</i>		<input checked="" type="checkbox"/>	(202) 535-2600, Hazardous Waste Branch	
7. 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?  <i>Contact DOEE Environmental Review Coordinator (202) 535-2600.</i>		<input checked="" type="checkbox"/>	(202) 535-2600, DOEE EIS Coordinator	
8. Will the proposed project involve construction which will result in a discharge or release to or withdrawal from a river, stream, wetland, or groundwater or disturb the sediment in rivers, streams or wetlands?  <i>Please get approvals or signatures from the Water Quality Division.</i>		<input checked="" type="checkbox"/>	(202) 535-2600, Water Quality Division	
9. Will the proposed project involve construction which may affect aquatic or terrestrial biota, their habitat, or water quality?  <i>Please get approvals or signatures from the Water Quality Division and the Fisheries and Wildlife Division.</i>		<input checked="" type="checkbox"/>	(202) 535-2600, Water Quality Division  (202) 535-2600, Fisheries and Wildlife Division	

<p>10. Does the project site contain a species of plant or animal that is federally protected? <i>Federally protected means that the plant or animal is subjected to limited, restricted, specific, or approved interactions in accordance with Federal guidelines.</i></p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>(202) 535-2600, Fisheries and Wildlife Division</p>	
<p>11. Will the proposed project result in the discharge into the air of gases or dust or the creation of any objectionable odors? <i>Contact Air Quality Division Permitting Branch (202) 535-2600</i></p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>(202) 535-2600, Air Quality Division, Permitting Branch</p>	
<p>12. Was the building built before 1978? (Lead paint may be present). <i>Issuance of a lead abatement or renovation permit may be required.</i></p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>(202) 535-2600, Lead and Healthy Housing Division, Compliance and Enforcement Branch</p>	
<p>13. Does the building contain asbestos? <i>Requires a current asbestos survey (i.e., survey of all asbestos containing materials) for the building. A permit from the Air Quality Division is required for most asbestos removal projects.</i></p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>(202) 535-2600, Air Quality Division, Permitting Branch</p>	
<p>14. Does the project disturb 5,000 square feet or greater of land? <i>Major Land Disturbance: Submit a stormwater management plan to the Watershed Protection Division for approval.</i></p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>(202) 535-2600, Watershed Protection Division</p>	
<p>15. Is the project an interior renovation or addition where (1) the assessed value of the structure(s) is greater than or equal to 50% of the total cost of construction, AND (2) the sum of the structures' footprint and any soil disturbance is 5,000 square feet or greater? <i>Major Sustainable Improvement: Submit a storm water management plan to the Watershed Protection Division for approval.</i></p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>(202) 535-2600, Watershed Protection Division</p>	
<p>16. Is the project (1) a new building, addition and/or interior renovation where the total cost of construction is greater than 100% of the assessed value of the structure(s), AND (2) the property is assigned a zone district other than R1 - R4? <i>Submit a green area ratio (GAR) plan to the Watershed Protection Division for approval.</i></p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>(202) 535-2600, Watershed Protection Division</p>	
<p>17. Will the proposed project or the work to be performed be within a Special Flood Hazard Area (SFHA) or 100-year floodplain area (i.e., Zone A or AE)? <i>If YES, Compliance with DC Floodplain Regulations (DCMR 20, Flood Hazard Rules, and DCMR 12, Flood Provisions in the Construction Code is required. If NO, Please verify and confirm whether the project site is NOT located in a Special Flood Hazard Area (SFHA). <a href="http://ddoe.dc.gov/floodplainmap">http://ddoe.dc.gov/floodplainmap</a></i></p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>(202) 535-2600, Watershed Protection Division</p>	
<p>18. Will the proposed project result in the construction or installation of any equipment that burns fuel such as, but not limited to, stationary generators (any size) and boilers with heat input ratings greater than 5 million BTU/hr? <i>Note that separate air quality permits are required for most of these units.</i></p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>(202) 535-2600, Air Quality Division, Permitting Branch</p>	
<p>19. Will the proposed project result in the construction or installation of any other stationary pollution-emitting equipment? Examples include, but are not limited to, degreasing units, professional printing equipment, plating lines, spray painting operations, and gasoline dispensing systems. <i>Note that separate air quality permits are required for most of these units.</i></p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>(202) 535-2600, Air Quality Division, Permitting Branch</p>	

I hereby certify that I have the authority of the owner of the property to make this application and that the answers to the above questions are complete and correct to the best of my knowledge. False statements may be subject to fines and prosecution, as applicable by statute.

Signature **Stephanie Erwin**

Name (print) \_\_\_\_\_

Address **1125 7TH STREET NE**

Date **3/23/2017**

Phone \_\_\_\_\_

**OFFICE USE ONLY**

DOEE APPROVAL BY \_\_\_\_\_

NAME (Print) \_\_\_\_\_

CONTACT NUMBER: (202) \_\_\_\_\_

DATE: \_\_\_\_\_

COMMENTS AND PERMIT RESTRICTIONS \_\_\_\_\_





# 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](http://dcra.dc.gov) (go to Permits/Zoning/Certificates of Occupancy and Zoning) or pick them up at the Permit Center, 1100 4<sup>th</sup> St SW, 2<sup>nd</sup> 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 <b>1125</b>	Street Name <b>7TH STREET</b>	Quadrant <b>NE</b>	Unit / Suite	Application Date <b>3/23/2017</b>
Square <b>0886</b>	Suffix	Lot <b>0035</b>	Proposed use <b>Flat (Two Family)</b>	

### B. Owner & Contact Information

Agent must be an individual -- not company.

Owner of Building or Property <b>Stony Creek Homes</b>	Complete mailing address (include zip) <b>1125 7th Street NE 20002</b>	Phone Number(s)	Email <b>stephanie@primepermits.co</b>
Agent for owner, if applicable <b>Stephanie Erwin</b>	Complete mailing address (include zip) <b>22182</b>	Phone Number(s) <b>202-815-4002</b>	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](http://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		Units	Units
Number of parking spaces (9' x 19')			Units
Setbacks & Building Heights			
Left Side Yard* Setback (left when you face property)	Linear feet	Linear feet	
Right Side Yard* Setback (right when you face property)	Linear feet	Linear feet	
Rear Yard* Setback	Linear feet	Linear feet	
Building Height*	<b>3</b> Stories	<b>3</b> 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)	%	%	
Pervious Surface	%	Green Area Ratio	

Form Completed by (sign and print name): \_\_\_\_\_ Date: **3/23/2017**



# Environmental Intake Form

## Owner & Contact Information

Complete address of proposed work

Square	Suffix (if any)	Lot	Application date (4 numbers for year)		
0886		0035	3/23/2017		
Number	Ext	Official street name		Quadrant	Unit/Suite
1125		7TH STREET		NE	
Project name		Application number (if applicable)		Project Description	
				Revision to building permit B1606543 and building permit B1512853 reflecting	
6. Owner		7. Complete mailing address (include zip)		8. Phone	
Stony Creek Homes		1125 7th Street NE 20002			
9. Email, if you prefer e-notice		stephanie@primepermits.			
10. Agent for owner, if applicable		11. Complete mailing address (include zip)		12. Phone	
Stephanie Erwin		22182		202-815-4002	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is this project a single-family structure <b>not</b> built in conjunction with 2 or more units?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Is this project an accessory structure, such as a garage, patio, pool, or fence?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is this project only an interior renovation with no building use or capacity change?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is this project in an Economic Development Zone, as defined in DC Official Code § 6-1501 et seq (DC Law 7-177)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Is this project in the Central Employment Area, defined in DC Zoning Regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Does the project involve <b>only</b> operation, repair, maintenance, or minor alteration of public structures, facilities, mechanical equipment, or topographical features, with <b>negligible or no</b> expansion of use beyond its current use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Does the owner of this site own adjacent or abutting property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Do you plan to develop adjacent/abutting property in next 3 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attach a site plan. If there is no plan, attach a written explanation.
10. Do you plan more development that requires permit(s) on any site in this square in next 3 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Is this project a solid waste facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attach an explanation; cite relevant section of regulations.
14. Is the total project cost more than \$1.90 million, including site preparation and construction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If you're not claiming an exemption, attach an EISF.
15. For projects with a total cost of \$1.90 million or less, check all that apply:			
• Contains threatened or endangered plant or animal species.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If you check any item, attach EISF or equivalent.
• Is within 100 feet of a pond, stream, lake, spring, or wetland.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
• Project will produce emission of odorous or other air pollutants (from any source, including VOCs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
• Project produce, use, or dispose of hazardous substances, as defined in 20 DCMR 7299	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
• Will be built on land where the water table depth is less than 3 feet.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
• Will require blasting.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
• Will generate medical, infectious, radioactive, or hazardous waste.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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 Stephanie Erwin Date 3/23/2017

### OFFICIAL USE ONLY

#### Environmental Impact Screening Form Required

Yes. Referred to EIS Coordinator  No  DCRA Reviewer \_\_\_\_\_ Date \_\_\_\_\_

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

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