

Government of the District of Columbia

Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration
Permit Processing Center

Date: JUNE 2 2008

Raze #: 08-125

Historic Preservation Division
801 North Capitol Street, NE/3rd Floor
Washington, DC 20002

Re: Request for clearance of premises subject to razing operations.

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Processing Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office in order to release the subject permit.

Address: 202 G ST NE

Occupied: NO

Lot: 806 **Square:** 752 **Type:** 3 STORY SFD

Please notify our office of the satisfactory completion of the research of your records by filling out the clearance section below and returning this form to the Permit Processing Division, DCRA, 941 North Capitol Street, NW Room 2100, Washington, DC 20002.

For information please contact Joseph Bemby
Email: joseph.bembry@dc.gov Fax: 202-442-4862

CLEARANCE

This is to inform you that we researched our records concerning the structure identified above and we have no objection to proceeding with the proposed razing of said structure.

Date: 7-24-08 Signature: [Signature]

Name of releasing HOP Official (print): Malone

ZONING COMMISSION
District of Columbia
CASE NO.05-37A
EXHIBIT NO.1D

APPLICATION FOR RAZE PERMIT AND/OR SUPPLEMENTAL RAZING OPERATIONS PERMIT

Please type or print legibly in ink. Provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whitening out, or otherwise altering any entered information will **void this application**. The owner of record must sign the application with an original signature. Applicable code sections are in the 2003 DC Building Code Supplement Chapter I § 107.2.4 107.2.10 (5), and 110.1.

08-125

Application Date: April 28, 2008

1. INFORMATION ON PROPERTY

1. Address of Proposed Work <u>202 G Street, NE. Washington, DC 20002</u>	2. Quad	3. Ward <u>6</u>	4a. Square <u>752</u>	4b. Suffix	5. Lot <u>806</u>
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2. APPLICANT INFORMATION

6. Property Owner <u>Station Townhouses LLC</u>	7. Complete mailing address (include zip) <u>c/o Louis Dreyfus Property Group 1101 New York Ave. NW #909 Wash, DC 20005</u>	8. Phone Number(s) <u>202-470-4900</u>	9. Email <u>sean.cahill@ldpg.us.com</u>
10. Agent/Contractor for Owner (if applicable) <u>Louis Dreyfus Properties LLC</u>	11. Complete mailing address (include zip) <u>c/o Louis Dreyfus Property Group 1101 New York Ave. NW #909 Wash, DC 20005</u>	12. Phone Number(s) <u>202-470-4900</u>	13. Email <u>sean.cahill@ldpg.us.com</u>

3. TYPE OF PERMIT

14. Check all that apply:

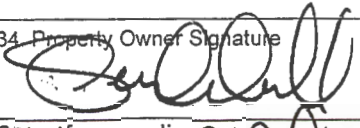
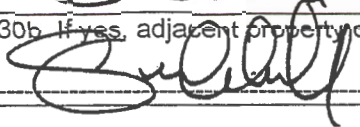
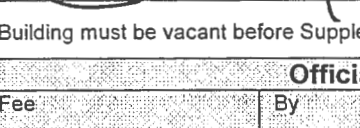
☒ Raze Permit ☐ Supplemental Razing Operations Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling) <u>3 level townhouse</u>			16. Existing Number of Stories of Bldg: <u>2</u>
17. Use(s) of Property (specifically indicate if any use is residential.) <u>Vacant, was residential.</u>		18. Materials of Building (brick, wood, etc.) <u>Wood Frame</u>	
19. Bldg Length (ft) <u>40'</u>	20. Bldg Width (ft) <u>22'</u>	21. Bldg Height (ft) <u>2 stories, 30 feet</u>	22. Bldg Volume (cu ft) (L x W x H)

OFFICIAL USE ONLY

SECTION A. RAZE PERMIT

23. Raze Contractor's Name		24. Contractor's Address (including zip code)	25. Contractor's Phone
26. Historic District?	☐ Yes ☒ No	33. Raze Contractor Signature 	
27. Fine Arts District?	☐ Yes ☒ No		
28. Raze Entire Building?	☒ Yes ☐ No		
29. Building Condemned?	☐ Yes ☒ No		
30a. Party Wall?	☒ Yes ☐ No	34. Property Owner Signature 	
31. Building Vacant?	☒ Yes ☐ No	30b. If yes, adjacent property owner signature is required. 	
32. Public Space Vault?	☐ Yes ☒ No	Building must be vacant before Supplemental Raze Operations Permit issuance.	
		Official Use Only	
		Fee	Date

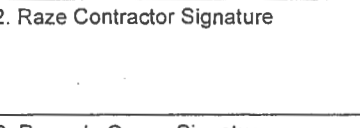
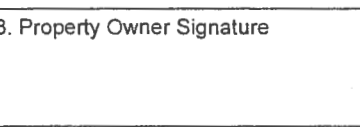
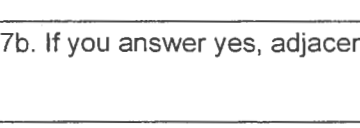
SECTION B. SUPPLEMENTAL RAZE OPERATIONS PERMIT

35. Raze Contractor's Name		36. Contractor's Address (including zip code)	37. Contractor's Phone
38. Plumber's Name		39. Plumber's License Number	40. Raze Method (ball, bulldozer, by hand, etc.)

1. You must submit a Certificate of Insurance covering the raze operation/contractor—unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

- Show the holder of the insurance as: Deputy Director, Permit Division, 941 North Capitol St NE, Washington, DC 20002
- Include a 30-day advance notice cancellation clause.
- Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.
- State that the insurance covers "Razing Operations in the District of Columbia." If the scope of the insurance is for blanket coverage.
- If the insurance is for one specific address only, state that, "Razing Operations at _____ (address of raze operation)"

41. Insurance Company		42. Policy or Certificate No.	43. Expiration Date
44. Historic District?	☐ Yes ☒ No	52. Raze Contractor Signature 	
45. Fine Arts District?	☐ Yes ☒ No		
46. Raze Entire Building?	☒ Yes ☐ No		
47. Building Condemned?	☐ Yes ☒ No		
48a. Party Wall?	☒ Yes ☐ No	53. Property Owner Signature 	
		47b. If you answer yes, adjacent property owner must sign here. 	
		47c. Any raze permit application for a building(s) involving party walls must include 2 copies of a plan that shows how the party wall(s) will be protected.	
49. Building Vacant?	☐ Yes ☒ No	Building must be vacant before Supplemental Raze Operations Permit issuance.	
50. Public Space Vault?	☐ Yes ☒ No	Official Use Only	
51. Asbestos in Building? If yes, indicate location:	☐ Yes ☒ No	Fee	Date

Government of the District of Columbia

Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration
Permit Processing Center

Date: JUNE 2 2008

Raze #: 08-126

Historic Preservation Division
801 North Capitol Street, NE/3rd Floor
Washington, DC 20002

Re: Request for clearance of premises subject to razing operations.

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Processing Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office in order to release the subject permit.

Address: 204 G ST NE

Occupied: NO

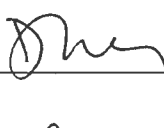
Lot: 805 **Square:** 752 **Type:** 3 STORY SFD

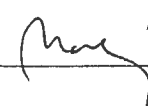
Please notify our office of the satisfactory completion of the research of your records by filling out the clearance section below and returning this form to the Permit Processing Division, DCRA, 941 North Capitol Street, NW Room 2100, Washington, DC 20002.

For information please contact Joseph Bembry
Email: joseph.bembry@dc.gov Fax: 202-442-4862

CLEARANCE

This is to inform you that we researched our records concerning the structure identified above and we have no objection to proceeding with the proposed razing of said structure.

Date: 7-27-08 Signature: 

Name of releasing HOP Official (print): 

DCRA

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

GOVERNMENT OF THE DISTRICT OF COLUMBIA
APPLICATION FOR
RAZE PERMIT AND/OR SUPPLEMENTAL RAZING OPERATIONS PERMIT

Please type or print legibly in ink. Provide **detailed information**. Write N/A (non-applicable) for items that do not apply.
Erasing, crossing out, whiting out, or otherwise altering any entered information will **void this application**.

The owner of record must sign the application with an original signature.

Applicable code sections are in the 2003 DC Building Code Supplement Chapter I § 107.2.4 107.2.10 (5), and 110.1.

08-126

Application Date: April 28, 2008

1. INFORMATION ON PROPERTY

1. Address of Proposed Work 204 G Street NE Wash, DC 20002	2. Quad	3. Ward 6	4a. Square 752	4b. Suffix	5. Lot 805
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2. APPLICANT INFORMATION

6. Property Owner Station Townhouses LLC	7. Complete mailing address (include zip) c/o Louis Dreyfus Properties Corp 1101 New York Ave NW #909 Washington, DC 20005	8. Phone Number(s) 202/470-4900	9. Email sean.cahill@ldpg.us.com
10. Agent/Contractor for Owner (if applicable) Louis Dreyfus Properties LLC	11. Complete mailing address (include zip) c/o Louis Dreyfus Properties Corp 1101 New York Ave NW Wash, DC 20005	12. Phone Number(s) 202/470-4900	13. Email sean.cahill@ldpg.us.com

3. TYPE OF PERMIT

14. Check all that apply:



Raze Permit



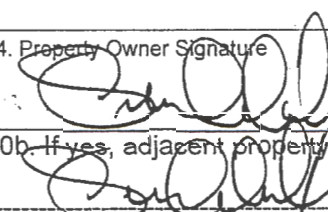
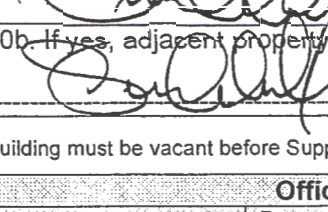
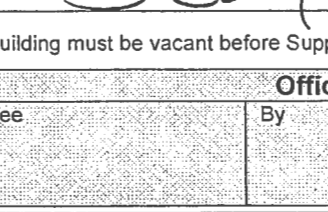
Supplemental Razing Operations Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling) 3 level townhouse			16. Existing Number of Stories of Bldg: 2	
17. Use(s) of Property (specifically indicate if any use is residential.) vacant, was residential		18. Materials of Building (brick, wood, etc.) brick / wood frame		
19. Bldg Length (ft) 40'	20. Bldg Width (ft) 19'	21. Bldg Height (ft) 2 stories 30 feet	22. Bldg Volume (cu ft) (L x W x H)	

OFFICIAL USE ONLY

SECTION A. RAZE PERMIT

23. Raze Contractor's Name		24. Contractor's Address (including zip code)	25. Contractor's Phone	
26. Historic District?	☐ Yes ☒ No	33. Raze Contractor Signature 		
27. Fine Arts District?	☐ Yes ☒ No			
28. Raze Entire Building?	☒ Yes ☐ No			
29. Building Condemned?	☐ Yes ☒ No			
30a. Party Wall?	☒ Yes ☐ No	34. Property Owner Signature 		
31. Building Vacant?	☒ Yes ☐ No	30b. If yes, adjacent property owner signature is required. 		
32. Public Space Vault?	☐ Yes ☒ No	Building must be vacant before Supplemental Raze Operations Permit issuance.		
		Official Use Only		
		Fee	By	Date

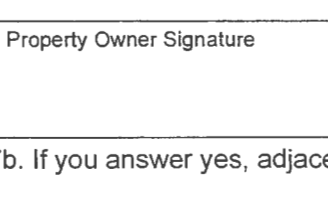
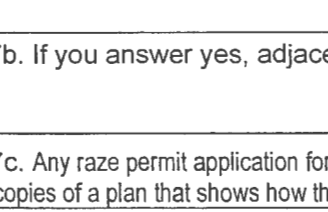
SECTION B. SUPPLEMENTAL RAZE OPERATIONS PERMIT

35. Raze Contractor's Name		36. Contractor's Address (including zip code)	37. Contractor's Phone	
38. Plumber's Name		39. Plumber's License Number	40. Raze Method (ball, bulldozer, by hand, etc.)	

1. You must submit a Certificate of Insurance covering the raze operation/contractor—unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

- Show the holder of the insurance as: Deputy Director, Permit Division, 941 North Capitol St NE, Washington, DC 20002
- Include a 30-day advance notice cancellation clause.
- Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.
- State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage.
- If the insurance is for one specific address only, state that, "Razing Operations at (address of raze operation)"

41. Insurance Company		42. Policy or Certificate No.	43. Expiration Date	
44. Historic District?	☐ Yes ☒ No	52. Raze Contractor Signature 		
45. Fine Arts District?	☐ Yes ☒ No			
46. Raze Entire Building?	☒ Yes ☐ No			
47. Building Condemned?	☐ Yes ☒ No			
48a. Party Wall?	☒ Yes ☐ No	53. Property Owner Signature 		
		47b. If you answer yes, adjacent property owner must sign here. 		
		47c. Any raze permit application for a building(s) involving party walls must include 2 copies of a plan that shows how the party wall(s) will be protected.		
49. Building Vacant?	☒ Yes ☐ No	Building must be vacant before Supplemental Raze Operations Permit issuance.		
50. Public Space Vault?	☐ Yes ☒ No	Official Use Only		
51. Asbestos in Building? If yes, indicate location	☐ Yes ☒ No	Fee	By	Date

Government of the District of Columbia

Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration
Permit Processing Center

Date: JUNE 2 2008

Raze #: 08-127

Historic Preservation Division
801 North Capitol Street, NE/3rd Floor
Washington, DC 20002

Re: Request for clearance of premises subject to razing operations.

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Processing Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office in order to release the subject permit.

Address: 206 G ST NE

Occupied: NO

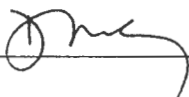
Lot: 804 **Square:** 752 **Type:** 3 STORY SFD

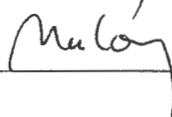
Please notify our office of the satisfactory completion of the research of your records by filling out the clearance section below and returning this form to the Permit Processing Division, DCRA, 941 North Capitol Street, NW Room 2100, Washington, DC 20002.

For information please contact Joseph Bembry
Email: joseph.bembry@dc.gov Fax: 202-442-4862

CLEARANCE

This is to inform you that we researched our records concerning the structure identified above and we have no objection to proceeding with the proposed razing of said structure.

Date: 7-24-08 Signature: 

Name of releasing HOP Official (print): 



GOVERNMENT OF THE DISTRICT OF COLUMBIA
APPLICATION FOR
RAZE PERMIT AND/OR SUPPLEMENTAL RAZING OPERATIONS PERMIT

Please type or print legibly in ink. Provide **detailed information**. Write N/A (non-applicable) for items that do not apply.
Erasing, crossing out, whiting out, or otherwise altering any entered information will **void this application**.

The owner of record must sign the application with an original signature.

Applicable code sections are in the 2003 DC Building Code Supplement Chapter I § 107.2.4 107.2.10 (5), and 110.1.

08-127

Application Date: April 28, 2008

1. INFORMATION ON PROPERTY

1. Address of Proposed Work <u>2006 G Street NE Washington, DC</u>	2. Quad <u>6</u>	3. Ward <u>752</u>	4a. Square <u>804</u>	4b. Suffix	5. Lot <u>804</u>
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2. APPLICANT INFORMATION

6. Property Owner <u>Station Townhouses LLC</u>	7. Complete mailing address (include zip) <u>c/o Louis Dreyfus Property Group 1101 New York Ave NW #909 Wash, DC 20005</u>	8. Phone Number(s) <u>202-470-4900</u>	9. Email <u>sean.cahill@ldpg.us.com</u>
10. Agent/Contractor for Owner (if applicable) <u>Louis Dreyfus Properties LLC</u>	11. Complete mailing address (include zip) <u>c/o Louis Dreyfus Property Group 1101 New York Ave NW #909 Wash, DC 20005</u>	12. Phone Number(s) <u>202-470-4900</u>	13. Email <u>sean.cahill@ldpg.us.com</u>

3. TYPE OF PERMIT

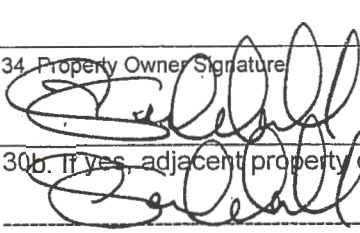
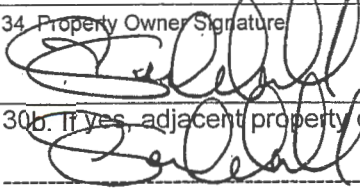
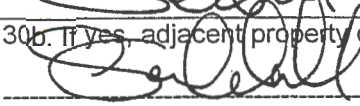
14. Check all that apply: ☒ Raze Permit ☐ Supplemental Razing Operations Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling) <u>3 level townhouse</u>		16. Existing Number of Stories of Bldg: <u>2 stories</u>	
17. Use(s) of Property (specifically indicate if any use is residential.) <u>Vacant, was residential</u>		18. Materials of Building (brick, wood, etc.) <u>brick / wood frame</u>	
19. Bldg Length (ft) <u>44'</u>	20. Bldg Width (ft) <u>17'</u>	21. Bldg Height (ft) <u>2 stories, 30 feet</u>	22. Bldg Volume (cu ft) (L x W x H)

OFFICIAL USE ONLY

SECTION A. RAZE PERMIT

23. Raze Contractor's Name		24. Contractor's Address (including zip code)		25. Contractor's Phone	
26. Historic District?	☐ Yes ☒ No	33. Raze Contractor Signature 			
27. Fine Arts District?	☐ Yes ☒ No				
28. Raze Entire Building?	☒ Yes ☐ No				
29. Building Condemned?	☐ Yes ☒ No	34. Property Owner Signature 			
30a. Party Wall?	☒ Yes ☐ No	30b. If yes, adjacent property owner signature is required. 			
31. Building Vacant?	☒ Yes ☐ No	Building must be vacant before Supplemental Raze Operations Permit issuance.			
32. Public Space Vault?	☐ Yes ☒ No	Official Use Only			
		Fee		By	Date

SECTION B. SUPPLEMENTAL RAZE OPERATIONS PERMIT

35. Raze Contractor's Name		36. Contractor's Address (including zip code)		37. Contractor's Phone	
38. Plumber's Name		39. Plumber's License Number		40. Raze Method (ball, bulldozer, by hand, etc.)	

1. You must submit a Certificate of Insurance covering the raze operation/contractor—unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

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- If the insurance is for one specific address only, state that, "Razing Operations at _____
(address of raze operation)"

41. Insurance Company		42. Policy or Certificate No.		43. Expiration Date	
44. Historic District?	☐ Yes ☒ No	52. Raze Contractor Signature			
45. Fine Arts District?	☐ Yes ☒ No				
46. Raze Entire Building?	☒ Yes ☐ No				
47. Building Condemned?	☐ Yes ☒ No	53. Property Owner Signature			
48a. Party Wall?	☒ Yes ☐ No	47b. If you answer yes, adjacent property owner must sign here. 47c. Any raze permit application for a building(s) involving party walls must include 2 copies of a plan that shows how the party wall(s) will be protected.			
49. Building Vacant?	☒ Yes ☐ No	Building must be vacant before Supplemental Raze Operations Permit issuance.			
50. Public Space Vault?	☐ Yes ☒ No	Official Use Only			
51. Asbestos in Building? If yes, indicate location:	☐ Yes ☒ No	Fee		By	Date

Government of the District of Columbia

Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration
Permit Processing Center

Date: JUNE 2 2008

Raze #: 08-128

Historic Preservation Division
801 North Capitol Street, NE/3rd Floor
Washington, DC 20002

Re: Request for clearance of premises subject to razing operations.

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Processing Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office in order to release the subject permit.

Address: 208 G ST NE

Occupied: NO

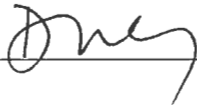
Lot: 39 **Square:** 752 **Type:** 2 STORY SFD

Please notify our office of the satisfactory completion of the research of your records by filling out the clearance section below and returning this form to the Permit Processing Division, DCRA, 941 North Capitol Street, NW Room 2100, Washington, DC 20002.

For information please contact Joseph Bembry
Email: joseph.bembry@dc.gov Fax: 202-442-4862

CLEARANCE

This is to inform you that we researched our records concerning the structure identified above and we have no objection to proceeding with the proposed razing of said structure.

Date: 7-24-08 Signature: 

Name of releasing HOP Official (print): Maloney

GOVERNMENT OF THE DISTRICT OF COLUMBIA
APPLICATION FOR
RAZE PERMIT AND/OR SUPPLEMENTAL RAZING OPERATIONS PERMIT

Please type or print legibly in ink. Provide **detailed information**. Write N/A (non-applicable) for items that do not apply.

Erasing, crossing out, whitening out, or otherwise altering any entered information will **void this application**.

The owner of record must sign the application with an original signature.

Applicable code sections are in the 2003 DC Building Code Supplement Chapter I § 107.2.4 107.2.10 (5), and 110.1.

08-128

Application Date:

April 28, 2008

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
508 G Street NE Wash, DC 20002		6	752		39

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Station Townhouses LLC	c/o Louis Dreyfus Property Group 1101 New York Ave NW #909 Washington, DC 20005	202/470-4900	sean.cahill@ldpg.us.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Louis Dreyfus Properties LLC	c/o Louis Dreyfus Property Group 1101 New York Ave NW #909 Wash, DC 20005	202/470-4900	sean.cahill@ldpg.us.com

3. TYPE OF PERMIT

14. Check all that apply:



Raze Permit

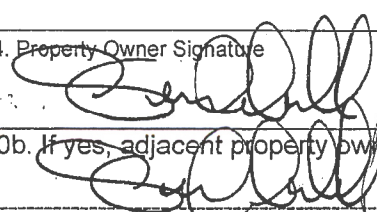
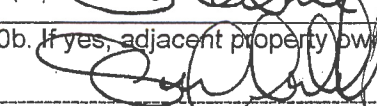
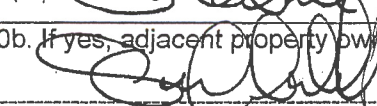
☐ Supplemental Razing Operations Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
2 story townhouse		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
vacant, was residential		wood/brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
40'	16'	2 stories, 30 feet	

OFFICIAL USE ONLY

SECTION A. RAZE PERMIT

23. Raze Contractor's Name		24. Contractor's Address (including zip code)		25. Contractor's Phone	
26. Historic District?		☐ Yes ☒ No		33. Raze Contractor Signature 	
27. Fine Arts District?		☐ Yes ☒ No			
28. Raze Entire Building?		☒ Yes ☐ No			
29. Building Condemned?		☐ Yes ☒ No			
30a. Party Wall?		☒ Yes ☐ No		34. Property Owner Signature 	
31. Building Vacant?		☒ Yes ☐ No		30b. If yes, adjacent property owner signature is required. 	
32. Public Space Vault?		☐ Yes ☒ No		Building must be vacant before Supplemental Raze Operations Permit issuance.	
				Official Use Only	
				Fee	By
				Date	

SECTION B. SUPPLEMENTAL RAZE OPERATIONS PERMIT

35. Raze Contractor's Name		36. Contractor's Address (including zip code)		37. Contractor's Phone	
38. Plumber's Name		39. Plumber's License Number		40. Raze Method (ball, bulldozer, by hand, etc.)	

1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

- Show the holder of the insurance as: Deputy Director, Permit Division, 941 North Capitol St NE, Washington, DC 20002
- Include a 30-day advance notice cancellation clause.
- Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.
- State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage.
- If the insurance is for one specific address only, state that, "Razing Operations at (address of raze operation)"

41. Insurance Company		42. Policy or Certificate No.		43. Expiration Date	
44. Historic District?		☐ Yes ☒ No		52. Raze Contractor Signature	
45. Fine Arts District?		☐ Yes ☒ No			
46. Raze Entire Building?		☒ Yes ☐ No			
47. Building Condemned?		☐ Yes ☒ No			
48a. Party Wall?		☒ Yes ☐ No		53. Property Owner Signature	
				47b. If you answer yes, adjacent property owner must sign here. 	
				47c. Any raze permit application for a building(s) involving party walls must include 2 copies of a plan that shows how the party wall(s) will be protected.	
49. Building Vacant?		☒ Yes ☐ No		Building must be vacant before Supplemental Raze Operations Permit issuance.	
50. Public Space Vault?		☐ Yes ☒ No		Official Use Only	
51. Asbestos in Building? If yes, indicate location:		☐ Yes ☒ No		Fee	By
				Date	

Government of the District of Columbia

Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration
Permit Processing Center

Date: JUNE 2 2008

Raze #: 08-129

Historic Preservation Division
801 North Capitol Street, NE/3rd Floor
Washington, DC 20002

Re: Request for clearance of premises subject to razing operations.

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Processing Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office in order to release the subject permit.

Address: 210 G ST NE

Occupied: NO

Lot: 40 **Square:** 752 **Type:** 3 STORY SFD

Please notify our office of the satisfactory completion of the research of your records by filling out the clearance section below and returning this form to the Permit Processing Division, DCRA, 941 North Capitol Street, NW Room 2100, Washington, DC 20002.

For information please contact Joseph Bembry
Email: joseph.bembry@dc.gov Fax: 202-442-4862

CLEARANCE

This is to inform you that we researched our records concerning the structure identified above and we have no objection to proceeding with the proposed razing of said structure.

Date: 7-24-08 Signature: [Signature]

Name of releasing HOP Official (print): Maloney

DCRA

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

GOVERNMENT OF THE DISTRICT OF COLUMBIA
APPLICATION FOR
RAZE PERMIT AND/OR SUPPLEMENTAL RAZING OPERATIONS PERMIT

Please type or print legibly in ink. Provide **detailed information**. Write N/A (non-applicable) for items that do not apply.
Erasing, crossing out, whiting out, or otherwise altering any entered information will **void this application**.

The owner of record must sign the application with an original signature.

Applicable code sections are in the 2003 DC Building Code Supplement Chapter I § 107.2.4 107.2.10 (5), and 110.1.

08-129

Application Date:

April 28, 2008

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
210 G Street, NE, Washington, DC 20002		6	752		40

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Station Townhouses LLC	901 Louis Dreyfus Property Group 1101 New York Ave NW #909 Wash, DC 20005	202/470/4900	Sean.Cahill@ldpg.us.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Louis Dreyfus Properties	901 Louis Dreyfus Property Group 1101 New York Ave NW #909 Wash, DC 20005	202/470/4900	Sean.Cahill@ldpg.us.com

3. TYPE OF PERMIT

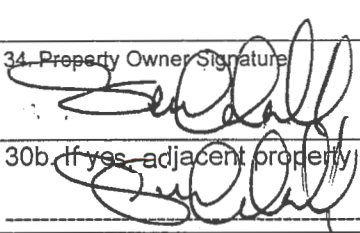
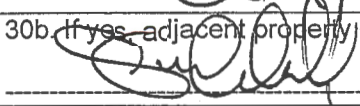
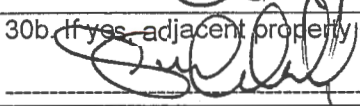
14. Check all that apply:
☒ Raze Permit ☐ Supplemental Razing Operations Permit

4. DESCRIPTION OF BUILDING

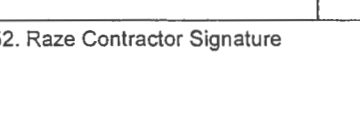
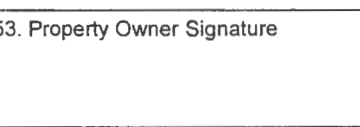
15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:		
3 level townhouse	2		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Vacant	brick / wood frame		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
40'	17'	2 stories, 30 feet	

OFFICIAL USE ONLY

SECTION A. RAZE PERMIT

23. Raze Contractor's Name		24. Contractor's Address (including zip code)		25. Contractor's Phone	
26. Historic District?	☐ Yes ☒ No	33. Raze Contractor Signature 			
27. Fine Arts District?	☐ Yes ☒ No				
28. Raze Entire Building?	☒ Yes ☐ No				
29. Building Condemned?	☐ Yes ☒ No	34. Property Owner Signature 			
30a. Party Wall?	☒ Yes ☐ No				
31. Building Vacant?	☒ Yes ☐ No	30b. If yes, adjacent property owner signature is required. 			
32. Public Space Vault?	☐ Yes ☒ No				
Official Use Only					
		Fee	By	Date	

SECTION B. SUPPLEMENTAL RAZE OPERATIONS PERMIT

35. Raze Contractor's Name		36. Contractor's Address (including zip code)		37. Contractor's Phone	
38. Plumber's Name		39. Plumber's License Number		40. Raze Method (ball, bulldozer, by hand, etc.)	
1. You must submit a Certificate of Insurance covering the raze operation/contractor, unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises. 2. The Certificate should: - Show the holder of the insurance as: Deputy Director, Permit Division, 941 North Capitol St NE, Washington, DC 20002 - Include a 30-day advance notice cancellation clause. - Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000. - State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage. - If the insurance is for one specific address only, state that, "Razing Operations at _____ (address of raze operation)"					
41. Insurance Company		42. Policy or Certificate No.		43. Expiration Date	
44. Historic District?	☐ Yes ☒ No	52. Raze Contractor Signature 			
45. Fine Arts District?	☐ Yes ☒ No				
46. Raze Entire Building?	☒ Yes ☐ No				
47. Building Condemned?	☐ Yes ☒ No	53. Property Owner Signature 			
48a. Party Wall?	☒ Yes ☐ No				
		47b. If you answer yes, adjacent property owner must sign here. 47c. Any raze permit application for a building(s) involving party walls must include 2 copies of a plan that shows how the party wall(s) will be protected.			
49. Building Vacant?	☒ Yes ☐ No				
50. Public Space Vault?	☐ Yes ☒ No	Official Use Only			
51. Asbestos in Building? If yes, indicate location:	☐ Yes ☒ No				
		Fee	By	Date	

Government of the District of Columbia

Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration
Permit Processing Center

Date: JUNE 2 2008

Raze #: 08-130

Historic Preservation Division
801 North Capitol Street, NE/3rd Floor
Washington, DC 20002

Re: Request for clearance of premises subject to razing operations.

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Processing Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office in order to release the subject permit.

Address: 212 G ST NE

Occupied: NO

Lot: 41 **Square:** 752 **Type:** 2 STORY SFD

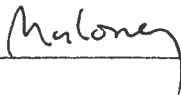
Please notify our office of the satisfactory completion of the research of your records by filling out the clearance section below and returning this form to the Permit Processing Division, DCRA, 941 North Capitol Street, NW Room 2100, Washington, DC 20002.

For information please contact Joseph Bembry
Email: joseph.bembry@dc.gov Fax: 202-442-4862

CLEARANCE

This is to inform you that we researched our records concerning the structure identified above and we have no objection to proceeding with the proposed razing of said structure.

Date: 7-24-08 Signature: 

Name of releasing HOP Official (print): 



GOVERNMENT OF THE DISTRICT OF COLUMBIA
APPLICATION FOR
RAZE PERMIT AND/OR SUPPLEMENTAL RAZING OPERATIONS PERMIT

Please type or print legibly in ink. Provide **detailed information**. Write N/A (non-applicable) for items that do not apply.
Erasing, crossing out, whiting out, or otherwise altering any entered information will **void this application**.
The owner of record must sign the application with an original signature.
Applicable code sections are in the 2003 DC Building Code Supplement Chapter I § 107.2.4 107.2.10 (5), and 110.1.

08-130

Application Date: April 28, 2008

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
212 G St. NE Washington, DC 20002		6	752		41

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Station Townhouses LLC	c/o Louis Dreyfus Property Group 1101 New York Ave NW #909 Wash, DC 20005	202/470-4900	sean.cahill@ldpg.us.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Louis Dreyfus Properties	c/o Louis Dreyfus Property Group 1101 New York Ave NW #909 Wash, DC 20005	202/470-4900	sean.cahill@ldpg.us.com

3. TYPE OF PERMIT

14. Check all that apply:

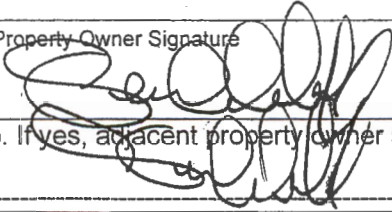
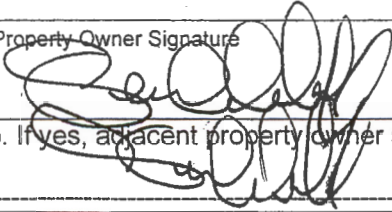
☒ Raze Permit ☐ Supplemental Razing Operations Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
2 story townhouse, 3 levels		2	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
vacant		Brick / wood frame	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
60'	14'	2 stories / 30 feet.	

OFFICIAL USE ONLY

SECTION A. RAZE PERMIT

23. Raze Contractor's Name		24. Contractor's Address (including zip code)		25. Contractor's Phone	
26. Historic District?	☐ Yes ☒ No	33. Raze Contractor Signature 			
27. Fine Arts District?	☐ Yes ☒ No				
28. Raze Entire Building?	☒ Yes ☐ No				
29. Building Condemned?	☐ Yes ☒ No				
30a. Party Wall?	☒ Yes ☐ No	34. Property Owner Signature  30b. If yes, adjacent property owner signature is required.			
31. Building Vacant?	☒ Yes ☐ No	Building must be vacant before Supplemental Raze Operations Permit issuance.			
32. Public Space Vault?	☐ Yes ☒ No	Official Use Only			
		Fee		By	Date

SECTION B. SUPPLEMENTAL RAZE OPERATIONS PERMIT

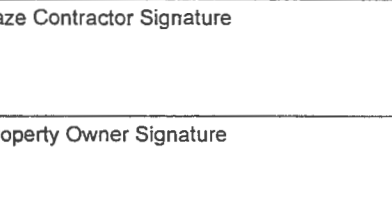
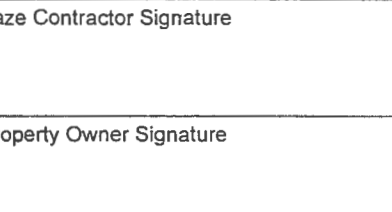
35. Raze Contractor's Name		36. Contractor's Address (including zip code)		37. Contractor's Phone	
38. Plumber's Name		39. Plumber's License Number		40. Raze Method (ball, bulldozer, by hand, etc.)	

1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

- Show the holder of the insurance as: Deputy Director, Permit Division, 941 North Capitol St NE, Washington, DC 20002
- Include a 30-day advance notice cancellation clause
- Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.
- State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage.
- If the insurance is for one specific address only, state that, "Razing Operations at _____

(address of raze operation)

41. Insurance Company		42. Policy or Certificate No.		43. Expiration Date	
44. Historic District?	☐ Yes ☒ No	52. Raze Contractor Signature 			
45. Fine Arts District?	☐ Yes ☒ No				
46. Raze Entire Building?	☒ Yes ☐ No				
47. Building Condemned?	☐ Yes ☒ No				
48a. Party Wall?	☒ Yes ☐ No	53. Property Owner Signature  47b. If you answer yes, adjacent property owner must sign here.			
		47c. Any raze permit application for a building(s) involving party walls must include 2 copies of a plan that shows how the party wall(s) will be protected.			
49. Building Vacant?	☒ Yes ☐ No	Building must be vacant before Supplemental Raze Operations Permit issuance.			
50. Public Space Vault?	☐ Yes ☒ No	Official Use Only			
51. Asbestos in Building? If yes, indicate location:	☐ Yes ☒ No	Fee		By	Date

Government of the District of Columbia

Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration
Permit Processing Center

Date: JUNE 2 2008

Raze #: 08-131

Historic Preservation Division
801 North Capitol Street, NE/3rd Floor
Washington, DC 20002

Re: Request for clearance of premises subject to razing operations.

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Processing Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office in order to release the subject permit.

Address: 214 G ST NE

Occupied: NO

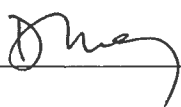
Lot: 801 **Square:** 752 **Type:** 3 STORY SFD

Please notify our office of the satisfactory completion of the research of your records by filling out the clearance section below and returning this form to the Permit Processing Division, DCRA, 941 North Capitol Street, NW Room 2100, Washington, DC 20002.

For information please contact Joseph Bembry
Email: joseph.bembry@dc.gov Fax: 202-442-4862

CLEARANCE

This is to inform you that we researched our records concerning the structure identified above and we have no objection to proceeding with the proposed razing of said structure.

Date: 7-24-08 Signature: 

Name of releasing HOP Official (print): Maloney

GOVERNMENT OF THE DISTRICT OF COLUMBIA
APPLICATION FOR
RAZE PERMIT AND/OR SUPPLEMENTAL RAZING OPERATIONS PERMIT

Please type or print legibly in ink. Provide **detailed information**. Write N/A (non-applicable) for items that do not apply.

Erasing, crossing out, whiting out, or otherwise altering any entered information will **void this application**.

The owner of record must sign the application with an original signature.

Applicable code sections are in the 2003 DC Building Code Supplement Chapter I § 107.2.4 107.2.10 (5), and 110.1.

Application Date: _____

1. INFORMATION ON PROPERTY

1. Address of Proposed Work 214 G Street, NE, Washington, DC 20002	2. Quad	3. Ward 6	4a. Square 752	4b. Suffix	5. Lot 801
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2. APPLICANT INFORMATION

6. Property Owner Station Townhouses LLC	7. Complete mailing address (include zip) c/o Louis Dreyfus Property Group 1101 New York Ave. NW #907 Wash, DC 20005	8. Phone Number(s) 202/470/4900	9. Email sean.cahill@ ldpg.us.com
10. Agent/Contractor for Owner (if applicable) Louis Dreyfus Properties LLC	11. Complete mailing address (include zip) c/o Louis Dreyfus Property Group 1101 New York Ave. NW #907 Wash, DC 20005	12. Phone Number(s) 202/470/4900	13. Email sean.cahill@ ldpg.us.com

3. TYPE OF PERMIT

14. Check all that apply:

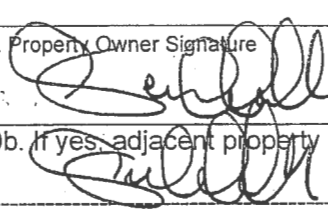
☒ Raze Permit ☐ Supplemental Razing Operations Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling) 3 level townhouse	16. Existing Number of Stories of Bldg: 2		
17. Use(s) of Property (specifically indicate if any use is residential.) Vacant, was residential	18. Materials of Building (brick, wood, etc.) Brick / Wood Frame		
19. Bldg Length (ft) 30'	20. Bldg Width (ft) 14'	21. Bldg Height (ft) 2 stories, 30 feet	22. Bldg Volume (cu ft) (L x W x H)

OFFICIAL USE ONLY

SECTION A. RAZE PERMIT

23. Raze Contractor's Name		24. Contractor's Address (including zip code)		25. Contractor's Phone	
26. Historic District?	☐ Yes ☒ No	33. Raze Contractor Signature 34. Property Owner Signature  30b. If yes, adjacent property owner signature is required. 			
27. Fine Arts District?	☐ Yes ☒ No				
28. Raze Entire Building?	☒ Yes ☐ No				
29. Building Condemned?	☐ Yes ☒ No				
30a. Party Wall?	☒ Yes ☐ No				
31. Building Vacant?	☒ Yes ☐ No	Building must be vacant before Supplemental Raze Operations Permit issuance.			
32. Public Space Vault?	☐ Yes ☒ No	Official Use Only			
		Fee	By	Date	

SECTION B. SUPPLEMENTAL RAZE OPERATIONS PERMIT

35. Raze Contractor's Name		36. Contractor's Address (including zip code)		37. Contractor's Phone	
38. Plumber's Name		39. Plumber's License Number		40. Raze Method (ball, bulldozer, by hand, etc.)	

1. You must submit a Certificate of Insurance covering the raze operation/contractor—unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:
- Show the holder of the insurance as: Deputy Director, Permit Division, 941 North Capitol St NE, Washington, DC 20002
 - Include a 30-day advance notice cancellation clause.
 - Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.
 - State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage.
 - If the insurance is for one specific address only, state that, "Razing Operations at _____ (address of raze operation)"

41. Insurance Company		42. Policy or Certificate No.		43. Expiration Date	
44. Historic District?	☐ Yes ☒ No	52. Raze Contractor Signature 53. Property Owner Signature 47b. If you answer yes, adjacent property owner must sign here. 47c. Any raze permit application for a building(s) involving party walls must include 2 copies of a plan that shows how the party wall(s) will be protected. Building must be vacant before Supplemental Raze Operations Permit issuance.			
45. Fine Arts District?	☐ Yes ☒ No				
46. Raze Entire Building?	☒ Yes ☐ No				
47. Building Condemned?	☐ Yes ☒ No				
48a. Party Wall?	☒ Yes ☐ No				
49. Building Vacant?	☒ Yes ☐ No				
50. Public Space Vault?	☐ Yes ☒ No	Official Use Only			
		Fee	By	Date	
51. Asbestos in Building? If yes, indicate location:		☐ Yes ☒ No			

Government of the District of Columbia

Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration
Permit Processing Center

Date: JUNE 2 2008

Raze #: 08-132

Historic Preservation Division
801 North Capitol Street, NE/3rd Floor
Washington, DC 20002

Re: Request for clearance of premises subject to razing operations.

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Processing Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office in order to release the subject permit.

Address: 216 G ST NE

Occupied: NO

Lot: 801 **Square:** 752 **Type:** 2 STORY SFD

Please notify our office of the satisfactory completion of the research of your records by filling out the clearance section below and returning this form to the Permit Processing Division, DCRA, 941 North Capitol Street, NW Room 2100, Washington, DC 20002.

For information please contact Joseph Bembry
Email: joseph.bembry@dc.gov Fax: 202-442-4862

CLEARANCE

This is to inform you that we researched our records concerning the structure identified above and we have no objection to proceeding with the proposed razing of said structure.

Date: 7-24-08 Signature: [Signature]

Name of releasing HOP Official (print): Maloney

GOVERNMENT OF THE DISTRICT OF COLUMBIA APPLICATION FOR RAZE PERMIT AND/OR SUPPLEMENTAL RAZING OPERATIONS PERMIT

Please type or print legibly in ink. Provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any entered information will **void this application**.

The owner of record must sign the application with an original signature.

Applicable code sections are in the 2003 DC Building Code Supplement Chapter I § 107.2.4 107.2.10 (5), and 110.1.

08-132

Application Date: _____

1. INFORMATION ON PROPERTY

1. Address of Proposed Work 216 G Street, NE	2. Quad	3. Ward 6	4a. Square 752	4b. Suffix	5. Lot 801
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2. APPLICANT INFORMATION

6. Property Owner Station Townhouses LLC	7. Complete mailing address (include zip) c/o LDPG 1101 New York Ave, N.W. #909 Wash, DC 20005-4213	8. Phone Number(s) 202-470-4900	9. Email sean.cahille@ldpg.us.com
10. Agent/Contractor for Owner (if applicable) Louis Dreyfus Properties LLC	11. Complete mailing address (include zip) c/o LDPG 1101 New York Ave NW #909	12. Phone Number(s) 202-470-4900	13. Email sean.cahille@ldpg.us.com

3. TYPE OF PERMIT

14. Check all that apply:



Raze Permit



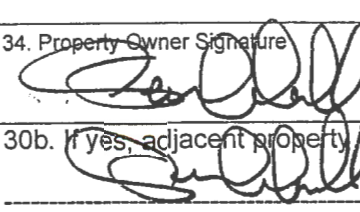
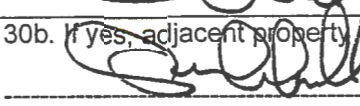
Supplemental Razing Operations Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling) 2 story brick townhouse, divided into 2 suites.		16. Existing Number of Stories of Bldg: 2	
17. Use(s) of Property (specifically indicate if any use is residential.) Business Use.		18. Materials of Building (brick, wood, etc.) Brick / Wood Frame	
19. Bldg Length (ft) 17'	20. Bldg Width (ft) 57'	21. Bldg Height (ft) 2 stories, 30 feet	22. Bldg Volume (cu ft) (L x W x H)

OFFICIAL USE ONLY

SECTION A. RAZE PERMIT

23. Raze Contractor's Name		24. Contractor's Address (including zip code)		25. Contractor's Phone	
26. Historic District?	☐ Yes ☒ No	33. Raze Contractor Signature 34. Property Owner Signature  30b. If yes, adjacent property owner signature is required. 			
27. Fine Arts District?	☐ Yes ☒ No				
28. Raze Entire Building?	☒ Yes ☐ No				
29. Building Condemned?	☐ Yes ☒ No				
30a. Party Wall?	☒ Yes ☐ No				
31. Building Vacant?	☐ Yes ☒ No	Building must be vacant before Supplemental Raze Operations Permit issuance.			
32. Public Space Vault?	☐ Yes ☒ No	Official Use Only			
		Fee	By	Date	

SECTION B. SUPPLEMENTAL RAZE OPERATIONS PERMIT

35. Raze Contractor's Name		36. Contractor's Address (including zip code)		37. Contractor's Phone	
38. Plumber's Name		39. Plumber's License Number		40. Raze Method (ball, bulldozer, by hand, etc.)	
1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises. 2. The Certificate should: - Show the holder of the insurance as: Deputy Director, Permit Division, 941 North Capitol St NE, Washington, DC 20002 - Include a 30-day advance notice cancellation clause. - Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000. - State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage. - If the insurance is for one specific address only, state that, "Razing Operations at _____" (address of raze operation)					
41. Insurance Company		42. Policy or Certificate No.		43. Expiration Date	
44. Historic District?	☐ Yes ☒ No	52. Raze Contractor Signature 53. Property Owner Signature 47b. If you answer yes, adjacent property owner must sign here. 47c. Any raze permit application for a building(s) involving party walls must include 2 copies of a plan that shows how the party wall(s) will be protected. Building must be vacant before Supplemental Raze Operations Permit issuance.			
45. Fine Arts District?	☐ Yes ☒ No				
46. Raze Entire Building?	☒ Yes ☐ No				
47. Building Condemned?	☐ Yes ☒ No				
48a. Party Wall?	☒ Yes ☐ No				
49. Building Vacant?	☐ Yes ☒ No				
50. Public Space Vault?	☐ Yes ☒ No	Official Use Only			
51. Asbestos in Building? If yes, indicate location:	☐ Yes ☒ No	Fee	By	Date	

Government of the District of Columbia

Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration
Permit Processing Center

Date: JUNE 2 2008

Raze #: 08-123

Historic Preservation Division
801 North Capitol Street, NE/3rd Floor
Washington, DC 20002

Re: Request for clearance of premises subject to razing operations.

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Processing Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office in order to release the subject permit.

Address: 717 2ND ST NE

Occupied: YES

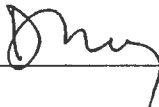
Lot: 48 **Square:** 752 **Type:** 3 STORY OFFICE COMPLEX

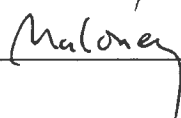
Please notify our office of the satisfactory completion of the research of your records by filling out the clearance section below and returning this form to the Permit Processing Division, DCRA, 941 North Capitol Street, NW Room 2100, Washington, DC 20002.

For information please contact Joseph Bemby
Email: joseph.bembry@dc.gov Fax: 202-442-4862

CLEARANCE

This is to inform you that we researched our records concerning the structure identified above and we have no objection to proceeding with the proposed razing of said structure.

Date: 7-24-08 Signature: 

Name of releasing HOP Official (print): 

GOVERNMENT OF THE DISTRICT OF COLUMBIA
APPLICATION FOR
RAZE PERMIT AND/OR SUPPLEMENTAL RAZING OPERATIONS PERMIT

Please type or print legibly in ink. Provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whitening out, or otherwise altering any entered information will **void this application**. The owner of record must sign the application with an original signature. Applicable code sections are in the 2003 DC Building Code Supplement Chapter I § 107.2.4 107.2.10 (5), and 110.1.

Application Date:

April 28, 2008

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
717 2 nd St. NE Washington, DC		G	752		0048

2. APPLICANT INFORMATION

6. Property Owner Station Townhouses LLC	7. Complete mailing address (include zip) 66 Louis Dryfus 1101 New York Ave NW #909 Wash, DC 20005	8. Phone Number(s) 202-470-4900	9. Email sean.cahille@ldpg.us.com
10. Agent/Contractor for Owner (if applicable) Louis Dryfus Properties LLC	11. Complete mailing address (include zip) c/o Louis Dryfus 1101 New York Ave NW #909 Wash, DC 20005	12. Phone Number(s) 202-470-4900	13. Email sean.cahille@ldpg.us.com

3. TYPE OF PERMIT

14. Check all that apply:



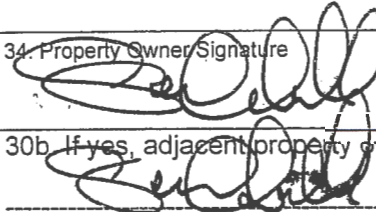
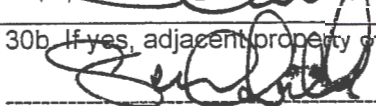
Raze Permit

☐ Supplemental Razing Operations Permit**4. DESCRIPTION OF BUILDING**

15. Description of Building to be Razed (e.g., two story brick single family dwelling) 3 level office complex, brick.		16. Existing Number of Stories of Bldg: 2 stories	
17. Use(s) of Property (specifically indicate if any use is residential.) Business use.		18. Materials of Building (brick, wood, etc.) Brick / Wood Frame	
19. Bldg Length (ft) 136'	20. Bldg Width (ft) 100'	21. Bldg Height (ft) 2 stories, 30 feet	22. Bldg Volume (cu ft) (L x W x H)

OFFICIAL USE ONLY

SECTION A. RAZE PERMIT

23. Raze Contractor's Name		24. Contractor's Address (including zip code)	25. Contractor's Phone
26. Historic District?	☐ Yes ☒ No	33. Raze Contractor Signature 34. Property Owner Signature  30b. If yes, adjacent property owner signature is required. 	
27. Fine Arts District?	☐ Yes ☒ No		
28. Raze Entire Building?	☒ Yes ☐ No		
29. Building Condemned?	☐ Yes ☒ No		
30a. Party Wall?	☒ Yes ☐ No		
31. Building Vacant?	☐ Yes ☒ No	Building must be vacant before Supplemental Raze Operations Permit issuance.	
32. Public Space Vault?	☐ Yes ☒ No	Official Use Only	
		Fee	By

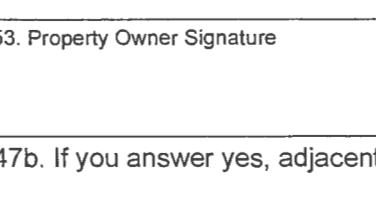
SECTION B. SUPPLEMENTAL RAZE OPERATIONS PERMIT

35. Raze Contractor's Name		36. Contractor's Address (including zip code)	37. Contractor's Phone
38. Plumber's Name		39. Plumber's License Number	40. Raze Method (ball, bulldozer, by hand, etc.)

1. You must submit a Certificate of Insurance covering the raze operation/contractor, unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

- Show the holder of the insurance as: Deputy Director, Permit Division, 941 North Capitol St NE, Washington, DC 20002
- Include a 30-day advance notice cancellation clause.
- Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.
- State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage.
- If the insurance is for one specific address only, state that, "Razing Operations at (address of raze operation)"

41. Insurance Company		42. Policy or Certificate No.	43. Expiration Date
44. Historic District?	☐ Yes ☒ No	52. Raze Contractor Signature 53. Property Owner Signature  47b. If you answer yes, adjacent property owner must sign here. 47c. Any raze permit application for a building(s) involving party walls must include 2 copies of a plan that shows how the party wall(s) will be protected.	
45. Fine Arts District?	☐ Yes ☒ No		
46. Raze Entire Building?	☒ Yes ☐ No		
47. Building Condemned?	☐ Yes ☒ No		
48a. Party Wall?	☐ Yes ☐ No		
49. Building Vacant?	☐ Yes ☒ No	Building must be vacant before Supplemental Raze Operations Permit issuance.	
50. Public Space Vault?	☐ Yes ☒ No	Official Use Only	
		Fee	By
51. Asbestos in Building? If yes, indicate location:			

Government of the District of Columbia

Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration
Permit Processing Center

Date: JUNE 2 2008

Raze #: 08-127

Historic Preservation Division
801 North Capitol Street, NE/3rd Floor
Washington, DC 20002

Re: Request for clearance of premises subject to razing operations.

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Processing Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office in order to release the subject permit.

Address: 721-727 2ND ST NE

Occupied: NO

Lot: 811-814 **Square:** 752 **Type:** 4/2 STORY SFD
Lot: 856

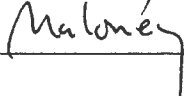
Please notify our office of the satisfactory completion of the research of your records by filling out the clearance section below and returning this form to the Permit Processing Division, DCRA, 941 North Capitol Street, NW Room 2100, Washington, DC 20002.

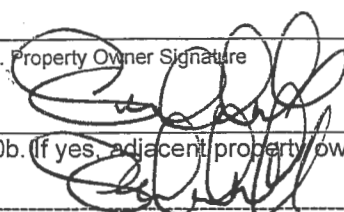
For information please contact Joseph Bembry
Email: joseph.bembry@dc.gov Fax: 202-442-4862

CLEARANCE

This is to inform you that we researched our records concerning the structure identified above and we have no objection to proceeding with the proposed razing of said structure.

Date: 7-24-08 Signature: 

Name of releasing HOP Official (print): 

SECTION A. RAZE PERMIT				
23. Raze Contractor's Name		24. Contractor's Address (including zip code)		25. Contractor's Phone
26. Historic District?	☐ Yes ☒ No	33. Raze Contractor Signature 34. Property Owner Signature  30b. (If yes, adjacent property owner signature is required.) _____		
27. Fine Arts District?	☐ Yes ☒ No			
28. Raze Entire Building?	☒ Yes ☐ No			
29. Building Condemned?	☐ Yes ☒ No			
30a. Party Wall?	☒ Yes ☐ No	Building must be vacant before Supplemental Raze Operations Permit issuance.		
31. Building Vacant?	☒ Yes ☐ No			
32. Public Space Vault?	☐ Yes ☒ No			
Official Use Only				
		Fee	By	Date

SECTION B. SUPPLEMENTAL RAZE OPERATIONS PERMIT					
35. Raze Contractor's Name		36. Contractor's Address (including zip code)		37. Contractor's Phone	
38. Plumber's Name		39. Plumber's License Number		40. Raze Method (ball, bulldozer, by hand, etc.)	
1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises. 2. The Certificate should: - Show the holder of the insurance as: Deputy Director, Permit Division, 941 North Capitol St NE, Washington, DC 20002 - Include a 30-day advance notice cancellation clause. - Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000. - State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage. - If the insurance is for one specific address only, state that, "Razing Operations at _____" (address of raze operation)					
41. Insurance Company		42. Policy or Certificate No.		43. Expiration Date	
44. Historic District?	☐ Yes ☒ No	52. Raze Contractor Signature 53. Property Owner Signature 47b. If you answer yes, adjacent property owner must sign here. 47c. Any raze permit application for a building(s) involving party walls must include 2 copies of a plan that shows how the party wall(s) will be protected.			
45. Fine Arts District?	☐ Yes ☒ No				
46. Raze Entire Building?	☒ Yes ☐ No				
47. Building Condemned?	☐ Yes ☒ No				
48a. Party Wall?	☒ Yes ☐ No	Building must be vacant before Supplemental Raze Operations Permit issuance.			
49. Building Vacant?	☒ Yes ☐ No				
50. Public Space Vault?	☐ Yes ☒ No				
Official Use Only					
51. Asbestos in Building? If yes, indicate location:		☐ Yes ☒ No	Fee	By	Date

Government of the District of Columbia

Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration
Permit Processing Center

Date: JUNE 2 2008

Raze #: 08-121

Historic Preservation Division
801 North Capitol Street, NE/3rd Floor
Washington, DC 20002

Re: Request for clearance of premises subject to razing operations.

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Processing Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office in order to release the subject permit.

Address: 729 2ND ST NE

Occupied: NO

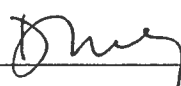
Lot: 857 **Square:** 752 **Type:** 2 STORY SFD

Please notify our office of the satisfactory completion of the research of your records by filling out the clearance section below and returning this form to the Permit Processing Division, DCRA, 941 North Capitol Street, NW Room 2100, Washington, DC 20002.

For information please contact Joseph Bemby
Email: joseph.bembry@dc.gov Fax: 202-442-4862

CLEARANCE

This is to inform you that we researched our records concerning the structure identified above and we have no objection to proceeding with the proposed razing of said structure.

Date: 7-24-08 Signature: 

Name of releasing HOP Official (print): Maloney



GOVERNMENT OF THE DISTRICT OF COLUMBIA
APPLICATION FOR
RAZE PERMIT AND/OR SUPPLEMENTAL RAZING OPERATIONS PERMIT

Please type or print legibly in ink. Provide **detailed information**. Write N/A (non-applicable) for items that do not apply.
Erasing, crossing out, whiting out, or otherwise altering any entered information will void this application.
The owner of record must sign the application with an original signature.
Applicable code sections are in the 2003 DC Building Code Supplement Chapter I § 107.2.4 107.2.10 (5), and 110.1.

Application Date: April 29, 2008

1. INFORMATION ON PROPERTY

1. Address of Proposed Work <u>729 2nd St. N.E.</u>	2. Quad	3. Ward <u>6</u>	4a. Square <u>752</u>	4b. Suffix	5. Lot <u>857</u>
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2. APPLICANT INFORMATION

6. Property Owner <u>Station Townhouses LLC</u>	7. Complete mailing address (include zip) <u>C/O Lewis Dryfus Property Group</u> <u>1101 New York Ave NW</u> <u>#909 Wash, DC 20005</u>	8. Phone Number(s) <u>202-470-4900</u>	9. Email <u>sean.cahill@ldpg.us.com</u>
10. Agent/Contractor for Owner (if applicable) <u>Lewis Dryfus Properties</u> <u>LLC</u>	11. Complete mailing address (include zip) <u>c/o LDPG</u> <u>1101 New York Ave NW</u> <u>WASH, DC 20005</u>	12. Phone Number(s) <u>202-470-4900</u>	13. Email <u>sean.cahill@ldpg.us.com</u>

3. TYPE OF PERMIT

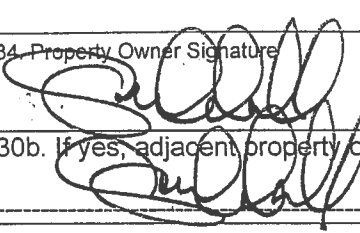
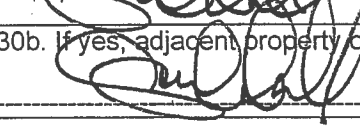
14. Check all that apply: ☒ Raze Permit ☐ Supplemental Razing Operations Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling) <u>vacant white brick townhouse</u>		16. Existing Number of Stories of Bldg: <u>2</u>	
17. Use(s) of Property (specifically indicate if any use is residential.) <u>VACANT</u>		18. Materials of Building (brick, wood, etc.) <u>brick / wood frame</u>	
19. Bldg Length (ft) <u>64'</u>	20. Bldg Width (ft) <u>15'</u>	21. Bldg Height (ft) <u>30 feet, 2 stories</u>	22. Bldg Volume (cu ft) (L x W x H)

OFFICIAL USE ONLY

SECTION A. RAZE PERMIT

23. Raze Contractor's Name		24. Contractor's Address (including zip code)		25. Contractor's Phone	
26. Historic District?		☐ Yes ☒ No		33. Raze Contractor Signature 34. Property Owner Signature  30b. If yes, adjacent property owner signature is required. 	
27. Fine Arts District?		☐ Yes ☒ No			
28. Raze Entire Building?		☒ Yes ☐ No			
29. Building Condemned?		☐ Yes ☒ No			
30a. Party Wall?		☒ Yes ☐ No			
31. Building Vacant?		☒ Yes ☐ No		Building must be vacant before Supplemental Raze Operations Permit issuance.	
32. Public Space Vault?		☐ Yes ☒ No		Official Use Only	
				Fee	By
				Date	

SECTION B. SUPPLEMENTAL RAZE OPERATIONS PERMIT

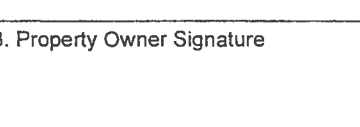
35. Raze Contractor's Name		36. Contractor's Address (including zip code)		37. Contractor's Phone	
38. Plumber's Name		39. Plumber's License Number		40. Raze Method (ball, bulldozer, by hand, etc.)	

1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

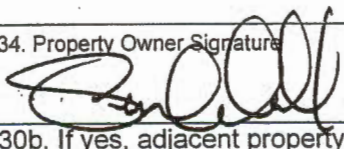
2. The Certificate should:

- Show the holder of the insurance as: Deputy Director, Permit Division, 941 North Capitol St NE, Washington, DC 20002
- Include a 30-day advance notice cancellation clause.
- Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.
- State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage.
- If the insurance is for one specific address only, state that, "Razing Operations at _____"

(address of raze operation)

41. Insurance Company		42. Policy or Certificate No.		43. Expiration Date	
44. Historic District?		☐ Yes ☒ No		52. Raze Contractor Signature 53. Property Owner Signature 	
45. Fine Arts District?		☐ Yes ☒ No			
46. Raze Entire Building?		☒ Yes ☐ No			
47. Building Condemned?		☐ Yes ☒ No			
48a. Party Wall?		☒ Yes ☐ No		47b. If you answer yes, adjacent property owner must sign here.	
				47c. Any raze permit application for a building(s) involving party walls must include 2 copies of a plan that shows how the party wall(s) will be protected.	
49. Building Vacant?		☒ Yes ☐ No		Building must be vacant before Supplemental Raze Operations Permit issuance.	
50. Public Space Vault?		☐ Yes ☒ No		Official Use Only	
51. Asbestos in Building? If yes, indicate location:		☐ Yes ☒ No		Fee	By
				Date	

SECTION A. RAZE PERMIT

23. Raze Contractor's Name		24. Contractor's Address (including zip code)		25. Contractor's Phone	
26. Historic District?	☐ Yes ☒ No	33. Raze Contractor Signature 34. Property Owner Signature  30b. If yes, adjacent property owner signature is required.			
27. Fine Arts District?	☐ Yes ☒ No				
28. Raze Entire Building?	☒ Yes ☐ No				
29. Building Condemned?	☐ Yes ☒ No				
30a. Party Wall?	☐ Yes ☒ No				
31. Building Vacant?	☐ Yes ☒ No	Building must be vacant before Supplemental Raze Operations Permit issuance.			
32. Public Space Vault?	☐ Yes ☒ No	Official Use Only			
		Fee	By	Date	

SECTION B. SUPPLEMENTAL RAZE OPERATIONS PERMIT

35. Raze Contractor's Name		36. Contractor's Address (including zip code)		37. Contractor's Phone	
38. Plumber's Name		39. Plumber's License Number		40. Raze Method (ball, bulldozer, by hand, etc.)	

1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one-story, wholly detached from any other building on the same or adjoining premises.
2. The Certificate should:
- Show the holder of the insurance as: Deputy Director, Permit Division, 941 North Capitol St NE, Washington, DC 20002
 - Include a 30-day advance notice cancellation clause.
 - Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.
 - State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage.
 - If the insurance is for one specific address only, state that, "Razing Operations at _____
(address of raze operation)"

41. Insurance Company		42. Policy or Certificate No.		43. Expiration Date	
44. Historic District?	☐ Yes ☒ No	52. Raze Contractor Signature 53. Property Owner Signature			
45. Fine Arts District?	☐ Yes ☒ No				
46. Raze Entire Building?	☒ Yes ☐ No				
47. Building Condemned?	☐ Yes ☒ No				
48a. Party Wall?	☐ Yes ☐ No	47b. If you answer yes, adjacent property owner must sign here. 47c. Any raze permit application for a building(s) involving party walls must include 2 copies of a plan that shows how the party wall(s) will be protected.			
49. Building Vacant?	☐ Yes ☒ No	Building must be vacant before Supplemental Raze Operations Permit issuance.			
50. Public Space Vault?	☐ Yes ☒ No	Official Use Only			
51. Asbestos in Building? If yes, indicate location:	☐ Yes ☒ No	Fee	By	Date	



GOVERNMENT OF THE DISTRICT OF COLUMBIA
APPLICATION FOR
RAZE PERMIT AND/OR SUPPLEMENTAL RAZING OPERATIONS PERMIT

Please type or print legibly in ink. Provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any entered information will **void this application**. The owner of record must sign the application with an original signature. Applicable code sections are in the 2003 DC Building Code Supplement Chapter I § 107.2.4 107.2.10 (5), and 110.1.

08-124

Application Date: April 28, 2008

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
200 G Street NE, Wash.		6	752		2001, 2002, 2003

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Station Townhouses LLC	c/o Louis Dreyfus Property Group 1101 New York Ave NW #901 Wash, DC 20005	202-470-4900	sean.cahille@ldpg.us.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Louis Dreyfus Properties, LLC	c/o Louis Dreyfus Property Group 1101 New York Ave NW #901 Wash, DC 20005	202-470-4900	sean.cahille@ldpg.us.com

3. TYPE OF PERMIT

14. Check all that apply:



Raze Permit

☐ Supplemental Razing Operations Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:		
Three connected townhouses used as office space.	2		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Business.	Brick / Wood Frame		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
20'	60'	2 stories, 30 feet.	

OFFICIAL USE ONLY

Government of the District of Columbia

Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration
Permit Processing Center

Date: JUNE 2 2008

Raze #: 08-124

Historic Preservation Division
801 North Capitol Street, NE/3rd Floor
Washington, DC 20002

Re: Request for clearance of premises subject to razing operations.

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Processing Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office in order to release the subject permit.

Address: 200 G ST NE

Occupied: YES

Lot: 2001-2003 **Square:** 752 **Type:** 3/2 STORY OFFICE

Please notify our office of the satisfactory completion of the research of your records by filling out the clearance section below and returning this form to the Permit Processing Division, DCRA 941 North Capitol Street, NW Room 2100, Washington, DC 20002.

For information please contact Joseph Bembry
Email: joseph.bembry@dc.gov Fax: 202-442-4862

CLEARANCE

This is to inform you that we researched our records concerning the structure identified above and we have no objection to proceeding with the proposed razing of said structure.

Date: 7-27-08 Signature: [Signature]

Name of releasing HOP Official (print): [Signature]