PRE-FILE NUMBERS		ZONING DISTRICT	FILE NUMBER	PERMIT NUMBER	
P.A.D.C. No.:	O.G. No.:	R-4			By:
H.P.A. No.:	S.L. No.:	Ward No.:	Receipt No.:	Date:	Receipt No.:

★ ★ ★ GOVERNMENT OF THE DISTRICT OF COLUMBIA

BLRA-33 (Rev. 10/91)

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUILDING AND LAND REGULATION ADMINISTRATION; PERMIT PROCESSING DIVISION (727-7050)

APPLICATION FOR CONSTRUCTION PERMITS ON PRIVATE PROPERTY

246 A

(PRINT IN INK OR TYPE; DO NOT WRITE IN SHADED AREAS OR ON PAGE 4)

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 27

1. Address of Proposed Work:	Suite No.:	2. Lot:	3. Square:	4. Application Date:
3500 MARTIN LUTHER KING JR AVE. SE.		47	PARCEL 243	

5. Owner of Building or Property:	6. Address: *(include Zip)*	7. Phone:
D.C. GOVERNMENT OFFICE OF PROTECTIVE MGMT	2000 14TH ST. NW. WASHINGTON, DC 20009	Work: 202-671-2804 Home:
8. Agent for Owner: *(if applicable)*	**9. Address: *(include Zip)***	**10. Phone:**
BAKER COOPER & ASSOC P.C	4000 ALBEMARLE ST. NW #301 WASHINGTON, DC 20016	Work: 202-362-7879 Home:

11. Type of Proposed Work *(check all applicable boxes)*:

- ☑ New Building
- ☐ Addition
- ☐ Alteration and Repair
- ☐ Raze Building
- ☐ Retaining Wall
- ☐ Fence
- ☐ Shed
- ☐ Awning
- ☐ Garage
- ☐ Sign
- ☐ Other *(Specify)* _____

12. Description of Proposed Work:
CONSTRUCT - 11,410 GROSS S.F. SINGLE STORY BUILDING W/ STEEL FRAME STRUCTURE SYSTEM. INCLUDING 6 ADMIN. OFFICES, RECEPTION, HEALTH EDUCATION, READING / MEDITATION, COMPUTER TRAINING, GAME ROOM KITCHEN, MULTI-PURPOSE, M & W TOILETS & LOCKER ROOMS, MASSAGE, INTAKE OFFICE, HEALTH / FITNESS ROOM & DIRECTOR HEALTH / FITNESS OFFICE BRICK CAVITY WALLS, STANDING SEAM ROOF

13. Existing Use(s) of Building or Property:	14. Ex. No. of Stories of Bldg.:	15. Ex. No. of Dwelling Units:	**Official Use Only** Miscellaneous FEE $ By: Date:
N/A	N/A	N/A	
16. Proposed Use(s) of Building or Property:	**17. Prop. No. of Stories of Bldg.:**	**18. Prop. No. of Dwelling Units:**	
ELDERLY DAY CARE CENTER	1	N/A	

19. Starting Date of Work:	20. Completion Date of Work:	21. Method of Removing Construction Debris:	22. Does the proposed work involve **disturbing the earth** or razing a building?
AUGUST 2000	APRIL 2001	☐ Pick-up Truck ☑ Dumpster ☐ Other *(specify)*:	☑ Yes, answer **q. 23** ☐ No, SKIP **q. 23-27**

23. Is the area of disturbed earth more than 50 sq. ft.?	24. Soil Erosion Control Methods:	25. Area of Offsite Drainage:	26. No. of Footings or Columns:	27. Size of Footings of Columns:
☑ Yes, answer **q. 24-25** ☐ No, SKIP **q. 24-25**	STRAW BALE DIKES, PORT. SEDIMENT TANKS, STAB. CONST. ENT. & SILT FENCES	sq. ft.	32	16 SQ. FT & 25 SQ. FT sq. ft.

ALWAYS SIGN THE APPLICATION ON PAGE 3 (SECTION I).

Complete Section B if the proposed work is **new building, addition or alteration.** (Page 2)
Complete Section C if the proposed work is **razing a building.** (Page 2)
Complete Section D if the proposed work is a **retaining wall.** (Page 2)
Complete Section E if the proposed work is a **fence.** (Page 3)
Complete Section F if the proposed work is a **shed/garage.** (Page 3)
Complete Section G if the proposed work is an **awning.** (Page 3)
Complete Section H if the proposed work is a **sign.** (Page 3)

BZA Case No. 16630
Exhibit No. 4

OFFICIAL USE ONLY

	R	P	H	A	
M					
P					
E					☐ Yes ☐ No
F					PLANS
S					☐ No ☐ Sm. ☐ Lg.

Board of Zoning Adjustment
District of Columbia
CASE NO. 16630
EXHIBIT NO. 4

2-0307 wd-375

(B) NEW BUILDING, ADDITION, & ALTERATION (COMPLETE ITEMS 28 THRU 60)

28. Architect's Name:	29. Lic. No.:	30. Architect's Address: *(include Zip)*	31. Phone:
PHILIP S. COOPER	A2116	4828 WISCONSIN AVE NW #300 WASHINGTON DC 20016	202 362-7879
32. Engineer's Name:	**33. Lic. No.:**	**34. Engineer's Address: *(include Zip)***	**35. Phone:**
J. VINCENTE PEDRAZA		1435 WISCONSIN AVE NW #400 WASHINGTON DC 20016	202 362-3051
36. Building Contractor's Name:	**36A. Lic. No.:**	**37. Contractor's Address:**	**38. Phone:**
UNKNOWN			

39. Type of Construction	40. Fire Suppression:	41. Booster Pump:	42. Total Lot Area:	43. Breakdown of Lot Area (= 100%):
☑ Masonry ☑ Steel ☐ Wood ☐ Other: ☐ Concrete	☑ Fully Sprinklered ☐ Standpipe System ☐ Partially Sprinklered ☐ None ☐ Other:	☑ New ☐ Existing ☐ None	139,304.9 sq. ft.	a. Building: 8.2 % b. Paved Area: 8.8 % c. Greenery: 83 %

44. Present Gross Floor Area of Bldg.:	45. Proposed Gross Floor Area of Bldg:	46. Floors involved in this permit:	47. **Projection beyond building line?**
sq. ft.	11,410 sq. ft.	☑ All ☐ Floors _____	☐ Yes, answer **q. 48-52** ☑ No, SKIP **q. 48-52**

48. Number and type of **projection:**	49. Distance of **projection:**	50. Width of **projection:**	51. Width of building frontage: ft. 52. Signature of Owner **(projection only):**

53. Water or Sewer Excavation?	54. Driveway Construction?	55. Sheeting/Shoring Necessary?	56. Elevators involved?	57. No. and type of elev.:	58. Plans Certified by Engineer?
☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes, answer **q. 57** ☑ No, SKIP **q. 57**		☑ Yes, cert. is attached ☐ No

59. Estimated Cost of Work:
(a) New/Add.: $ 1,500,000 —
(b) Alt/Rep.: $ —
Total: $ 1,500,000 —

60. Volume of New Bldg. or Addition: 165,300 cubic ft. ±

OFFICIAL USE ONLY

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

(C) RAZING A BUILDING (COMPLETE ITEMS 61 THRU 83)

61. Raze Contractor's Name:	62. Contractor's Address: *(include Zip)*	63. Phone:
N/A	—	—

64. Insurance Company:	65. Policy or Certif. No.:	66. Expir. Date:	67. Raze Method:
—	—	—	—

68. Building Material:	69. Raze Entire Building?	70. Building Condemned?	70A. Building Vacant?	71. Public Space Vault?	72. Disconnect Water and/or Sewer?	73. Size of Water Connection:
—	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	in.

74. Plumber's Name:	75. Lic. No.	76. Length:	77. Width:	78. Height:	79. Volume:	80. Party Wall?
—	—	— ft.	— ft.	— ft.	— cu. ft.	☐ Yes ☐ No

81. Asbestos in the Building?	82. Raze Contractor Signature:	**OFFICIAL USE ONLY**		
☐ No ☐ Yes, Location N/A	—	FEE	By:	Date:
	83. Owner's Signature:	$		

(D) RETAINING WALL (COMPLETE ITEMS 84 THRU 93)

The retaining wall will not obstruct any accessible parking required by D.C. Zoning Regulations

84. Cost of Work:	85. Material:	86. Height:	87. Color:	88. Location:
$ —	—	— ft.	—	☐ Entirely on Owner's Land ☐ Party Line with Adjacent Neighboring Land*

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

89. Signature of Adjoining Owner:	90. Phone: Work — Home	**OFFICIAL USE ONLY**		
—		FEE	By:	Date:
91. Address of Adjoining Owner: —	92. Lot: —	93. Square: —	$	

(E) FENCE (COMPLETE ITEMS 94 THRU 102) The fence will not obstruct any accessible parking required by D.C. Zoning Regulations

94. Material and type:	95. Height:	96. Color:	97. Location:
—	— ft.	—	☐ Entirely on Owner's Land ☐ Party Line with Adjacent Neighboring Land *

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

98. Signature of Adjoining Owner:	99. Phone: Work — Home —	OFFICIAL USE ONLY: FEE	By:	Date:
100. Address of Adjoining Owner: —	101. Lot: —	102. Square: —	$		

(F) SHED OR GARAGE (COMPLETE ITEMS 103 THRU 113)

103. Number:	104. Length:	105. Width:	106. Area:	107. Height:	108. Volume:	109. Estimated Cost of Work:	OFFICIAL USE ONLY FEE $	By:	Date:
—	— ft.	— ft.	— sq. ft.	— ft.	— cu. ft.	$ —			

110. Material of Roof:	111. Material of Sides:	112. Wall thickness::	113. Color:
—	—	☐ External ( ) inches ☐ Party ( ) inches	—

(G) AWNING (COMPLETE ITEMS 114 THRU 123)

114. Number:	115. Color:	116. Type: —	117. Projections: —	118. Height of lowest part of awning:	OFFICIAL USE ONLY FEE $	By:	Date:
—	—	☐ Folding ☐ Fixed	Beyond bldg. line ____ in. Beyond pt. of attachm. ____ in.	(a) — ft above sidewalk (b) ____ ft above parking (c) ____ ft above grade			

119. Material of Frame:	120. Material of Covering:	121. Lettering on Awning?	122. Fixed posts?	123. Over sidewalk cafe?
—	—	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No

(H) SIGN (COMPLETE ITEMS 124 THRU 144)

124. Number:	125. Electric Signs?	126. Type:	127. Power	128. Electrical Contractor:
ONE	☐ Yes, answer **q. 126-132** ☑ No, SKIP **q. 126-132**	☐ Incandes. ☐ Fluoresc. ☐ Neon	____ VA	Lic. No.:

129. Address of Electrical Contractor *(include Zip)*	130. Signature of Licensed Electrician:	131. Phone:	132. License No.:

133. Height relative to building and ground:	134. Material of Sign:	135. Type of Sign:	136. Color:
(a) ____ ft ____ in above sidewalk (b) ____ ft ____ in above roof (c) ____ ft ____ in is bldg height (d) ____ ft ____ in above projection or window (e) ____ ft ____ in from roof to sign's bottom			

137. Width:	138. Length:	139. Area of Sign:	140. Width of Business Frontage:
ft.	ft.	sq. ft.	ft.

141. C of O Number for Building:	142. Sign Contractor Lic. No.:	OFFICIAL USE ONLY Sign FEE	Elect. FEE	Total FEE
		$	$	$ 140
		By: Date:	By: Date:	BY: Date:

143. Sign Contractor's Address:	144. Phone:

(I) 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; and 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: 2000 14TH ST. N.W. WASHINGTON, DC 20009 Date:_____

(J) APPROVALS (DO NOT WRITE ON THIS PAGE; OFFICIAL USE ONLY):

A. PERMIT CONTROL

- ☐ 1. Fine Arts by: _____ Date: _____
- ☐ 2. Historic by: _____ Date: _____
- ☐ 3. PADC by: _____ Date: _____
- ☐ 4. Cap. Gateway by: _____ Date: _____
- ☐ 5. W.H./Obs. Precinct by: _____ Date: _____
- ☐ 6. Flood Control by: _____ Date: _____
- ☐ 7. WMATA by: _____ Date: _____
- ☐ 8. Condem. by: _____ Date: _____
- ☐ 9. RLA by: _____ Date: _____
- ☐ 10. Rental Accom. by: _____ Date: _____
- ☐ 11. Chinatown Distr. by: _____ Date: _____
- ☐ 12. Utility Clearance by: _____ Date: _____
- ☐ 13. General Liability Ins. Policy Clearance by: _____ Date: _____

B. CLEARANCE TO FILE PLANS

- ☐ 1. Zoning by: _____ Date: _____
- ☐ 2. DPW — Permit and Records Division
  Access to Parking Street ☐ Street ☐ Alley
  Cleared by: _____ Date: _____
- ☐ 3. DPW - Consumer Engineer
  Cleared by: _____ Date: _____
- ☐ 4. ERA - Erosion Control
  Cleared by: _____ Date: _____

Restrictions of the Permit:

C. PLANS AND APPLICATION APPROVAL

- ☐ 1. Information Counter by: _____ Date: _____
- ☐ 2. Information Center by: _____ Date: _____
  - ☐ (a) ABC Board by: _____ Date: _____
  - ☐ (b) Noise Control by: _____ Date: _____
  - ☐ (c) Industrial Safety by: _____ Date: _____
  - ☐ (d) Vector Control by: _____ Date: _____
  - ☐ (e) D.C. Animal by: _____ Date: _____
  - ☐ (f) Police Dept. by: _____ Date: _____
- ☐ 3. Zoning by: _____ Date: _____
  Zoning Update by: _____ Date: _____
- ☐ 4. DPW - Permit and Records Division/Deposit #
  Sidewalk Deposit $_____ Driveway Deposit $_____
  by: _____ Date: _____
- ☐ 5. Water/Sewer Design Branch
  Consumer Eng. by: _____ Date: _____
- ☐ 6. Environmental Regulation Administration
  - ☐ Environmental Policy Review
    Control No.: _____
    by: _____ Date: _____
  - ☐ Erosion Control by: _____ Date: _____
  - ☐ Storm Water Mgmt. by: _____ Date: _____
    Plan No. _____
- ☐ 7. Mechanical Eng. Review by: _____ Date: _____
- ☐ 8. Plumbing Eng. Review by: _____ Date: _____
- ☐ 9. Electrical Eng. Review by: _____ Date: _____
- ☐ 10. Health Plan Review
  - ☐ (a) Food Plan Review by: _____ Date: _____
  - ☐ (b) Medical X-ray Plan Rev.
    by: _____ Date: _____
- ☐ 11. D.C. Fire Dept. (Fire Prevention Plan Review Section)
  by: _____ Date: _____
- ☐ 12. Elevator Plan Rev. Sec. by: _____ Date: _____
- ☐ 13. Plumbing Insp. Rev. by: _____ Date: _____
- ☐ 14. Construction Insp. Branch (Field Check)
  by: _____ Date: _____
- ☐ 15. Historic Pres. Div. by: _____ Date: _____
- ☐ 16. Structural Eng. by: _____ Date: _____
- ☐ 17. Permit and Certificate Issuance Counter
  By: _____ Date: _____
- ☐ 18. Q.C. By: _____ Date: _____

TO REPORT WASTE, FRAUD, OR ABUSE BY ANY D.C. GOVERNMENT OFFICE OR OFFICIAL, CALL THE D.C. INSPECTOR GENERAL AT 1-800-521-1639

ZONING

C of O Number _____ Date _____
Existing Use(s) _____

- ☐ New bldg.
- ☐ P.O.D.
- ☐ File in room 329

Job No.:	BZA Case No.:	PUD Order No.:

DPW — PUBLIC SPACE

Street Name: _____
Street Width: _____
Road Width: _____
Sidewalk Width: _____
Parking: _____
Restrictions: _____

DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH ADMINISTRATION
BUREAU OF HAZARDOUS MATERIAL AND TOXIC SUBSTANCES
RISK ASSESSMENT, REMEDIATION, AND CERTIFICATION DIVISION (RARCD)
LEAD HAZARD CONTROL QUESTIONNAIRE

Project Address: 3580 MARTIN LUTHER KING JR AVE. S.E.

D.C. GOVT OFFICE ON AGING 441 4TH ST N.W WASH. D.C.
Name of owner Address of owner

Phone #202-727-8370 Square #: 47 Lot # PARCEL 243 Ward # 8

Note: Please answer all questions by checking "**YES**" or "**NO**". If you answer "**YES**" to any question, contact the Risk Assessment, Remediation, and Certification Division at 51 N Street, N.E., 3rd Floor or call (202) 535-2637 for a lead abatement permit application.

SCOPE OF PROJECT	YES	NO	COMMENTS	*(For official use only)* RARCD REMARKS
Does the proposed project generate lead dust/ debris?		✓		
Does the proposed project involve encapsulating lead-based paint?		✓		
Does the proposed project involve dry sanding /scraping of painted surfaces?		✓		
Does the proposed project involve the use of power washing?		✓		
Does the proposed project involve welding on painted surfaces?		✓		
Does the proposed project involve door and window repairs/ replacement?		✓		
Does the proposed project involve baseboard, siding, casing and trim replacement?		✓		
Has a child, who resides or regularly visits this address, been identified as lead poisoned?		✓		

AFFIDAVIT

I hereby certify that I have the authority to represent the owner of the property and to answer this questionnaire. I declare that the answers to the above questions are accurate, true and complete to the best of my knowledge.

Signature Virgil L Gr Date

Name (Print) VIRGIL L. GREEN

For Official Government Use Only

PERMIT REQUIRED YES ☐ NO ☐

Reviewed By *Date*

DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH ADMINISTRATION
CONSTRUCTION PERMIT APPLICATION – SUPPLEMENTAL FORM – ENVIRONMENTAL QUESTIONNAIRE

PROJECT ADDRESS: 3500 M.L.K. JR. AVE. S.E. LOT: 47 PARCEL SQUARE: 247

PROJECT DESCRIPTION: ELDERLY DAY CARE CENTER

Note: please answer all 11 questions in this questionnaire, by checking either column "Yes" or "No" for each question. If you answer "Yes" to any of the questions 1 - 10, you should contact the corresponding office(s) indicated in column 'contact person/office' as soon as possible. If you answer "Yes" to question 11, please follow the instructions in the column 'contact person/office'. Until this application is reviewed and approved by the concerned office(s), the permit will not be issued.

SCOPE OF PROJECT	YES	NO	CONTACT PERSON/OFFICE	OFFICE USE (Initial/Date)
1. Does the total cost of the project exceed $1 million (based on 1989 dollars)? In 2000, this cost is $1,380,000. This does not apply if the project is an internal renovation only and there will be no change in the use of the building.	✓		(202) 535-2289, EIS Coordinator, EHA	
2. Will the proposed use involve the construction of a facility for the handling, transfer, storage, disposal or treatment of solid waste, medical waste, or recyclable materials?		✓	(202) 535-2289, EIS Coordinator, EHA	
3. Will the work to be performed involve the assessment or clean-up of soils associated with the release of materials from an underground storage tank (UST)?		✓	(202) 535-2525, Underground Storage Tank Division, EHA (202) 535-2250, Air Quality Division, EHA	
4. Will the work to be performed involve the assessment or clean-up of groundwater associated with the release of materials from an underground storage tank (UST)?		✓	(202) 535-2525, Underground Storage Tank Division, EHA (202) 535-2190, Water Quality Division, EHA (202) 535-2250, Air Quality Division, EHA	
5. Will the proposed project involve the installation or drilling of wells other than for the purposes stated in questions 3 and 4?		✓	(202) 535-2190, Water Quality Division, EHA	
6. Will the proposed project involve the generation, treatment, storage, disposal or transportation of chemicals or other substances which may be considered hazardous?		✓	(202) 535-2290, Hazardous Waste Division, EHA	
7. Will the proposed project involve construction which will disturb the sediment in rivers, streams or wetlands?		✓	(202) 535-2190, Water Quality Division, EHA	
8. Will the work to be performed involve the installation, removal, abandonment, or repair of an underground storage tank (UST) system?		✓	(202) 535-2525, Underground Storage Tank Division, EHA	
9. Will the proposed project result in the discharge into the air of gases, dust, or the creation of any objectionable odors?		✓	(202) 535-2250, Air Quality Division, EHA	
10. Will the proposed project involve the removal, handling, transportation, disposal, or encapsulation of asbestos? **Please bring with you a copy of your asbestos survey, ten-day notification form, and asbestos abatement permit fee		✓	(202) 535-2250, Air Quality Division, EHA	
11. Was the building built before 1978? (Lead-based paint may be present.)		✓	If you answer "Yes" to this question, please answer the questions and follow the instructions on the "Lead Hazard Control Questionnaire" to determine if you need a permit to conduct a Lead Abatement Project.	

AFFIDAVIT

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

Signature Virgil L. Green Name (print) VIRGIL L. GREEN

Address 2000 14TH ST. NW, WASH. DC 20009 Date _____ Phone 202-671-2804

OFFICE USE ONLY

COMMENTS AND PERMIT RESTRICTIONS: _____

(USE REVERSE IF NECESSARY)