PRE-FILE NUMBERS		ZONING DISTRICT	FILE NUMBER	PERMIT NUMBER	
P.A.D.C. No.:	O.G. No.: R	2			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 (727-7

APPLICATION FOR CONSTRUCTION PERMITS ON PRIVATE PROPERTY

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

115D

BZA

CLEARANCE TO FILE
By: Date:

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

(A) ALL APPLICANTS MUST COMPLETE ITEMS 1 THRU 27

1. Address of Proposed Work:	Suite No.:	2. Lot:	3. Square:	Application Date:
1015 48th St NE. Wash. DC 20019		9	5153	1-25-2009

5. Owner of Building or Property:	6. Address: *(include Zip)*	Phone:
Terence L Pinckney	1015 48th St N.E Washington DC 20019	Work: 962-5360 ext 202 Home: 904-0890

8. Agent for Owner: *(if applicable)*	9. Address: *(include Zip)*	10. Phone: Work: 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:

Replace interior drywalls, Reform with studs, Install new electrial Fixtures, plumbing Fixtures and Deck.

UNSTABLE SOILS
SOILS REPORT REQUIRED

RECEIVED D.C. OFFICE OF 2009 FEB 20 PM

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:
SFD	2 + Bsm.	1	
16. Proposed Use(s) of Building or Property:	**17. Prop. No. of Stories of Bldg.:**	**18. Prop. No. of Dwelling Units:**	
same	2 + Bsm	1	

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?
		☑ 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**		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. 16708
Exhibit No. 4

OFFICIAL USE ONLY				
	R	P	H	A
M				
P				
E				
F				
S				

Board of Zoning Adjustment
District of Columbia
CASE NO.16708
EXHIBIT NO.4

☐ Yes ☐ No PLANS
☐ No
☐ Sm. ☐ Lg.

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:
32. Engineer's Name:	33. Lic. No.:	34. Engineer's Address: *(include Zip)*	35. Phone:
36. Building Contractor's Name:	36A. Lic. No.:	37. Contractor's Address:	38. Phone:

39. Type of Construction:
☐ Masonry ☐ Steel
☒ Wood ☐ Other:
☒ Concrete

40. Fire Suppression:
☐ Fully Sprinklered ☐ Standpipe System
☐ Partially Sprinklered ☒ None
☐ Other: _____

41. Booster Pump:
☐ New
☐ Existing
☐ None

42. Total Lot Area: _____ sq. ft.

43. Breakdown of Lot Area (= 100%):
a. Building: _____ %
b. Paved Area: _____ %
c. Greenery: _____ %

44. Present Gross Floor Area of Bldg.: 1200 sq. ft.

45. Proposed Gross Floor Area of Bldg: 1200 sq. ft.

46. Floors involved in this permit:
☐ All ☒ Floors 2

47. Projection beyond building line?
☐ 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?
☐ Yes
☒ No

54. Driveway Construction?
☐ Yes
☒ No

55. Sheeting/Shoring Necessary?
☐ Yes
☒ No

56. Elevators involved?
☐ Yes, answer **q. 57**
☒ No, SKIP **q. 57**

57. No. and type of elev.:

58. Plans Certified by Engineer?
☐ Yes, cert. is attached
☒ No

59. Estimated Cost of Work:
(a) New/Add.: $ 15,000.00
(b) Alt/Rep.: $ _____
Total: $ 15,000.00

60. Volume of New Bldg. or Addition: _____ 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:
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?
☐ No ☐ Yes, Location _____

82. Raze Contractor Signature:

83. Owner's Signature:

OFFICIAL USE ONLY

FEE	By:	Date:
$		

(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	
91. Address of Adjoining Owner:	92. Lot:	93. Square:

OFFICIAL USE ONLY

FEE	By:	Date:
$		

(E) FENCE (COMPLETE ITEMS 94 THRU 102)

The fence will not obstruct any accessible parking required by Zoning Regulations

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

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

98. Signature of Adjoining Owner:	99. Phone: Work Home	
100. Address of Adjoining Owner:	101. Lot:	102. Square:

OFFICIAL USE ONLY		
FEE	By:	Date:
$		

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

103. Number:	104. Length: ft.	105. Width: ft.	106. Area: sq. ft.	107. Height: ft.	108. Volume: cu. ft.	109. Estimated Cost of Work: $

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

OFFICIAL USE ONLY	
FEE $	
By:	Date:

(G) AWNING (COMPLETE ITEMS 114 THRU 123)

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

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

OFFICIAL USE ONLY	
FEE $	
By:	Date:

(H) SIGN (COMPLETE ITEMS 124 THRU 144)

124. Number:	125. Electric Signs? ☐ Yes, answer **q. 126-132** ☐ No, SKIP **q. 126-132**	126. Type: ☐ Incandes. ☐ Fluoresc. ☐ Neon	127. Power ____ VA	128. Electrical Contractor: 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: (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	134. Material of Sign:	135. Type of Sign:	136. Color:

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

141. C of O Number for Building:	142. Sign Contractor Lic. No.:
143. Sign Contractor's Address:	144. Phone:

OFFICIAL USE ONLY					
Sign FEE		Elect. FEE		Total FEE	
$		$		$	
By:	Date:	By:	Date:	BY:	Date:

(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: Terrence J Pumphrey Address: 1015 48th St NE Wash DC Date: 1-25-01

B. **AGENT:** I hereby certify that I have the authority of the owner to make this application. I declare that the application and plans are complete and correct to the best of my knowledge. The owner has assured me that if a permit (or permits) is issued, the construction will conform to the D.C. Construction Codes, the Zoning Regulations, and other applicable laws and regulations of the District of Columbia.

Signature of Agent: _____ Address: _____ Date: _____

(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: AO Date: 1-29-01

Restrictions of the Permit:

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

C. PLANS AND APPLICATION APPROVAL

- ☑ 1. Information Counter by: R. Shaw Date: 1/29/01
- ☐ 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: _____

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: 1015 48th St N.E Washington DC 20019

Terence L Pinckney 1015 48th St NE Wash, D.C. 20019
Name of owner Address of owner

Phone # (202) Home 396-0496 (202) Cell 904-6890 Square #: 5153 Lot # 9 Ward # _____

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?		X		
Does the proposed project involve encapsulating lead-based paint?		X		
Does the proposed project involve dry sanding /scraping of painted surfaces?		X		
Does the proposed project involve the use of power washing?		X		
Does the proposed project involve welding on painted surfaces?		X		
Does the proposed project involve door and window repairs/ replacement?	X			
Does the proposed project involve baseboard, siding, casing and trim replacement?	X			
Has a child, who resides or regularly visits this address, been identified as lead poisoned?		X		

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 Terence L Pinckney Date 1-25-01

Name (Print) Terence L Pinckney

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: 1015 48th St NE Wash, DC 20019 LOT: 9 SQUARE: 5153

PROJECT DESCRIPTION: _____

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 Terence L Pinckney Name (print) Terence L Pinckney

Address 1015 48th St NE Wash, DC 20019 Date 1-25-01 Phone (202) Home 396-0496 (202) Cell 904-6890

OFFICE USE ONLY

COMMENTS AND PERMIT RESTRICTIONS: _____

(USE REVERSE IF NECESSARY)

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
PERMIT SERVICE CENTER

BUILDING PERMIT CONTROL BATCH SHEET

Date: 1/29/2001
Intake Time: 11:41 ☑AM ☐PM

LOG NO. **01 -** 4123

Time At Engr.'s Counter: ☐AM ☐PM

Review Completion: ☐AM ☐PM

Address: 1015 - 48th ST, N.E.

Time Review Completed: ☐AM ☐PM

1/15 BZA

REQUIRED REVIEWS (Checked boxes only)	REVIEWER	TIME	REVIEW STATUS	JOB SCREENER
☐ PUBLIC SPACE		IN ☐AM ☐PM OUT ☐AM ☐PM	☐ Approved ☐HFC ☐Ref. to DPW ☐ Conf. w/ Applicant	
☐ ZONING BZA ONLY - NOTE		IN ☐AM ☐PM OUT ☐AM ☐PM	☐ Approved ☐HFC ☐Ref. to DOH ☐ Ref. to Zoning Administrator ☐ Conf. w/ Applicant	
☐ SOIL EROSION ☐ STORMWATER MGMT.		IN ☐AM ☐PM OUT ☐AM ☐PM	☐ Approved ☐HFC ☐Ref. to DOH ☐ Conf. w/ Applicant	
☐ AIR QUALITY ☐ EIS		IN ☐AM ☐PM OUT ☐AM ☐PM	☐ Approved ☐HFC ☐Ref. to DOH ☐ Conf. w/ Applicant	
☐ WATER AND SEWER		IN ☐AM ☐PM OUT ☐AM ☐PM	☐ Approved ☐HFC ☐ Ref. to WASA ☐ Conf. w/ Applicant ☐ WASA Deposit Required	
☐ MECHANICAL/PLUMBING		IN ☐AM ☐PM OUT ☐AM ☐PM	☐ Approved ☐HFC ☐ Conf. w/ Applicant	
☐ HEALTH (Food & Medical)		IN ☐AM ☐PM OUT ☐AM ☐PM	☐Approved ☐HFC ☐ Conf. w/ Applicant	
☐ ELECTRICAL		IN ☐AM ☐PM OUT ☐AM ☐PM	☐ Approved ☐HFC ☐ Conf. w/ Applicant	
☐ ELEVATOR		IN ☐AM ☐PM OUT ☐AM ☐PM	☐ Approved ☐HFC ☐ Conf. w/ Applicant	
☐ FIRE PROTECTION		IN ☐AM ☐PM OUT ☐AM ☐PM	☐ Approved ☐HFC ☐ Conf. w/ Applicant	
☐ STRUCTURAL		IN ☐AM ☐PM OUT ☐AM ☐PM	☐ Approved ☐HFC ☐ Conf. w/ Applicant	

Remarks: SEE TONY AFTER BZA CASE