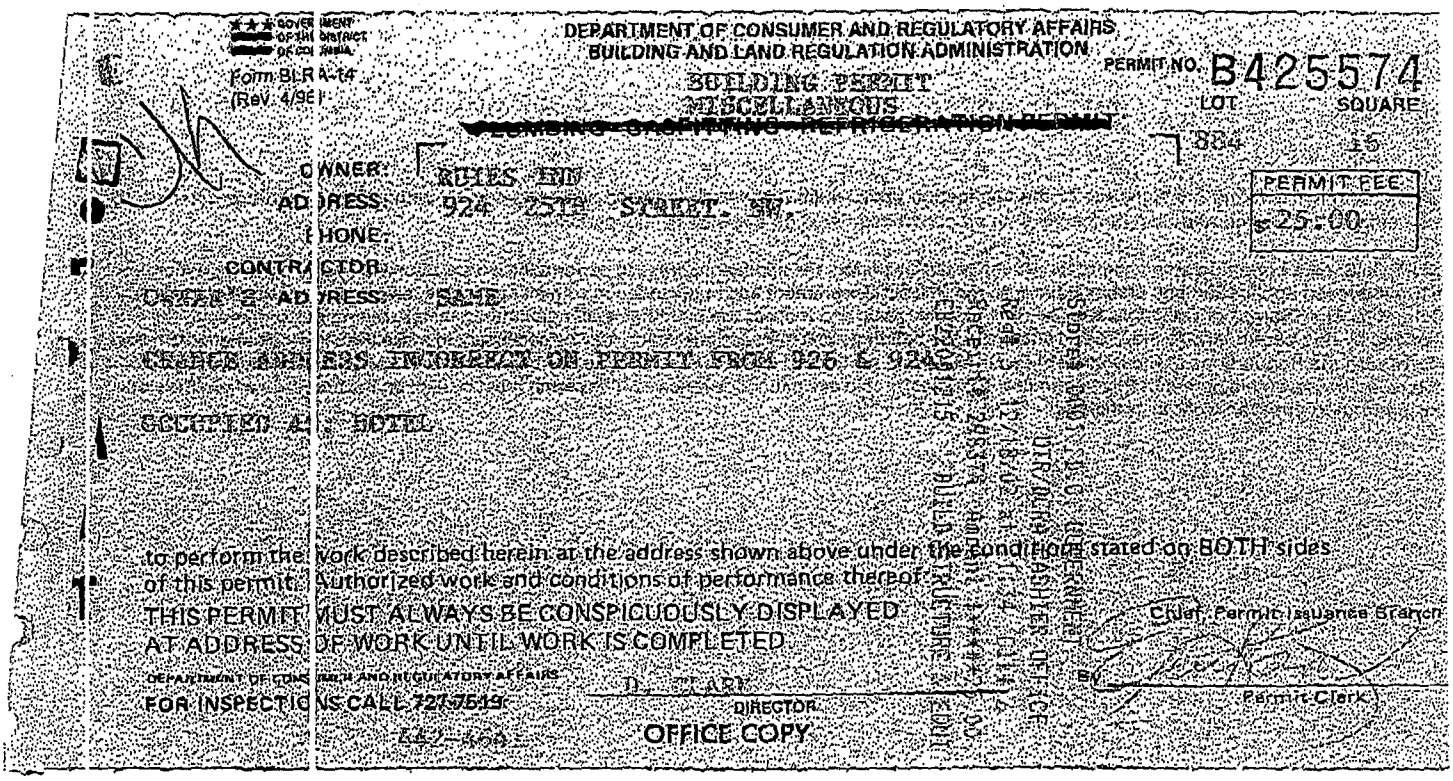
Read 1-7-03



GOVERNMENT OF THE DISTRICT OF COLUMBIA

Form BLRA-14
(Rev. 4/9[illegible])

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUILDING AND LAND REGULATION ADMINISTRATION

PERMIT NO. B425574

BUILDING PERMIT
MISCELLANEOUS
~~PLUMBING GRADING REFRIGERATION~~

LOT 804 SQUARE 15

PERMIT FEE $25.00

OWNER: RUIES INV
ADDRESS: 924 25TH STREET, SW
PHONE:
CONTRACTOR:
OWNER'S ADDRESS: SAME

CHANGE AS PER INSPECTION REPORT ON PERMIT B&C 926 & 924

OCCUPIED AS: HOTEL

to perform the work described herein at the address shown above under the conditions stated on BOTH sides of this permit. Authorized work and conditions of performance thereof.

THIS PERMIT MUST ALWAYS BE CONSPICUOUSLY DISPLAYED AT ADDRESS OF WORK UNTIL WORK IS COMPLETED

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
FOR INSPECTIONS CALL 727-7519

DIRECTOR

OFFICE COPY

Chief, Permit Issuance Branch

By: Permit Clerk

BZA
Case No. 16984
Exhibit No. 16

Board of Zoning Adjustment
District of Columbia
CASE NO.16984
EXHIBIT NO.16

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

★ ★ ★ GOVERNMENT OF THE DISTRICT OF COLUMBIA

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

B-R/W-33 (Rev. 10/81)

APPLICATION FOR CONSTRUCTION PERMITS ON PRIVATE PROPERTY

(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:
924 25th St NW.		804	160	12-17-02

5. Owner of Building or Property:	6. Address: *(include Zip)*	7. Phone:
Rubies Inn	Same	Work: 703 Home: 237052
8. Agent for Owner: *(if applicable)*	**9. Address: *(include Zip)***	**10. Phone:**
Jan Marut	Same	Work: 703 Home: 237052

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)* Change address

12. Description of Proposed Work:

Change address Incorrect on permit from 926 to 924

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
Hotel			$ 25
16. Proposed Use(s) of Building or Property:	**17. Prop. No. of Stories of Bldg.:**	**18. Prop. No. of Dwelling Units:**	By: Date: 1/6/03
Hotel			

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?
12/2002	12/2003	☐ Pick-up Truck ☐ Dumpster ☐ Other *(specify)*: Remove daily	☐ 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	Ø	Ø sq. ft.	Ø	Ø 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)

OFFICIAL USE ONLY

	R	P	K	A
M				
P				
E				
F				
S				

W ☐ Yes ☐ No
PLAT

(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	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	sq. ft.	a. Building: % b. Paved Area: % c. Greenery: %

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.	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.: $ _____

(b) Alt/Rep.: $ _____

Total: $

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?	82. Raze Contractor Signature:	OFFICIAL USE ONLY: FEE	By:	Date:
☐ No ☐ Yes, Location _____	83. Owner's Signature:	$		

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

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Form BLRA-15
(Rev. 9/30/81)

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUILDING AND LAND REGULATION ADMINISTRATION

BUILDING PERMIT

PERMIT NO. B447779

Date 8/7/02 (Type) A/R

Address of work 926 15TH ST NW

Lot 0884 Square 0016

Permission is hereby granted to

(Owner) NO. DATE

TOTAL PERMIT FEE $ 4,505.0

FILING FEE $ 4,505.0

FEE PAYABLE $ 00.00

FOR INSPECTIONS CALL XXXXXX 442-46

AT AMAC, INC.

with authority to perform the work described herein at the address shown above in strict accordance with the conditions stated on BOTH sides of this permit.

Authorized work & conditions of performance thereof:

INTERIOR ALTERATIONS TO GROUND FLOOR OF EXISTING HOTEL INCLUDING LOBBY, RECEP STORAGE ROOMS, ELEVATOR LOBBY & RESTAURANT DINING ROOM. NEW COOLER/FREEZER IN KITCHEN & MINOR SERVICE BAR ADDITION. MINOR SITEWORK: NEW STORE TRENDS ON EXIST. CONCRETE STAIR & REPAIR/REFACE RETAINING WALL & REGRADE PLANTER ON ONE SIDE TO ACCOMODATE NEW WINDOW SILL HEIGHT. CLEARED FOR EIS. SEPARATE ELEC. PLUMB. AND MECH. INSTALLATION PERMITS ARE REQUIRED.

Builder Value $ No. of Bldgs.

Width of Bldg. Length Height No. of Stories

Zone To be occupied as

Height of fence above grade Projections

Address of owner 1660 L ST NW #600

Deposit No. Amount $

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

By Chief, Permit Issuance Branch

Permit Clerk

PERMIT

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

PROJECT ADDRESS: 924 5th St NW LOT: SQUARE:

PROJECT DESCRIPTION: Change address

Note: Please answer all 12 questions in this questionnaire, by checking either column "Yes" or "No" for each question. If you answer "Yes" to any of the questions, you should contact the corresponding office(s) indicated in column 'contact person/office' as soon as possible. Until this application is reviewed 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. 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) 535-2209, EIS Coordinator, EHA	
2. 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	
3. 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	
4. 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	
5. 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	
6. Will the proposed project involve construction that will disturb the sediment in rivers, streams or wetlands?			(202) 535-2190, Water Quality Division, EHA	
7. 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	
8. 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	
9. Will the proposed project involve the removal, handling, encapsulation, disposal, or encapsulation of asbestos? **Please bring with you a copy of your asbestos survey, tenday notification form, and asbestos abatement permit fee			(202) 535-2250, Air Quality Division, EHA	
10. Was the building built before 1978? (Lead paint may be present.)			If you answer "Yes" to this question, please answer the questions and follow the instructions on the "Lead Hazard Control Questionnaire" to determine if you need a permit to conduct a Lead Abatement Project	

AFFIDAVIT

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

Signature: [signature] Name (print): Jan Mant

Address: 3510 N. Oakley St Date: 12/17/02 Phone: 703 237 0572

OFFICE USE ONLY

COMMENTS AND PERMIT RESTRICTIONS:

(USE REVERSE IF NECESSARY)

EHA Form #90-1370 (Revised 4/97)

DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH ADMINISTRATION
LEAD HAZARD CONTROL PERMIT QUESTIONNAIRE AND EXEMPTION FORM

Project Address: _____

Name of Owner(s): _____ Name of Contractor: _____

Phone Number: _____ Square #: _____ Lot #: _____ Ward #: _____

Project Start Date: _____ Project End Date: _____

Building Type: Commercial - Government -

Office	☐	Federal	☐
Mixed Use (Explain)	_____	District	☐
Residential -		Institutional -	
Multi-family	☐	Hospital	☐
Single Family	☐	Museum	☐
Elderly or handicapped	☐	School/Child Development	☐

1. **Is the project planned in response to a child being identified as lead poisoned? YES ☐ NO ☐**

2. **Is the project designed to eliminate or reduce lead-based paint hazards in a pre-1978 building or structure? YES ☐ NO**

If you answer "YES", contact the Lead Division at 51 N Street, N.E., 3rd Floor (202) 535-2637 for a lead-based paint control permit application and notification form, unless an exemption listed below applies. If you answer "NO", a permit is not required, but you are required to answer the following questions:

SCOPE OF PROJECT	YES	NO	COMMENTS
Is the project disturbing deteriorated lead based paint on surfaces totaling more than 2 square feet per room, or 20 square feet on exterior surfaces, or 10% of a building component with a small surface (such as a small painted window frame) involving the following			
A. Removal and replacement of lead-based paint components, e.g. windows, doors and baseboards?			
B. Onsite stripping and removal of lead-based paint?			
C. Partial demolition or gutting of building?			
Does the project involve the removal and covering of lead-contaminated soil?			

EXEMPTIONS

Please indicate the applicable exemption from the following list:

- ☐ Individuals who perform lead-based paint activities at residences which they own, unless the residence is occupied by a person or persons other than the owner or the owner's immediate family; unless a child under the age of 8 years resides, is expected to reside in, or regularly visits such housing.
- ☐ Housing for the elderly or persons with disabilities; unless any child under the age of 8 years resides, is expected to reside in, or regularly visits such housing.
- ☐ Any (0)-bedroom unit, such as an efficiency apartment.

AFFIDAVIT

I declare that the information provided is accurate, true and complete to the best of my knowledge and belief, and/or I have the authority to represent the owner of the property to answer this application and sign on behalf of the company and/or persons listed as owners. I understand that if such information contained in this application is false, I am subject to the penalty provisions of D.C. Law 11-221. Any fraud or misrepresentation on an application shall be grounds for automatic rejection and/or civil administrative penalties. I understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application for approval.

_____ _____
SIGNATURE DATE

_____
PRINT NAME

For Official Government Use Only

PERMIT REQUIRED YES ☐ NO ☐ Reviewed By: _____ Date: _____

B ,RA 33C

CONTRACT AGREEMENT

N ame of Contractor/Owner_____ Contractor's License No._____

A ldress of Contractor/ Owner_____ Date:_____

AI DRESS OF PROPOSED WORK	LOT: SQUARE:
OV NER OF BUILDING OR BUSINES S:	PHONE No:
DE SCRIPTION OF PROPOSED WORK:	

COST ESTIMATE

CO STRUCTION e.g drywall, ceilin s, framing, carpentry etc	$	
ELI CTRICAL	$	
ME HANICAL	$	
PLI MBING	$	
FIR PROTEC ION e.g sprinkler syster , fire alarm system, generator etc.	$	
DEI OLITION	$	
MIS C/OTHER please specify)	$	
TO AL	$	

The abor and material costs of counter to ps, kitchen cabinets, floor coverings, tile work, caulking, patching and plaster repair, painting other than fire retardant paint, gutt rs and downspouts, not more than 16 square feet of gypsum board shall not be included in the cost estimate for permitting purposes. The entire list can be seen in the 1999 D.C Building Supplement Chapter 1 Section 107.3.

The foregoing te ms, specifications and conditions are satisfactory and hereby agreed to. You are authorized to work as specified and payment will be made in the amo nt as outlin d. Upon signing this agreement, the owner represents and warrants that he or she is the owner or the authorized agent of the owner of the aforesaid pren ises and that he or she has read this agreement.

CO TRACTOR_____ Date:_____
Signature & print

OW ER OF
BUI DING/BUSINESS_____ Date:_____
Signature & print

Upo s gning this document, the owner and contractor declare that the cost of construction as specified above for the referenced project is true and correct to the best of their knowledge

Plea se fill out this agreement form in accordance with D.C Construction Code Supplement 1999, Chapter 1 Section 112.1.

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS
Building and Land Regulation Administration
941 North Capitol Street NE, Suite 2000
Washington DC 20002

ENVIRONMENTAL INTAKE FORM

Project Name:	Project Address: Lot: Square:
Filed Job Application # (if applicable):	Project Description:

Owner: [illegible] Date: 12/17/02

Owner's address and phone #: Same

Authorized agent: [illegible]

Address and Phone # of authorized agent: 3540 N. Valley St Arl VA

Scope of the Project	Yes	No	Instructions
1. Does the owner of this site own adjacent or abutting property?			If yes, submit a site plan to EIS Coordinator, DCRA. If no plan exists, submit written explanation to EIS Coordinator, DCRA.
2. Does the owner of this site plan to acquire property that is adjacent to or abutting this site within the next three years?			If yes, submit a site plan to EIS Coordinator, DCRA. If no plan exists, submit written explanation to EIS Coordinator, DCRA.
3. Is additional activity planned by the applicant for this site or any site within the same square during the next three years that requires a permit?			If yes, submit a site plan to EIS Coordinator, DCRA. If no plan exists, submit written explanation to EIS Coordinator, DCRA.
4. Is this a residential project within the R-1 through R-5-A zoning districts?			If yes, skip to signature line.
5. Is this project a single-family residence that is not in conjunction with the building of two or more units?			If yes, skip to signature line.
6. Is this project an accessory structure such as a garage, patio, swimming pool or fence?			If yes, skip to signature line.
7. Is the project solely an interior renovation with no change in the use or capacity of the structure being renovated?	✓		If yes, skip to signature line.
8. Is the project located in an Economic Development Zone, as defined in DC Code 5-1-01 et seq (DC Law 7-177)?			If yes, skip to signature line.
9. Is the project located within the Central Employment Area as defined in DC Zoning Regulations? (Title 11DCMR)			If yes, skip to signature line.
10. Does the project involve only the operation, repair, maintenance, or minor alteration of public structures, facilities, mechanical equipment, or topographical features and involve negligible or no expansion of use beyond that previously existing?			If yes, skip to signature line.
11. Has an Environmental Impact Statement (EIS) been prepared pursuant to the National Environmental Policy Act of 1969 (NEPA) or a determination made that no EIS is needed, or has the functional equivalent of an EIS been prepared?			If yes, submit documentation to EIS Coordinator, DCRA.

-OVER-

Scope of the Project	Yes	No	Instructions
12. Is an exemption claimed from the requirement to submit an Environmental Impact Screening Form pursuant to Title 20, Sec. 7202 that is not referred to in this form? If yes, describe the exemption and cite the relevant section of the regulations on an attachment.			If yes, describe on an attachment and submit to EIS Coordinator, DCRA.
13. Does the total cost of the project exceed $1.42 million, including site preparation and construction?			If yes, and no exemption claimed, Environmental Impact Screening Form (EISF) required. If no, indicate actual project cost _____
14. Is the cost of this project $1.42 million or less? If yes, please answer all of the following questions:			If yes, complete A through G.
A. Does the project site contain any species of plant or animal that is identified as threatened or endangered?			If yes, EISF required.
B. Are any streams, lakes, ponds, springs or wetlands within 100 feet of the project site?			If yes, EISF required.
C. Will the project result in an emission of odorous or other air pollutants from any source, including VOCs?			If yes, EISF required.
D. Will this action involve the use, production or disposal of hazardous substances as defined in 20 DCMR 7299?			If yes, EISF required.
E. Will construction be on land where the depth to the water table is less than 3 feet?			If yes, EISF required.
F. Will blasting occur as part of the project?			If yes, EISF required.
G. Will the project generate medical, infectious, radioactive or hazardous waste?			If yes, EISF required.

I certify that all of the statements on this application are true and complete to the best of my knowledge and belief. I agree to comply with all applicable laws and regulations of the District of Columbia. The making of false statements on this application is punishable by criminal penalties. (DC Code Sec. 22-2514)

Signature of Owner/Authorized Agent _____ Date 12/17/02

OFFICIAL USE ONLY

Environmental Impact Screening Form required: Yes _____ No _____ Referred to EIS Coordinator _____

DCRA Reviewer _____ Date _____

If yes, submit to EIS Coordinator
Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration

Comments _____

NOTE: APPROVAL OF A BUILDING PERMIT IS NOT SYNONYMOUS WITH APPROVAL OF AN ACTION OR ENTIRE PROJECT UNDER THE ENVIRONMENTAL POLICY ACT OF 1989. IF THE APPLICANT BUILDS ON THE SAME, ADJACENT OR ABUTTING PROPERTY OR EXPANDS UPON THE WORK DESCRIBED IN THE INSTANT APPLICATION OR PLANS AND SPECIFICATIONS WITHIN THREE YEARS, AN ENVIRONMENTAL IMPACT SCREENING FORM MAY BE REQUIRED FOR THE ENTIRE PROJECT, INCLUDING THE PORTION ENCOMPASSED BY THIS APPLICATION AND PERMIT APPROVAL. FURTHER, IF THE ACTION IS IN VIOLATION OF ANY FEDERAL OR DISTRICT LAWS PERTAINING TO THE ENVIRONMENT, AN EISF CAN BE REQUIRED.

TO REPORT WASTE, FRAUD, OR ABUSE BY ANY DC GOVERNMENT OFFICE OR OFFICIAL, CALL THE INSPECTOR GENERAL ON 1-800-521-1639

(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: ft.	96. Color:	97. Location: ☐ Entirely on Owner's Land ☐ Party Line with Adjacent Neighboring La

* 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: ft.	105. Width: ft.	106. Area: sq. ft.	107. Height: ft.	108. Volume: cu. ft.	109. Estimated Cost of Work: $	OFFICIAL USE ONLY: FEE $ By: Date:
110. Material of Roof:	111. Material of Sides:	112. Wall thickness: ☐ External ( ) inches ☐ Party ( ) inches				113. Color:	

(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. ____ ft.	118. Height of lowest part of awning: (a) ____ ft above sidewalk (b) ____ ft above parking (c) ____ ft above grade	OFFICIAL USE ONLY: FEE $ By: Date:

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

(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.:	OFFICIAL USE ONLY: Sign FEE $ By: Date:	Elect. FEE $ By: Date:	Total FEE $ 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: 3040 N. Dallas St. Hyattsville MD

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

A. PERMIT CONTROL

- ☐ . Fine Arts by: _____ Date: _____
- ☐ . Historic by: _____ Date: _____
- ☐ . PADC by: _____ Date: _____
- ☐ . Cap. Gateway by: _____ Date: _____
- ☐ . W.H./ Obs. Precinct by: _____ Date: _____
- ☐ . Flood Control by: _____ Date: _____
- ☐ . WMATA by: _____ Date: _____
- ☐ . Condem. by: _____ Date: _____
- ☐ . RLA by _____ Date: _____
- ☐ 1 . Rental Accom. by: _____ Date: _____
- ☐ 1 . Chinatown Distr. by: _____ Date: _____
- ☐ 1 . Utility Clearance by: _____ Date: _____
- ☑ 1 . Genera Liability Ins. Policy Clearance by: _____ Date: _____

B. CLEARANCE TO FILE PLANS

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

Restrictions of the Permit:

C. PLANS AND APPLICATION APPROVAL

- ☑ 1. Information Counter by: TCD Date: 12-17-02
- ☐ 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: 12/17/02
- ☐ 17. Permit and Certificate Issuance Counter By: _____ Date: _____
- ☐ 18. Q.C. By: _____ Date: 12/17/02

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: _____