PRE-FILE NUMBERS		ZONING DISTRICT	FILE NUMBER	PERMIT NUMBER	
P.A.D.C. No.:	O.G. No.:	R4			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

(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:
1811 8th STREET NW		804	417	2.5.03

5. Owner of Building or Property:	6. Address: *(include Zip)*	7. Phone:
FRANK E. NICOL	1000 TUCKER LANE ASHTON, MD 20861	301 Work: 674-5163 Home:
8. Agent for Owner: *(if applicable)*	**9. Address: *(include Zip)***	**10. Phone:**
W.J. MAIDEN	8030 GA. AVE. SIL. SPG., MD 20910	301 Work: 608-0988 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:

CONVERSION OF AN EXISTING ROWHOUSE INTO A 3-UNIT APARTMENT.

RECEIVED
D.C. OFFICE OF ZONING
2003 APR -8 AM 11: 06

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:
SINGLE-FAMILY ROWHOUSE	2 + BSM'T.	1	
16. Proposed Use(s) of Building or Property:	**17. Prop. No. of Stories of Bldg.:**	**18. Prop. No. of Dwelling Units:**	
THREE-UNIT APARTMENT	2+ BSM'T.	3	

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?
ASAP	ASAP	☑ 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	SEE NOTES	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)

OFFICIAL USE

	R	H	A
M			
E			W: ☐ Yes ☐ No
F			PLANS:
S			No: Sm ☐ Lg ☐

8237

BZA
Case No. 17818
Exhibit No. 7

2-0307 wd-375

Board of Zoning Adjustment
District of Columbia
CASE NO. 17818
EXHIBIT NO. 7

(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:
W. J. MAIDEN	3656	8030 GA. AVE. SIL. SPG., MD 20910	301 608-0988
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	1,900 sq. ft.	a. Building: 60 % b. Paved Area: 30 % c. Greenery: 10 %

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?
3,420 sq. ft.	3,420 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.: $ 150,500.
Total: $ 160,500.

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
☐ No ☐ Yes, Location _____	83. Owner's Signature:	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	OFFICIAL USE ONLY
		FEE: $ By: Date:
91. Address of Adjoining Owner:	92. Lot:	93. Square:

BLRA 33C

CONTRACT AGREEMENT

Name of Contractor/Owner Frank. E. Nicol Contractor's License No.

Address of Contractor/ Owner 1000 Tucker Ln., Ashton, MD 20861 Date: 2/5/03

ADDRESS OF PROPOSED WORK 1811 8th St. NW	LOT: 804 SQUARE: 417
OWNER OF BUILDING OR BUSINESS: Frank E. Nicol	PHONE No: 301 674-5163
DESCRIPTION OF PROPOSED WORK: Conversion of a Rowhouse to a 3-unit Apt.	

COST ESTIMATE

CONSTRUCTION e.g drywall, ceilings, framing, carpentry etc	$ 102,800.	
ELECTRICAL	$ 15,600.	
MECHANICAL	$ 12,100.	
PLUMBING	$ 11,500.	
FIRE PROTECTION e.g sprinkler system, fire alarm system, generator etc.	$ 6,500.	
DEMOLITION	$ —	
MISC/OTHER (please specify)	$ 2,000.	
TOTAL	$ 150,500.	

The labor and material costs of counter tops, kitchen cabinets, floor coverings, tile work, caulking, patching and plaster repair, painting other than fire retardant paint, gutters and downspouts, not more than 160 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 terms, specifications and conditions are satisfactory and hereby agreed to. You are authorized to work as specified and payment will be made in the amount as outlined. 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 premises and that he or she has read this agreement.

CONTRACTOR Frank E. Nicol Date: 2/5/03
Signature & print

OWNER OF BUILDING/BUSINESS Frank E. Nicol Date: 2/5/03
Signature & print

Upon signing 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

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

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
PERMIT SERVICE CENTER

BUILDING PERMIT CONTROL BATCH SHEET

Date: 2/5/03 Intake Time: 12:11 ☐AM ☐PM	LOG NO. **03 -** 590 Time At Engr's. Counter: ☐AM ☐PM	Review Completion Due: ☐AM ☐PM
Address: 1811 8th St, NW		Time Review Completed: ☐AM ☐PM

REQUIRED REVIEWS (Checked boxes only)	REVIEWER	TIME	REVIEW STATUS
☐ PUBLIC SPACE		IN ☐AM ☐PM OUT ☐AM ☐PM	☐ Approved ☐ HFC ☐ Ref. to DPW ☐ Conf. w/ Applicant
☐ ZONING		IN ☐AM ☐PM OUT ☐AM ☐PM	☐ Approved ☐ HFC ☑ Ref. to BZA ☐ 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

BZA 03-37

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

PROJECT ADDRESS: 1811 8th St. NW LOT: 804 SQUARE: 417
PROJECT DESCRIPTION: Conversion of a Rowhouse to 3 Apt. Units

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 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. 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	
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, 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	
10. Was the building built before 1978? (Lead paint may be present.) Renovated in 1989 (Re-demo. in 2003)		✓	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 Frank E. Nicol Name (print) Frank E. Nicol

Address 1000 Tucker Ln, Ashton, MD 20861 Date 2/4/02 Phone 301-674-5163

OFFICE USE ONLY

COMMENTS AND PERMIT RESTRICTIONS:

(USE REVERSE IF NECESSARY)

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:
1811 8th St. NW		804	417
Filed Job Application # (if applicable):	**Project Description:** Conversion of a Rowhouse to a 3-unit Apt.		

Owner: Frank E. Nicol **Date:** 2/4/03

Owner's address and phone #: 1000 Tucker Lane

Authorized agent: W.J. MAIDEN

Address and Phone # of authorized agent: 8030 GA. AVE., Sil. Spg. MD 20910 (301) 608-0988

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 5-1401 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-