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

PROJECT ADDRESS: 6025 North Dakota Avenue NW LOT: 11 SQUARE: 3377

PROJECT DESCRIPTION.

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?		X	(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)?		X	(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)?		X	(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?		X	(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?		X	(202) 535-2290, Hazardous Waste Division, EHA	
6	Will the proposed project involve construction that will disturb the sediment in rivers, streams or wetlands?		X	(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)			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 Melva M. Abdullah Name (print) Melva M. Abdullah

Address 6025 North Dakota Ave NW Date 8-13-03 Phone 722-2915

OFFICE USE ONLY

COMMENTS AND PERMIT RESTRICTIONS:

BZA
Case No. 17106
Exhibit No. 12

(USE REVERSE IF NECESSARY)

Board of Zoning Adjustment
District of Columbia
CASE NO. 17106
EXHIBIT NO. 12

* Disclaimer: I, Melva Abdullah, did not quite understand questions.

DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH ADMINISTRATION

LEAD HAZARD CONTROL PERMIT QUESTIONNAIRE AND EXEMPTION FORM

Project Address: 6025 North DaKota Avenue, NW Washington DC 20011

Name of Owner(s): Idrus & Melva Abdullah Name of Contractor: _____

Phone Number: (202) 722-2915 Square #: 3377 Lot #: 11 Ward #: 4

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
1. 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?			
2. 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 any 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.

Melva M. Abdullah
SIGNATURE

8/13/03
DATE

Melva M. Abdullah
PRINT NAME

For Official Government Use Only

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

BLMA 330

CONTRACT AGREEMENT

Name of Contractor/Owner Melva M. Abdullah Contractor's License No.

Address of Contractor/ Owner 6025 North Dakota Ave NW Date: 8/13/03

ADDRESS OF PROPOSED WORK	LOT SQUARE
OWNER OF BUILDING OR BUSINESS	PHONE No

DESCRIPTION OF PROPOSED WORK

COST ESTIMATE

CONSTRUCTION e.g drywall, ceilings, framing, carpentry etc	$	
ELECTRICAL	$	
MECHANICAL	$	
PLUMBING	$	
FIRE PROTECTION e g sprinkler system, fire alarm system, generator etc	$	
DEMOLITION	$	
MISC/OTHER (please specify)	$	
TOTAL	$ 220,000	

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 _____ Date _____
Signature & print

OWNER OF BUILDING/BUSINESS Melva M. Abdullah Date 8/13/03
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

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUILDING AND LAND REGULATION ADMINISTRATION

Permit Service Center

CLEAN HAND CERTIFICATION

TO THE APPLICANT: PLEASE READ CAREFULLY AND COMPLETELY BEFORE SIGNING. A FALSE STATEMENT ON THIS CERTIFICATION REQUIRES THAT THE DEPARTMENT PROCEED IMMEDIATELY TO REVOKE THE LICENSE OR PERMIT FOR WHICH YOU ARE NOW APPYING, AND FINE YOU $1,000.00 THIS CERTIFICATION IS REQUIRED BY ***THE CLEAN HANDS BEFORE RECEIVING A LICENSE OR PERMIT ACT OF 1996.*** EFFECTIVE MAY 11, 1996, (D.C. LAW 11-118, D.C. CODE SEC. 47-2861 et.seq).

I, _____, as _____.
(Print or Type Name) (Owner/Partner/Corporate Officer)

certify that _____, trading as _____, at
(Business Name) (Trade Name)

_____ using **BUSINESS TAX NUMBER and/or UI NUMBER**
(Business Address)

_____, as of this date _____, does not owe more than $100.00

to the District of Columbia government as a result of:

1. Fines, penalties or interest assessed pursuant to the Litter Control Administration Action of 1985, effective March 25, 1986 (D C LAW 6-100; D C. Code Sec 6-2901 et seq.),
2. Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C Law 10-117; D.C Code 6-2911 et seq.),
3. Fines, penalties or interest assessed pursuant to the Department of Consumer and Regulatory Affairs Civil Infraction Act of 1985, effective October 5, 1986 (D C. Law 6-42; D C Code Sec. 6-2701 et seq.), or
4. Past due taxes

I understand that if I knowingly falsify the Certification, the Department will move to revoke the license or permit for which I am applying, and to fine me $1,000.00. I further understand that the Department may conduct an investigation to ascertain the veracity of this certification.

I understand that this Certification is now required as documentation to accompany my application for a license or permit, and that by completing the Certification, I am not guaranteed that the license or permit will be approved.

Melva M. Abdullah — Melva M. Abdullah
(Signature) (Print or Type Name)

_____
(Certificate of Occupancy Number)

CC: Office of Tax and Revenue
(REV) 05/28/02)

For Tax Assistant Call (202) 442-6804