GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

Building and Land Regulation Administration
Office of the Zoning Administrator

July 19, 2004

MEMORANDUM

TO: Board of Zoning Adjustment

FROM: Faye Ogunneye, Chief
Zoning Review Branch

SUBJECT: Proposed Rear Deck Addition to a Single Family Dwelling Row Structure located at premises 1774 Hobart Street, N.W., Lot(s) 127, in Square 2588, Zoned R-4

Review of plans for the proposed at the above subject premises indicates that the Board of Zoning Adjustment approval is required as follows:

1. Special exception from Section 223.1, the minimum required rear yard setback for the addition to a single family dwelling row structure in the R-4 Residential Zone District. (Section 3104.1)

2. Special exception from Section 223.1, the minimum required court width for the addition to a single family dwelling row structure in the R-4 Residential Zone District. (Section 3104.1)

Fo/xm/ee

BZA
Case No. 17257
Exhibit No. 5

Board of Zoning Adjustment
District of Columbia
CASE NO. 17257
EXHIBIT NO. 5

NOTES AND COMPUTATIONS

ADDRESS: **1774 Hobart Street, N.W.** LOT(S): **127** SQUARE: **2588**

SFD (Row) ZONED: **R-4**

	REQUIRED	ALLOWED	PROVIDED	VARIANCE
LOT AREA	1,800 Sq. Ft.		1,530 Sq. Ft. (Existing)	270 Sq. Ft. (Existing) 15% (Existing
LOT WIDTH	18'		18'	
LOT OCCUPANCY (60%)		918 Sq. Ft.	Existing 534 Sq. Ft. Addition 144 Sq. Ft. Total 678 Sq. Ft. (44%)	
FLOOR AREA RATIO ()		N/A	N/A	
PARKING SPACES	1		1 (Existing)	
LOADING BERTHS	N/A		N/A	
FRONT YARD	N/R		10' (BRL)	
REAR YARD	20' min.		14.65	5.35' (26.75%)
SIDE YARD	N/A		N/A	
COURT, OPEN	6' min.		4'	2')33%)
COURT, CLOSED	N/A		N/A	

PRE-FILE NUMBERS		ZONING DISTRICT	FILE NUMBER	PERMIT NUMBER	
C. No.:	O.G. No.:	R-4			By:
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)

EARANCE TO FILE
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

Address of Proposed Work.	Suite No.	2) Lot	3. Square	4 Application Date:
1774 Hobart St. NW		127	2588	01-08-04

Owner of Building or Property:	6 Address: (include Zip)	7 Phone
Tom Baughman	1774 Hobart St. NW	Work 202-328-6023 Home
Agent for Owner. (if applicable)	**9 Address (include Zip)**	**10 Phone**
Frankie L Christy	PO Box 1102, Centreville 20122	Work 571-221-5448 Home

1 Type of Proposed Work (check all applicable boxes)

☐ New Building	☐ Retaining Wall	☐ Garage
☒ Addition	☐ Fence	☐ Sign
☐ Alteration and Repair	☐ Shed	☑ Other (Specify) 12x12 rear porch
☐ Raze Building	☐ Awning	

12. Description of Proposed Work

Addition - 12' x 12'
REAR Porch

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
Single family house	2 + Bas.	1	$
16 Proposed Use(s) of Building or Property	**17 Prop No. of Stories of Bldg**	**18 Prop No of Dwelling Units**	By: Date:
Single family	2 + Bas.	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)

20307 wd 375

OFFICIAL USE ONLY

	B	C	H	A	
M					
P					
E					W: ☐ Yes ☐ No
F					PLANS:
S					☐ Not ☐ Sim ☐ Lg

(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:**
Patrick Gallagher		PO Box 1102, Centreville	703-830-9603

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?**
196 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.: $ 3800.00
(b) Alt/Rep $
Total: $ 3,800.00

60 Volume of New Bldg. or Addition cubic ft.

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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		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 95 THRU 102)

The fence will not obstruct any accessible parking required by D.C. Zo 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	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. 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. _____ 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: Frank B Chesley Address: POBox 1102, Centreville 20122 Date: 1-08-04

(J) APPROVALS (NOT WRITE ON THIS PAGE, OFFIC USE ONLY):

801 N. Capitol

A. PERMIT CONTROL 3rd floor

- ☐ 1. Fine Arts by: _____ Date: _____
- ☒ 2. Historic by: _____ Date: 3/8/2004
- ☐ 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: (check Lot coverage)

C. PLANS AND APPLICATION APPROVAL

- ☐ 1 Information Counter by: _____ Date: 3804
- ☐ 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 QC 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 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: 1774 Hobart St,
Filed Job Application # (if applicable):	Project Description:

Owner: TOM Baughman Date. 3-8-04

Owner's address and phone #: 1774 Hobart St, Washington DC

Authorized agent: Frankie L Christy

Address and Phone # of authorized agent: 571-221-5448

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-

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.
F 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 3/8/04

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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

5/2002

DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH ADMINISTRATION

LEAD HAZARD CONTROL PERMIT QUESTIONNAIRE AND EXEMPTION FORM

Project Address: 1774 Hobart St, NW

Name of Owner(s): Tom Baushman Name of Contractor: Patrick Gallagher

Phone Number: 703-830-9603 Square #: 2588 Lot #: 127 Ward #: _____

Project Start Date: ~~3~~ 3-09-04 Project End Date: 5-09-04

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 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.

Francis Christy — SIGNATURE — 3/08/04 — DATE

Francis L Christy — PRINT NAME

For Official Government Use Only

PERMIT REQUIRED YES ☐ NO ☐ Reviewed By _____ Date _____

ENVIRONMENTAL HEALTH ADMINISTRATION

CONSTRUCTION PERMIT APPLICATION – SUPPLEMENTAL FORM – ENVIRONMENTAL QUESTIONNAIRE

PROJECT ADDRESS: 1714 Hobart St, NW LOT: 127 SQUARE: 2588

PROJECT DESCRIPTION: 14x14 open deck

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) 535-2269, 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)			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 _____ Name (print) _____

Address _____ Date _____ Phone _____

OFFICE USE ONLY

COMMENTS AND PERMIT RESTRICTIONS: _____

(USE REVERSE IF NECE

EHA Form # 99-1300 – Revis

12W - 7' out

105-Z

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
PERMIT SERVICE CENTER

BUILDING PERMIT CONTROL BATCH SHEET

Date: 3/8/2004 Intake Time: 12:53 ☐AM ☑PM	LOG NO. 04 - Time At Engr's Counter: ☐AM ☐PM	Review Completion Due: AM ☐ ☐PM

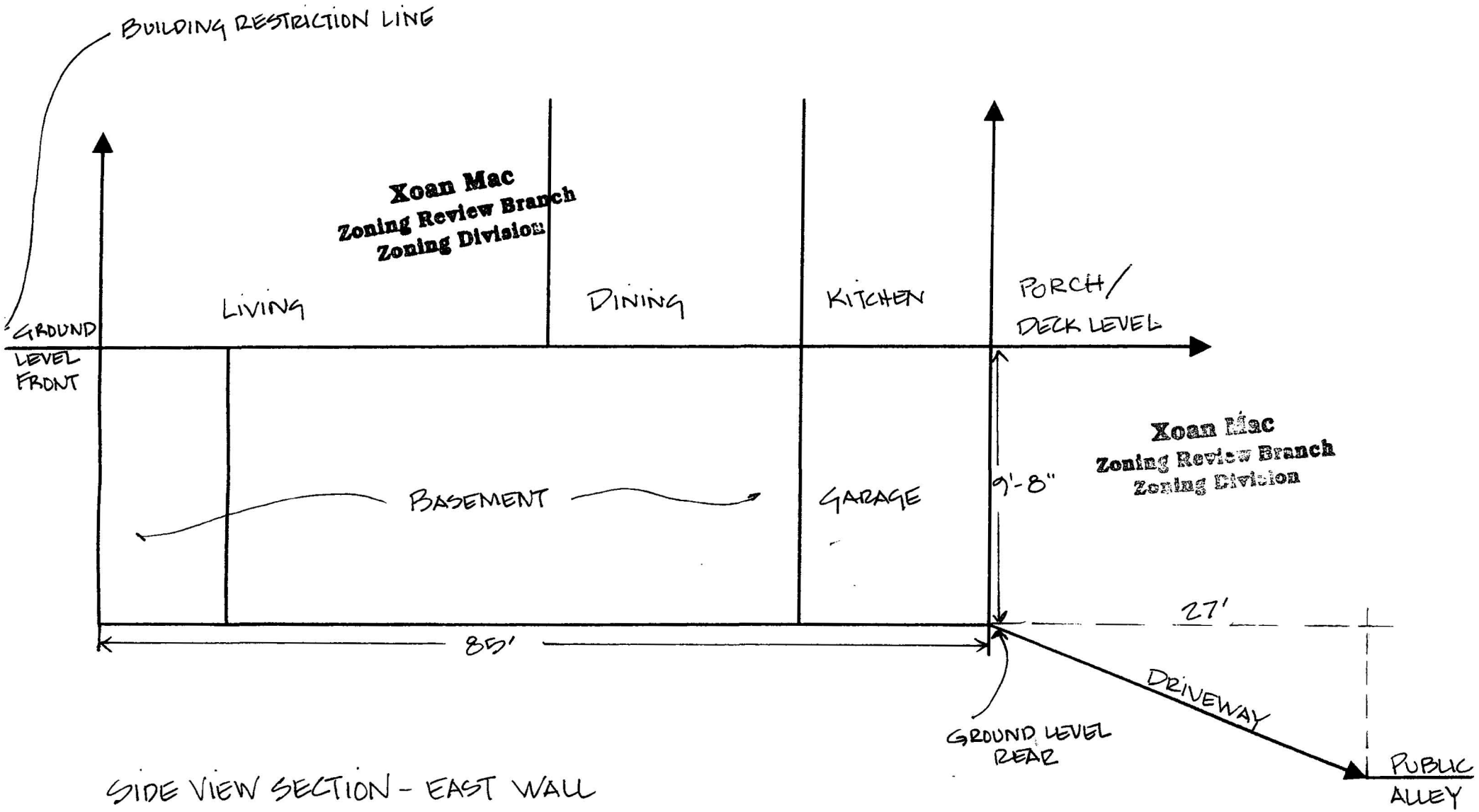
Address: 1774 Hobart St N.W	Actual Time Review Was Completed ☐AM ☐PM

REQUIRED REVIEWS (Checked boxes only)	REVIEWER	COMPLETION TIME	REVIEW STATUS
☐ PUBLIC SPACE		☐AM ☐PM	☐ Approved ☐ HFC ☐ Ref. to DPW ☐ Conf. w/ Applicant
☑ ZONING		☐AM ☐PM	☐ Approved ☒ HFC ☒ Ref. to BZA ☐ Ref. to Zoning Administr. ☐ Conf. w/ Applicant
☑ SOIL EROSION ☐ STORM WATER MGMT		☐AM ☐PM	☐ Approved ☐ HFC ☐ Ref. to DOH ☐ Conf. w/ Applicant
☐ AIR QUALITY ☐ EIS		☐AM ☐PM	☐ Approved ☐ HFC ☐ Ref. to DOH
☐ WATER AND SEWER		☐AM ☐PM	☐ Approved ☐ HFC ☐ Ref. to WASA ☐Conf. w/ Applicant ☐ WASA Deposit Required
☐MECHANICAL/PLUMBING		☐AM ☐PM	☐ Approved ☐ HFC ☐ Conf. w/ Applicant
☐ HEALTH		☐AM ☐PM	☐ Approved ☐ HFC ☐ Conf. w/ Applicant
☐ ELECTRICAL		☐AM ☐PM	☐ Approved ☐ HFC ☐ Conf. w/ Applicant
☐ELEVATOR		☐AM ☐PM	☐ Approved ☐ HFC ☐ Conf. w/ Applicant
☐ FIRE PROTECTION		☐AM ☐PM	☐ Approved ☐ HFC ☐ Conf. w/ Applicant
☐STRUCTURAL		☐AM ☐PM	☐ Approved ☐ HFC ☐ Conf. w/ Applicant

REMARKS

Zoning: Required BZA Approval:

(1) Deck Addition will create Non-Conforming
- Rear Yard Setback (Min. 20')
- Open Court " (Min. 6')



SIDE VIEW SECTION - EAST WALL
FOR BUILDING PERMIT
1774 Hobart St, NW
WASHINGTON, DC 20009
SQUARE 2588 LOT 127
26 APRIL 2004

FURNISHED BY OWNER Thomas Baughman
THOMAS W. BAUGHMAN