

GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF ZONING ADJUSTMENT



MEMORANDUM

TO: Toye Bello
Zoning Administrator, DCRA

Julie Lee, Esq.
General Counsel, DCRA

FROM: Richard S. Nero, Jr. *RSN*
Chief, Support Services and Quality Control

THRU: Jerrily R. Kress, FAIA
Director

DATE: December 13, 2004

RE: BZA Appeal No. 17285 (4825 Dexter Terrace, N.W.) Patrick J.
Carome

Please be advised that the above-cited appeal was filed with this office on December 13, 2004. The approximate hearing date for the appeal is Early March 2005.

Appeal of Patrick J. Carome, pursuant to 11 DCMR §§ 3100 and 3101, from the administrative decision of the Zoning Administrator of the Department of Consumer and Regulatory Affairs. Appellant alleges that the Zoning Administrator erred by issuing a Building Permit (No. B460927, dated April 23, 2004) allowing the construction of a masonry retaining wall serving a single-family detached dwelling. Appellant contends that the retaining wall violates the Zoning Regulations, including the side yard requirements (section 405), rear yard requirements (section 404), and structures in open space requirements (section 2503). The subject premise is located within the Tree and Slope/Wesley Heights/R-1-A District and is located at 4825 Dexter Terrace, N.W. (Square 1381, Lot 806).

cc: Patrick J. Carome, Appellant
Constandina Economides, Owner of Property

BZA

Case No. 17285
Exhibit No. 9

441 4th Street, N.W., Suite 210-S, Washington, DC 20001 (202) 727-6311

Board of Zoning Adjustment
District of Columbia
CASE NO. 17285
EXHIBIT NO. 9

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**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 -

Office ☐
Mixed Use (Explain) _____

Residential -

Multi-family ☐
Single-Family ☐
Elderly or handicapped ☐

Government -

Federal ☐
District ☐

Institutional -

Hospital ☐
Museum ☐
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 <u>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:</u>			
A. Removal and replacement of lead-based paint components, c.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.

SIGNATURE

DATE

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: 4825 Dexter Terrace, NW LOT: 806 SQUARE: 1381

PROJECT DESCRIPTION: Retaining Wall

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.)		☒	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 Tom Hromada Name (print) Tom Hromada
Address RAPID PERMIT SERVICE Date 2/23/04 Phone 301-731-4767
7711 Garrison Road #200
Landover Hills, MD 20784

OFFICE USE ONLY

COMMENTS AND PERMIT RESTRICTIONS:

CONTRACT AGREEMENT

Name of Contractor/Owner Frank & Dina Economides Contractor's License No. _____

Address of Contractor/ Owner 4825 Dexter Terrace, NW. Date: 2/23/04

ADDRESS OF PROPOSED WORK <u>4825 Dexter Terrace, NW</u>		LOT: <u>806</u>
OWNER OF BUILDING OR BUSINESS: <u>Frank & Dina Economides</u>		SQUARE: <u>1381</u>
DESCRIPTION OF PROPOSED WORK: <u>Construct Retaining wall around rear yard.</u>		
COST ESTIMATE		

CONSTRUCTION e.g drywall, ceilings, framing, carpentry etc	\$	<u>30,000</u>
ELECTRICAL	\$	
MECHANICAL	\$	
PLUMBING	\$	
FIRE PROTECTION e.g sprinkler system, fire alarm system, generator etc.	\$	
DEMOLITION	\$	
MISC/OTHER (please specify)	\$	
TOTAL	\$	<u>30,000</u>

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 Frank & Dina Economides Date: 2/23/04
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