DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS
Building and Land Regulation Administration

ENVIRONMENTAL INTAKE FORM

Project Name:	Project Address:	Lot:	Square:
Addition to 1428 Florida Avenue	1428 Florida Ave	48	0202
Filed Job Application # (if applicable):	**Project Description:**		

Owner: Lois P. Keys **Date:** 12/18/05

Owner's address and phone #: 1428 Florida Avenue NW Wash DC 20009

Authorized agent: Emerson Haun / Ice

Address and Phone # of authorized agent: 11600 Legend Glen Drive, Bowie MD

Scope of the Project	Yes	No	Instructions
1. Is this a solid waste facility?		✓	If yes, see EIS Coordinator
2. 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.
3. 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.
4. 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.
5. Is this a residential project within the R-1 through R-5-A zoning districts?	✓		If yes, skip to signature line.
6. 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.
7. Is this project an accessory structure such as a garage, patio, swimming pool or fence?			If yes, skip to signature line.
8. 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.
9. 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.
10. Is the project located within the Central Employment Area as defined in DC Zoning Regulations? (Title 11DCMR)			If yes, skip to signature line.
11. 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.
12. 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-

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BZA
CASE No. 17336
EXHIBIT No. 6

Board of Zoning Adjustment
District of Columbia
CASE NO. 17336
EXHIBIT NO. 6

Scope of the Project	Yes	No	Instructions
13. 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.
14. 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.
15. 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: Lois J. Kelp Date: 2/18/05

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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

BLRA 33C

CONTRACT AGREEMENT

Name of Contractor/Owner_____ **Contractor's License No.**_____

Address of Contractor/ Owner_____ **Date:**_____

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	$	

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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_____ Date:_____
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 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	☐

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D.C. DEPARTMENT OF HEALTH

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.

_____ _____
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

ROJECT ADDRESS: 1429 Florida Avenue LOT: 46 SQUARE: 0202

ROJECT DESCRIPTION: Addition to Residence Single Story
Lot Occupancy to be Limited to less than 70%
Special Exception Needed

lote: 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 uestions, you should contact the corresponding office(s) indicated in column 'contact person/office' as soon as possible. Until this application is reviewed and pproved by the concerned office(s), the permit will not be issued.

	SCOPE OF PROJECT	YES	NO	CONTACT PERSON/OFFICE	OFFICE USE (Initial/Date)
	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 _____ Name (print) Emerson Hamilton

Address _____ Date 02/18/05 Phone 240 462 5119

OFFICE USE ONLY

COMMENTS AND PERMIT RESTRICTIONS: _____

(USE REVERSE IF NECESSARY)

EHA Form # 99-1300 – Revised 03/