

BUILDING PERMIT

PERMIT NO. B469531

P
E
R
M
I
T

Date 2/2/05 (Type) ALTERATION AND REPAIR

Address of work 1124 "E" STREET NE.

Permission is hereby granted to

who is authorized to perform the work described herein at the address shown above in strict accordance with the conditions stated on BOTH sides of this permit.

Authorized work and conditions of performance thereof:

INTERIOR RENOVATION AND NEW ELECTRICAL, MECHANICAL AND PLUMBING.
SEPARATE ELECTRICAL, PLUMBING AND MECHANICAL INSTALLATION PERMITS ARE REQUIRED.
THIS PERMIT AUTHORIZE CONSTRUCTION BETWEEN THE HOURS OF 7:00 AM AND 7:00 PM
Bldg. No. 1 THRU SATURDAYS. AFTER HOURS PERMITS ARE REQUIRED FOR TIMES AFTER
Width of Bldgs. AND SUNDAYS. Length Height No. of Stories 2 W/B.

Zone

Height of terrace above grade

Address of owner

7030 SOLOMON SEAT CT. SILVER SPRING, MD.

Deposit No.

Amount \$

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

"FALSE STATEMENTS OR MISREPRESENTATION OF FACTS AND/OR PLANS IS SUBJECT TO CRIMINAL PENALTIES PROVIDED IN DC LAW 22-2405".

DIRECTOR PATRICK CANAVAN ACTING DIRECTOR.

(Owner)

NO.

DATE

FEE PAYABLE

\$ 1570.00

Lot 44 Square 984

TOTAL PERMIT FEE \$

FILING FEE \$

INSPECTIONS CALL 727-7562 442-4641

RECEIVED
FEB 02 2005
15:32
CITY OF DISTRICT OF COLUMBIA
BUILD. STRUCTURE & EQUI

Chief, Permit Issuance Branch

Permit Clerk

KING

RECEIVED
DC OFFICE OF ZONING
2005 DEC 21 PM 1:26

BOARD OF ZONING ADJUSTMENT
District of Columbia

CASE NO.

17468

EXHIBIT NO.

11

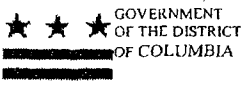
Board of Zoning Adjustment
District of Columbia
CASE NO. 17468
EXHIBIT NO. 11

05-00024

PRE-FILE NUMBERS		ZONING DISTRICT		FILE NUMBER	
NCPC No	OG No	R-4			
HPA No	SL No	Ward No	Receipt No		100

No. B 60942

Wash, D.C. APRIL 14TH, 19



DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUILDING AND LAND REGULATION ADMINISTRATION PERMIT SERVICE CENTER
Tel 202-442-4589 Fax 202-442-4862

APPLICATION FOR CONSTRUCTION PERMITS ON PRIVATE PROPERTY
(PRINT IN INK OR TYPE, DO NOT WRITE IN SHADED AREAS OR ON PAGE 4)

PLANS

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 1124 E ST. NE		Suite No	2 Lot 44	3 Square 984	4 Application Date 10/21/04
5 Owner of Building or Property ENDALKACHEW TESFAYE		6 Address (include Zip Code) 7050 SOLOMON SEAL CT. SPRINGFIELD, VA. 22152			7 Phone 703-569-2519
8 Agent for Owner. (if applicable) BENYAM ZELIHUN		9 Address (include Zip Code) 2626 TUNAW RD #304			10. Phone 202-423-9019

11 Type of Proposed Work (check all applicable boxes)

☐ New Building	☐ Retaining Wall	☐ Garage
☐ Addition	☐ Fence	☐ Sign
☒ Alteration and Repair	☐ Shed	☐ Projection
☐ Raze Building	☐ Awning	☐ Other (Specify) _____

12 Description of Proposed Work
INTERIOR RENOVATION AND NEW ~~SEWER~~ PER
MAGNET ELECTRICAL, MECHANICAL AND PLUMBING.

13 Existing Use(s) of Building or Property M.F.D. THREE UNIT APP.		14 Ex No of Stories of Bldg 2 1/2	15 Ex No of Dwelling Units 3	Official Use Only Miscellaneous FEE \$ _____	
16 Proposed Use(s) of Building or Property M.F.D. 6 UNITS (SAME) APT. BLDG.		17 Prop No of Stories of Bldg 2 1/2	18 Prop No of Dwelling Units 6	By _____	Date _____
19 Starting Date 11/20/04	20 Completion Date of work 06/01/05	21 Method of Removing Construction Debris ☒ Pick-up Truck ☐ Dumpster ☐ Other (specify) _____		22 Does the proposed work involve disturbing the earth or razing a building? ☒ Yes, answer q 23 ☐ No, SKIP q 23-27	
23 Is the area of disturbed earth more than 50 sq ft? ☐ Yes, answer q. 24-25 ☐ No, SKIP q. 24-25	24 Soil Erosion Control Methods SEE NOTES		25 Area of Offsite Drainage N/A sq ft	26 No of Footings or Columns N/A	27 Size of Footings or Columns N/A

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

(J) APPROVALS (DO NOT)**G. ADDITION, & ALTERATION (COMPLETE ITEMS 28 THRU 60)**

28 Architect's Name.		30 Architect's Address (include Zip Code)		31 Phone	
32 Engineer's Name		33 D.C. Lic No.		34 Engineer's Address: (include Zip Code)	
36 Building Contractor's Name		36A D.C. Lic No		37 Contractor's Address	
38 Phone:					
39 Type of Construction ☒ Masonry ☐ Steel ☒ Wood ☐ Other ☐ Concrete		40 Fire Suppression ☐ Fully Sprinklered ☐ Standpipe System ☐ Partially Sprinklered ☐ None ☐ Other		41. Booster Pump ☐ New ☐ Existing ☒ None	
42 Total Lot Area		43. Breakdown of Lot Area (= 100 %)			
1710 sq ft		a building 100 %			
		b paved area			
		c greenery			
44 Present Gross Floor Area of Bldg 4330 sq ft		45 Proposed Gross Floor Area of Bldg. 4330 sq ft		46. Floors involved in this permit ☒ All ☐ Floors	
48 Number and type of projection N/A		49 Distance of projection: N/A		50 Width of projection: N/A	
51. Width of building frontage ft.		52. Signature of Owner (projection only)			
53 Water or Sewer Excavation? ☒ Yes ☐ No		54 Driveway Construction? ☐ Yes ☒ No		55. Sheeting/Shoring Necessary? ☐ Yes ☒ No	
56. Elevators Involved? ☐ Yes, answer q. 57 ☒ No		57. No and type of elevator N/A		58 Plans Certified by Engineer? ☒ Yes, cert. attached ☐ No	
59 Estimated Cost of Work		OFFICIAL USE ONLY			
(a) New/Add: \$		Alter/Repair FEE		New Const FEE	
(b) Alt/ Repair \$		\$ 1630.-		\$ 60.-	
Total \$		\$ 80,000.-		\$ 1570.-	
60 Volume of New Bldg. or Addition cubic ft		By: 11/2/05		By: 11/2/05	

(C) RAZING A BUILDING (COMPLETE ITEMS 61 THRU 83)

61. Raze Contractor's Name		62 Contractor's Address (include Zip Code)		63. Phone.	
64 Insurance Company		65. Policy or Cert. Number		66 Expiration Date	
67 Raze Method					
68 Building Material		69 Raze Entire Building? ☐ Yes ☐ No		70 Building Vacant? ☐ Yes ☐ No	
71. Public Space Vault? ☐ Yes ☐ No		72. Disconnect Water and/or Sewer? ☐ Yes ☐ No		73 Size of Water Connection in	
74 Plumber's Name		75 D.C. Lic No		76 Length ft	
77 Width ft		78 Height ft		79. Volume ft.	
80 Party Wall? ☐ Yes ☐ No					
81 Asbestos in the Building? ☒ No ☐ Yes, location		82 Raze Contractor Signature		OFFICIAL USE ONLY	
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 ☐ Entirely on Owner's Land ☐ Party Line with Adjacent Neighboring Land *			
89 Signature of Adjoining Owner		90 Phone Home Work		OFFICIAL USE ONLY	
91 Address of Adjoining Owner		92 Lot		93. Square	
				FEE By. Date	
				\$	

* If party wall, the owner of the adjoining property must agree to the erection of the retaining wall and this application

Form WASA-486 Dec. 2002					District of Columbia Water and Sewer Authority Water and Sewer Availability		SQUARE: 984
ADDRESS: 1122 E St. N.E. A/R to existing SFD							LOTS: 44
SIZE	TYPE OF SERVICE	AVAILABLE	APPLIED FOR	ORDER			
8"	WATERMAIN	E St			Plan No.		
12"	COMBINED	12th St.			6120		
	SANITARY				MAP NO:		
	STORM				D-3-NE		
Service Available in (Street, Alley, etc. . .) SEE ABOVE This Certificate Expires 6 Months from Date of issue Copy 1-DC WASA Copies 2 & 3-DCRA							ISSUED BY: KKC
							DATE: 2/1/2005

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							DATE: 2/1/2005

CERTIFICATE OF OCCURANCY

No. B 60942

Washington, D.C. APRIL 14TH 1967

Permission is hereby granted to UNITED CHURCH OF GOD, INC.
to use the FIRST & SECOND floor(s) of the building located on Lot 44 Square 984
known as premises 1124 - E - STREET, N. E. for the following
purpose(s): APARTMENT HOUSE

THIS CERTIFICATE SHALL BE POSTED CONSPICUOUSLY ON THE ABOVE PREMISES
AT ALL TIMES. IT IS VALID INDEFINITELY, unless an expiration date is stated.
ONLY for the premises, or part thereof, and for the purpose(s), indicated
above, and IS NOT TRANSFERABLE to another person or premises under ANY
conditions. ANY CHANGE in the type of business, ownership of business, or
part of premises used therefor, will render this Certificate VOID and a NEW
Certificate must be obtained.

DEPT. OF LICENSES & INSPECTIONS, GOVT. OF DIST. OF COL.

SEE IMPORTANT NOTICE ON REVERSE SIDE HEREOF
OFFICE COPY

DUPLICATE

ZONE R-4 FEE \$ 22.00

Chief, Permit Branch


Ralph J. McClure
Permit Clerk

727 6311 - BZA
Rick Nero

**DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH ADMINISTRATION
LEAD HAZARD CONTROL PERMIT QUESTIONNAIRE AND EXEMPTION FORM**

Project Address 1124 E ST. NE.

Name of Owner(s) ENDALLACHEW Name of Contractor: _____

Phone Number 703-569-2512 Square # 984 Lot #: 44 Ward # _____

Project Start Date: 11/20/04 Project End Date: 06/01/05

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 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.

BENYAMIN F. JEREMIAH
 SIGNATURE
BENYAMIN JEREMIAH
 PRINT NAME

10/24/04
 DATE

For Official Government Use Only	
PERMIT REQUIRED YES ☐ NO ☐	Reviewed By: _____ Date: _____

**ENVIRONMENTAL HEALTH ADMINISTRATION
CONSTRUCTION PERMIT APPLICATION - SUPPLEMENTAL FORM - ENVIRONMENTAL QUESTIONNAIRE**

PROJECT ADDRESS: 1129 E ST. NE. LOT: 44 SQUARE: 984
 PROJECT DESCRIPTION INT. RENOVATION ~~REPAIR~~ AND NEW
EXT. STAIRS. PER PLAN.

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: [Signature] Name (print): BENYAM ZEREMUN
 Address: 7626 FOUNDAW RD Date: 10/21/04 Phone: _____

OFFICE USE ONLY

COMMENTS AND PERMIT RESTRICTIONS: _____

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

Date

10/21/04

OFFICIAL USE ONLY

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

4/2004

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS
Building and Land Regulation Administration

ENVIRONMENTAL INTAKE FORM

Project Name:	Project Address:	Lot:	Square:
Filed Job Application # (if applicable):		Project Description:	

Owner: INDIA KACHEW TESFAYE Date: 10/21/04
 Owner's address and phone #: 7050 SOLOMON SEAL CT. SPRINGFIELD VA.
 Authorized agent: BENJAM PERIN
 Address and Phone # of authorized agent: 2026 TURNER RD. WASHINGTON D.C.

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-

CONTRACT AGREEMENT

Name of Contractor/Owner ENDALKACHEW TEFAYE Contractor's License No. _____Address of Contractor/Owner 7050 SOLOMON SOAL CT. Date: 10/21/04
SPRINGFIELD, VA. 22152

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	\$	25,000	00
ELECTRICAL	\$	10,000	00
MECHANICAL	\$	20,000	00
PLUMBING	\$	20,000	00
FIRE PROTECTION e.g. sprinkler system, fire alarm system, generator etc	\$		
DEMOLITION	\$	5,000	00
MISC/OTHER (please specify)	\$		
TOTAL	\$	80,000	00

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.

ARCH. CONTRACTOR [Signature] Date 10/22/04
 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.

(E) FENCE (COMPLETE ITEMS 94 THRU 102) The fence will not obstruct any accessible parking required by D.C. Zoning Regulations

94 Material and type	95 Height ft	96. Color	97 Location ☐ Entirely on Owner's Land ☐ Party Line with Adjacent Neighboring Land *
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* 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	OFFICIAL USE ONLY	
100 Address of Adjoining Owner	101 Lot	102 Square	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 Est Cost of Work \$	OFFICIAL USE ONLY
110 Material of Roof	111 Material of Sides	112. Wall Thickness ☐ External () inches ☐ Party () inches				113 Color	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	OFFICIAL USE ONLY
119 Material of Frame	120. Material of Covering	121 Lettering on awning? ☐ Yes ☐ No	122. Fixed Posts? ☐ Yes ☐ No	123 Over Side- walk café? ☐ Yes ☐ No	FEE
				(a) _____ ft above sidewalk (b) _____ ft above parking (c) _____ ft above grade	\$
					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	
129 Address of Electrical Contractor (include Zip)		130. Signature of Licensed Electrician		131 Phone No	132 License No
133 Height relative to building and ground (a) _____ ft _____ in above sidewalk (b) _____ ft _____ in above roof (c) _____ ft _____ in is building height (d) _____ ft _____ in above projection of window (e) _____ ft _____ in from roof to sign's bottom		134. Material of Sign		135. Type of Sign	136. Color
		137 Width ft.	138 Length ft	139 Area of Sign sq ft	140. Wide of Business frontage ft
141 C of O No for Bldg	142. Sign Contractor License No.		OFFICIAL USE ONLY		
143 Sign Contractor's Address	144. Phone		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, 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 [Signature] Address 2626 Ten Law Rd. Date 10/21/09

(J) APPROVALS (DO NOT WRITE ON THIS PAGE; OFFICIAL USE ONLY):

A PERMIT CONTROL

- ☐ 1 Fine Arts by _____ Date _____
☐ 2 Historic by _____ Date _____
☐ 3 Cap Gateway by _____ Date _____
☐ 4 NCPC _____ Date _____
☐ 5 WH/Obs Precinct by _____ Date _____
☐ 6 Flood Control by _____ Date _____
☐ 7 WMATA by _____ Date _____
☐ 8 Condem by _____ Date _____
☐ 9 Rental Accom by _____ Date _____
☐ 10 Chinatown Distr. by _____ Date _____
☐ 11 Utility Clearance by _____ Date _____
☐ 12 General Liability Ins. Policy
 Clearance by _____ Date _____

B. CLEARANCE TO FILE PLANS

- ☐ 1 Zoning by: _____ Date _____
☐ 2 DDOT - Permit and Records Division
 Access to Parking Street ☐ Street ☐ Alley
 Cleared by _____ Date _____
☐ 3 DDOT - Consumer Engineer
 Cleared by _____ Date _____
☐ 4 ERA - Erosion Control
 Cleared by _____ Date _____

Restrictions of the Permit:

SEPARATE ELECTRICAL, PLUMBING AND MECHANICAL
INSTALLATION PERMITS ARE REQUIRED

TO REPORT WASTE, FRAUD,
OR ABUSE BY ANY D.C. GOVERNMENT
OFFICIAL, CALL THE D.C. INSPECTOR
GENERAL AT 1-800-521-1639

C PLANS AND APPLICATION APPROVAL

- ☐ 1. Information Counter by _____ Date 11-3-06
☐ 2. Information Center by _____ Date _____
☐ (a) ABRA 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 Page (C) Date 1/10/05
 Zoning Update by: _____ Date _____
 Zoning Overlay approval by: _____ Date _____
☒ 4. DDOT - Permit and Records Division/Deposit #
 Sidewalk Deposit \$ _____ Driveway Deposit \$ _____
 by POD Date 2/2/05
☒ 5. Water/Sewer Design Branch
 Consumer Eng. by Woe Date 2/7/05
☐ 6 Environmental Regulation Administration
☐ Environmental Policy Review
 Control No _____ Date _____
☐ Erosion Control by: POD Date 2/1/05
☐ Storm Water Mgmt by _____ Date _____
 Plan No _____
☐ Air Quality by _____ Date _____
☒ Underground Storage by _____ Date 2/1/05
☒ 7. Mechanical Eng. Review by AN Date 2/1/05
☒ 8 Plumbing Eng. Review by _____ Date _____
☒ 9 Electrical Eng. Review by: Q. Sub Date 1-28-05
☐ 10. Health Plan Review
☐ (a) Food Plan Review by _____ Date _____
☐ (b) Medical X-Ray Plan Rev.
 by: _____ Date _____
☒ 11 Fire Protection Plan Review
 by: POD Date 1/18/05
☐ 12 D.C. Fire Dept (Fire Prevention Plan Review Section)
 by: _____ Date _____
☐ 13. Elevator Plan Rev. Sec. by _____ Date _____
☐ 14. Plumbing Insp Rev. by: _____ Date _____
☐ 15. Construction Insp. Branch (Field Check)
 by _____ Date _____
☐ 16 Historic Pres. Div by _____ Date _____
☐ 17 EISF. Woe Date 1/16/04
☒ 18 Structural Eng by POD Date 2/2/05
☐ 19. Permit and Certificate Issuance Counter
 by: POD Date _____
☐ 20. QC By B Date 2-2-05

ZONING

C of O Number _____ Date _____
 Existing Use(s) Apt House
 Proposed Use _____

- ☐ New Bldg
☒ P.O.D.
☐ File in
 room 2124

DDOT - PUBLIC SPACE

Street Name _____
 Street Width _____
 Road Width _____
 Sidewalk Width _____
 Parking _____
 Restrictions _____

Job No 236-D BZA Case No _____ PUD Order No _____

POD

BUILDING PERMIT

Reg# 3 04/13/05 at 16:10 B1704
Receipt# 160790 Amount *****140.00
PERMIT NO. B471488

Date 4/13/05 (Type) ADDITION

Address of work 1124 "E" STREET N.E.

Permission is hereby granted to

who is authorized to perform the work described herein at the address shown above in strict accordance with the conditions stated on BOTH sides of this permit.

Authorized work and conditions of performance thereof:

ENCLOSURE OF (OPEN) BALCONY -- CONVERTING INTO BEDROOM.
DUCTWORK AND ELECTRICAL INCLUDED. REARRANGING THE UNIT.

SEPARATE ELECTRICAL, PLUMBING AND MECHANICAL INSTALLATION PERMITS ARE REQUIRED

Builder PERMIT AUTHORIZE CONSTRUCTION BETWEEN THE HRS. 7:00 AM - 7:00 PM

Width of Bldgs. SATURDAYS. AFTER HOURS PERMIT ARE REQUIRED FOR TIME AFTER 7:00 PM SU

Zone 2-4 WARD:6 To be occupied as APT. / RESIDENTIAL

Height of terrace above grade Projections: Chief, Permit Issuance Branch

Address of owner 7050 SOLOMON SEAT CT. SPRINGFIELD VA. 22151

Deposit No. Amount \$

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

By E. KING Permit Clerk

PATRICK CANAVAN ACTING DIRECTOR

DIRECTOR

P
E
R
M
I
T

RECEIVED
D.C. OFFICE OF ZONING
2005 APR 21 PM 1:26

05-00080

PRE-FILE NUMBERS		ZONING DISTRICT	FILE NUMBER	PERMIT NUMBER	
N.C.P.C. No:	O.G. No:	R-4 6			By:
H.P.A. No:	S.L. No:				Receipt No:



DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUILDING AND LAND REGULATION ADMINISTRATION PERMIT SERVICE CENTER
 Tel 202-442-4589 Fax 202-442-4862

BLRA-33
(Rev. 2/04)

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: 1124 E ST. N.E. WASHINGTON, D.C.		Suite No.	2. Lot 44	3. Square 984	4. Application Date 3/30/05
5 Owner of Building or Property ENDALKACHEW TEFAYE		6 Address (include Zip Code) 7050 SOLOMON SEAT CT. SIL. FLD. VA. 22152		7 Phone 571-277-8381	
8 Agent for Owner: (if applicable) S. Freeman		9. Address (include Zip Code) 13017 PAXTON DR. Upper Marlboro, Md. 20774		10. Phone 240-304-4751	
11. Type of Proposed Work (check all applicable boxes)					
☐ New Building ☒ Addition ☐ Alteration and Repair ☐ Raze Building ☐ Retaining Wall ☐ Fence ☐ Shed ☐ Awning ☐ Garage ☐ Sign ☐ Projection ☐ Other (Specify) _____ "False statements or misrepresentation of facts on a permit application and/or plans is subject to criminal penalties pursuant to DC law 22-2405."					
12. Description of Proposed Work ENCLOSURE OF OPEN ~~Balcony~~, CONVERTING IT TO A BEDROOM. DUCTWORK & ELECTRICAL INCLUDED. REARRANGING THE UNIT					
13 Existing Use(s) of Building or Property RESIDENTIAL APT		14 Ex. No of Stories of Bldg 2 w Basement	15 Ex No of Dwelling Units 1	Official Use Only Miscellaneous FEE \$ 140-	
16 Proposed Use(s) of Building or Property RESIDENTIAL APT		17 Prop No of Stories of Bldg 2 w Bas	18 Prop. No of Dwelling Units 1	By: At Date: 4/13/05	
19 Starting Date ASAP	20 Completion Date of work	21 Method of Removing Construction Debris ☐ Pick-up Truck ☒ Dumpster ☐ Other (specify) _____		22 Does the proposed work involve disturbing the earth or razing a building? ☐ Yes, answer q. 23 ☐ No, SKIP q. 23-27	
23. Is the area of disturbed earth more than 50 sq. ft? ☐ Yes, answer q. 24-25 ☒ No, SKIP q. 24-25	24. Soil Erosion Control Methods	25. Area of Offsite Drainage sq. ft	26. Nc of Footings or Columns	27 Size of Footings or Columns	

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 ONLY

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

(B) NEW BUILDING, ADDITION, & ALTERATION (COMPLETE ITEMS 28 THRU 60)

28. Architect's Name: S. Freeman		29. D.C. Lic. No.:		30. Architect's Address: (include Zip Code) 1301 Taylor Rd, Md 20774		31. Phone: 240-304-4751	
32. Engineer's Name:		33. D.C. Lic. No.:		34. Engineer's Address: (include Zip Code)		35. Phone:	
36. Building Contractor's Name: Daniel Abebe		36A. D.C. Lic. No.:		37. Contractor's Address: 7836 EASTERN AVE, N.E. WASHINGTON, D.C. 22140		38. Phone: 703-606-1504	
39. Type of Construction ☐ Masonry ☐ Steel ☒ Wood ☐ Other ☐ Concrete		40. Fire Suppression: ☐ Fully Sprinklered ☐ Standpipe System ☐ Partially Sprinklered ☐ None ☐ Other _____		41. Booster Pump ☐ New ☐ Existing ☐ None		42. Total Lot Area sq. ft.	
44. Present Gross Floor Area of Bldg. sq. ft.		45. Proposed Gross Floor Area of Bldg. sq. ft.		46. Floors involved in this permit ☐ All ☐ Floors _____		43. Breakdown of Lot Area (= 100 %)	
						a. building _____ %	
						b. paved area _____ %	
						c. greenery _____ %	
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? ☐ Yes ☒ No		54. Driveway Construction? ☐ Yes ☒ No		55. Sheeting/Shoring Necessary? ☐ Yes ☒ No		56. Elevators Involved? ☐ Yes, answer q. 57 ☒ No	
						57. No and type of elevator	
						58. Plans Certified by Engineer? ☐ Yes, cert. attached ☐ No	
59. Estimated Cost of Work		OFFICIAL USE ONLY					
(a) New/Add.: \$ _____		Alter/Repair FEE		New Const. FEE		Filing Fee	
(b) Alt/Repair \$ _____						TOTAL PERMIT FEE	
Total \$ 10,000.00		\$		\$		\$	
60. Volume of New Bldg. or Addition cubic ft.		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 Code)		63. Phone:	
64. Insurance Company		65. Policy or Cert. Number		66. Expiration Date	
67. Raze Method					
68. Building Material		69. Raze Entire Building? ☐ Yes ☐ No		70. Building Condemned? ☐ Yes ☐ No	
70A. Building Vacant? ☐ Yes ☐ No		71. Public Space Vault? ☐ Yes ☐ No		72. Disconnect Water and/or Sewer? ☐ Yes ☐ No	
73. Size of Water Connection in.		74. Plumber's Name:		75. D.C. Lic. No.	
76. Length ft.		77. Width ft.		78. Height ft.	
79. Volume ft.		80. Party Wall? ☐ Yes ☐ No			
81. Asbestos in the Building? ☐ No ☐ Yes, location _____		82. Raze Contractor Signature		OFFICIAL USE ONLY	
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: ☐ Entirely on Owner's Land ☐ Party Line with Adjacent Neighboring Land *	
89. Signature of Adjoining Owner:		90. Phone: Home Work							
91. Address of Adjoining Owner:		92. Lot:		93. Square:					
						OFFICIAL USE ONLY			
						FEE By: _____ Date: _____		\$	

* If party wall, the owner of the adjoining property must agree to the erection of the retaining wall and this application

☆☆☆ GOVERNMENT
OF THE DISTRICT
OF COLUMBIA
Form BLRA-15
(Rev. 9/30/91)

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUILDING AND LAND REGULATION ADMINISTRATION

BUILDING PERMIT

PERMIT NO. B469531

Date 2/2/05

(Type)

ALTERATION AND REPAIR

Address of work 1124 "E" STREET NE.

Lot 44 Square 984

Permission is hereby granted to

ENDALKACHEW TESFAYE

who is authorized to perform the work described herein at the address shown above in strict accordance with the conditions stated on BOTH sides of this permit.

Authorized work and conditions of performance thereof:

INTERIOR RENOVATION AND NEW ELECTRICAL, MECHANICAL AND PLUMBING.

SEPARATE ELECTRICAL, PLUMBING AND MECHANICAL INSTALLATION PERMITS ARE REQUIRED.

THIS PERMIT AUTHORIZES CONSTRUCTION BETWEEN THE HOURS OF 7:00 AM AND 7:00 PM

MONDAY THRU SATURDAYS. AFTER HOURS PERMITS ARE REQUIRED FOR TIMES AFTER

7:00 PM AND SUNDAYS.

Zone R-4

Height of terrace above grade

Address of owner 7050 SOLOMON SEAT CT. SIL. FED. VA. 22152

Deposit No. Amount \$

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

FALSE STATEMENTS OR MISREPRESENTATION OF FACTS ON A PERMIT APPLICATION AND/OR PLANS IS SUBJECT TO CRIMINAL PENALTIES PRUSUANT TO DC LAW 22-2405".

DIRECTOR PATRICK CANAVAN ACTING DIRECTOR.

(Owner)

NO.

DATE

FEE PAYABLE

\$ 1570.00

FOR INSPECTIONS CALL 727-382 442-464

Height

No. of Stories 2 W/B.

To be occupied as

Projections: APT. BLDG.

Chief, Permit Issuance Branch

By

E. KING

Permit Clerk

CERTIFICATE OF OCCUPANCY

No. B 43718

Washington, D.C., JULY 15TH, 1964

Permission is hereby granted to UNITED CHURCH OF GOD, INC.to use the 1ST & 2ND floor(s) of the building located on Lot 111 Square 98,known as premises 1121 E STREET, N. E. for the followingpurpose(s). APARTMENT HOUSE

THIS CERTIFICATE SHALL BE POSTED CONSPICUOUSLY ON THE ABOVE PREMISES AT ALL TIMES. IT IS VALID INDEFINITELY, unless an expiration date is stated, ONLY for the premises, or part thereof, and for the purpose(s), indicated above, and IS NOT TRANSFERABLE to another person or premises under ANY conditions. ANY CHANGE in the type of business, ownership of business, or part of premises used therefor, will render this Certificate VOID and a NEW Certificate must be obtained.

DEPT. OF LICENSES & INSPECTIONS, GOV'T. OF DIST. OF COL.

ZONE A-1

FEE \$ 10.00

Chief, Permit Branch

by Mary Savage
Permit Clerk

OFFICE COPY

CONTRACT AGREEMENT

Name of Contractor/Owner Daniel Abebe Contractor's License No. _____Address of Contractor/Owner 7826 EASTERN AVE, # 304
WASHINGTON, D.C., 22140 Date: 3-28-05

ADDRESS OF PROPOSED WORK

1124 E ST. N.EWASHINGTON, D.C.LOT 44SQUARE 984

OWNER OF BUILDING OR BUSINESS

PHONE No _____

ENDALKACHIEW TESTAYE

DESCRIPTION OF PROPOSED WORK

ENCLOSURE OF OPEN BALCONY, CONVERTING IT TO A BEDROOM.
DUCTWORK & ELECTRICAL INCLUDED. REARRANGE THE UNIT

COST ESTIMATE

CONSTRUCTION e.g. drywall, ceilings, framing, carpentry etc	\$	<u>2,500.00</u>
ELECTRICAL	\$	<u>3,500.00</u>
MECHANICAL	\$	<u>2,000.00</u>
PLUMBING	\$	<u>2,000.00</u>
FIRE PROTECTION e.g. sprinkler system, fire alarm system, generator etc	\$	
DEMOLITION	\$	
MISCELLANEOUS (please specify)	\$	
TOTAL	\$	<u>10,000.00</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 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 found 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 full 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 premises and that he or she has read this agreement.

CONTRACTOR

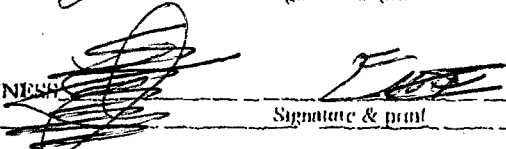


Signature & print

Date 3-28-05

OWNER OF

BUILDING/BUSINESS



Signature & print

Date 3-28-05

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

Project Address 1124 E ST. N.E.
WASHINGTON, D.C.

Phone Number 571-277-8381 Square # 984 Lot # 44 Ward # 6

Project Start Date ASAP

Project End Date:

Hospital ☐
Museum ☐
School/Child Development ☐

2. Is the project designed to eliminate or reduce lead-based paint hazards in a pre-1978 building or structure? YES ☐ NO ☒

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?			

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; and a 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.

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 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 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 administrative penalties. I understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this app approval.

SIGNATURE

DATE _____

ENDALKA CHELO TESFAYE
PRINT NAME

For Official Government Use Only

PERMIT REQUIRED

YES ☐

NO. 11

Reviewed By

Date _____

**ENVIRONMENTAL HEALTH ADMINISTRATION
CONSTRUCTION PERMIT APPLICATION -- SUPPLEMENTAL FORM -- ENVIRONMENTAL QUESTIONNAIRE**

PROJECT ADDRESS: 1124 E ST. N.E., WASHINGTON, D.C. LOT: 44 SQUARE: _____
PROJECT DESCRIPTION: ENCLOSURE OF OPEN BALCONY, CONVERTING IT TO A BEDROOM. DUCTWORK & ELECTRICAL INCLUDED.

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 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 (Initial)
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) 535-2200, 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) 535-2200, 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?		X	(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?		X	(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		X	(202) 535-2250, Air Quality Division, EHA	
10 Was the building built before 1978? (Lead paint may be present)		X	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 question Questionnaire are complete and correct to the best of my knowledge.

Signature _____ Name (print) _____

Address _____ Date _____ Phone _____

OFFICE USE ONLY

COMMENTS AND PERMIT RESTRICTIONS: _____

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS
Building and Land Regulation Administration

ENVIRONMENTAL INTAKE FORM

Project Name: RENOVATION OF 1124 E ST. N.E.	Project Address: 1124 E ST. N.E. WASHINGTON, D.C.	Lot. 44 Square. 984
Filed Job Application # (if applicable):		Project Description:

Owner: **ENDALKACHEW TESSAYE** Date: **3-28-05**
 Owner's address and phone #: **7050 SOLOMON ISLAND SEAT CT.
SPRINGFIELD, VA. 22152**
 Authorized agent: **S. Freeman**
 Address and Phone # of authorized agent: **13017 Peyton Dr
Upper Marlboro, Md. 20774**

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?		X	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?		X	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?		X	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?		X	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?		X	If yes, skip to signature line.
7. Is this project an accessory structure such as a garage, patio, swimming pool or fence?		X	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)?		X	If yes, skip to signature line.
10. Is the project located within the Central Employment Area as defined in DC Zoning Regulations? (Title 11DCMR)		X	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?		X	If yes, submit documentation to EIS Coordinator, DCRA.

-OVER-

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		X	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?		X	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?		X	If yes, EISF required.
B Are any streams, lakes, ponds, springs or wetlands within 100 feet of the project site?		X	If yes, EISF required.
C Will the project result in an emission of odorous or other air pollutants from any source, including VOCs?		X	If yes, EISF required.
D Will this action involve the use, production or disposal of hazardous substances as defined in 20 DCMR 7299?		X	If yes, EISF required.
E Will construction be on land where the depth to the water table is less than 3 feet?		X	If yes, EISF required.
F Will blasting occur as part of the project?		X	If yes, EISF required.
G Will the project generate medical, infectious, radioactive or hazardous waste?		X	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)

BWA
Signature of Owner/Authorized Agent

03/28/05
Date

OFFICIAL USE ONLY

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

(E) FENCE (COMPLETE ITEMS 94 THRU 102) The fence will not obstruct any accessible parking required by D.C. Zoning 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	OFFICIAL USE ONLY	
		FEE	
100. Address of Adjoining Owner:	101. Lot	102. Square	\$
			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. Est. Cost of Work \$	OFFICIAL USE ONLY
							FEE
110. Material of Roof	111. Material of Sides	112. Wall Thickness: ☐ External () inches ☐ Party () inches				113. Color	\$
							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	OFFICIAL USE ONLY
					FEE
119. Material of Frame	120. Material of Covering	121. Lettering on awning? ☐ Yes ☐ No	122. Fixed Posts? ☐ Yes ☐ No	123. Over Side- walk café? ☐ Yes ☐ No	\$
					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 License Number:
129. Address of Electrical Contractor (include Zip)		130. Signature of Licensed Electrician		131. Phone No.
132. License No.				
133. Height relative to building and ground (a) _____ ft _____ in above sidewalk (b) _____ ft _____ in above roof (c) _____ ft _____ in is building height (d) _____ ft _____ in above projection of window (e) _____ ft _____ in from roof to sign's bottom		134. Material of Sign		135. Type of Sign
		136. Color		
		137. Width ft.	138. Length ft.	139. Area of Sign sq. ft.
		140. Wide of Business frontage ft.		
141. C of O No for Bldg.	142. Sign Contractor: License No.		OFFICIAL USE ONLY	
		Sign FEE Elect. FEE Total FEE		
143. Sign Contractor's Address:		144. Phone:		
		\$		
		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, 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 1050 Solomon Seat Ct. Springfield, Va. 22152 Date 3/29/05

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 _____ Address _____ Date _____

(J) APPROVALS (DO NOT WRITE ON THIS PAGE; OFFICIAL USE ONLY):

A. PERMIT CONTROL		C. PLANS AND APPLICATION APPROVAL	
☐ 1. Fine Arts by: _____ Date: _____ ☐ 2. Historic by: _____ Date: _____ ☐ 3. Cap. Gateway by: _____ Date: _____ ☐ 4. NCPC by: _____ Date: _____ ☐ 5. W.H./Obs. Precinct by: _____ Date: _____ ☐ 6. Flood Control by: _____ Date: _____ ☐ 7. WMATA by: _____ Date: _____ ☐ 8. Condem. by: _____ Date: _____ ☐ 9. Rental Accom. by: _____ Date: _____ ☐ 10. Chinatown Distr. by: _____ Date: _____ ☐ 11. Utility Clearance by: _____ Date: _____ ☐ 12. General Liability Ins. Policy Clearance by: _____ Date: _____	☐ 1. Information Counter by: <u>Wiggs</u> Date: <u>3/28/05</u> ☐ 2. Information Center by: _____ Date: _____ ☐ (a) ABRA 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: <u>Pay-O.</u> Date: <u>4/6/05</u> Zoning Update by: _____ Date: _____ Zoning Overlay approval by: _____ Date: _____ ☐ 4. DDOT - 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. _____ Date _____ by _____ Date _____ ☐ Erosion Control by: _____ Date _____ ☐ Storm Water Mgmt. by: _____ Date _____ Plan No _____ ☐ Air Quality by: _____ Date _____ ☐ Underground Storage by: _____ Date _____ ☒ 7. Mechanical Eng. Review by: <u>JAA</u> Date <u>4-13-05</u> ☒ 8. Plumbing Eng. Review by: <u>JAA</u> Date <u>4-13-05</u> ☒ 9. Electrical Eng. Review by: <u>JAA</u> Date <u>4-13-05</u> ☐ 10. Health Plan Review ☐ (a) Food Plan Review by: _____ Date _____ ☐ (b) Medical X-Ray Plan Rev. by: _____ Date _____ ☐ 11. Fire Protection Plan Review by: _____ Date _____ ☐ 12. D.C. Fire Dept. (Fire Prevention Plan Review Section) by: _____ Date _____ ☐ 13. Elevator Plan Rev. Sec. by: _____ Date _____ ☐ 14. Plumbing Insp. Rev. by: _____ Date _____ ☐ 15. Construction Insp. Branch (Field Check) by: _____ Date _____ ☐ 16. Historic Pres. Div. by: _____ Date _____ ☐ 17. EISF: _____ Date _____ ☒ 18. Structural Eng. by: <u>RC</u> Date <u>4/13/05</u> ☐ 19. Permit and Certificate Issuance Counter by: _____ Date _____ ☐ 20. QC By: <u>[Signature]</u> Date <u>4/13/05</u>		
B. CLEARANCE TO FILE PLANS			
☐ 1. Zoning by: _____ Date: _____ ☐ 2. DDOT - Permit and Records Division Access to Parking Street ☐ Street ☐ Alley Cleared by: _____ Date: _____ ☐ 3. DDOT - Consumer Engineer Cleared by: _____ Date: _____ ☐ 4. ERA - Erosion Control Cleared by: _____ Date: _____			
Restrictions of the Permit: SEPARATE ELECTRICAL, PLUMBING AND MECHANICAL INSTALLATION PERMITS ARE REQUIRED. TO REPORT WASTE, FRAUD, OR ABUSE BY ANY D.C. GOVERNMENT OFFICIAL, CALL THE D.C. INSPECTOR GENERAL AT 1-800-521-1639			
ZONING		DDOT - PUBLIC SPACE	
C of O Number <u>43718</u> Date <u>7/15/04</u> Existing Use(s) <u>Apartment House</u> Proposed Use <u>(1st & 2nd floors)</u> <u>Revision to Bldg permit #</u> <u>B469531 issued 2/2/05 Enclose</u>		☐ New Bldg ☐ P.O.D. ☐ File in room 2124 Street Name: _____ Street Width: _____ Road Width: _____ Sidewalk Width: _____ Parking: _____ Restrictions: _____	
Job No. _____	BZA Case No _____	PUD Order No. _____	

part of area within roofed porch area.



Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration - Permit Service Center

March 30, 2005
01:46 PM

Comments

Received:

Date:

PLANS

Y N

APPLICATION

Y N

Engineering Coordinator William Schoon

Applicant/Agent S FREEMAN 240-304-4751

Project Location:

1124 E ST NE

Required Reviews (Checked boxes only)	Reviewer	Completion Time	Review Status
☐ Public Space		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Ref. to DPW ☐ Conf. w/ Applicant
☒ Zoning	TAKE 1	☐ AM ☐ PM	☒ Approved ☒ HFC ☒ Ref. to BZA ☐ Ref. to Zoning Administrator ☐ 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 & 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 Complete #5 15.1/8 of application. Provide section showing the balcony to be enclosed. Does the balcony have a cover now?

Zoning & Existing structure is over the Max Lot Occupancy allowed.

Provide copy previous dwgs & a copy of permit

Str: ① Provide 1 hr fire rated wall / less than 3' to the pt

② No opening on exterior wall / less than 3' to the pt. ③ Revise plat location the plat

RECEIVED

D.C. OFFICE OF ZONING

2005 DEC 21 PM 1:27

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

BUILDING AND LAND REGULATION ADMINISTRATION; PERMIT CENTER
941 NORTH CAPITOL STREET N.E. 2nd FL
WASHINGTON D.C. 20002

APPLICATION TO INSTALL SUPPLEMENTAL PLUMBING SYSTEMS IN BUILDINGS

PLUMBING PERMIT APPLICATION					BLDG PERMIT NUMBER: 8469531
P APPLICATION MUST BE COMPLETE IN ITS ENTIRETY					
ADDRESS: 1124 E STREET NW 2ND DC		SUITE / ROOM:	LOT: 44	SQUARE: 9856	APPLICATION DATE: 6/15/05
OWNER OF BUILDING/BUSINESS: ENOTALIA-KU TES FAYZ		OWNER'S ADDRESS: 2050 Solomon Road SIL. FLD. VA. 22152			PHONE No. 454-3238 (30)
TYPE OF WORK:		PROPOSED USE (CURRENT USE IF NO CHANGE):			
a. ☐ New b. ☐ Replacement c. ☒ Remodeling d. ☐ Repair		A ☐ Single Family E ☐ Restaurant I ☐ Office B ☐ Two Family Flat F ☐ Store J ☐ Garage C ☐ Rooming House G ☐ Shop H ☐ Other (specify) D ☒ Apartment H ☐ Theatre			

PLUMBING AND GAS

NO	TYPE	NO	TYPE	NO	TYPE	NO	TYPE								
	Water line cut	6	Basins		Drinking fountain		Gas line cut								
	Sewer line cut	4	Sinks		Downspouts		Gas Range								
	San waste cut		Garbage disposals		Drains Floor/Area		Gas Ovens								
	Vent line cut	4	Dishwashers		Drains Roof		Gas Fryers								
4	Bath tubs		Slop sinks		Stump pump		Gas Furnace								
	Showers		Laundry tubs		Sewer Ejector		Gas Boilers								
6	Water closets		Water cap		Fire Sprinkler 13		Gas unit Space Heaters								
	Urinals/Bidets		Sewer cap		Fire 13R/ED		Gas fireplace								
	Hose Bibs		Grease Interceptor	4	Water Heaters		Gas Grill								
Other:		Gas line test		No	99413										
		Washer box		No											
		Backflow preventer		No											
		Relocate gas / water meter		No											
Master Plumber & Co. Name : Scott Kumbiega				Address of Contractor: 7551 Highway 101											
Master Plumber or Gas Fitter Signature: Scott Kumbiega				Lic. No. #1317		Phone No. 454-3238									
<table border="1"> <tr> <th colspan="2">FOR OFFICIAL USE ONLY</th> </tr> <tr> <td>AP #</td> <td></td> </tr> <tr> <td>Fee \$</td> <td></td> </tr> <tr> <td>By</td> <td></td> </tr> </table>								FOR OFFICIAL USE ONLY		AP #		Fee \$		By	
FOR OFFICIAL USE ONLY															
AP #															
Fee \$															
By															

TO REPORT WASTE, FRAUD OR ABUSE BY ANY D.C. GOVERNMENT OFFICE OR OFFICIAL, CALL THE INSPECTOR GENERAL AT 1-800 - 521 - 1639

ALL CALLS ARE CONFIDENTIAL

P

PLBG 99415

PLUMBING PERMIT

THIS PERMIT IS VALID ONLY FOR THE PREMISES
OF THE PROJECT ADDRESS

BLDG PMT. B469531

DATE : 6/15/2005

ADDRESS OF PROJECT:

1124 E ST NE

PRCLID :

0984

(square)

-0000-

0044

(lot)

WARD:

6

ZONE :

R4

OWNER'S NAME:

ENDALKACHEW TESFAYE

OWNER'S ADDRESS:

7050 SOLOMON SEAL CT

OWNER'S TELEPHONE NO.

CONTRACTOR'S NAME :

SCOTT PLUMBING

CONTRACTOR'S ADDRESS :

**7501 FINNS LANE
LANHAM
MD**

CONTRACTOR'S PHONE NO.

BUS. (301)459-3238 x

FAX.

MASTER PLUMBER :

JERONE SCOTT

LICENSE #

0000001317

**4 BATH TUBS
6 WATER CLOSETS
4 WASHER BOX
4 SINKS
6 BASINS
4 DISHWASHER**

4 WATER HEATERS

DESCRIPTION OF WORK :

FEE :

\$652.00

PROPOSED USE:

R2 APARTMENT

TYPE OF WORK :

This permit authorizes the contractor to perform the work described herein at the address shown above, under the conditions stated on this permit. THIS PERMIT MUST ALWAYS BE CONSPICUOUSLY DISPLAYED AT THE ADDRESS OF WORK UNTIL WORK IS COMPLETED. For all plumbing inspections, call 202-442-4642 or fax your request to 202-442-4863.

**David A. Clark
DIRECTOR**

PERMIT CLERK:

LUCRETIA BARKSDALE

EXPIRATION DATE:

Jun - 15 - 2006

FILE COPY

DEPT OF CONSUMER & REGULATORY AFFAIRS

941 NORTH CAPITOL STREET, N.E.
WASHINGTON, DC 20002
(202)442-4460

Remittance Source Document**Report Date** 06/15/2005 12:21 PM**Submitted By**

Page 1

Trn # 118389 **Trn Date** 06/15/2005 12:21 **Template Type** BLDG **A/P #** 99415
Customer SCOTT PLUMBING
DBA
Address 7501 FINNS LANE **Cash Payment**
Cash 652.00
LANHAM MD

Fees Item	Dest Budget #	Amount
BASIN	D_32302-1008-3014	120.00
BATH TUB	D_32302-1008-3014	80.00
DISHWASHER	D_32302-1008-3014	80.00
SINKS	D_32302-1008-3014	80.00
WASHER BOX - FIRST	D_32302-1008-3014	26.00
WASHER BOX - OTHERS	D_32302-1008-3014	60.00
WATER CLOSET	D_32302-1008-3014	120.00
WATER HEATER - FIRST	D_32302-1008-3014	26.00
WATER HEATER - OTHERS	D_32302-1008-3014	60.00
Total Amount		652.00
Amount Confirmed		0.00
Total Amount Due		652.00

D.C. TREASURER**PAYMENT MUST BE MADE IN FULL****REMITTANCE SOURCE DOCUMENT**

Trn Date 06/15/2005 12:21
Customer SCOTT PLUMBING
DBA

A/P # 99415

000118389000000065200

000118389000000065200

P
E
R
M
I
T

*** GOVERNMENT
OF THE DISTRICT
OF COLUMBIA
Form BLRA-15
(Rev. 9/30/91)

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUILDING AND LAND REGULATION ADMINISTRATION

BUILDING PERMIT

PERMIT NO. B469531

Date 2/2/05 (Type) ALTERATION AND REPAIR

Address of work 1124 "E" STREET NE.

Lot 44 Square 984

Permission is hereby granted to

(Owner)

TOTAL PERMIT FEE \$

FILING FEE \$

ENDAKACHEW TEFAYE
who is authorized to perform the work described herein at the
address shown above in strict accordance with the conditions
stated on BOTH sides of this permit.

NO.

DATE

FEE PAYABLE

\$ 1570.00

Authorized work and conditions of performance, thereof:

FOR INSPECTIONS CALL ***** 442-4641

INTERIOR RENOVATION AND NEW ELECTRICAL, MECHANICAL
AND PLUMBING.

SEPARATE ELECTRICAL, PLUMBING AND MECHANICAL INSTALLATION PERMITS ARE REQUIRED.

THIS PERMIT AUTHORIZE CONSTRUCTION BETWEEN THE HOURS OF 7:00 AM AND 7:00 PM.
MONDAY THRU SATURDAYS. AFTER HOURS PERMITS ARE REQUIRED FOR TIMES AFTER
7:00 PM AND SUNDAYS.

Zone R-4

To be occupied as

APT. BLDG.

Height of terrace above grade

Projections:

Address of owner 7050 SOLOMON SEAT CT. SIL.FLD. VA. 22152

Deposit No.

Amount \$

By

E. KING

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

Chief, Permit Issuance Branch

Permit Clerk

FALSE STATEMENTS OR MISREPRESENTATION OF FACTS ON A PERMIT APPLICATION
AND/OR PLANS IS SUBJECT TO CRIMINAL PENALTIES PRUSUANT TO DC LAW 22-2405".

DIRECTOR PATRICK CANAVAN ACTING DIRECTOR.

RECEIVED

D.C. OFFICE OF ZONING

2005 DEC 21 PM 2:23

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

BUILDING AND LAND REGULATION ADMINISTRATION; PERMIT CENTER

941 NORTH CAPITOL STREET N.E. 2nd FL

WASHINGTON D.C. 20002

APPLICATION TO INSTALL SUPPLEMENTAL ELECTRICAL SYSTEMS IN BUILDINGS

E				ELECTRICAL PERMIT APPLICATION				BLDG PERMIT NUMBER:	
APPLICATION MUST BE COMPLETE IN ITS ENTIRETY									
ADDRESS OF PROPOSED WORK: <i>1124 E ST. NE.</i>				SUITE/ROOM:		LOT: <i>44</i>		SQUARE: <i>984</i>	
OWNER OF BUILDING: <i>ENDALKACHAN TEFAYE</i>				ADDRESS OF OWNER: <i>7050 SOLOMON SEAL CT SPRINGFIELD VA</i>				APPLICATION DATE: <i>5-12-05</i>	
OWNER OF BUSINESS:				BUSINESS OWNER'S ADDRESS:				PHONE:	
TYPE OF WORK:		IS THE WORK INTENDED TO CHANGE THE USE OF THE BUSINESS?		PROPOSED USE (CURRENT USE IF NO CHANGE):					
a. New		YES		a. Single Family		e. Restaurant		i. Office	
b. Replacement		NO		b. Two Family Flat		f. Store		j. Garage	
c. Remodeling				c. Rooming House		g. Shop		k. Other (specify) _____	
d. Repair				d. Apartment <i>BLDG</i>		h. Theater			
NO OF ROOMS:		NO. OF FLOORS:		Specify all proposed electrical work: (Note that plans are required when more than 10 outlets will be installed).					
				ESTIMATED COST OF WORK \$					

ELECTRICAL

NUMBER	ITEM	FEE	NUMBER	ITEM	FEE
<i>20</i>	OUTLETS	<i>913.81</i>		Motors (list)	
<i>30</i>	LIGHTS i. Inside _____ watts ii. Outside _____ watts				
<i>6</i>	Central Air Conditioner:			Service & Meter Equipment (list)	
<i>6</i>	Electric Range		<i>1</i>	<i>800 AMP</i>	
<i>6</i>	Clothes Dryer				
<i>6</i>	Garbage Disposal				
<i>6</i>	Dishwasher		<i>12</i>	Other (list) <i>smoke det</i>	
	Hot Water Heater		<i>12</i>	<i>LOW VOLTAGE</i>	
	Temp Use of Current for _____ days.				
Is current being used in building? <i>Yes</i>		Electrical Contractor: <i>EMERGENCY SECURITY</i>			
Lic. No. <i>1337</i>		Address: <i>1109 K ST, DC, 20002</i>		Phone No: <i>546 4200</i>	
Master Electrician Signature: <i>Salbert E Dawleng</i>		Lic. No. <i>631</i>		By: _____	
				Date: _____	

ELECTRICAL FEE

TO REPORT WASTE, FRAUD OR ABUSE BY ANY D.C. GOVERNMENT OFFICE OR OFFICIAL,

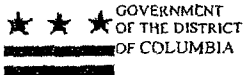
05-00024

No. B 60942

PRE-FILE NUMBERS		ZONING DISTRICT	FILE NUMBER
JCPC No	OG No	R-4	
JPA No	SL No	Ward No	Receipt No

Washington, D.C. APRIL 14TH 1948

GOD



DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUILDING AND LAND REGULATION ADMINISTRATION PERMIT SERVICE CENTER
Tel 202-442-4589 Fax 202-442-4862

PLANS

APPLICATION FOR CONSTRUCTION PERMITS ON PRIVATE PROPERTY
(PRINT IN INK OR TYPE, DO NOT WRITE IN SHADED AREAS OR ON PAGE 4)

BLRA-33
(Rev 2/04)

CLEARANCE TO FILE
By _____ Date _____

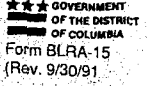
ERASING, CROSSING OUT, WHITING OUT, OR OTHERWISE ALTERING ANY ENTERED INFORMATION WILL VOID THIS APPLICATION

(A) ALL APPLICANTS MUST COMPLETE ITEMS 1 THRU 27

1 Address of Proposed Work 1124 E ST. NE		Suite No	2. Lot 44	3 Square 984	4 Application Date 10/21/04
5 Owner of Building or Property ENDALKACHEW TESFAYE		6 Address (include Zip Code) 7050 SOLOMON SEAT CT. SPRINGFIELD, VA. 22152		7 Phone 703-569-2519	
8 Agent for Owner. (if applicable) BENYAM ZAHUN		9 Address (include Zip Code) 2626 JUNKAN RD #304		10. Phone 202-423-9019	

11 Type of Proposed Work (check all applicable boxes)

☐ New Building ☐ Retaining Wall ☐ Garage ☐ Sign



DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUILDING AND LAND REGULATION ADMINISTRATION

BUILDING PERMIT

PERMIT NO. B469531

Date 2/2/05 (Type) ALTERATION AND REPAIR
Address of work 1124 "E" STREET NE.
Permission is hereby granted to

Lot	44	Square	984
TOTAL PERMIT FEE		\$	
FILING FEE		\$	
FEE PAYABLE		\$ 1570.00	

who is authorized to perform the work described herein at the address shown above in strict accordance with the conditions stated on BOTH sides of this permit.
Authorized work and conditions of performance thereof:

INTERIOR RENOVATION AND NEW ELECTRICAL, MECHANICAL AND PLUMBING.
SEPARATE ELECTRICAL, PLUMBING AND MECHANICAL INSTALLATION PERMITS ARE REQUIRED.
THIS PERMIT AUTHORIZES CONSTRUCTION BETWEEN THE HOURS OF 7:00 AM AND 7:00 PM
BUT NOT THRU SATURDAYS. AFTER HOURS PERMITS ARE REQUIRED FOR TIMES AFTER
WITHIN 6 HOURS AND SUNDAYS. Length Height To be occupied as Projections

Zone B-4
Height of terrace above grade
Address of owner 7050 SOLOMON SEAT CT. SIL. SPR. MVA.
Deposit No. Amount \$

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
"FALSE STATEMENTS OR MISREPRESENTATION OF FACTS ON A PERMIT APPLICATION
AND/OR PLANS IS SUBJECT TO CRIMINAL PENALTIES PURSUANT TO DC LAW 22-2405".
DIRECTOR PATRICK CANAVAN ACTING DIRECTOR.

INSPECTIONS CALL 727-7562 442-4641
REPAIRS CALL 727-7562 442-4641
BUIL. STRUCT. & EQUI
CHIEF, Permit Issuance Branch
Permit Clerk
KING

- ☐ Yes, answer q. 24-25
☐ No, SKIP q. 24-25

SEE NOTES N/A sq ft N/A N/A

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

E

ELECTRICAL PERMIT

PERMIT NO.
EL 97387

THIS PERMIT IS VALID ONLY FOR THE PREMISES
OF THE PROJECT ADDRESS

BLDG PMT. B

DATE : 5/12/2005

ADDRESS OF PROJECT:

1124 E ST NE

PRCLID : **0984**
(square)

WARD: **6**

-0000- **0044**
(lot)

ZONE : **R4**

OWNER'S NAME:

ENDALKACHEW TESFAYE

OWNER'S ADDRESS:

7050 SOLOMON SEAL CT

OWNER'S TELEPHONE NO.

CONTRACTOR'S NAME:

EMERGENCY SECURITY

CONTRACTOR'S ADDRESS:

**1109 K ST. N.E
WASHINGTON
DC**

Zip : **20002-**

CONTRACTOR'S PHONE NO.

BUS. **(202)546-4200 x**

FAX.

MASTER ELECTRICIAN:

TALBERT E. DOWLING

LICENSE #

0000000631

PHONE NO.

DESCRIPTION OF WORK:

1-800 AMP, 12 SMOKE DET., 12 LOW VOLTAGE.

FLOOR NUMBERS:

FEE :

\$647.00

☐ NEW ☒ REMODEL ☐ REPLACEMENT ☐ REPAIR

CURRENT USE:

R2 APARTMENT

PROPOSED USE:

**32 OUTLETS
30 LIGHTS
6 CENTRAL A/C
6 ELECTRIC RANGE
6 CLOTHES DRYER
6 GARBAGE DISPOSAL
6 DISH WASHER**

1 SERVICE/METER 401 - 800 AMP

**0
0
0**

This permit authorizes the contractor to perform the work described herein at the address shown above, under the conditions stated on this permit. THIS PERMIT MUST ALWAYS BE CONSPICUOUSLY DISPLAYED AT THE ADDRESS OF WORK UNTIL WORK IS COMPLETED. For all electrical inspections, call 202-442-4643 or fax your request to 202-442-4863.

**David A. Clark
DIRECTOR**

PERMIT CLERK:

L. BARKSDALE

EXPIRATION DATE:

May - 12 - 2006

DEPT OF CONSUMER & REGULATORY AFFAIRS

941 NORTH CAPITOL STREET, N.E.
WASHINGTON, DC 20002
(202)442-4460

Remittance Source Document

Report Date 05/12/2005 10:34 AM

Submitted By

Page 1

Trn # 116166 Trn Date 05/12/2005 10:34 Template Type BLDG A/P # 97387
Customer EMERGENCY SECURITY
DBA
Address 1109 K ST. N.E.
WASHINGTON DC 20002-
Cash Payment
Cash 647.00

Fees Item	Dest Budget #	Amount
CENTRAL A/C	D_32303-1009-3015	195.00
CLOTHES DRYER	D_32303-1009-3015	55.00
DISH WASHER	D_32303-1009-3015	60.00
ELECTRIC RANGE	D_32303-1009-3015	55.00
GARBAGE DISPOSAL	D_32303-1009-3015	60.00
GROUP 13, ITEM 01	D_32303-1009-3015	40.00
GROUP 8 & 9, ITEM 01	D_32303-1009-3015	78.00
LIGHTS	D_32303-1009-3015	24.00
OUTLETS	D_32303-1009-3015	80.00
Total Amount		647.00
Amount Confirmed		0.00
Total Amount Due		647.00

D.C. TREASURER



PAYMENT MUST BE MADE IN FULL

REMITTANCE SOURCE DOCUMENT

Trn Date 05/12/2005 10:34
Customer EMERGENCY SECURITY
DBA

A/P # 97387

000116166000000064700

000116166000000064700

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS



BUILDING AND LAND REGULATION ADMINISTRATION; PERMIT CENTER
941 NORTH CAPITOL STREET N.E. 2nd FL
WASHINGTON D.C. 20002

APPLICATION TO INSTALL AIR CONDITION/REFRIGERATION SYSTEMS IN BUILDINGS

A/C AIR CONDITION AND REFRIGERATION PERMIT APPLICATION				BLDG PERMIT NUMBER: B 469531	
ADDRESS OF PROPOSED WORK: 1124 "E" Street NE #A			SUITE/ROOM:	LOT: 44	SQUARE: 984
OWNER OF BUILDING/BUSINESS: ENDAKACHEW Tesfaye			ADDRESS OF OWNER: 7070 Solomon Street SE, S.W.		PHONE: (202) 409 8757
TYPE OF WORK	EQUIP. MANUF.	EQUIP. MODEL	PROPOSED USE (CURRENT USE IF NO CHANGE)		
a. ☐ New	Goodman	CP1318-1	a. ☐ Single Family e. ☐ Restaurant i. ☐ Office b. ☐ Replacement f. ☐ Store j. ☐ Garage a. ☒ Remodeling g. ☐ Shop k. ☐ Other (specify) a. ☐ Repair d. ☒ Apartment h. ☐ Theatre		

A/C PERMIT	
TYPE OF REGRIGRANT	R. 22
CONDENSER LOCATION	Rooftop
COOLING METHOD	☒ AIR ☐ WATER
Refrig. Effect	# of Compressors
0 - 120,000 BTU/h	1
120,001 - 600,000 BTU/h	
600,001 - 1,200,000 BTU/h	
1,200,001 - 2,400,000 BTU/h	
Over 2,400,000 BTU/h	

100899

THIS APPLICATION IS FOR AIR CONDITION PERMIT ONLY

RECEIVED
DEC 21 PM 2:27
D.C. OFFICE OF ZONING

Refrigeration Contractor: CACE MECHANICAL	Contractor Lic. No. RC900015	Contractor's Address: Upper Marlboro, MD 10133 PRINCE PL.	OFFICIAL USE ONLY	
			FEE \$ 27	AP #
Master Signature: Paul Gryskewicz	Master Lic. No. DME 348	Phone Number (202) 399-7499	By: _____	
			Date: _____	
APPROVALS (OFFICIAL USE ONLY) ☐ Fine Arts by: _____ ☐ Landmark by: _____ Cleared by: _____		ZONING (plbg/elect/a/c)		D.P.W - Water/Sewer
		District: _____	Date: _____	Approved by: _____
		Approved by: _____		Date: _____

TO REPORT WASTE, FRAUD OR ABUSE BY ANY D.C. GOVERNMENT OFFICE OR OFFICIAL, CALL THE INSPECTOR GENERAL AT 1 - 800 - 521 - 1639.
ALL CALLS ARE CONFIDENTIAL



Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration
941 North Capitol Street N.E. room 2100
Washington D.C. 20002
Tel. (202) 442 - 4470 Fax (202) 442 - 4862

AC

AIR CONDITIONING PERMIT

PERMIT NO.

AC 100899

THIS PERMIT IS VALID ONLY FOR THE PREMISES
OF THE PROJECT ADDRESS

BLDG PMT. B469531

DATE : 7/8/2005

ADDRESS OF PROJECT :

1124 E ST NE

PRCLID :

0984
(square)

-0000-

0044
(lot)

WARD : **6**

ZONE : **R4**

OWNER'S NAME:

ENDALKACHEW TESFAYE

OWNER'S ADDRESS:

7050 SOLOMON SEAL CT

OWNER'S TELEPHONE NO.

CONTRACTOR'S NAME :

CACE MECHANICAL CORP

CONTRACTOR'S ADDRESS :

**10133 PRINCE PLACE #404
UPPER MARLBORO
MD**

CONTRACTOR'S PHONE NO.

BUS: (301)908-6561 x

FAX:

TYPE OF WORK :

REFURBISH

USE GROUP :

R2 APARTMENT

REFURBISH

EQUIPMENT TYPE :

(AIR CONDITIONING)

REFRIGERANT EFFECT# NUMBER OF COMPRESSORS:

REFRIG. EFFECT: 0 - 120000 BTU/h: **1**

EQUIPMENT MAKER :

GOODMAN

COOLING METHOD

☒ AIR

TO BE INSTALLED : **0**

TYPE OF REFRIGERANT:

R-22

CONDENSER LOCATION :

ROOF

EQUIPMENT MODEL :

CP1E18-1

☐ WATER

DESCRIPTION OF WORK :

#A

FEE :

\$46.00

This permit authorizes the contractor to perform the work described herein at the address shown above, under the conditions stated on this permit.

THIS PERMIT MUST ALWAYS BE CONSPICUOUSLY DISPLAYED AT THE ADDRESS OF WORK UNTIL WORK IS COMPLETED. For all inspections, call 202-442-4460 or fax your request to 202-442-4863.

**DAVID A. CLARK
DIRECTOR**

PERMIT CLERK:

LUCRETHA BARKSDALE

EXPIRATION DATE:

Jul - 8 - 2006

CONFIRMED

DEPT OF CONSUMER & REGULATORY AFFAIRS

941 NORTH CAPITOL STREET, N.E.
WASHINGTON, DC 20002
(202)442-4460

Remittance Source Document**Report Date** 07/06/2005 11:22 AM**Submitted By**

Page 1

Trn #	120119	Trn Date	07/08/2005 11:22	Template Type	BLDG	A/P #	100899
Customer	CACE MECHANICAL CORP						
DBA							
Address	10133 PRINCE PLACE #404						
	UPPER MARLBORO MD						
		Cash Payment					
		Cash	46.00				

Fees Item	Dest Budget #	Amount
(A/C FEE 0 - 120000 BTU/H) - CLASS E	D_32301-1007-3012	46.00
	Total Amount	46.00
	Amount Confirmed	0.00
	Total Amount Due	46.00

D.C. TREASURER**PAYMENT MUST BE MADE IN FULL****REMITTANCE SOURCE DOCUMENT**

Trn Date 07/08/2005 11:22
Customer CACE MECHANICAL CORP
DBA

A/P # 100899

000120119000000004600

000120119000000004600

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS
BUILDING AND LAND REGULATION ADMINISTRATION; PERMIT CENTER
 941 NORTH CAPITOL STREET N.E. 2nd FL
 WASHINGTON D.C. 20002

APPLICATION TO INSTALL AIR CONDITION/REFRIGERATION SYSTEMS IN BUILDINGS

A/C AIR CONDITION AND REFRIGERATION PERMIT APPLICATION				BLDG PERMIT NUMBER:	
ADDRESS OF PROPOSED WORK: 1124 th E st Street NE # B			SUITE/ROOM:	LOT: 44	SQUARE: 984
OWNER OF BUILDING/BUSINESS: ENDRA KACHAW Tesfaye			ADDRESS OF OWNER: 7070 Salmon Street SE, Spring Hill, WA 98148		APPLICATION DATE: 7-8-05
TYPE OF WORK: a. ☐ New b. ☐ Replacement c. ☒ Remodeling d. ☐ Repair		PROPOSED USE (CURRENT USE IF NO CHANGE): a. ☐ Single Family e. ☐ Restaurant i. ☐ Office b. ☐ Two Family Flat f. ☐ Store j. ☐ Garage c. ☐ Rooming House g. ☐ Shop k. ☐ Other (specify) d. ☒ Apartment h. ☐ Theater			PHONE: 206-498-7571 DEC 21 PM 1:27 OFFICE OF ZONING RECEIVED
TYPE OF EQUIPMENT: ☒ Air Conditioner ☐ Heat Pump ☐ Refrigeration		COOLING METHOD: ☐ Water ☒ Air		TYPE OF WATER STORAGE: ☐ Evapor. Condit. ☐ Tower	
TYPE OF SYSTEM: ☐ Self Contained ☒ Remote					
Make of Machine: Goodman		Weight of Condit. Unit: 150 lbs		Type Of Refrigerant: R-22	
Condenser Location: Roof		Number of Compressors: 1		Refrig. Effect (BTU) 18,000 BTU	
Class:		REFRIG FEE:			
Refrigeration Contractor: CACE MECHANICAL		Lic. No. RC900015		Contractor's Address: 6110 1 st Avenue NE, WA 98115	
By:					
Master Signature: Paul Gyskiewicz		Lic. No. DKR 348		Phone: 360 399 7499	
Date:					

APPROVALS (OFFICIAL USE ONLY)			
☐ Fine Arts by: _____ ☐ Landmark by: _____ Cleared by: _____	ZONING (plbg/elect/a/c)		D.P.W - Water/Sewer
	District:	Date:	Approved by:
	Approved by:		Date:

TO REPORT WASTE, FRAUD OR ABUSE BY ANY D.C GOVERNMENT OFFICE OR OFFICIAL, CALL THE INSPECTOR GENERAL AT 1 - 800 - 521 - 1639.
ALL CALLS ARE CONFIDENTIAL

100900



Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration
941 North Capitol Street N.E. room 2100
Washington D.C. 20002
Tel. (202) 442 - 4470 Fax (202) 442 - 4862

AC

AIR CONDITIONING PERMIT

PERMIT NO.

AC 100900

THIS PERMIT IS VALID ONLY FOR THE PREMISES
OF THE PROJECT ADDRESS

BLDG PMT. B

DATE : 7/8/2005

ADDRESS OF PROJECT :

1124 E ST NE

PRCLID :

0984
(square)

-0000-

0044
(lot)

WARD :

6

ZONE :

R4

OWNER'S NAME:

ENDALKACHEW TESFAYE

OWNER'S ADDRESS:

7050 SOLOMON SEAL CT

OWNER'S TELEPHONE NO.

CONTRACTOR'S NAME :

CACE MECHANICAL CORP

CONTRACTOR'S ADDRESS :

10133 PRINCE PLACE #404
UPPER MARLBORO
MD

CONTRACTOR'S PHONE NO.

BUS: (301)908-6561 x

FAX:

TYPE OF WORK:

REFURBISH
REFURBISH

USE GROUP :

R2 APARTMENT

EQUIPMENT TYPE:

(AIR CONDITIONING)

REFRIGERANT EFFECT/# NUMBER OF COMPRESSORS:

REFRIG. EFFECT: 0 - 120000 BTU/h: 1

EQUIPMENT MAKER:

GOODMAN

COOLING METHOD

☒

AIR

TO BE INSTALLED : 0

TYPE OF REFRIGERANT:

CONDENSER LOCATION :

EQUIPMENT MODEL:

☐

WATER

R-22

ROOF

DESCRIPTION OF WORK :

#B

FEE :

\$46.00

This permit authorizes the contractor to perform the work described herein at the address shown above, under the conditions stated on this permit.
THIS PERMIT MUST ALWAYS BE CONSPICUOUSLY DISPLAYED AT THE ADDRESS OF WORK UNTIL WORK IS COMPLETED. For all inspections, call 202-442-4460 or fax your request to 202-442-4863.

DAVID A. CLARK
DIRECTOR

PERMIT CLERK:

LUCRETIA BARKSDALE

EXPIRATION DATE:

Jul - 8 - 2006

DEPT OF CONSUMER & REGULATORY AFFAIRS

941 NORTH CAPITOL STREET, N.E.
WASHINGTON, DC 20002
(202)442-4460

Remittance Source Document**Report Date** 07/08/2005 11:24 AM**Submitted By**

Page 1

Trn #	120120	Trn Date	07/08/2005 11:24	Template Type	E:LDG	A/P #	100900
Customer	CACE MECHANICAL CORP						
DBA							
Address	10133 PRINCE PLACE #404			Cash Payment			
	UPPER MARLBORO MD			Cash			46.00

Fees Item	Dest Budget #	Amount
(A/C FEE 0 - 120000 BTU/H) - CLASS E	D_32301-1007-3012	46.00
	Total Amount	46.00
	Amount Confirmed	0.00
	Total Amount Due	46.00

D.G. TREASURER

PAYMENT MUST BE MADE IN FULL**REMITTANCE SOURCE DOCUMENT**

Trn Date	07/08/2005 11:24	A/P #	100900
Customer	CACE MECHANICAL CORP		
DBA			

000120120000000004600

000120120000000004600

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS
BUILDING AND LAND REGULATION ADMINISTRATION; PERMIT CENTER
941 NORTH CAPITOL STREET N.E. 2nd FL
WASHINGTON D.C. 20002

APPLICATION TO INSTALL AIR CONDITION/REFRIGERATION SYSTEMS IN BUILDINGS

A/C AIR CONDITION AND REFRIGERATION PERMIT APPLICATION				BLDG PERMIT NUMBER:	
ADDRESS OF PROPOSED WORK:			SUITE/ROOM:	LOT:	SQUARE:
1124 "E" STREET NW, # D				44	984
OWNER OF BUILDING/BUSINESS:		ADDRESS OF OWNER:		PHONE:	
END A/C ACTION FESFAYE		7050 Columbia St. NE, Apt 101, Wash DC		202 499 8757	
TYPE OF WORK:		PROPOSED USE (CURRENT USE IF NO CHANGE):			
a. ☐ New b. ☐ Replacement c. ☒ Remodeling d. ☐ Repair		a. ☐ Single Family b. ☐ Two Family Flat c. ☐ Rooming House d. ☒ Apartment e. ☐ Restaurant f. ☐ Store g. ☐ Shop h. ☐ Theater i. ☐ Office j. ☐ Garage k. ☐ Other (specify)			
TYPE OF EQUIPMENT:		COOLING METHOD:	TYPE OF WATER STORAGE:	TYPE OF SYSTEM:	
☐ Air Conditioner ☒ Heat Pump ☐ Refrigeration		☐ Water ☒ Air	☐ Evapor. Condit. ☐ Tower	☐ Self Contained ☒ Remote	
Make of Machine:		Weight of Condit. Unit:	Type Of Refrigerant:		
Goodman		180 lbs	R-22		
Condenser Location:		Number of Compressors:	Refrig. Effect (BTU)	Class:	REFRIG FEE:
Front of Building on Ground		1	18,000 BTU		
Refrigeration Contractor:		Lic. No.	Contractor's Address:		By:
CACE Mechanical		RC9001C	Upper Marlboro, MD 10133 Prince Plaza		
Master Signature:			Lic. No.	Phone:	Date:
Paul Skewicz			DRM 348		

APPROVALS (OFFICIAL USE ONLY)			
☐ Fine Arts by: _____ ☐ Landmark by: _____ Cleared by: _____	ZONING (plbg/elect./a/c)		D.P.W - Water/Sewer
	District:	Date:	Approved by:
	Approved by:		Date:

TO REPORT WASTE, FRAUD OR ABUSE BY ANY D.C. GOVERNMENT OFFICE OR OFFICIAL, CALL THE INSPECTOR GENERAL AT 1 - 800 - 521 - 1639.
ALL CALLS ARE CONFIDENTIAL

100902

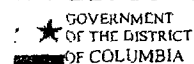
05-00024

PRE-FILE NUMBERS		ZONING DISTRICT	FILE NUMBER
No	O G No	R-4	
	S L No	Ward No	Receipt No

Washington, D.C. 20001

File B 60942

PLANS



DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUILDING AND LAND REGULATION ADMINISTRATION PERMIT SERVICE CENTER
Tel 202-442-4589 Fax 202-442-4862

APPLICATION FOR CONSTRUCTION PERMITS ON PRIVATE PROPERTY
(PRINT IN INK OR TYPE, DO NOT WRITE IN SHADED AREAS OR ON PAGE 4)

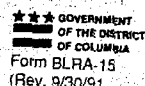
ANCE TO FILE Date ERASING, CROSSING OUT, WHITING OUT, OR OTHERWISE ALTERING ANY ENTERED INFORMATION WILL VOID THIS APPLICATION

(A) ALL APPLICANTS MUST COMPLETE ITEMS 1 THRU 27

Address of Proposed Work	Suite No	2. Lot	3 Square	4 Application Date
224 E ST. NE		44	984	10/21/04
Address of Building or Property	6 Address (include Zip Code)		7 Phone	
DALKACHEW TESFAYE	7050 SOLOMON SEAT CT. SPRINGFIELD, VA. 22152		703-569-2519	
Address of Owner (if applicable)	9 Address (include Zip Code)		10. Phone	
ENYAM ZAHUN	2626 JUANAN RD #304		202-423-9019	

Type of Proposed Work (check all applicable boxes)

- ☐ New Building ☐ Retaining Wall ☐ Garage ☐ Sign ☐ Fence



BUILDING PERMIT

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUILDING AND LAND REGULATION ADMINISTRATION

PERMIT NO. B469531

Date 2/2/05 (Type) ALTERATION AND REPAIR
Address of work 1124 "E" STREET NE.

Permission is hereby granted to

DALKACHEW TESFAYE
who is authorized to perform the work described herein at the address shown above in strict accordance with the conditions stated on BOTH sides of this permit.

Authorized work and conditions of performance thereof:

INTERIOR RENOVATION AND NEW ELECTRICAL, MECHANICAL, AND PLUMBING.
SEPARATE ELECTRICAL, PLUMBING AND MECHANICAL INSTALLATION PERMITS ARE REQUIRED.
THIS PERMIT AUTHORIZES CONSTRUCTION BETWEEN THE HOURS OF 7:00 AM AND 7:00 PM
WEDNESDAY THRU SATURDAYS. AFTER HOURS PERMITS ARE REQUIRED FOR TIMES AFTER
WEDNESDAY AND SUNDAYS. Length Height To be occupied as APT. BLDG.
Zone R-4 Height of terrace above grade Address of owner 7030 SOLOMON SEAT CT. SIL. SPR. MVA.
Deposit No. Amount \$

FEE PAYABLE \$ 1570.00

INSPECTIONS CALL 202-442-4641

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

"FALSE STATEMENTS OR MISREPRESENTATION OF FACTS AND/OR PLANS IS SUBJECT TO CRIMINAL PENALTIES PURSUANT TO DC LAW 22-2405".

DIRECTOR PATRICK CANAVAN ACTING DIRECTOR.

- ☐ Yes, answer q. 24-25
☐ No, SKIP q. 24-25

SEE NOTES

N/A

N/A

ALWAYS SIGN THE APPLICATION ON PAGE 3 (SECTION I)

OFFICIAL USE ONLY				
R	P	H	A	
M				
P				
E				W ☐ Yes ☐ No
F				PLANS
S				☐ No ☐ Sm ☐ Lg

236-D



Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration
941 North Capitol Street N.E. room 2100
Washington D.C. 20002
Tel. (202) 442 - 4470 Fax (202) 442 - 4862

AC

AIR CONDITIONING PERMIT

PERMIT NO.

AC 100902

THIS PERMIT IS VALID ONLY FOR THE PREMISES
OF THE PROJECT ADDRESS

BLDG PMT. B

DATE : 7/8/2005

ADDRESS OF PROJECT :

1124 E ST NE

PRCLID :

0984

(square)

-0000-

0044

(lot)

WARD :

6

ZONE :

R4

OWNER'S NAME:

ENDALKACHEW TESFAYE

OWNER'S ADDRESS:

7050 SOLOMON SEAL CT

OWNER'S TELEPHONE NO.

CONTRACTOR'S NAME :

CACE MECHANICAL CORP

CONTRACTOR'S ADDRESS :

10133 PRINCE PLACE #404
UPPER MARLBORO
MD

CONTRACTOR'S PHONE NO.

BUS: (301)908-6561 x

FAX:

TYPE OF WORK :

REFURBISH

USE GROUP :

R2 APARTMENT

REFURBISH

EQUIPMENT TYPE :

(AIR CONDITIONING)

EQUIPMENT MAKER :

GOODMAN

EQUIPMENT MODEL :

COOLING METHOD

☒

AIR

☐

WATER

TO BE INSTALLED : 0

TYPE OF REFRIGERANT:

R-22

CONDENSER LOCATION :

GROUND

REFRIGERANT EFFECT# NUMBER OF COMPRESSORS:

REFRIG. EFFECT: 0 - 120000 BTU/h: 1

DESCRIPTION OF WORK :

#D

FEE :

\$46.00

This permit authorizes the contractor to perform the work described herein at the address shown above, under the conditions stated on this permit.

THIS PERMIT MUST ALWAYS BE CONSPICUOUSLY DISPLAYED AT THE ADDRESS OF WORK UNTIL WORK IS COMPLETED. For all inspections, call 202-442-4460 or fax your request to 202-442-4863.

DAVID A. CLARK
DIRECTOR

PERMIT CLERK:

LUCRETIA BARKSDALE

EXPIRATION DATE:

Jul - 8 - 2006

COPY

DEPT OF CONSUMER & REGULATORY AFFAIRS

941 NORTH CAPITOL STREET, N.E.
WASHINGTON, DC 20002
(202)442-4460

Remittance Source Document

Report Date 07/08/2005 11:28 AM **Submitted By** Page 1

Trn # 120124 **Trn Date** 07/08/2005 11:28 **Template Type** BLDG **A/P #** 100902
Customer CACE MECHANICAL CORP
DBA
Address 10133 PRINCE PLACE #404
UPPER MARLBORO MD **Cash Payment**
Cash 46.00

Fees Item	Dest Budget #	Amount
(A/C FEE 0 - 120000 BTU/H) - CLASS E	D_32301-1007-3012	46.00
Total Amount		46.00
Amount Confirmed		0.00
Total Amount Due		46.00

D.C. TREASURER

PAYMENT MUST BE MADE IN FULL

REMITTANCE SOURCE DOCUMENT

Trn Date 07/08/2005 11:28
Customer CACE MECHANICAL CORP
DBA

A/P # 100902

000120124000000004600

000120124000000004600

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS
BUILDING AND LAND REGULATION ADMINISTRATION; PERMIT CENTER
941 NORTH CAPITOL STREET N.E. 2nd FL
WASHINGTON D.C. 20002

APPLICATION TO INSTALL AIR CONDITION/REFRIGERATION SYSTEMS IN BUILDINGS

A/C AIR CONDITION AND REFRIGERATION PERMIT APPLICATION				BLDG PERMIT NUMBER:	
ADDRESS OF PROPOSED WORK:			SUITE/ROOM:	LOT:	SQUARE:
1124 E Street NE HC				44	984
OWNER OF BUILDING/BUSINESS:		ADDRESS OF OWNER:		PHONE:	
ENDIKACHE TESIAYE		2500 S. Leman Street SE Springdale, VA		202-449-8757	
TYPE OF WORK:		PROPOSED USE (CURRENT USE IF NO CHANGE):			
a. ☐ New b. ☐ Replacement c. ☒ Remodeling d. ☐ Repair		a. ☐ Single Family b. ☐ Two Family Flat c. ☐ Rooming House d. ☒ Apartment e. ☐ Restaurant f. ☐ Store g. ☐ Shop h. ☐ Theater i. ☐ Office j. ☐ Garage k. ☐ Other (specify)			
TYPE OF EQUIPMENT:		COOLING METHOD:		TYPE OF WATER STORAGE:	
☐ Air Conditioner ☒ Heat Pump ☐ Refrigeration		☐ Water ☒ Air		☐ Evapor. Condit. ☐ Tower	
TYPE OF SYSTEM:		TYPE OF REFRIGERANT:			
☐ Self Contained ☒ Remote		R-22			
Make of Machine:		Weight of Condit. Unit:		Type Of Refrigerant:	
Goodman		150 lbs		R-22	
Condenser Location:		Number of Compressors:		Refrig. Effect (BTU)	
Front of Building on Ground		1		18,000 BTU	
Refrigeration Contractor:		Lic. No.:		Contractor's Address:	
CACE mechanical		PB 900015		Upper Marlboro, MD 10133 Prince Philip	
Master Signature:		Lic. No.:		Phone:	
Paul Gryskovick		DRM 349		301-392-7498	
APPROVALS (OFFICIAL USE ONLY)					
☐ Fine Arts by: _____ ☐ Landmark by: _____ Cleared by: _____		ZONING (plbg/elect/a/c) District: _____ Date: _____ Approved by: _____		D.P.W - Water/Sewer Approved by: _____ Date: _____	

TO REPORT WASTE, FRAUD OR ABUSE BY ANY D.C. GOVERNMENT OFFICE OR OFFICIAL, CALL THE INSPECTOR GENERAL AT 1 - 800 - 521 - 1639.
ALL CALLS ARE CONFIDENTIAL

100901



Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration
941 North Capitol Street N.E. room 2100
Washington D.C. 20002
Tel. (202) 442 - 4470 Fax (202) 442 - 4862

AC

AIR CONDITIONING PERMIT

PERMIT NO.

AC 100901

THIS PERMIT IS VALID ONLY FOR THE PREMISES
OF THE PROJECT ADDRESS

BLDG PMT. B

DATE : 7/8/2005

ADDRESS OF PROJECT :

1124 E ST NE

PRCLID :

0984

(square)

-0000-

0044

(lot)

WARD :

6

ZONE :

R4

OWNER'S NAME:

ENDALKACHEW TESFAYE

OWNER'S ADDRESS:

7050 SOLOMON SEAL CT

OWNER'S TELEPHONE NO.

CONTRACTOR'S NAME :

CACE MECHANICAL CORP

CONTRACTOR'S ADDRESS :

10133 PRINCE PLACE #404
UPPER MARLBORO
MD

CONTRACTOR'S PHONE NO.

BUS: (301)908-6561 x

FAX:

TYPE OF WORK :

REFURBISH

USE GROUP :

R2 APARTMENT

REFURBISH

EQUIPMENT TYPE :

(AIR CONDITIONING)

EQUIPMENT MAKER :

GOODMAN

COOLING METHOD

☒

AIR

TO BE INSTALLED : 0

TYPE OF REFRIGERANT :

R-22

CONDENSER LOCATION :

GROUND

REFRIGERANT EFFECT/# NUMBER OF COMPRESSORS:

REFRIG. EFFECT: 0 - 120000 BTU/h: 1

EQUIPMENT MODEL :

☐

WATER

DESCRIPTION OF WORK :

#C

FEE :

\$46.00

This permit authorizes the contractor to perform the work described herein at the address shown above, under the conditions stated on this permit.

THIS PERMIT MUST ALWAYS BE CONSPICUOUSLY DISPLAYED AT THE ADDRESS OF WORK UNTIL WORK IS COMPLETED. For all inspections, call 202-442-4460 or fax your request to 202-442-4863.

DAVID A. CLARK
DIRECTOR

PERMIT CLERK:

LUCRETIA BARKSDALE

EXPIRATION DATE:

Jul - 8 - 2006

COPY

DEPT OF CONSUMER & REGULATORY AFFAIRS

941 NORTH CAPITOL STREET, N.E.
WASHINGTON, DC 20002
(202)442-4460

Remittance Source Document

Report Date 07/08/2005 11:25 AM

Submitted By

Page 1

Trn # 120122 Trn Date 07/08/2005 11:25 Template Type BLDG A/P # 100901
Customer CACE MECHANICAL CORP
DBA
Address 10133 PRINCE PLACE #404 Cash Payment
Cash 46.00
UPPER MARLBORO MD

Fees Item	Dest Budget #	Amount
(A/C FEE 0 - 120000 BTU/H) - CLASS E	D_32301-1007-3012	46.00

Total Amount	46.00
Amount Confirmed	0.00
Total Amount Due	46.00

2005
JUL 10
P.M.
TREASURER

PAYMENT MUST BE MADE IN FULL

REMITTANCE SOURCE DOCUMENT

Trn Date 07/08/2005 11:25
Customer CACE MECHANICAL CORP
DBA

A/P # 100901

000120122000000004600

000120122000000004600

CASE 17468

EXHIBIT 11

OVERSIZED DOCUMENT

PLEASE SEE FILE