



# Department of Consumer and Regulatory Affairs

Permit Operations Division

1100 4th Street SW

Washington DC 20024

Tel. (202) 442 - 4589

Fax (202) 442 - 4862



Received:

Plans

Application

Date: 11/13/2015

☐
☐

Applicant/Agent: 1828 Ontario Pl Lic

Phone

Engineering

Tyrone Thomas

Job **WT**

Job No:

Address of Project:

**1828 ONTARIO PL NW**

**B1601746**

Existing Use: Multifamily (> 2 units)

Existing No. of Stories: 3

Proposed Use: ~~Motor vehicle showroom~~ multifamily

Prop no of Stories: 3

Permit Type: Alteration and Repair

SSL: 2583 0438

## Description of Work:

Revisions to prior parking layout - shown on Sheet A0100 - based on measurements of walls of pre-1958 detached garage, which were found to be 15R-8in by 18R, allowing for only one, noncompliant parking space of 9ft x 18ft in size. The revised parking layout plan retains the existing, noncompliant parking space - identified as Space A - and adds a second, compliant parking space at 9ft x 19ft - identified as space B. The driveway serving the one, compliant parking space - Space B - is 7ft - 2in in width.

| Required Reviews<br>(Checked boxes only)                        | Reviewer        | Completion<br>Time                                      | Review Status                                |                              |                                            |
|-----------------------------------------------------------------|-----------------|---------------------------------------------------------|----------------------------------------------|------------------------------|--------------------------------------------|
| <input type="checkbox"/> Fine Arts:                             |                 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> Approved            | <input type="checkbox"/> HFC | <input type="checkbox"/> Conf. w/Applicant |
| <input type="checkbox"/> Historic:                              |                 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> Approved            | <input type="checkbox"/> HFC | <input type="checkbox"/> Conf. w/Applicant |
| <input type="checkbox"/> Public Space/DDOT:                     |                 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> Approved            | <input type="checkbox"/> HFC | <input type="checkbox"/> Conf. w/Applicant |
| <input checked="" type="checkbox"/> Zoning: <b>R-F-B</b>        | <b>11/13/15</b> | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input checked="" type="checkbox"/> Approved | <input type="checkbox"/> HFC | <input type="checkbox"/> Conf. w/Applicant |
| <input type="checkbox"/> Soil Erosion/DDOE:                     |                 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> Approved            | <input type="checkbox"/> HFC | <input type="checkbox"/> Conf. w/Applicant |
| <input type="checkbox"/> DC Water:                              |                 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> Approved            | <input type="checkbox"/> HFC | <input type="checkbox"/> Conf. w/Applicant |
| <input type="checkbox"/> Mechanical:                            |                 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> Approved            | <input type="checkbox"/> HFC | <input type="checkbox"/> Conf. w/Applicant |
| <input type="checkbox"/> Plumbing:                              |                 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> Approved            | <input type="checkbox"/> HFC | <input type="checkbox"/> Conf. w/Applicant |
| <input type="checkbox"/> Health/DOH:                            |                 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> Approved            | <input type="checkbox"/> HFC | <input type="checkbox"/> Conf. w/Applicant |
| <input type="checkbox"/> Electrical:                            |                 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> Approved            | <input type="checkbox"/> HFC | <input type="checkbox"/> Conf. w/Applicant |
| <input type="checkbox"/> Elevator:                              |                 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> Approved            | <input type="checkbox"/> HFC | <input type="checkbox"/> Conf. w/Applicant |
| <input type="checkbox"/> Energy Review:                         |                 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> Approved            | <input type="checkbox"/> HFC | <input type="checkbox"/> Conf. w/Applicant |
| <input type="checkbox"/> Fire Protection:                       |                 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> Approved            | <input type="checkbox"/> HFC | <input type="checkbox"/> Conf. w/Applicant |
| <input checked="" type="checkbox"/> Structural: <b>11-16-15</b> |                 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input checked="" type="checkbox"/> Approved | <input type="checkbox"/> HFC | <input type="checkbox"/> Conf. w/Applicant |
| <input type="checkbox"/> Green Review:                          |                 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> Approved            | <input type="checkbox"/> HFC | <input type="checkbox"/> Conf. w/Applicant |
| <input type="checkbox"/> Chinatown Review                       |                 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> Approved            | <input type="checkbox"/> HFC | <input type="checkbox"/> Conf. w/Applicant |

|                |              |             |                                       |
|----------------|--------------|-------------|---------------------------------------|
| New/ Addl Cost | Alt/Rpr Cost | Total Cost  | Volume of New Bldg. or Addl Cubic ft. |
| \$0.00         | \$10,000.00  | \$10,000.00 | 3889                                  |

|                  |                |            |                 |            |                                                                      |
|------------------|----------------|------------|-----------------|------------|----------------------------------------------------------------------|
| Alter/Repair FEE | New Const. FEE | Filing FEE | Enhancement FEE | Green FEE: | Board of Permit Fee Estment                                          |
| \$ 230.00        |                |            | \$ 24.30        | \$ 13.00   | District of Columbia<br>CASE NO. 19242<br>EXHIBIT NO. 4<br>\$ 287.30 |



# Department of Consumer and Regulatory Affairs

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# B

## BUILDING PERMIT

THIS PERMIT MUST ALWAYS BE CONSPICUOUSLY DISPLAYED AT THE ADDRESS OF  
WORK UNTIL WORK IS COMPLETED AND APPROVED

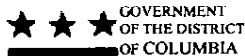
Issue Date: 11/16/2015

PERMIT NO. **B1601746**

Expiration Date: 11/16/2016

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                                                           |                                                |                             |                    |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------|-----------------------------|--------------------|---------------------|
| Address of Project:<br><b>1828 ONTARIO PL NW</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                | Zone:<br><b>R-5-B</b>                                                     | Ward:<br><b>1</b>                              | Square:<br><b>2583</b>      | Suffix:            | Lot:<br><b>0438</b> |
| Description Of Work.<br>Revisions to prior parking layout - shown on Sheet A0100 - based on measurements of walls of pre-1958 detached garage, which were found to be 15ft-8in by 18ft, allowing for only one, noncompliant parking space of 9ft x 18ft in in size. The revised parking layout plan retains the existing, noncompliant parking space - identified as Space A - and adds a second, compliant parking space at 9ft x 19ft - identified as space B. The driveway serving the one, compliant parking space - Space B - is 7ft - 2in in width.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                                                           |                                                |                             |                    |                     |
| Permission Is Hereby Granted To:<br><b>1828 Ontario Pl Llc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                | Owner Address:<br><b>1828 ONTARIO PL NW<br/>WASHINGTON, DC 20009-2109</b> |                                                | PERMIT FEE:<br>             |                    |                     |
| Permit Type:<br><b>Alteration and Repair</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Existing Use:<br><b>Apartment Houses - R-2</b> |                                                                           | Proposed Use:<br><b>Apartment Houses - R-2</b> |                             | Plans:             |                     |
| Agent Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Agent Address:                                 | Existing Dwell Units:<br><b>4</b>                                         | Proposed Dwell Units:<br><b>4</b>              | No. of Stories:<br><b>3</b> | Floor(s) Involved: |                     |
| Conditions/ Restrictions:<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>This Permit Expires if no Construction is Started Within 1 Year or If the Inspection is Over 1 Year.</p> <p>All Construction Done According To The Current Building Codes And Zoning Regulations;</p> <p>As a condition precedent to the issuance of this permit, the owner agrees to conform with all conditions set forth herein, and to perform the work authorized hereby in accordance with the approved application and plans on file with the District Government and in accordance with all applicable laws and regulations of the District of Columbia. The District of Columbia has the right to enter upon the property and to inspect all work authorized by this permit and to require any change in construction which may be necessary to ensure compliance with the permit and with all the applicable regulations of the District of Columbia. Work authorized under this Permit must start within one(1) year of the date appearing on this permit or the permit is automatically void. If work is started, any application for partial refund must be made within six months of the date appearing on this permit.</p> <p><b>Lead Paint Abatement</b><br/>         Whenever any such work related to this Permit could result in the disturbance of lead based paint, the permit holder shall abide by all applicable paint activities provisions of the 'Lead Hazard Prevention and Elimination Act of 2008' and the EPA 'Lead Renovation, Repair and Painting rule' regarding lead-based include adherence to lead-safe work practices. For more information, go to <a href="http://ddoe.dc.gov">http://ddoe.dc.gov</a>, Lead and Healthy Housing.</p> |                                                |                                                                           |                                                |                             |                    |                     |
| Director:<br><b>Melinda Bolling</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | Permit Clerk<br><b>Tezrah Thomas</b>                                      |                                                |                             |                    |                     |
| TO REPORT WASTE, FRAUD OR ABUSE BY ANY DC GOVERNMENT OFFICIAL, CALL THE DC INSPECTOR GENERAL AT 1-800-521-1639<br>FOR CONSTRUCTION INSPECTION INQUIRIES CALL (202) 442-9557<br>TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442-9557.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |                                                                           |                                                |                             |                    |                     |

|                  |                             |                   |             |                |             |
|------------------|-----------------------------|-------------------|-------------|----------------|-------------|
| PRE-FILE NUMBERS |                             | ZONING DISTRICT   | FILE NUMBER | PERMIT NUMBER  |             |
| N.C.P.C. No:     | O.G. No:                    |                   |             | <b>B101746</b> | By:         |
| H.P.A. No:       | S.S.L. No: <b>2583 0438</b> | Ward No: <b>1</b> | Receipt No. | Date:          | Receipt No: |



**DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS**  
 BUILDING AND LAND REGULATION ADMINISTRATION PERMIT SERVICE CENTER  
 dcra.dc.gov



\*FJ-619744\*

BLRA-33  
(Rev.10/2011)

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

|                                          |
|------------------------------------------|
| CLEARANCE TO FILE<br>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 35**

| 1 Address of Proposed Work:<br><b>1828 ONTARIO PLACE NW</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                               | Suite No.                                                                                                                                                                    | 2. Lot<br><b>0438</b>                                                                                        | 3. Square<br><b>2583</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4. Application Date<br><b>11/11/2015</b> |  |                   |       |                   |  |    |  |  |   |   |    |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
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| 5 Owner of Building or Property<br><b>1828 ONTARIO PL LLC 1828 ONTARIO PL LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                               | 6 Address (include Zip Code)<br><b>1828 ONTARIO PL NW 20009</b>                                                                                                              |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7 Phone<br><b>202-320-2137</b>           |  |                   |       |                   |  |    |  |  |   |   |    |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
| 8 Agent for Owner: (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                               | 9. Address (include Zip Code)                                                                                                                                                |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10. Phone                                |  |                   |       |                   |  |    |  |  |   |   |    |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
| 11. Type of Proposed Work (Select only one) ALL APPLICANTS MUST COMPLETE SECTIONS AF AND AI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                               |                                                                                                                                                                              |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |  |                   |       |                   |  |    |  |  |   |   |    |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
| <input type="checkbox"/> New Building(B) <input type="checkbox"/> Awning(G) <input type="checkbox"/> Fire Retardant Paint(O) <input type="checkbox"/> Sheeting and Shoring(X)<br><input type="checkbox"/> Addition(B) <input type="checkbox"/> Sign(H) <input type="checkbox"/> Flag Pole(P) <input type="checkbox"/> Tenant Layout(Y)<br><input type="checkbox"/> Addition Alteration Repair(B) <input type="checkbox"/> After Hours(I) <input type="checkbox"/> Observation Stand(Q) <input type="checkbox"/> Swimming Pool(Z)<br><input checked="" type="checkbox"/> Alteration and Repair(B) <input type="checkbox"/> Demolition(J) <input type="checkbox"/> Scaffolding Information (R) <input type="checkbox"/> Special Sign(AA)<br><input type="checkbox"/> Raze Building(C) <input type="checkbox"/> Blasting Operations(K) <input type="checkbox"/> Soil Boring(S) <input type="checkbox"/> Projection(AB)<br><input type="checkbox"/> Retaining Wall(D) <input type="checkbox"/> Christmas Tree Stand(L) <input type="checkbox"/> Tower Crane(T) <input type="checkbox"/> Excavation only (AC)<br><input type="checkbox"/> Fence(E) <input type="checkbox"/> Fireworks Stand(L) <input type="checkbox"/> Foundation Only(U) <input type="checkbox"/> Tent(AD)<br><input type="checkbox"/> Shed(F) <input type="checkbox"/> Exterior Cleaning Information(M) <input type="checkbox"/> Underground Storage Tank(V) <input type="checkbox"/> Antenna (AE)<br><input type="checkbox"/> Garage(F) <input type="checkbox"/> Capacity Placard(N) <input type="checkbox"/> Water And Damp Proofing(W) <input type="checkbox"/> Civil Site Work Only (AH)<br><input type="checkbox"/> Solar System |                                                                                               |                                                                                                                                                                              |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |  |                   |       |                   |  |    |  |  |   |   |    |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
| 12. Description of Proposed Work<br>Revisions to prior parking layout - shown on Sheet A0100 - based on measurements of walls of pre-1958 detached garage, which were found to be 15ft-8in by 18ft, allowing for only one, noncompliant parking space of 9ft x 18ft in in size. The revised parking layout plan retains the existing, noncompliant parking space - identified as Space A - and adds a second, compliant parking space at 9ft x 19ft - identified as space B. The driveway serving the one, compliant parking space - Space B - is 7ft - 2in in width.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |                                                                                                                                                                              |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |  |                   |       |                   |  |    |  |  |   |   |    |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
| 13 Existing Use(s) of Building or Property<br><b>Multifamily (&gt; 2 units)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                               | 14 Ex. No of Stories of Bldg<br><b>3</b>                                                                                                                                     | 15 Ex. No of Dwelling Units<br><b>4</b>                                                                      | <table border="1"> <tr> <th align="center" colspan="2">Official Use Only</th> </tr> <tr> <td colspan="2">Miscellaneous FEE</td> </tr> <tr> <td>\$</td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                  |                                          |  | Official Use Only |       | Miscellaneous FEE |  | \$ |  |  |   |   |    |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
| Official Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                               |                                                                                                                                                                              |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |  |                   |       |                   |  |    |  |  |   |   |    |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
| Miscellaneous FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                               |                                                                                                                                                                              |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |  |                   |       |                   |  |    |  |  |   |   |    |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
| \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                               |                                                                                                                                                                              |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |  |                   |       |                   |  |    |  |  |   |   |    |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
| 16 Proposed Use(s) of Building or Property<br><b>Motor vehicle showroom Multifamily(&gt;2units)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                               | 17 Prop. No of Stories of Bldg<br><b>3</b>                                                                                                                                   | 18 Prop. No of Dwelling Units<br><b>4</b>                                                                    | <table border="1"> <tr> <td>By:</td> <td>Date:</td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |  | By:               | Date: |                   |  |    |  |  |   |   |    |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
| By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date:                                                                                         |                                                                                                                                                                              |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |  |                   |       |                   |  |    |  |  |   |   |    |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                               |                                                                                                                                                                              |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |  |                   |       |                   |  |    |  |  |   |   |    |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
| 19 Starting Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 20 Completion Date of work                                                                    | 21 Method of Removing Construction Debris<br><input type="checkbox"/> Pick-up Truck <input checked="" type="checkbox"/> Dumpster<br><input type="checkbox"/> Other (specify) |                                                                                                              | 22 Does the proposed work involve disturbing the earth or razing a building?<br><input checked="" type="checkbox"/> Yes, answer q. 23<br><input type="checkbox"/> No, SKIP q. 23-27                                                                                                                                                                                                                                                                                                                                                              |                                          |  |                   |       |                   |  |    |  |  |   |   |    |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
| 23. Is the area of disturbed earth more than 50 sq. ft?<br><input type="checkbox"/> Yes, answer q. 25-26<br><input type="checkbox"/> No, SKIP q. 25-26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 25. Soil Erosion Control Methods                                                              |                                                                                                                                                                              | 26. Area of Offsite Drainage                                                                                 | 27. No of Footings or Columns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 28 Size of Footings or Columns           |  |                   |       |                   |  |    |  |  |   |   |    |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
| 24. Is the area disturbed earth more than 5000 sq.ft?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                               | 29. Existing Stories Plus<br><b>Cellar</b>                                                                                                                                   | 31. Existing Stories <input type="checkbox"/> Yes<br><b>Penthouse</b> <input checked="" type="checkbox"/> No | <table border="1"> <tr> <th align="center" colspan="6">OFFICIAL USE ONLY</th> </tr> <tr> <td></td> <td>R</td> <td>P</td> <td>II</td> <td>A</td> <td></td> </tr> <tr> <td>M</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>P</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>E</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>F</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>S</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |                                          |  | OFFICIAL USE ONLY |       |                   |  |    |  |  | R | P | II | A |  | M |  |  |  |  |  | P |  |  |  |  |  | E |  |  |  |  |  | F |  |  |  |  |  | S |  |  |  |  |  |
| OFFICIAL USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                               |                                                                                                                                                                              |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |  |                   |       |                   |  |    |  |  |   |   |    |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | R                                                                                             | P                                                                                                                                                                            | II                                                                                                           | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |  |                   |       |                   |  |    |  |  |   |   |    |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
| M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                               |                                                                                                                                                                              |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |  |                   |       |                   |  |    |  |  |   |   |    |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
| P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                               |                                                                                                                                                                              |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |  |                   |       |                   |  |    |  |  |   |   |    |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
| E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                               |                                                                                                                                                                              |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |  |                   |       |                   |  |    |  |  |   |   |    |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
| F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                               |                                                                                                                                                                              |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |  |                   |       |                   |  |    |  |  |   |   |    |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
| S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                               |                                                                                                                                                                              |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |  |                   |       |                   |  |    |  |  |   |   |    |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |
| 33. 3rd Party Review?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 34. 1st time Tenant<br>Build <input type="checkbox"/> Yes<br>Outs <input type="checkbox"/> No | 35. Floors Involved in Proposed Construction<br><b>1st</b>                                                                                                                   |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |  |                   |       |                   |  |    |  |  |   |   |    |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |

| <b>(B) NEW BUILDING ,ADDITION, &amp; ALTERATION (COMPLETE ITEMS 1 THRU 36)</b>                                                                                                                                                                   |  |                                                                                                                                                         |  |                                                                                                           |       |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |  |                  |       |   |               |       |   |             |       |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--|------------------|-------|---|---------------|-------|---|-------------|-------|---|
| 1. Architect's Name:                                                                                                                                                                                                                             |  | 2. D.C. Lic. No.:                                                                                                                                       |  | 3. Architect's Address: (include Zip Code)                                                                |       |                                                                                                               | 4. Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |  |                  |       |   |               |       |   |             |       |   |
| 5. Engineer's Name:                                                                                                                                                                                                                              |  | 6. D.C. Lic. No.:                                                                                                                                       |  | 7. Engineer's Address: (include Zip Code)                                                                 |       |                                                                                                               | 8. Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |  |                  |       |   |               |       |   |             |       |   |
| 9. Building Contractor's Name:                                                                                                                                                                                                                   |  | 10. D.C. Lic. No.:                                                                                                                                      |  | 11. Contractor's Address:                                                                                 |       |                                                                                                               | 12. Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |  |                  |       |   |               |       |   |             |       |   |
| 13. Fire Suppression:<br><input checked="" type="checkbox"/> Fully Sprinklered<br><input type="checkbox"/> Partially Sprinklered<br><input type="checkbox"/> Standpipe System<br><input type="checkbox"/> None<br><input type="checkbox"/> Other |  | 14. Present Gross Floor Area of Bldg. :<br><div style="font-size: 1.2em; font-weight: bold;">3889.00</div> <div style="text-align: right;">Sq. ft</div> |  | 15. Proposed Gross floor area of Addition<br><div style="text-align: right;">Sq. ft</div>                 |       |                                                                                                               | 17. Breakdown of Lot Area (=100%) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">a. building</td> <td style="width: 20%; text-align: center;">60.00</td> <td style="width: 20%; text-align: center;">%</td> </tr> <tr> <td>b. paved area</td> <td style="text-align: center;">10.00</td> <td style="text-align: center;">%</td> </tr> <tr> <td>c. greenery</td> <td style="text-align: center;">30.00</td> <td style="text-align: center;">%</td> </tr> </table> |                                                                                                   |  | a. building      | 60.00 | % | b. paved area | 10.00 | % | c. greenery | 30.00 | % |
|                                                                                                                                                                                                                                                  |  |                                                                                                                                                         |  |                                                                                                           |       |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |  | a. building      | 60.00 | % |               |       |   |             |       |   |
|                                                                                                                                                                                                                                                  |  |                                                                                                                                                         |  | b. paved area                                                                                             | 10.00 | %                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |  |                  |       |   |               |       |   |             |       |   |
|                                                                                                                                                                                                                                                  |  |                                                                                                                                                         |  | c. greenery                                                                                               | 30.00 | %                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |  |                  |       |   |               |       |   |             |       |   |
| 16. Proposed Gross floor Area of Bldg.:<br><div style="font-size: 1.2em; font-weight: bold;">3889.00</div> <div style="text-align: right;">Sq. ft</div>                                                                                          |  |                                                                                                                                                         |  |                                                                                                           |       |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |  |                  |       |   |               |       |   |             |       |   |
|                                                                                                                                                                                                                                                  |  |                                                                                                                                                         |  |                                                                                                           |       |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |  |                  |       |   |               |       |   |             |       |   |
| 18 Total Lot Area :<br><div style="font-size: 1.2em; font-weight: bold;">2187.00</div> Sq. ft                                                                                                                                                    |  | 19. Length:<br><div style="font-size: 1.2em; font-weight: bold;">0.00</div>                                                                             |  | 20. Width:<br><div style="font-size: 1.2em; font-weight: bold;">0.00</div>                                |       | 21. Height:<br><div style="font-size: 1.2em; font-weight: bold;">0.00</div>                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 22. Floors involved in this permit:<br><div style="font-size: 1.2em; font-weight: bold;">01</div> |  |                  |       |   |               |       |   |             |       |   |
| 24. Number and type of projection:                                                                                                                                                                                                               |  |                                                                                                                                                         |  | 25. Distance of Projection:<br><div style="text-align: right;">ft.</div>                                  |       | 26. Width of Projection:<br><div style="text-align: right;">Ft.</div>                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 27. Width of Building frontage:<br><div style="text-align: right;">Ft</div>                       |  |                  |       |   |               |       |   |             |       |   |
| 29. Water or Sewer Excavation:<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                         |  | 30. Driveway Construction:<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                    |  | 31. Sheeting/Shoring Necessary:<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |       | 32. Elevators Involved:<br><input type="checkbox"/> Yes, Answer 33.<br><input checked="" type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 33. No. and Type of Elevator:                                                                     |  |                  |       |   |               |       |   |             |       |   |
| 35. Estimated Cost of Work<br>(a) New/Add.: \$ 0 00<br>(b) Alt/Repair \$ 10000.00<br><br>Total \$ 10000.00                                                                                                                                       |  |                                                                                                                                                         |  | OFFICIAL USE ONLY                                                                                         |       |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |  |                  |       |   |               |       |   |             |       |   |
|                                                                                                                                                                                                                                                  |  |                                                                                                                                                         |  | Alter/Repair FEE                                                                                          |       | New Const. FEE                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Filing Fee                                                                                        |  | TOTAL PERMIT FEE |       |   |               |       |   |             |       |   |
|                                                                                                                                                                                                                                                  |  |                                                                                                                                                         |  | \$                                                                                                        |       | \$                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$                                                                                                |  | \$               |       |   |               |       |   |             |       |   |
|                                                                                                                                                                                                                                                  |  |                                                                                                                                                         |  |                                                                                                           |       |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |  |                  |       |   |               |       |   |             |       |   |
| 36. Volume of New Bldg. or Addition<br><div style="font-size: 1.2em; font-weight: bold;">0.00</div> Cubic ft.                                                                                                                                    |  |                                                                                                                                                         |  | By:                                                                                                       |       | Date:                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | By:                                                                                               |  |                  |       |   |               |       |   |             |       |   |
|                                                                                                                                                                                                                                                  |  |                                                                                                                                                         |  |                                                                                                           |       |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |  |                  |       |   |               |       |   |             |       |   |

| (H) SIGN (COMPLETE ITEMS 1 THRU 22)                                                                                                                                                                                                                                        |                                                                                                                     |                                                                                                                     |                     |                                         |  |                                 |  |                                            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------|--|---------------------------------|--|--------------------------------------------|--|
| 1. Number:                                                                                                                                                                                                                                                                 | 2. Electric Signs:<br><input type="checkbox"/> Yes, Answer 3 to 10<br><br><input type="checkbox"/> No, SKIP 3 to 10 | 3. Type:<br><input type="checkbox"/> Incandes<br><input type="checkbox"/> Fluoresc<br><input type="checkbox"/> Neon | 4. Power:<br><br>VA | 5. Electrical Contractor:               |  |                                 |  |                                            |  |
|                                                                                                                                                                                                                                                                            |                                                                                                                     |                                                                                                                     |                     | 6. Business License Number:             |  |                                 |  |                                            |  |
| 7. Address of Electrical Contractor: (include zip)                                                                                                                                                                                                                         |                                                                                                                     | 8. Signature of Licensed Electrician :                                                                              |                     | 9. Phone No.                            |  | 10. Electrician License No.     |  |                                            |  |
| 11. Height relative to building and ground<br>(a) _____ ft _____ in above sidewalk<br>(b) _____ ft _____ in above roof<br>(c) _____ ft _____ in is building height<br>(d) _____ ft _____ in above projection of Window<br>(e) _____ ft _____ in from roof to sign's bottom |                                                                                                                     | 12. Material of Sign:                                                                                               |                     | 13. Type of Sign:                       |  | 14. Color:                      |  |                                            |  |
|                                                                                                                                                                                                                                                                            |                                                                                                                     | 15. Width:<br><br>Ft.                                                                                               |                     | 16. Length:<br><br>Ft.                  |  | 17. Area of Sign:<br><br>Sq. ft |  | 18. Width of Business frontage:<br><br>Ft. |  |
| 19. Certificate of Occupancy No. for Bldg.:                                                                                                                                                                                                                                |                                                                                                                     | 20. Sign Contractor Name:                                                                                           |                     | OFFICIAL USE ONLY                       |  |                                 |  |                                            |  |
|                                                                                                                                                                                                                                                                            |                                                                                                                     |                                                                                                                     |                     | Sign FEE      Elect. FEE      Total FEE |  |                                 |  |                                            |  |
| 21. Sign Contractor's Address:                                                                                                                                                                                                                                             |                                                                                                                     | 22. Phone:                                                                                                          |                     | \$                                      |  | \$                              |  | \$                                         |  |
|                                                                                                                                                                                                                                                                            |                                                                                                                     |                                                                                                                     |                     | By:                                     |  | Date:                           |  | By:      Date:                             |  |
|                                                                                                                                                                                                                                                                            |                                                                                                                     |                                                                                                                     |                     |                                         |  |                                 |  |                                            |  |

| SOLAR SYSTEM (COMPLETE ITEMS 1 THRU 26)                                                                                                                                        |                                                                      |                                             |                                           |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------|-------------------------------------------|--------------------------|
| 1. Type of System:                                                                                                                                                             | 2. System Connection:                                                | 3. Inverter Type:                           | 4. Number of modules/collectors:          | 5. Module Rated Output:  |
| 6. Mounting system:<br><input type="checkbox"/> Rafters<br><input type="checkbox"/> Parapet to Parapet<br><input type="checkbox"/> Ballasted<br><input type="checkbox"/> Other | 7. Angle with Respect to Roof:                                       | 8. Year House Built:                        | 9. Number of Neighbor Notifications       | 10. Year Roof Replaced   |
|                                                                                                                                                                                |                                                                      |                                             |                                           | 11. Roof Area.<br>Sq.ft. |
| 12. Total Surface Area of Panels / collectors:<br>Sq.ft.                                                                                                                       | 13. Height of the System Above Roof:<br>Ft.                      In. | 14. Type of Financing:                      | 15. Solar Renewable energy Credits (SREC) |                          |
| 16. General Contractor's First Name:                                                                                                                                           |                                                                      | 17. General Contractor's Last Name:         | 18. General Contractor's Company Name:    |                          |
| 19. General Contractor's Street Address:                                                                                                                                       |                                                                      | 20. General Contractor's Suite or Unit:     | 21. General Contractor's City:            |                          |
| 22. General Contractor's State:                                                                                                                                                |                                                                      | 23. General Contractor's Zip Code:          | 24. General Contractor's Phone:           |                          |
| 25. General Contractor's Email:                                                                                                                                                |                                                                      | 26. General Contractor's DC License Number: |                                           |                          |

**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 \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

**DISTRICT DEPARTMENT OF THE ENVIRONMENT 1828 ONTARIO PLACE NW (FJ-619744)**  
**BUILDING PERMIT APPLICATION SUPPLEMENTAL FORM - ENVIRONMENTAL QUESTIONNAIRE**

PROJECT ADDRESS: 1828 ONTARIO PLACE NW SQUARE: 2583 SUFFIX: \_\_\_\_\_ LOT: 0438

Directions: Please answer all 19 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 supplement form is reviewed and approved by the concerned office(s), the building permit will not be issued.

| SCOPE OF PROJECT                                                                                                                                                                                                                                                                                                             | YES | NO                                  | CONTACT PERSON/OFFICE                                                                                                                                                                                 | OFFICE USE |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 1. Will the work to be performed involve the installation, removal, close-in-place now, or repair of an underground storage tank (UST) system?<br><br><i>Please get approvals or signatures from the Underground Storage Tank Branch, Water Quality Division and the Air Quality Division</i>                                |     |                                     | (202) 299-3322 or <a href="mailto:ust.ddeo@dc.gov">ust.ddeo@dc.gov</a> ,<br>Underground Storage Tank Branch<br><br>(202) 535-2600, Air Quality Division,<br>Permitting Branch                         |            |
| 2. Will the work to be performed involve assessment of soil or soil-vapor, or cleanup of soil associated with the released material from an underground storage tank (UST)?<br><br><i>Please get approvals or signatures from the Underground Storage Tank Division, Water Quality Division and the Air Quality Division</i> |     |                                     | (202) 299-3322 or <a href="mailto:ust.ddeo@dc.gov">ust.ddeo@dc.gov</a> ,<br>Underground Storage Tank Branch<br><br>(202) 535-2600, Water Quality Division<br><br>(202) 535-2600, Air Quality Division |            |
| 3. Will the work to be performed involve the assessment or clean-up of groundwater associated with the release of material from an underground storage tank (UST)?<br><br><i>Please get approvals or signatures from the Underground Storage Tank Division, Water Quality Division and the Air Quality Division.</i>         |     |                                     | (202) 299-3322 or <a href="mailto:ust.ddeo@dc.gov">ust.ddeo@dc.gov</a> ,<br>Underground Storage Tank Branch<br><br>(202) 535-2600, Air Quality Division<br><br>(202) 535-2600, Water Quality Division |            |
| 4. Will the proposed project involve the installation or drilling of wells other than for the purposes stated in questions 2 and 3?<br><i>Please get approvals or signatures from the Water Quality Division.</i>                                                                                                            |     |                                     | (202) 535-2600, Water Quality Division                                                                                                                                                                |            |
| 5. Will the proposed project involve installation or drilling of wells using air rotary drilling methods or any methods discharging gases or dust into the air?<br><i>Please get approvals or signatures from the Water Quality Division and the Air Quality Division.</i>                                                   |     |                                     | (202) 535-2600, Water Quality Division<br><br>(202) 535-2600, Air Quality Division,<br>Permitting Branch                                                                                              |            |
| 6. Will the proposed project involve the generation, treatment, storage, disposal or transportation of chemicals or other substances which may be considered hazardous?<br><br><i>Contact Hazardous Materials Branch (202) 535-2600.</i>                                                                                     |     | <input checked="" type="checkbox"/> | (202) 535-2600, Hazardous Waste Branch                                                                                                                                                                |            |
| 7. 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?<br><br><i>Contact DDOE Environmental Review Coordinator (202) 535-2600</i>                                                                |     | <input checked="" type="checkbox"/> | (202) 535-2600, DDOE EIS Coordinator                                                                                                                                                                  |            |
| 8. Will the proposed project involve construction which will result in a discharge or release to or withdrawal from a river, stream, wetland, or groundwater or disturb the sediment in rivers, streams or wetlands?<br><br><i>Please get approvals or signatures from the Water Quality Division.</i>                       |     | <input checked="" type="checkbox"/> | (202) 535-2600, Water Quality Division                                                                                                                                                                |            |
| 9. Will the proposed project involve construction which may affect aquatic or terrestrial biota, their habitat, or water quality?<br><br><i>Please get approvals or signatures from the Water Quality Division and the Fisheries and Wildlife Division.</i>                                                                  |     | <input checked="" type="checkbox"/> | (202) 535-2600, Water Quality Division<br><br>(202) 535-2600, Fisheries and Wildlife Division                                                                                                         |            |

1828 ONTARIO PLACE NW (E-J-619744)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------|
| 10. Does the project site contain a species of plant or animal that is federally protected?<br><i>Federally protected means that the plant or animal is subjected to limited, restricted, specific, or approved interactions in accordance with Federal guidelines.</i>                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | (202) 535-2600, Fisheries and Wildlife Division                                      |
| 11. Will the proposed project result in the discharge into the air of gases or dust or the creation of any objectionable odors?<br><i>Contact Air Quality Division Permitting Branch (202) 535-2600.</i>                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | (202) 535-2600, Air Quality Division, Permitting Branch                              |
| 12. Was the building built before 1978? (Lead paint may be present)<br><i>Issuance of a lead abatement or renovation permit may be required.</i>                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | (202) 535-2600, Lead and Healthy Housing Division, Compliance and Enforcement Branch |
| 13. Does the building contain asbestos?<br><i>Requires a current asbestos survey (i.e., survey of all asbestos containing materials) for the building. A permit from the Air Quality Division is required for most asbestos removal projects.</i>                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | (202) 535-2600, Air Quality Division, Permitting Branch                              |
| 14. Does the project disturb 5,000 square feet or greater of land?<br><i>Major Land Disturbance: Submit a stormwater management plan to the Watershed Protection Division for approval.</i>                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | (202) 535-2240, Watershed Protection Division                                        |
| 15. Is the project an interior renovation or addition where (1) the assessed value of the structure(s) is greater than or equal to 50% of the total cost of construction, AND (2) the sum of the structures' footprint and any soil disturbance is 5,000 square feet or greater?<br><i>Major Sustainable Improvement: Submit a stormwater management plan to the Watershed Protection Division for approval.</i>                                                                                                                 | <input checked="" type="checkbox"/> | (202) 535-2240, Watershed Protection Division                                        |
| 16. Is the project (1) a new building, addition and/or interior renovation where the total cost of construction is greater than 100% of the assessed value of the structure(s), AND (2) the property is assigned a zone district other than R1 - R4?<br><i>Submit a green area ratio (GAR) plan to the Watershed Protection Division for approval.</i>                                                                                                                                                                           | <input checked="" type="checkbox"/> | (202) 535-2240, Watershed Protection Division                                        |
| 17. Will the proposed project or the work to be performed be within a Special Flood Hazard Area (SFHA) or 100-year floodplain area (i.e., Zone A or AE)?<br><i>If YES, Compliance with DC Floodplain Regulations (DCMR 20, Flood Hazard Rules, and DCMR 12, Flood Provisions in the Construction Code is required.</i><br><i>If NO, Please verify and confirm whether the project site is NOT located in a Special Flood Hazard Area (SFHA). <a href="http://ddoe.dc.gov/floodplainmap">http://ddoe.dc.gov/floodplainmap</a></i> | <input checked="" type="checkbox"/> | (202) 535-2240, Watershed Protection Division                                        |
| 18. Will the proposed project result in the construction or installation of any equipment that burns fuel such as, but not limited to, stationary generators (any size) and boilers with heat input ratings greater than 5 million BTU/hr?<br><i>Note that separate air quality permits are required for most of these units.</i>                                                                                                                                                                                                | <input checked="" type="checkbox"/> | (202) 535-2, Air Quality Division, Permitting Branch                                 |
| 19. Will the proposed project result in the construction or installation of any other stationary pollution-emitting equipment? Examples include, but are not limited to, degreasing units, professional printing equipment, plating lines, spray painting operations, and gasoline dispensing systems.<br><i>Note that separate air quality permits are required for most of these units.</i>                                                                                                                                    | <input checked="" type="checkbox"/> | (202) 535-2600, Air Quality Division, Permitting Branch                              |

I hereby certify that I have the authority of the owner of the property to make this application and that the answers to the above questions are complete and correct to the best of my knowledge. False statements may be subject to fines and prosecution, as applicable by statute.

Signature kcdprice

Name (print) \_\_\_\_\_

Address 1828 ONTARIO PLACE NWDate 11/11/2015

Phone \_\_\_\_\_

## OFFICE USE ONLY

DDOE APPROVAL BY \_\_\_\_\_

NAME (Print) \_\_\_\_\_

CONTACT NUMBER: (202) \_\_\_\_\_

DATE: \_\_\_\_\_

COMMENTS AND PERMIT RESTRICTIONS \_\_\_\_\_

(USE REVERSE IF NECESSARY)



1828 ONTARIO PLACE NW (FJ-619744)

# Zoning Data Summary

**General Instructions:** Pursuant to 12 DCMR, § 106.1.11.6, submit this completed form with Building Permit and Certificate of Occupancy applications for:

- proposed new construction of buildings
- additions to existing buildings
- Changes in use or occupant load.

*Print clearly in ink. Do not write in gray areas. Write N/A (non-applicable) for items that do not apply. If you erase, cross out, white out, or otherwise change any information on this application, the application will be void.*

For more information, call the Office of Zoning Administrator at 202-442-4576. If you need more forms, you can download them at [dcra.dc.gov](http://dcra.dc.gov) (go to Permits/Zoning/Certificates of Occupancy and Zoning) or pick them up at the Permit Center, 1100 4<sup>th</sup> St SW, 2<sup>nd</sup> Floor.

## A. Site Address

Give complete and legal District address. If you need to apply for a new address, complete a New Address Application, before you complete this form. Do not abbreviate street names. Write the correct quadrant (NW, NE, SW, SE), suite or office number. Enter the correct Square, Suffix, and Lot number (SSL) or parcel ID.

|                              |                                     |                       |                                               |                                       |
|------------------------------|-------------------------------------|-----------------------|-----------------------------------------------|---------------------------------------|
| Street Number<br><b>1828</b> | Street Name<br><b>ONTARIO PLACE</b> | Quadrant<br><b>NW</b> | Unit / Suite                                  | Application Date<br><b>11/11/2015</b> |
| Square<br><b>2583</b>        | Suffix                              | Lot<br><b>0438</b>    | Proposed use<br><b>Motor vehicle showroom</b> |                                       |

## B. Owner & Contact Information

Agent must be an individual -- not company.

|                                                               |                                                                         |                                        |       |
|---------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------|-------|
| Owner of Building or Property<br><b>1828 ONTARIO PL LLC 1</b> | Complete mailing address (include zip)<br><b>1828 ONTARIO PL NW 200</b> | Phone Number(s)<br><b>202-320-2137</b> | Email |
| Agent for owner, if applicable                                | Complete mailing address (include zip)                                  | Phone Number(s)                        | Email |

## C. Zoning District & Special Development Restrictions

Give the correct zoning and overlay zoning district(s). Check with Zoning staff if you are unsure. If your proposed construction was subject to Board of Zoning Adjustments (BZA) or Zoning Commission review, write the order number. Attach copies of BZA order and Office of Zoning stamped plan exhibits (site plan, elevations, and floor plans).

|          |                    |
|----------|--------------------|
| District | Overlay(s), if any |
|----------|--------------------|

Number of Board of Zoning Adjustment (BZA) or Zoning Commission (ZC) Order, if applicable.

## D. Zoning Data

For items with asterisks (\*) refer to the Definitions Section of the Zoning Regulations, 11 DCMR, § 199.1, available online at [dcoz.dc.gov/info/reg.shtm](http://dcoz.dc.gov/info/reg.shtm).

| Data                                                                                       | Existing       | Proposed         | Official Use Only (code requirement) |
|--------------------------------------------------------------------------------------------|----------------|------------------|--------------------------------------|
| Fill in both columns* numbers must match those on attached applications, plats, and plans. |                |                  |                                      |
| Units & Parking Spaces                                                                     |                |                  |                                      |
| Number of dwelling units                                                                   | Units          | Units            |                                      |
| Number of parking spaces (9' x 19')                                                        |                | Units            |                                      |
| Setbacks & Building Heights                                                                |                |                  |                                      |
| Left Side Yard* Setback<br>(left when you face property)                                   | Linear feet    | Linear feet      |                                      |
| Right Side Yard* Setback<br>(right when you face property)                                 | Linear feet    | Linear feet      |                                      |
| Rear Yard* Setback                                                                         | Linear feet    | Linear feet      |                                      |
| Building Height*                                                                           | 3 Stories      | 3 Stories        |                                      |
|                                                                                            | Feet           | Feet             |                                      |
| Areas                                                                                      |                |                  |                                      |
| Lot Area                                                                                   | Square feet    | Square feet      |                                      |
| Gross Floor Area* (GFA) of entire building<br>(sum of all floors)                          | Square feet    | Square feet      |                                      |
| Floor Area Ratio*                                                                          | GFA / Lot Area | GFA / Lot Area   |                                      |
| Building Area*<br>(sum of footprints of all buildings)                                     | Square feet    | Square feet      |                                      |
| Lot Occupancy*<br>(Bldg Area / Lot Area)                                                   | %              | %                |                                      |
| Pervious Surface                                                                           | %              | Green Area Ratio |                                      |

Form Completed by (sign and print name): \_\_\_\_\_ Date: **11/11/2015**



## Environmental Intake Form

### Owner & Contact Information

Complete address of proposed work

|        |                 |      |                                       |
|--------|-----------------|------|---------------------------------------|
| Square | Suffix (if any) | Lot  | Application date (4 numbers for year) |
| 2583   |                 | 0438 | 11/11/2015                            |

|        |     |                      |          |            |
|--------|-----|----------------------|----------|------------|
| Number | Ext | Official street name | Quadrant | Unit/Suite |
| 1828   |     | ONTARIO PLACE        | NW       |            |

|              |                                    |                                                                     |
|--------------|------------------------------------|---------------------------------------------------------------------|
| Project name | Application number (if applicable) | Project Description                                                 |
|              |                                    | Revisions to prior parking layout - shown on Sheet A0100 - based on |

|                                    |                                            |              |                                   |
|------------------------------------|--------------------------------------------|--------------|-----------------------------------|
| 6. Owner                           | 7. Complete mailing address (include zip)  | 8. Phone     | 9. Email, if you prefer e-notice  |
| 1828 ONTARIO PL LLC 1828 O         | 1828 ONTARIO PL NW 20009                   | 202-320-2137 |                                   |
| 10. Agent for owner, if applicable | 11. Complete mailing address (include zip) | 12. Phone    | 13. Email, if you prefer e-notice |
|                                    |                                            |              |                                   |

### Project Scope

| Scope (Check all that this project involves.)                                                                                                                                                                                                        | No                       | Yes                      | If You Answer "Yes"                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|------------------------------------------------------------------------|
| 1. Is this project a residential structure within R-1 through R-5-A zoning districts?                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | Skip to the signature line.                                            |
| 2. Is this project a single-family structure <i>not</i> built in conjunction with 2 or more units?                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |                                                                        |
| 3. Is this project an accessory structure, such as a garage, patio, pool, or fence?                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |                                                                        |
| 4. Is this project only an interior renovation with no building use or capacity change?                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |                                                                        |
| 5. Is this project in an Economic Development Zone, as defined in DC Official Code § 6-1501 et seq (DC Law 7-177)?                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |                                                                        |
| 6. Is this project in the Central Employment Area, defined in DC Zoning Regulations?                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |                                                                        |
| 7. Does the project involve <i>only</i> operation, repair, maintenance, or minor alteration of public structures, facilities, mechanical equipment, or topographical features, with <i>negligible or no</i> expansion of use beyond its current use? | <input type="checkbox"/> | <input type="checkbox"/> | Attach a site plan. If there is no plan, attach a written explanation. |
| 8. Does the owner of this site own adjacent or abutting property?                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |                                                                        |
| 9. Do you plan to develop adjacent/abutting property in next 3 years?                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |                                                                        |
| 10. Do you plan more development that requires permit(s) on any site in this square in next 3 years?                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | See EIS Coordinator.                                                   |
| 11. Is this project a solid waste facility?                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | Attach the EIS or equivalent.                                          |
| 12. Have you prepared an Environmental Impact Statement (EIS) or a functional equivalent, as required by the National Environmental Policy Act of 1969 (NEPA)?                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | Attach an explanation; cite relevant section of regulations.           |
| 13. Are you claiming an exemption, other than those listed in this form, from the requirement to submit an Environmental Screening Form, under Title 20 § 7202.                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | If you're not claiming an exemption, attach an EISF.                   |
| 14. Is the total project cost more than \$1.90 million, including site preparation and construction?                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | If you check any item, attach EISF or equivalent.                      |
| 15. For projects with a total cost of \$1.90 million or less, check all that apply:                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |                                                                        |
| ☐ Contains threatened or endangered plant or animal species.                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |                                                                        |
| ☐ Is within 100 feet of a pond, stream, lake, spring, or wetland.                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |                                                                        |
| ☐ Project will produce emission of odorous or other air pollutants (from any source, including VOCs).                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |                                                                        |
| ☐ Project produce, use, or dispose of hazardous substances, as defined in 20 DCMR 7299.                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |                                                                        |
| ☐ Will be built on land where the water table depth is less than 3 feet.                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |                                                                        |
| ☐ Will require blasting.                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |                                                                        |
| ☐ Will generate medical, infectious, radioactive, or hazardous waste.                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |                                                                        |

I certify that all statements on this application are true and complete to the best of my knowledge and belief. I agree to comply with all applicable DC laws and regulations. The making of false statements on this application is punishable by criminal penalties. (DC Code Sec. 22-2514)

Signature of Owner/Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

### OFFICIAL USE ONLY

Environmental Impact Screening Form Required

☐ Yes. Referred to EIS Coordinator    ☐ No    DCRA Reviewer \_\_\_\_\_ Date \_\_\_\_\_

*NOTE: Building permit approval is not the same as approval of an action or entire project under the Environmental Policy Act of 1989. If you build on the same, adjacent, or abutting property, or expand on work covered by this Environmental Intake Form within 3 years, you may be required to file an EISF for the whole project, including the part covered by this application and permit approval. If the action violates any federal or DC environmental laws, an EISF can be required.*

To report waste, fraud, or abuse by any DC government office or official, call the Inspector General: 1-800-521-1639



# Department of Consumer and Regulatory Affairs

Permit Operations Division

1100 4th Street SW

Washington DC 20024

Tel. (202) 442 - 4589

Fax (202) 442 - 4862



# B

## BUILDING PERMIT

THIS PERMIT MUST ALWAYS BE CONSPICUOUSLY DISPLAYED AT THE ADDRESS OF  
WORK UNTIL WORK IS COMPLETED AND APPROVED

Issue Date: 07/20/2015

PERMIT NO. **B1412288**

Expiration Date: 07/20/2016

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |                                                           |                                                    |                                  |                                     |                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------|----------------------------------------------------|----------------------------------|-------------------------------------|---------------------|
| Address of Project:<br><b>1828 ONTARIO PL NW</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       | Zone:<br><b>R-5-B</b>                                     | Ward:<br><b>1</b>                                  | Square:<br><b>2583</b>           | Suffix                              | Lot:<br><b>0438</b> |
| Description Of Work:<br>2 story addition and underpinning of structure including full meps fixtures, finishes, and fittings and sprinkler system.<br>Change of use from SFD to 4 unit apartment building.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                                                           |                                                    |                                  |                                     |                     |
| Permission Is Hereby Granted To:<br><b>1828 Ontario Place Llc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       | Owner Address:<br><b>1828 ONTARIO PLACE, NW<br/>20009</b> |                                                    | PERMIT FEE:<br><b>\$2,411.45</b> |                                     |                     |
| Permit Type:<br><b>Addition Alteration Repair</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Existing Use:<br><b>Single Family</b> |                                                           | Proposed Use:<br><b>Multifamily (&gt; 2 units)</b> |                                  | Plans:<br><b>Yes</b>                |                     |
| Agent Name:<br><b>Kc Price, Jasmine Ohi Kc/Dc<br/>Studios, Ohi Engineering<br/>Group</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Agent Address:<br><b>20009</b>        | Existing Dwell<br>Units:<br><b>1</b>                      | Proposed Dwell<br>Units:<br><b>4</b>               | No. of Stories:<br><b>4</b>      | Floor(s)<br>Involved:<br><b>All</b> |                     |
| Conditions/ Restrictions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                                                           |                                                    |                                  |                                     |                     |
| Wall Test Required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                                                           |                                                    |                                  |                                     |                     |
| <p>This Permit Expires if no Construction is Started Within 1 Year or if the Inspection is Over 1 Year.</p> <p>All Construction Done According To The Current Building Codes And Zoning Regulations;</p> <p>As a condition precedent to the issuance of this permit, the owner agrees to conform with all conditions set forth herein, and to perform the work authorized hereby in accordance with the approved application and plans on file with the District Government and in accordance with all applicable laws and regulations of the District of Columbia. The District of Columbia has the right to enter upon the property and to inspect all work authorized by this permit and to require any change in construction which may be necessary to ensure compliance with the permit and with all the applicable regulations of the District of Columbia. Work authorized under this Permit must start within one(1) year of the date appearing on this permit or the permit is automatically void. If work is started, any application for partial refund must be made within six months of the date appearing on this permit.</p> <p><b>Lead Paint Abatement</b><br/>Whenever any such work related to this Permit could result in the disturbance of lead based paint, the permit holder shall abide by all applicable paint activities provisions of the 'Lead Hazard Prevention and Elimination Act of 2008' and the EPA 'Lead Renovation, Repair and Painting rule' regarding lead-based include adherence to lead-safe work practices. For more information, go to <a href="http://ddoe.dc.gov">http://ddoe.dc.gov</a>, Lead and Healthy Housing.</p> |                                       |                                                           |                                                    |                                  |                                     |                     |
| Interim Director:<br>Melinda Bolling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       | Permit Clerk:<br>Rashad Jackson                           |                                                    |                                  |                                     |                     |
| <p>TO REPORT WASTE, FRAUD OR ABUSE BY ANY DC GOVERNMENT OFFICIAL, CALL THE DC INSPECTOR GENERAL AT 1-800-521-1639</p> <p>FOR CONSTRUCTION INSPECTION INQUIRIES CALL (202) 442-9557</p> <p>TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442-9557.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |                                                           |                                                    |                                  |                                     |                     |

## Show Receipt Detail

Page 1 of 1

**RECEIPT**

DCRA  
 DCRA  
 1100 4TH ST SW  
 Melinda Bolling  
 DIRECTOR - DCRA

**Application:** B1601746  
**Application Type:** Building/Construction/Alteration and Repair/NA  
**Address:** 1828 ONTARIO PL , Washington, DC 20009  
**Owner Name:** 1828 ONTARIO PL LLC  
**Owner Address:** 1828 ONTARIO PL NW WASHINGTON,DC 20009-2109  
**Application Name:**

---

|                       |                                                                                                                |
|-----------------------|----------------------------------------------------------------------------------------------------------------|
| <b>Receipt No.</b>    | 474066                                                                                                         |
| <b>Payment Method</b> | <b>Ref Number</b> <b>Amount Paid</b> <b>Payment Date</b> <b>Cash Drawer ID</b> <b>Received</b> <b>Comments</b> |
| Credit Card           | AT0ADCC5E1E4      \$267.30      11/16/2015                OCPI                                                 |

**Owner Info.:**      1828 ONTARIO PL LLC

WASHINGTON, DC 20009-2109

**Work Description:**      Revisions to prior parking layout - shown on Sheet A0100 - based on measurements of walls of pre-1958 detached garage, which were found to be 15ft-8in by 18ft, allowing for only one, noncompliant parking space of 9ft x 18ft in in size. The revised parking layout plan retains the existing, noncompliant parking space - identified as Space A - and adds a second, compliant parking space at 9ft x 19ft - identified as space B. The driveway serving the one, compliant parking space - Space B - is 7ft - 2in in width.



# Department of Consumer and Regulatory Affairs

Permit Operations Division

1100 4th Street SW

Washington DC 20024

Tel. (202) 442 - 4589

Fax (202) 442 - 4862

Remittance Source Document

*Paid Online  
See Attached  
Receipt*

Date: November 16, 2015

## INVOICE

Invoice Number: 1915167

Customer: 1828 ONTARIO PL LLC

Mailing Address: 1828 ONTARIO PL NW  
WASHINGTON, DC 20009-2109

Address of Work: 1828 ONTARIO PL NW  
Washington, DC 20009

Permit: B1601746

Type of Permit: Alteration and Repair

| Acct Code:          | Fees:    | Description:                            |
|---------------------|----------|-----------------------------------------|
| 3012-3012-6030-6710 | \$1.30   | Enhanced Service Fee - Green Building   |
| 3012-3012-1000-2103 | \$11.50  | Enhanced Service Fee - Filing Fee       |
| 3012-3012-1000-2103 | \$11.50  | Enhanced Services Fee - Permit Fee      |
| 3012-3012-6030-6710 | \$13.00  | Green Building Fee                      |
| 3012-3012-1000-2103 | \$115.00 | Addition/Alteration/Repair - Filing Fee |
| 3012-3012-1000-2103 | \$115.00 | Alteration & Repair Permit Fee          |

Invoice Total: \$267.30

Tezrah Thomas

## DISTRICT OF COLUMBIA GOVERNMENT

## OFFICE OF THE SURVEYOR

may 13 2015  
Washington, D.C. July 17, 2014

Plat for Building Permit of SQUARE 2583 LOT 438

Scale: 1 inch = 20 feet Recorded in Book 52 Page 14

Receipt No. 14-06442

Furnished to: KC D. PRICE

*BSL*  
Surveyor, D.C.

By: A.S.M

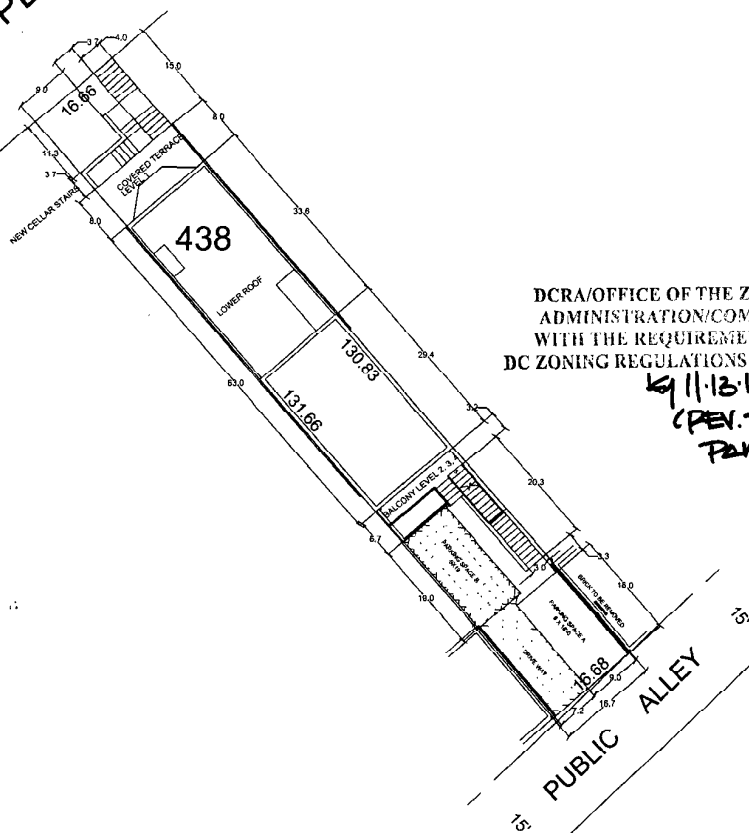
I hereby certify that all existing improvements shown thereon, are completely dimensioned, and are correctly platted; that all proposed buildings or construction, or parts thereof, including covered porches, are correctly dimensioned and platted and agree with plans accompanying the application; that the foundation plans as shown hereon is drawn, and dimensioned accurately to the same scale as the property lines shown on this plat; and that by reason of the proposed improvements to be erected as shown hereon the size of any adjoining Lot or premises is not decreased to an area less than is required by the Zoning Regulations for light and ventilation; and it is further certified that all Lot divisions or combinations pending at the Office of Tax & Revenue are correctly depicted, and it is further certified and agreed that accessible parking area where required by the Zoning Regulations will be reserved in accordance with the Zoning Regulations, and that this area has been correctly drawn and dimensioned hereon. It is further agreed that the elevation of the accessible parking area with respect to the Highway Department approved curb and alley grade will not result in a rate of grade along centerline of driveway at any point on private property in excess of 20% for single-family dwellings or flats, or in excess of 12% at any point for other buildings. (The policy of the Highway Department permits a maximum driveway grade of 12% across the public parking and private restricted property.) Owner/Agent shall indemnify, defend, and hold the District, its officers, employees and agents harmless from and against any and all losses, costs, claims, damages, liabilities, and causes of action (including reasonable attorneys' fees and court costs) arising out of death of or injury to any person or damage to any property occurring on or adjacent to the Property and directly or indirectly caused by any acts done thereon or any acts or omissions of Owner/Agent; provided however, that the foregoing indemnity shall not apply to any losses, costs, claims, damages, liabilities, and causes of action due solely to the gross negligence or willful misconduct of District or its officers, employees or agents.

Date: 11-12-79

(Signature of owner or his authorized agent)

NOTE: Data shown for Assessment and Taxation Lots or Parcels are in accordance with the records of the Department of Finance and Revenue, Assessment Administration, and do not necessarily agree with deed description.

ONTARIO PLACE, N.W.



DCRA/OFFICE OF THE ZONING  
ADMINISTRATION/COMPLIES  
WITH THE REQUIREMENTS OF  
DC ZONING REGULATIONS (11 BCMR)

11-12-15  
(REV. TO EXHIBITS  
PARKING)