

# EXHIBIT A

**DGS:**

**DGS would share with ANC 2A any Department of Buildings inspection reports generated as part of DGS' assessment of the building's renovation needs.**

**DHS:**

- 1. ANC 2A seeks the establishment of a Community Advisory Team, as outlined by DMHHS, that was afforded to the other wards as a result of the dissolution of the DC General homeless shelter to work with members of the ANC and the community to address mutual expectations and commitments via a clear and expedient process for communication and problem solving, and to provide greater transparency and more opportunities for community engagement in order to assist the proposed facility to be better integrated into the neighborhood.**

DHS would be happy to engage in the Community Advisory Team process.

- 2. ANC 2A requests for District of Columbia's both lead and support agencies, including DGS and DHS, to demonstrate whether and how it has fulfilled the objectives outlined in the District of Columbia Interagency Council on Homelessness' Homeward DC strategic plan.**

DHS worked hand in hand with the Interagency Council on Homelessness, (ICH) who publishes the District's Strategic Plans, specifically Homeward DC (2015-2020) and Homeward DC 2.0 (2021-2025), to think through the populations served and the service model of the Aston to ensure the goals of the plan were considered, and the needs of our population were met.

The development of the Aston as a non-congregate shelter addresses a wide range of goals in Homeward DC 2.0. The Aston will specifically address:

**Goal 2: Increase Speed and Efficiency of Housing Lease-Up Process**

Moving individuals who are medically vulnerable, and therefore likely to be connected to a housing subsidy, as well as those already matched to a housing subsidy into a single location with Housing Focused Case Management which is designed to closely coordinate with both Permanent Supportive Housing (PSH) and Rapid Re-Housing (RRH) Case Managers will allow for easy location of clients when needed throughout the process. This centralization will also aid onsite case managers who will monitor and assist with client progress to ensure residents are not being stalled at any point in the housing and lease up process. Additionally, the Aston's weekly case conferencing and monthly case review process will ensure accountability of case managers and residents, which will in turn result in a quicker lease up process. NCS will make case management services easier for PSH and providers and connection to housing services, by having clients centrally located. As such, the prime objective of the program is move clients from NCS into permanent housing by:

- providing housing focused case management assistance;
- expediting the housing process, for clients who are matched to a housing voucher;
- providing a new model to help encourage unsheltered individuals to take advantage of this shelter;
- providing a facility-based solution to clients with medical concerns; and
- providing temporary housing in apartment-style units.

### **Goal 3: Continue Capital and Program Improvements to Shelter Stock**

The Aston will be a new, safe, service rich, semi-private shelter added to our current shelter stock. Additionally, as outlined in Homeward DC 2.0 it will specifically address populations that cannot be served by our current shelter system, such as all-adult households. In the Aston all adult households, such as the following, will be able to be sheltered together:

- a parent and adult child
- adult siblings; and
- couples

It will also increase beds for those who are medically vulnerable, which is a key objective noted in Goal 3 of Homeward DC 2.0.

### **Goal 8: Improve Employment and Income Growth Opportunities for Clients**

As part of the intake process for the Aston, Case Managers will assess the client for mainstream entitlement benefits and will support clients in the application process for benefits they qualify for, including referral to SSI/SSDI Outreach, Access, and Recovery (SOAR) Specialist to apply for Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI) as a means to increase income. Additionally, individuals connected to Rapid Re-Housing (RRH) will have Employment Specialists to support the employment needs of the resident. Case Managers will also refer individuals not matched to RRH, but appropriate for the resource, to the RRH program in order to not only connect them to housing, but also to grow their income through the assistance of the RRH Employment Specialists.

### **Goal 9: Improve Access to Care for Individuals with Complex Health Needs**

As one of the eligible populations for the Aston is those who are medically vulnerable, the Aston will be able to provide a service rich environment for medically vulnerable individuals to receive semi-private shelter, healthcare, and case management in one location, all which will help move them toward an appropriate permanent housing destination.

- 1. ANC 2A seeks for the security personnel for the proposed facility to receive specialized training in de-escalation and crisis intervention.**

All Security personnel receive specialized training in de-escalation and crisis intervention. Both topics will be covered as part of conflict management and crisis intervention training each

security officer will receive once hired. Further security topics are outlined in subsequent question below.

2. **ANC 2A requests that DGS, DHS, and Department of Health and Human Services (DMHHS) representatives attend one additional public meeting to answer the community's questions and engage with the community. This is essential for community members to receive more information on the project and to prepare both the DC government (DHS in particular) and the community to be good neighbors for this project, while not delaying the project's timeline.**
  - DGS, DHS, and DMHHS will be available to attend additional public meetings to answer the community's questions and engage with the community. We look forward to receiving the invitation to these meetings.
3. **ANC 2A requests that DGS, DHS, and DMHHS representatives deliver answers, both during the public meeting and in writing in response to this resolution, to the following questions:**
4.
  - a. **What kinds of medical services will be offered to facility residents on-site, and what kinds of medical facilities will be built on-site?**

The building will have two assessment rooms and will be staffed by a team of medical providers. The hours are still to be determined as it will depend on the census of the clinic and the needs of the clients.

Staffing and duties will be completed as follows:

<b>Registered Nurse (RN)</b>	<ul style="list-style-type: none"> <li>■ Serve as the main point of contact and responsible for outpatient primary health care services at the site.</li> <li>■ Responsible for the overall provision of outpatient primary health care services to clients</li> <li>■ Facilitate COVID-19 testing for any client presenting with COVID-like systems and sharing the results of these tests with clients and DHS.</li> <li>■ Provide clinical oversight to Medical Support staff stationed at their assigned site, and direct staff to perform wellness checks for clients at the facility, either telephonically or in-person <ul style="list-style-type: none"> <li>- Work with other staff to determine which medical tier the client qualifies.</li> <li>- Develop a care plan for clients with the highest medical needs.</li> </ul> </li> <li>■ Ensure all staff don, doff, and utilize PPE appropriately.</li> <li>■ Each shift, complete the following: <ul style="list-style-type: none"> <li>- Conduct the start of shift meeting with the Site Managers</li> <li>- Share concerns from the previous shift during a Medical Staff meeting at the beginning of each shift.</li> <li>- Assign clients to Medical Staff</li> <li>- Assign Medical Support Staff to support on-site check in of clients for initial medical screening.</li> <li>- Ensure that assignments, treatments, medications, and other medical interventions of clients are addressed as needed.</li> <li>- Identify clients with expected additional healthcare staff expected during the shift.</li> <li>- Identify clients needing to travel away from the site for essential medical appointments.</li> <li>- Confirm that the End of Day Medical Services Report was submitted to the Site Manager</li> </ul> </li> <li>■ Review all client medical appointments for medical necessity.</li> <li>■ Write medication prescriptions as needed.</li> <li>■ Refer clients for specialized care.</li> <li>■ Host sessions between clients and medical specialists via telemedicine.</li> </ul>
<b>Registered Nurses (RN) continues</b>	<ul style="list-style-type: none"> <li>■ Conduct a pest check on the client during intake.</li> <li>■ Call each client and or set up inpatient room screenings at the site to assess the client's health care needs (telehealth), and record reported and observed symptoms in the client's electronic medical record.</li> <li>■ Assess each client's medication needs, and in coordination with the medical provider, send medications to pharmacy to be filled as needed.</li> <li>■ Distribute OTC medications as needed (e.g. Tylenol). Keep record of client's own medications; help with scheduled distribution when required.</li> <li>■ Record reported and observed symptoms into electronic patient recording system.</li> </ul>

<b>Medical Support/CNA Staff</b>	<ul style="list-style-type: none"> <li>■ Assist RN staff with initial client medical evaluation during check in process.</li> <li>■ Register all clients in healthcare provider electronic medical record upon initial check-in</li> <li>■ Conduct daily medical wellness check as required (telehealth/in person assessment) to assess client's healthcare needs and record reported and observed symptoms</li> <li>■ In addition to the wellness check, visit each client in his/her room daily to assess the client's health status <ul style="list-style-type: none"> <li>- Obtain and monitor client's vital signs, including blood pressure readings, pulse, respiration, temperature, and report abnormal findings to the Medical Lead and/or the Medical Director for the site</li> <li>- If acute medical needs are present, call 911</li> </ul> </li> <li>■ Assess client's medication needs and in coordination with the Medical Lead, send medications to the pharmacy to be filled</li> <li>■ Distribute over the counter medications to clients</li> <li>■ Provide intimate, hands on healthcare to clients in helping them with bathing, dressing, grooming, oral hygiene care, and all other activities of daily living</li> <li>■ Register all clients in healthcare provider's electronic medical record</li> </ul>
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**b. The availability of rehabilitation, resettlement, and other services aimed at helping residents transition from the facility to more permanent housing.**

A plethora of services will be offered to the residents of the Aston to help with their transition to permanent housing including: onsite case management; Permanent Supportive Housing (PSH) case management for those connected to PSH; Rapid Re-Housing (RRH) case management for those connected to RRH; behavioral health support (as detailed in a later question); medical care (as detailed in a later question); as well as onsite workshops and volunteer support as detailed below.

**Case Management**

Housing-Focused Case Management will be provided to residents to overcome barriers and access resources for finding and keeping stable housing. This will be a housing-first, client-centered, goal-oriented, and supportive process with the goal of assisting clients exiting into stable housing. Additionally, Case Managers will assist clients with resolving barriers to housing such as rental history, debt, budgeting, criminal justice system involvement, behavioral health, substance use, or cognitive impairment. Further, Case Managers will provide linkage to employment resources, mainstream benefits and provide training to residents on how to utilize community resources. Referrals to Project Reconnect will also be provided to appropriate individuals for rapid exit and diversion support including financial assistance with first month's rent/security deposit, transportation to host family, host family support, as well as mediation and other non-financial supports. In addition to Housing Focused Case Management, our Case Managers will also:



- Conduct in-person wellness checks with clients;
- Engage with residents and implement de-escalation strategies to help maintain an encouraging, safe, and socially and emotionally supportive environment on site;
- Refer residents to mental health services as needed.

### **Permanent Supportive Housing (PSH) Case Management**

DHS PSH providers will provide case management services to Aston clients who have been assigned to a PSH provider to navigate the process of finding a unit, applying for the unit, completing necessary paperwork, and moving into the unit. PSH Providers are responsible for:

- Providing case management to Aston clients who have been matched to a PSH housing resource.
- Assisting clients with identifying potential housing units and going to view the unit.
- Assisting clients with gathering necessary paperwork and applying for a unit.
- Working with the landlord to ensure the landlord has completed all required paperwork.
- Submitting all documentation to DHS to review and submit to the DC Housing Authority (DCHA) to finalize the voucher; and,
- Assisting the client with attending the virtual DCHA voucher orientation.

### **RRH Case Management**

DHS RRH providers will provide case management services to Aston clients who have been matched to a RRH Provider to navigate the process of finding a unit, applying for the unit, completing necessary paperwork, and moving into the unit. RRH Providers are responsible for:

- Providing case management to Aston clients who have been matched to a RRH housing resource.
- Developing a housing plan in coordination with the participant for locating safe, affordable housing that meets the participant's needs;
- Assisting clients with identifying potential housing units and going to view the unit;
- Assisting clients with gathering necessary paperwork and applying for a unit;
- Performing an assessment of housing for compliance with Housing Habitability Standards (inspections)
- Ensure participants obtain utility accounts and facilitating move-in, to include the purchase of household essentials.
- Ensuring referral and collaboration with the Employment Specialist to support the employment needs of the participant, ensuring employment efforts are all completed with the goal of supporting the participant's housing stabilization plan goals.
- Ensure participants have a financial management plan to include, but not limited to, establishing a budget, managing expenses, observing spending habits, creating a savings plan, future fiscal planning, etc.

## **Workshops**

Workshops will be provided to clients on topics like: Life skills, communication, substance use, wellness, and grief and loss.

## **Community Volunteer Involvement**

We would also like to engage community members and partners to support in engaging individuals and groups in topics such as budgeting, resume writing, etc.

### **c. What coordination is DHS willing to do with the West End Public Library and other public facilities to meet the demand of new neighbors?**

DHS is very willing to engage with West End Public Library, as well as other public facilities, to discuss any potential new demand created by the Aston.

### **d. What type of training will on-site security personnel receive, and will it include de-escalation and crisis intervention training?**

DGS' Protective Services Division (PSD) outlines a series of training requirements and background clearances for serving as security guards and special police officers within the District. However, in addition to the requirements for all PSD certified personnel, DHS will require, at a minimum the following additional topics for each security officer:

- Post Orders (outlining the specific requirements for each task assigned to a particular post position)
- Emergency Preparedness
- Americans with Disabilities Act and Reasonable Accommodations
- Mandated Reporter Training
- Customer Service Training
- Cultural Competency and Sensitivity (including LGBTQ cultural competency)
- Understanding Special Needs
- Trauma Informed Care
- Conflict Resolution & Non-Coercive Approaches to Conflict Management (Including De-escalation)
- Crisis Intervention and Non-Violent Crisis Intervention



- CPR First Aid
- Unusual Incident Reporting (UIR)
- HIPPA
- Language Access ACT and Language Line
- Boundaries and Confidentiality

**e. What measures will be offered to ensure residents suffering from mental health conditions are properly cared for?**

DHS will coordinate with the District's Department of Behavioral Health (DBH) to provide on-site and remote behavioral health support for clients at the Aston who are in need of services.

Staff will work with DBH, as needed, to:

- Conduct in-person behavioral health wellness checks with clients;
- Engage with residents daily and implement de-escalation strategies to help maintain an encouraging, safe, and socially and emotionally supportive environment at each site;
- Implement activities with clients, helping them develop or strengthen coping skills and see the benefit in remaining actively engaged with their treatment teams and prescribed treatment regimens;
- Work with DBH's Access Help Line (AHL) to confirm whether or not clients are connected with a Core Service Agency (CSA) and making immediate contact with each identified CSA to facilitate connection with each applicable client;
- Call AHL to connect clients to CSAs or substance abuse treatment providers when clients present with such needs;
- Consult with the Unity Psychiatric Nurse Practitioner and DBH clinicians as needed to identify strategies to best help clients remain socially and emotionally supported during their stay; and,
- Work to engage residents in healthy social skills enhancing activities to build a sense of community at the centers.
- Coordinate with a resident's CSA to ensure customers are re-engaged in services or transfer the customer to a CSA that will engage them in services.

**f. What is the extent of renovations necessary in the building, taking into account troublesome reports of poor maintenance and extensive damage by former Aston residents as recently as last year?**

The extent of the renovations include:

Units:

- Windows Safety:
  - Provide and install window limiters so that no window could be opened more than 3 inches.

- Flooring:
  - Removal and disposal of carpet, tack strips, and padding in a total of 103 units.
  - Provide and install ~400 sq. ft. of 6 mil wear layer scratch and stain resistant sterling oak vinyl plank flooring in a total of 100 units. All units in the entire building will have vinyl floors installed.
  - Removal and disposal of vinyl base in a total of 100 units. Provide and install vinyl base
- Lighting:
  - Provide and install new fixture with dimmer switch in kitchen area.
  - Provide and install new fixture with dimmer switch in living room area
- Bathrooms:
  - Provide and install wall mounted ADA shower chair.
  - Provide and install ADA vanity mirror.
  - Install grab bars around shower and toilet.
  - Removal and disposal of existing vanity. Provide and install new vanity and faucet.
- Kitchen
  - Provide and install refrigerator to replace non-working refrigerator
  - Removal of dishwasher, reconfiguration of kitchen cabinets and countertop to accommodate all in one washer dryer combo.

#### Administrative & Clinic Assessment Space:

- Creation of a new operations office. Framing of new walls, and door opening to allow a 36" x 80" door. Provide and install door, and all necessary door hardware. Installation of drywall. Plaster, sanding, and priming of walls.
- Creation of two new "office space A" and "office space B" in operations room. Framing of new walls, and door opening to allow two 32" x 80" door. Provide and install doors and all necessary door hardware. Installation of drywall. Plaster, sanding, and priming of walls.
- Creation of two ~80 sq. ft. rooms to serve as exam room A and exam room B in cleaning. Framing of new walls, and door openings to allow two 32" x 80" door. Provide and install doors, and all necessary door hardware. Installation of drywall. Plaster, sanding, and priming of walls.

#### Garage/Storage:

- Creation of a new room to serve as storage in the parking garage operations room. Framing of new walls, and door opening to allow a 36" x 80" door. Provide and install door, and all necessary door hardware. Installation of drywall. Plaster, sanding, and priming of walls. Provide and install dehumidifiers to prevent humidity from affecting stored items. Installation of 12 ft. of shelves to be used as storage.

#### Facility Related Issues/Concerns:

- Department of General Services released a 258 page independent facility conditions report which highlighted any major mechanical and determines the Aston is in acceptable conditions for DHS to occupy.

**g. · What are the estimated staffing levels at the facility if it is operating at peak capacity?**

The numbers below represent the staffing complement when the facility is at capacity. Currently DHS staffing numbers are estimates. For example, more security guards may be added if it is deemed necessary, case management staff may be added in response to changes in programmatic need, etc.

Staffing Category	Staffing Notes	Staffing Estimate
Security	Minimum need: one per floor, two at the front check-in, two rovers	14
Case Managers	Ratio of 1:30	6
Medical Team	See note above regarding medical services. Medical staffing will be managed by medical provider	N/A
Monitoring	One monitor per floor, front desk.	11
Program Management	Program Management (2), Shift Managers (3), Admin Support (3)	8
Supplemental Support	PSH/RRH case managers will be meeting their clients regularly in addition to the on-site teams. Housing navigators, benefit coordinators, DBH supports, and community service providers will be regularly onsite	5+
Oversight	DHS and/or The Community Partnership (TCP) will have weekly oversight. In addition, DHS and TCP will have regularly monthly case management reviews to track client progress. DHS security team will also perform regular, unannounced site visits and staffing follow-ups.	3

# **EXHIBIT B**



## D.C. Department of Human Services

### Community Update:

# *The Aston* - The District's First Non-Congregate Shelter (NCS) Model

Thursday, November 15, 2023

ANC 2A Community Meeting

# Agenda

1. Overview of the Department of Human Services
2. Defining Low Barrier vs. Non-Congregate Shelter
3. About the Purchase (The Why)
4. Target Demographic
5. Program Operations
6. Summary of Renovations
7. Timeline
8. Community Engagement
9. DHS Points of Contact



# Advantages of Non-Congregate Sites

- **Many clients avoid low barrier shelters**
  - Offers privacy not available in low barrier shelters
  - Offers an opportunity to clients who are not easily served
- **Clients with medical vulnerabilities cannot be adequately served in low barrier shelters**
- **Creates "flow" throughout the CoC**
  - Requires case management
  - Includes built-in exit timelines
- **Supports the Mayor's commitment to making homelessness rare, brief, and non-recurring.**

## Who will be served at the Aston

- Medically Vulnerable (*Chronic conditions*)
- Clients who are matched to a housing resource through CAHP.
- Individuals who cannot be served in our other shelters:
  - Couples
  - Mix gendered adult families
    - Currently, in order to access shelters, adult families of different genders must access separate shelters.

# Who will be served at the Aston

## *Medically Vulnerable*

### Residents must be able to live independently

All clients must be independent with ADLs (specifically toileting, transferring, dressing, eating)

All clients must be medically stable (no acute needs for medication assistance or on-site medical supervision)

All clients must be independent with mobility (if assistive devices or wheelchairs are used, client must be fully independent in use of them)

All clients must be able to manage their own medications – including medications that are oral, inhaled, or injected.

All clients must be oriented to person and place and must not be at risk of wandering, confusion, or falling.

### Example of diagnosis that will be accepted

Active cancer diagnosis/treatment

Chronic lung disease

Difficult to control Insulin-Dependent Diabetes Mellitus(IDDM)

AIDS poorly controlled

Liver disease

Sickle Cell Disease

# Overview of Operations

- **Anticipated Length of Stay**
  - Minimum 1 month
  - Average- 3 - 5 months
- **Client Services**
  - Intensive case management
- **Provider Selection**
  - Selection complete
  - Contract finalization: In progress

## Low Barrier Shelter vs. Non-Congregate Shelter

	LBS	Non-Congregate
Admission	Low Barrier – All client are offered a bed subject to availability. Admission was first-come, first-served.	Transitional – Clients will be issued a bed subject to an admissions criterion such as medical vulnerability, unable to serve in our current shelters, or matched to housing. Clients will be admitted through our coordinated entry (CHAP) process.
Bed Configuration	High Density – Several congregate sleeping rooms with several clients in the same area, including some bunkbeds, shared bathrooms.	Pairs – Two to a room with a bathroom for each individual suite.
Case Mgt.	Even when offered, clients in a low barrier shelter are not required to participate in case management. DHS and provider staff.	Clients will be required to participate in case management as a condition of admission and in order to continually reside at the Aston. This is a key component of our NCS strategy.
Gender	Single Sex (*except LGBTQ)	Men, women, and non-conforming genders will be served.

## General Contractor: MJM Contracting Inc.

### Proposed Scope of Work:

- ✓ Painting interior spaces within the building.
- ✓ Replacing carpet with vinyl plank flooring in over 100 units.
- ✓ Upgrading security and IT infrastructure.
- ✓ Construction of new administrative spaces
- ✓ Repairing underground garage parking area.
- ✓ Providing a deep clean of the entire building.

The project also includes providing new furniture and appliances for over 100 client units and administrative spaces.





# When Do Anticipate Clients Moving In?

- ✓ Provider Selection: **September 2023**
- ✓ Projected Contract Execution: **Fall 2023**
- ✓ Renovations: **Winter/Spring 2024**
- ✓ Provider Onboarding: **Spring 2024**
- ✓ Client Move-In: **Spring/Summer 2024**

## How we Engage

- DHS prioritizes being a good neighbor. This includes transparency and ongoing communication as the project gets underway.
- For consistency, we communicate directly with ANC Commissioners and Councilmembers first for awareness.
- We work with the Mayor's Office on Community Relations and Services (MOCRS) to identify stakeholder groups to engage.

## How we Engage

- Attendance at regular ANC and community meetings to discuss and brainstorm external design, maintenance, or operational options to reduce trash build-up, traffic flow issues, excessive noise complaints, etc.
- Attendance at routine ANC and community meetings to discuss ways to build community and good neighbor relationships.
- Collaborate with sister agencies (MPD, DBH, etc.) for issues that extend beyond the purview of DHS.

# Who to Contact?

Between **November 2023 – April 2024**, please contact:

David J. Ross, Chief of Staff

[david.ross@dc.gov](mailto:david.ross@dc.gov)

Lauren Kinard, Interim Legislative Affairs Specialist

[lauren.kinard@dc.gov](mailto:lauren.kinard@dc.gov)

# **EXHIBIT C**



**D.C. Department of Human Services**

**Introducing *The Aston*:  
The District's First  
Non-Congregate Shelter (NCS) Model**

Presented June 21, 2023, to ANC2A



# Agenda

1. About the Purchase (The Why)
2. Target Demographic
3. Difference Between LBS vs. NCS
4. Program Operations
5. Summary of Renovations
6. Timeline
7. Community Engagement
8. DHS Points of Contact

# Advantages of Non-Congregate Sites

- **Many clients avoid low barrier shelters**
  - Offers privacy not available in low barrier shelters
  - Offers an opportunity to clients who are not easily served
- **Clients with medical vulnerabilities cannot be adequately served in low barrier shelters**
  - Shelters offer clinic services, not daily nursing or professional staff
- **Creates "flow" throughout the CoC**
  - Requires case management
  - Includes built-in exit timelines
- **Supports the Mayor's commitment to making homelessness rare, brief, and non-recurring.**

## Who will be served at the Aston

- Medically Vulnerable (*Chronic conditions*)
- Clients who are matched to a housing resource through CAHP.
- Individuals who cannot be served in our other shelters:
  - Couples
  - Mix gendered adult families
    - Currently, in order to access shelters, adult families of different genders must access separate shelters.
  - Clients in need of medical respite bed
    - Respite meaning short-term, acute, recuperative stays

# Who will be served at the Aston

## *Medically Vulnerable*

### Documentation of one or more of the following:

End stage renal disease (dialysis dependent)	Severe respiratory illness such as severe COPD with O2 requirement
Paralysis that impairs Activities of Daily Living (such as stroke, trauma, etc.)	Major Neurocognitive disorder (formerly called dementia)causing severe impairment
Congestive Heart Failure with exacerbations	Liver disease
Active cancer diagnosis/treatment	Chronic lung disease
Difficult to control Insulin-Dependent Diabetes Mellitus(IDDM)	Severe neurodegenerative disorders such as ALS and severe MS
AIDS poorly controlled	Sickle Cell Disease
Severe vision impairment	Cerebrovascular disease

## Low Barrier Shelter vs. Non-Congregate Shelter

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Admission	Low Barrier – All client are offered a bed subject to availability. Admission was first-come, first-served.	Transitional – Clients will be issued a bed subject to an admissions criterion such as medical vulnerability, unable to serve in our current shelters, or matched to housing. Clients will be admitted through our coordinated entry (CHAP) process.
Bed Configuration	High Density – Several congregate sleeping rooms with several clients in the same area, including some bunkbeds, shared bathrooms.	Pairs – Two to a room with a bathroom for each individual suite.
Case Mgt.	Even when offered, clients in a low barrier shelter are not required to participate in case management. DHS and provider staff.	Clients will be required to participate in case management as a condition of admission and in order to continually reside at the Aston. This is a key component of our NCS strategy.
Gender	Single Sex (*except LGBTQ)	Men, women, and non-conforming genders will be served.

# Overview of Operations

- **Anticipated Length of Stay**
  - 3 - 5 months
- **Client Services**
  - Consistent medical services
  - Intensive case management
- **Provider Selection**
  - Selection process in progress
  - Anticipated provider selection: July 2023



**General Contractor: MJM Contracting INC.**

**Proposed Timeline: 8 weeks**

Proposed Scope of Work:

- ✓ Painting interior spaces within the building.
- ✓ Replacing carpet with vinyl plank flooring in over 100 units.
- ✓ Upgrading security and IT infrastructure.
- ✓ Construction of new administrative spaces & medical clinic.
- ✓ Repairing underground garage parking area.
- ✓ Providing a deep clean of the entire building.

The project also includes providing new furniture and appliances for over 100 client units and administrative spaces.



# When Do Anticipate Clients Moving In?

- ✓ Contract Executed (Projected Jul/Aug 2023)
- ✓ Renovations: (8 weeks - Aug/Sept 2023)
- ✓ Provider onboarding: (Sept/Oct 2023)
- ✓ Client move-in: (Oct/Nov 2023)

# How we Engage

- DHS prioritizes being a good neighbor. This includes transparency and ongoing communication as the project gets underway.
- For consistency, we communicate directly with ANC Commissioners and Councilmembers first for awareness.
- We work with the Mayor's Office on Community Relations and Services (MOCRS) to identify stakeholder groups to engage.

# How we Engage

- Attendance at regular ANC and community meetings to discuss and brainstorm external design, maintenance, or operational options to reduce trash build-up, traffic flow issues, excessive noise complaints, etc.
- Attendance at routine ANC and community meetings to discuss ways to build community and good neighbor relationships.
- Collaborate with sister agencies (MPD, DBH, etc.) for issues that extend beyond the purview of DHS.

# Who to Contact?

Between **June 2023 – October 2023**, please contact:

David J. Ross, Chief of Staff

[david.ross@dc.gov](mailto:david.ross@dc.gov)

or

Tai Meah, Deputy Chief of Staff of Legislative Affairs

[Tai.meah@dc.gov](mailto:Tai.meah@dc.gov)

# **EXHIBIT D**

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
Civil Division**

**WEST END DC COMMUNITY  
ASSOCIATION,**

**Plaintiff,**

**v.**

**DISTRICT OF COLUMBIA, *et al.*,**

**Defendants.**

**Case No. 2023-CAB-006666**

**Judge Maurice A. Ross**

**DECLARATION OF RACHEL PIERRE**

Pursuant to D.C. Code § 22-2402, I, Rachel Pierre, declare and state as follows:

1. I am over the age of eighteen (18) years, competent to testify to the matters contained in this declaration and testify based on my personal knowledge acquired in the course of my official duties.

2. I am the Administrator for the Family Services Administration (FSA) within the District of Columbia (“District” or “DC”) Department of Human Services (DHS). In this role, I am responsible for the administration of FSA which is responsible for providing protection, intervention and social services, including shelter and homelessness prevention in the District, to meet the needs of vulnerable adults and families to help reduce risk and promote self-sufficiency. I have worked at DHS for the last 3 ½ years, and in my current position for 3 ½ years.

3. DHS is currently responsible for managing the Aston, a District-owned property located at 1129 New Hampshire Avenue, NW, Washington, DC 20037.

4. The Aston was formerly owned by George Washington University (GWU) and operated as a dormitory residence, and as such, consists entirely of residential studio units, with individual kitchens and bathrooms.

5. DHS intends to convert the Aston from student housing to non-congregate transitional housing for individuals in the District who are homeless or at risk of homelessness.

6. The Aston's use as non-congregate housing will provide "bridge housing," which DHS defines as temporary apartment-style units for clients transitioning into housing.

7. In order to convert the Aston for this purpose the District needs to conduct demolition and construction work, and to do so DHS through its contractors, must apply for and receive all applicable construction permits through the DC Department of Buildings (DOB). DHS will also need a certificate of occupancy before anyone moves into the building.

8. To date, DHS has applied for both a construction demolition permit and a construction building permit.

9. DHS has not to date applied for a certificate of occupancy.

10. DHS has been issued a construction demolition permit for the property.

11. DHS and its contractors started demolition work at the Aston approximately 2 months ago; however, further demolition cannot currently proceed without approval of the construction building permit.

12. As of the date of this declaration, DHS's application for the construction building permit is still under review by DOB, including for the property's zoning compliance.

13. DHS and its contractors will conduct relevant construction only after DHS receives approval from DOB for its construction building permit.

14. The District has entered into a contract with The Community Partnership for the Prevention of Homelessness (TCP) to manage oversight of the Aston once residents move in.

15. TCP is an independent, non-profit corporation that contracts with the District to coordinate the District's Continuum of Care, which is the comprehensive system of services for



individuals and families who are homeless or at risk of homelessness and designed to serve clients based on their individual level of need, which may include crisis intervention, outreach and assessment services, shelter, transitional housing, permanent housing programs, and supportive services.

16. To operate the Aston on a daily basis, TCP has entered into a sub-contract with Friendship Place.

17. Friendship Place is a housing service provider for individuals and families experiencing homelessness in the District.

18. DHS regularly works with both TCP and Friendship Place to manage homeless services throughout the District.

19. The District intends to operate the Aston as a non-congregate shelter, which has the capacity to house up to 190 individuals who are homeless or at risk of homelessness in the District.

20. A non-congregate shelter means that each resident will have access to and control of a private unit. Each unit will have its own kitchen and bathroom.

21. Residents of the Aston will primarily consist of individuals who cannot be served by current shelters operating in the District including couples, mixed gendered adult families, and clients in need of medical services.

22. All residents of the Aston will be required to sign Program Rules before moving into the Aston. Pursuant to the Homeless Services Reform Act of 2005, as amended, provider Program Rules establish specific goals of all shelter programs in the District, which generally include but are not limited to, applicable eligibility requirements, client responsibilities, client rights, internal complaint procedures, procedures to request a reasonable accommodation for

individuals with disabilities, mediation guidelines, Program Rule violation sanctions, client appeal rights, and applicable savings and escrow account requirements. *See* D.C. Official Code § 4-754.32.

23. DHS has not yet finalized the Program Rules for Aston residents.

24. All residents of the Aston must be independent (able to dress, eat, transport themselves) and medically stable (able to manage their own medications).

25. Residents will receive case management services and work with staff to develop individualized case plans; these plans must consist of time-specific goals and objectives designed to promote self-sufficiency and attainment of permanent housing and be based on the client's individually assessed needs, desires, strengths, resources, and limitations.

26. The District expects that all residents of the Aston will stay at least 1 month, with a general timeline of 3–5 months.

27. The District will not begin moving in residents until DOB issues all necessary construction permits, including a certificate of occupancy.

Pursuant to Super. Ct. Civ. R. 9-I and 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing statements are true and correct, based upon my personal knowledge and information provided to me in the course of my official duties.

Executed on: 6/14/2024

/s/ A.D. Rachel Pierre  
A. D. Rachel Pierre, MSW MBA  
Administrator  
DC Department of Human Services  
Family Services Administration

# **EXHIBIT E**

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA**  
**Civil Division**

**WEST END DC COMMUNITY  
ASSOCIATION,**

**Plaintiff,**

**v.**

**DISTRICT OF COLUMBIA, *et al.*,**

**Defendants.**

**Case No. 2023-CAB-006666**

**Judge Maurice A. Ross**

**DEFENDANTS' FIRST AMENDED RESPONSES AND OBJECTIONS  
TO PLAINTIFF'S FIRST SET OF INTERROGATORIES**

On March 25, 2024, Defendants the District of Columbia and Mayor Muriel Bowser (the District) issued responses and objections (Responses) to Plaintiff's First Set of Interrogatories. Pursuant to Rules 26 and 33 of the Superior Court Rules of Civil Procedure, the District submits the following amendment to add corresponding Bates numbers to the District's Responses where appropriate.

**SPECIFIC OBJECTIONS AND RESPONSES TO INTERROGATORIES**

**Interrogatory No. 2:** Identify and describe in detail all medical care and medical services that You intend or may provide to clients of the Aston.

**RESPONSE:** The District objects to this Interrogatory as premature, overbroad, and unduly burdensome because the full scope of medical care and services to be provided to clients at the Aston has not yet been determined. The District further objects to the use of the term "clients," which is undefined by Plaintiff and susceptible to multiple meanings; for the purposes of this and the following Responses, the District interprets this term as referring to an individual or family seeking, receiving, or eligible for services from a program covered by D.C. Code § 4-754.01, the Homeless Services Reform Act of 2005, as amended. Subject to the foregoing

objections, the District refers Plaintiff to the presentation deck for the March 11, 2024 meeting of the Aston Community Advisory Board as the current, most recent description for the Aston's use (Bates No. DC\_2023-CAB-006666-00000001-16), and additionally refers Plaintiff to the June 21, 2023 and November 15, 2023 ANC 2A presentations (DC\_2023-CAB-006666-00000038-50), July 18, 2023 DHS responses to ANC 2A (DC\_2023-CAB-006666-00000017-26), and the January 29, 2024 DHS Update for Chairman Mendelson's Quarterly ANC Meeting for previous descriptions of the use of the Aston (DC\_2023-CAB-006666-00000051-78), and further refers Plaintiff to the DHS-Emergency Continuum of Care for Homeless Contract at Sections C.5.3.10, C.5.5.4, and C.5.10 for descriptions of services to be provided to clients at non-congregate shelters generally (DC\_2023-CAB-006666-00000281-488). These materials have been or will be produced in response to Plaintiff's First Set of Requests for Production of Documents to Defendants (Plaintiff's Document Requests).

**Interrogatory No. 4:** State whether clients will occupy or control housing accommodations in the Aston by rental agreement or ownership.

**RESPONSE:** The District objects to this Interrogatory as premature, overbroad, and unduly burdensome because the full scope of work to be performed and services to be provided at the Aston, including details concerning occupancy and control of housing accommodations, has not yet been determined. Subject to the foregoing objection, the District refers Plaintiff to materials described in response to Interrogatory 2, and additionally refers Plaintiff to the DHS-Emergency Continuum of Care for Homeless Contract at Sections C.5.3.1.2 for a description pertaining to non-congregate shelters generally (DC\_2023-CAB-006666-00000281-488).

**Interrogatory No. 5:** Identify and describe in detail all agreements, leases, contracts, acknowledgments, licenses, or other similar documents required of clients in order to reside in or occupy housing accommodations in the Aston.

**RESPONSE:** The District objects to this Interrogatory as premature, overbroad, and unduly burdensome because the full scope of work to be performed and services to be provided at the Aston, including details concerning occupancy of housing accommodations, has not yet been determined. Subject to the foregoing objection, the District refers Plaintiff to the DHS-Emergency Continuum of Care for Homeless Contract at Sections C.5.10.2.a, for a description of agreements required of clients for non-congregate shelters generally (DC\_2023-CAB-006666-00000281-488).

**Interrogatory No. 8:** Identify and describe in detail (a) all renovations and/or repairs You are undertaking or intend to undertake at the Aston, including but not limited to the roof, garage, and interior areas; (b) the estimated cost of each; (c) the identity of the contractors retained or in the process of being retained to perform such work; (d) the date such work has commenced or is estimated to commence and the planned dates of completion.

**RESPONSE:** The District objects to this Interrogatory as premature, because construction work at the Aston has not been finalized subject to an approved building permit. On the same basis, the District objects to this Interrogatory to the extent it seeks information or records protected by the deliberative process privilege. The District additionally objects to this Interrogatory as irrelevant, because this case concerns whether the intended use of the Aston violates the Zoning Regulations, and the scope of renovation or repair is not dispositive as to whether the property's use violates the Zoning classification of the property. Finally, the District objects to this Interrogatory as overbroad and overly burdensome because it seeks all potential renovation or repair work at the Aston without limitation as to timeframe or relevance of such work to the claims in this case. Subject to the foregoing objections, the District refers Plaintiff to the DHS-Emergency Continuum of Care for Homeless Contract and the contract between The Community Partnership for the Prevention of Homelessness and MJM Contracting, governing

the extent of currently planned renovation and repair work at the Aston, which it will produce to Plaintiff (DC\_2023-CAB-006666-00000267-280).

Dated: April 2, 2024.

Respectfully submitted,

BRIAN L. SCHWALB  
Attorney General for the District of Columbia

STEPHANIE E. LITOS  
Deputy Attorney General  
Civil Litigation Division

*/s/ Matthew R. Blecher*

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MATTHEW R. BLECHER [1012957]  
Chief, Equity Section, Civil Litigation Division

*/s/ Honey Morton*

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HONEY MORTON [1019878]  
Assistant Chief, Equity Section

*/s/ David R. Wasserstein*

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DAVID R. WASSERSTEIN [1736006]  
BRENDAN HEATH [1619960]  
Assistant Attorneys General  
400 6th Street, NW  
Washington, D.C. 20001  
(202) 442-9880  
(202) 769-6157 (cell)  
brendan.heath@dc.gov

Counsel for Defendants

**CERTIFICATE OF SERVICE**

I certify that on April 2, 2024, I served a copy of Defendants' First Amended Responses to Plaintiff's First Set of Interrogatories by email on:

S. Scott Morrison  
Nicholas E. McGuire  
1919 Pennsylvania Avenue, NW  
Suite 800  
Washington, DC 20006  
scott.morrison@katten.com  
nicholas.mcquire@katten.com

*Counsel for Plaintiff*

/s/ David R. Wasserstein

DAVID R. WASSERSTEIN [1736006]

Assistant Attorney General



# **EXHIBIT F**

PRE-FILE NUMBERS	ZONING DISTRICT	FILE NUMBER	PERMIT NUMBER

GOVERNMENT  
OF THE  
DISTRICT OF  
COLUMBIA  
BLRA-33 (Rev.10/2011)

DEPARTMENT OF BUILDINGS  
BUILDING AND LAND REGULATION ADMINISTRATION PERMIT SERVICE CENTER  
DOB.DC.GOV



APPLICATION FOR CONSTRUCTION PERMITS ON PRIVATE PROPERTY  
(PRINT INK OR TYPE, DO NOT WRITE IN SHADED AREAS)  
ERASING, CROSSING OUT, WHITING OUT, OR OTHERWISE ALTERING ANY ENTERED INFORMATION WILL VOID THIS APPLICATION

CLEARANCE TO FILE  
By \_\_\_\_\_ Date \_\_\_\_\_

(A) ALL APPLICANTS MUST COMPLETE ITEMS 1 THRU 35

1. Address of Proposed Work: 1129 NEW HAMPSHIRE AVE NW, WASHINGTON, DC 20037		Suite No:	2. Lot: 0007	3. Square: 0072	4. Application Date: 11/21/2023																																				
5. Owner of Building or Property: Department Of General Services		6. Address (Include Zip Code) 3924 Minnesota Ave Ne Fl 6, Washington, DC 20019			7. Phone																																				
8. Agent for Owner (if applicable) Patricia Ferrufino-mendoza		9. Address (Include Zip Code) 9044 TEMPLETON DR			10. Phone 2405957953																																				
11. Type of Proposed Work (Select only one) <table><tr><td>New Building(B)</td><td>Awning (G)</td><td>Observation Stand (L)</td><td>Sheeting and Shoring(R)</td></tr><tr><td>Addition (B)</td><td>Sian (Z)</td><td>Scaffolding Information (M)</td><td>Tenant Layout (S)</td></tr><tr><td><input checked="" type="checkbox"/> Addition Alteration Repair(B)</td><td>After Hours (H)</td><td>Soil Borina(N)</td><td>Swimming Pool (T)</td></tr><tr><td>Raze Building(C)</td><td>Demolition (I)</td><td>Tower Crane(O)</td><td>Special Sian (U)</td></tr><tr><td>Retaining Wall (D)</td><td>Capacity Placard (AA)</td><td>Foundation Only(P)</td><td>Solar System (AB)</td></tr><tr><td>Fence (E)</td><td>Christmas Tree Stand (J)</td><td>Underground Storage Tank(Q)</td><td>Excavation Only (V)</td></tr><tr><td>Shed (F)</td><td>Fireworks Stand (J)</td><td>Civil Site Work Only (K)</td><td>Tent (X)</td></tr><tr><td>New Building(B)</td><td>Garage (F)</td><td></td><td>Antenna (W)</td></tr></table>						New Building(B)	Awning (G)	Observation Stand (L)	Sheeting and Shoring(R)	Addition (B)	Sian (Z)	Scaffolding Information (M)	Tenant Layout (S)	<input checked="" type="checkbox"/> Addition Alteration Repair(B)	After Hours (H)	Soil Borina(N)	Swimming Pool (T)	Raze Building(C)	Demolition (I)	Tower Crane(O)	Special Sian (U)	Retaining Wall (D)	Capacity Placard (AA)	Foundation Only(P)	Solar System (AB)	Fence (E)	Christmas Tree Stand (J)	Underground Storage Tank(Q)	Excavation Only (V)	Shed (F)	Fireworks Stand (J)	Civil Site Work Only (K)	Tent (X)	New Building(B)	Garage (F)		Antenna (W)				
New Building(B)	Awning (G)	Observation Stand (L)	Sheeting and Shoring(R)																																						
Addition (B)	Sian (Z)	Scaffolding Information (M)	Tenant Layout (S)																																						
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Raze Building(C)	Demolition (I)	Tower Crane(O)	Special Sian (U)																																						
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Fence (E)	Christmas Tree Stand (J)	Underground Storage Tank(Q)	Excavation Only (V)																																						
Shed (F)	Fireworks Stand (J)	Civil Site Work Only (K)	Tent (X)																																						
New Building(B)	Garage (F)		Antenna (W)																																						
12. Description of Proposed Work Non-structural modification of interior elements including:					13. Do you have an Elevation Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No																																				
14. Existing Use(s) of Building or Property Apartment Houses - R-2 -Renovation of current second-floor residential units to create a new administrative office suite. -Remodelling of ten existing bathrooms to meet ADA compliance standards, along with the construction of an additional exit for accessibility. -Enhancement of current residential units through the installation of vinyl plank flooring and					15. Ex. No of Stories of Bldg. 10 16. Ex. No of Dwelling Units 124 <b>OFFICIAL USE ONLY</b> Miscellaneous FEE \$																																				
17. Proposed Use(s) of Building or Property Apartment Houses - R-2		18. Prop. No of Stories of Bldg 10	19. Prop. No of Dwelling Units 110		By: _____ Date: _____																																				
20. Starting Date 01/15/2024	21. Completion Date of work 05/15/2024	22. Method of Removing Construction Debris <input checked="" type="checkbox"/> Pick-up Truck <input type="checkbox"/> Dumpster <input type="checkbox"/> Other (specify)		23. Does the proposed work involve disturbing the earth or razing a building? <input type="checkbox"/> Yes, answer a.24 <input checked="" type="checkbox"/> No, SKIP a.24-29																																					
24. Is the area of disturbed earth more than 50 sq.ft? <input type="checkbox"/> Yes, answer a.26-27 <input type="checkbox"/> No, SKIP a.26-27		26. Soil Erosion Control Methods	27. Area of Offsite Drainage	28. No of Footings or Columns	29. Size of Footings or Columns																																				
25. Is the area disturbed earth more than 5000 sq.ft? <input type="checkbox"/> Yes. <input checked="" type="checkbox"/> No.		30. Existing Stories Plus <b>Basement</b>	32.Existing Penthouse <input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No.	<b>OFFICIAL USE ONLY</b>																																					
		31. Proposed Stories Plus <b>Basement</b>	33.Proposed Penthouse <input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No.	<table><tr><td></td><td>R</td><td>P</td><td>H</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>			R	P	H	A		M						P						E						F						S					
	R	P	H	A																																					
M																																									
P																																									
E																																									
F																																									
S																																									
34. 3rd Party Review <input type="checkbox"/> Yes. <input checked="" type="checkbox"/> No.	35. 1st time Tenant Build <input type="checkbox"/> Yes. Outs <input type="checkbox"/> No.	36. Floors Involved in Proposed Construction <b>10</b>		W <input type="checkbox"/> Yes. <input type="checkbox"/> No. <b>PLANS</b> <input type="checkbox"/> No. <input type="checkbox"/> Sm. <input type="checkbox"/> La.																																					

**(B) NEW BUILDING, ADDITION, & ALTERATION (COMPLETE ITEMS 1 THRU 36)**

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: (include Zip Code)		12. Phone:	
13. Fire Suppression: <input checked="" type="checkbox"/> Fully Sprinklered <input type="checkbox"/> Partially Sprinklered <input type="checkbox"/> Standpipe System <input type="checkbox"/> None <input type="checkbox"/> Other		14. Present Gross Floor Area of Bldg.:  <b>9200</b>		15. Proposed Gross Floor Area of Addition  <b>9200</b>		17. Breakdown of Lot Area(=100%)	
				16. Proposed Gross Floor Area of Bldg  <b>9200</b>		a. building	<b>60</b> %
						b. paved area	<b>35</b> %
						c. greenery	<b>5</b> %
18. Total Lot Area: Sq. Ft <b>9200</b>	19. Length: <b>0</b>	20. Width: <b>0</b>	21. Height: <b>0</b>	22. Floors involved in this permit <b>10</b>		23. Projection beyond building line? <input type="checkbox"/> Yes. Answer 24 to 28 <input checked="" type="checkbox"/> No. SKIP 24 to 28	
24. Number and type of projection:		25. Distance of Projection		26. Width of Projection	27. Width of Building frontage	28. Signature of Owner (projection Only)	
29. Water or Sewer Excavation <input type="checkbox"/> Yes. <input checked="" type="checkbox"/> No.		30. Driveway Construction: <input type="checkbox"/> Yes. <input checked="" type="checkbox"/> No.		31. Sheeting/Shoring ** <input type="checkbox"/> Yes. <input checked="" type="checkbox"/> No.		32. Elevators Involved: <input type="checkbox"/> Yes. Answer 33 <input checked="" type="checkbox"/> No.	
						33. No and Type of Elevators	
						34. Plans Certified by Engineer: <input type="checkbox"/> Yes. Cert. Attached <input checked="" type="checkbox"/> No.	
35. Estimated Cost of Work (a) New/Add: \$ _____ (b) Alt/Repair: \$ <b>300000</b> _____ Total : \$ _____				<b>OFFICIAL USE ONLY</b>			
				Alter/Repair FEE		New Const. FEE	
				Filing FEE		TOTAL PERMIT FEE	
				\$		\$	
				\$		\$	
36. Volume of New Bldg. or Addition Cu. Ft. <b>0</b>				By	Date	By	Date

**(H) SIGN (COMPLETE ITEMS 1 THRU 22)**

1. Number:	2. Electric Signs:  Yes. Answer 3 to 10  No. SKIP 3 to 10	3. Type:  Incandes Fluoresc Neon LED	4. Power:   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		12. Material of Sign:		13. Type of Sign:		14. Color of Sign:			
		15. Width of Sign:  0		16. Length of Sign:  0		17. Area of Sign:		18. Width of Business frontage:	
19. Certificate of Occupancy No. for Bldg.:		20. Sign Contractor Name:		<b>OFFICIAL USE ONLY</b>					
				Sign FEE:                      Elect FEE:                      Total FEE:					
21. Sign Contractor's Address:		22. Phone No.:							
				By	Date	By	Date	By	Date

**SOLAR SYSTEM (COMPLETE ITEMS 1 THRU 27)**

1. Type of System:	2. System Connection:	3. Inverter Type	4. Number of modules/collectors:	5. Single-Module Rated Output:
6. Mounting system: <input type="checkbox"/> Rafters <input type="checkbox"/> Parapet to Parapet <input type="checkbox"/> Ballasted <input type="checkbox"/> Other	7. Angle with Respect to Roof:	8. Year House Built.	9. Number of Neighbor Notification	10. Year Roof Replaced.
				11. Roof Area:  Sq.Ft
12. Total Surface Area of Panels/Collectors:	13. Height of the System Above Roof:  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:		27. System Size:	

**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 regulation 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 \_\_\_\_\_

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

**A. PERMIT CONTROL**

<input type="checkbox"/> 1. Fine Arts bv: _____	Date: _____
<input type="checkbox"/> 2. Historic Bv: _____	Date: _____
<input type="checkbox"/> 3. Cap. Gateway bv: _____	Date: _____
<input type="checkbox"/> 4. NCPD: _____	Date: _____
<input type="checkbox"/> 5. W.H./Obs. Precinct bv: _____	Date: _____
<input type="checkbox"/> 6. Flood Control bv: _____	Date: _____
<input type="checkbox"/> 7. WMATA bv: _____	Date: _____
<input type="checkbox"/> 8. Condem. bv: _____	Date: _____
<input type="checkbox"/> 9. Rental Accom bv: _____	Date: _____
<input type="checkbox"/> 10. Chinatown Dist. bv: _____	Date: _____
<input type="checkbox"/> 11. Utility Clearance bv: _____	Date: _____
<input type="checkbox"/> 12. General Liability Ins. Policy Clearance by: _____	Date: _____

**B. CLEARANCE TO FILE PLANS**

<input type="checkbox"/> 1. Zoning bv: _____	Date: _____
<input type="checkbox"/> 2. DDOT - Permit and Records Division	
Access to Parking Street <input type="checkbox"/> Street <input type="checkbox"/> Alley	
Cleared bv: _____	Date: _____
<input type="checkbox"/> 3. DDOT - Consumer Engineer	
Cleared bv: _____	Date: _____
<input type="checkbox"/> 4. ERA - Erosion Control	
Cleared bv: _____	Date: _____

Restriction of the Permits

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

**C. PLANS AND APPLICATION APPROVAL**

<input type="checkbox"/> 1. Information Counter bv: _____	Date: _____
<input type="checkbox"/> 2. Information Center bv: _____	Date: _____
<input type="checkbox"/> (a) ABRA bv: _____	Date: _____
<input type="checkbox"/> (b) Noise Control bv: _____	Date: _____
<input type="checkbox"/> (c) Industrial Safety bv: _____	Date: _____
<input type="checkbox"/> (d) Vector Control bv: _____	Date: _____
<input type="checkbox"/> (e) D.C. Animal bv: _____	Date: _____
<input type="checkbox"/> (f) Police Dept. bv: _____	Date: _____
<input type="checkbox"/> 3. Zoning bv: _____	Date: _____
<input type="checkbox"/> Zoning Update bv: _____	Date: _____
<input type="checkbox"/> Zoning Overlay approval bv: _____	Date: _____
<input type="checkbox"/> 4. DDOT - Permit and Records Division/Deposit #	
Sidewalk Deposit \$ _____ Driveway Deposit \$ _____	
by: _____	Date: _____
<input type="checkbox"/> 5. Water/Sewer Design Branch	
Consumer Eng. bv: _____	Date: _____
<input type="checkbox"/> 6. Environmental Regulation Administration	
<input type="checkbox"/> Environmental Policy Review	
Control No. _____	
bv: _____	Date: _____
<input type="checkbox"/> Erosion Control bv: _____	Date: _____
<input type="checkbox"/> Storm Water Mgmt. bv: _____	Date: _____
Plan No. _____	
<input type="checkbox"/> Air Quality bv: _____	Date: _____
<input type="checkbox"/> Underground Storage bv: _____	Date: _____
<input type="checkbox"/> 7. Mechanical Eng. Review bv: _____	Date: _____
<input type="checkbox"/> 8. Plumbing Eng. Review bv: _____	Date: _____
<input type="checkbox"/> 9. Electrical Eng. Review bv: _____	Date: _____
<input type="checkbox"/> 10. Health Plan Review	
<input type="checkbox"/> (a) Food Plan Review bv: _____	Date: _____
<input type="checkbox"/> (b) Medical X-Ray Plan Rev.	
by: _____	Date: _____
<input type="checkbox"/> 11. Fire Protection Plan Review	
by: _____	Date: _____
<input type="checkbox"/> 12. D.C. Fire Dept. (Fire Prevention Plan Review Section)	
bv: _____	Date: _____
<input type="checkbox"/> 13. Elevator Plan Rev. Sec. bv: _____	Date: _____
<input type="checkbox"/> 14. Plumbing Insp. Rev. bv: _____	Date: _____
<input type="checkbox"/> 15. Construction Insp. Branch (field Check)	
bv: _____	Date: _____
<input type="checkbox"/> 16. Historic Pres. Div bv: _____	Date: _____
<input type="checkbox"/> 17. EISF bv: _____	Date: _____
<input type="checkbox"/> 18. Structural Eng. bv: _____	Date: _____
<input type="checkbox"/> 19. Permit and Certificate Issuance Counter	
bv: _____	Date: _____
<input type="checkbox"/> 20. QC bv: _____	Date: _____

**ZONING**

CofO Number _____	Date: _____
Existing Use(s) _____	
Proposed Use(s) _____	

Job No. _____	BZA Case No. _____
---------------	--------------------

**DDOT - PUBLIC SPACE**

<input type="checkbox"/> New Bldg.	Street Name _____
<input type="checkbox"/> P.O.D.	Street Width _____
<input type="checkbox"/> File in Room 2124	Road Width _____
	Sidewalk Width _____
	Parking _____

PUD Order No. \_\_\_\_\_

# DEPARTMENT OF ENERGY & ENVIRONMENT

## BUILDING PERMIT APPLICATION SUPPLEMENTAL FORM - ENVIRONMENTAL QUESTIONNAIRE

PROJECT ADDRESS: \_\_\_\_\_ SQUARE: \_\_\_\_\_ SUFFIX: \_\_\_\_\_ LOT: \_\_\_\_\_

Direction: Please answer all 19 questions in this questionnaire, by checking either '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 asupplement 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? <i>Please get approvals or signature from the Underground Storage Tank Branch, Water Quality Division and the Air Quality Division.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(202) 535-2600 or ust.ddoe@dc.gov Underground Storage Tank Branch  (202) 535-2600, Air Quality Division, 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)? <i>Please get approvals or signatures from the UndergroundStorage Tank Division, Water Quality Division and the Air Quality Division.</i>	<input type="checkbox"/>	<input type="checkbox"/>	(202) 535-2600 or ust.ddoe@dc.gov Underground Storage Tank Branch  (202) 535-2600, Water Quality Division  (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)? <i>Please get approvals or signatures from</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(202) 535-2600 or ust.ddoe@dc.gov Underground Storage Tank Branch  (202) 535-2600, Water Quality Division  (202) 535-2600, Air 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?  <i>Please get approvals or signatures from Water Quality Division.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(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? <i>Please get approvals or signatures from the Water Quality Division and the Air Quality Division.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(202) 535-2600, Water Quality Division  (202) 535-2600, Air Quality Division, 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?  Contact Hazardous Materials Branch (202) 535-2600	<input type="checkbox"/>	<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?  Contact DDOE Environmental Review Coordinator (202) 535-2600	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(202) 535-2600, Hazardous Waste Branch	
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? <i>Please get approvals or signatures from the Water Quality Division.</i>	<input type="checkbox"/>	<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?  <i>Please get approvals or signatures from the Water Quality Division and the Fisheries and Wildlife Division.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(202) 535-2600, Water Quality Division  (202) 535-2600, Fisheries and Wildlife Division	

SCOPE OF PROJECT	YES	NO	CONTACT PERSON/OFFICE	OFFICE USE
10. Does the project site contain a species of plant or animal that is federally protected? Federally protected means that the plant or animal is subjected to limited, restricted, specific, or approved interactions in accordance with Federal guidelines.	<input type="checkbox"/>	<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? Contact Air Quality Division, Permitting Branch (202) 535-2600	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(202) 535-2600, Air Quality Division, Permitting Branch	
12. Was the building built before 1978? (Lead paint may be present).  Issuance of a lead abatement or renovation permit may be required.	<input type="checkbox"/>	<input type="checkbox"/>	(202) 535-2600, Lead and Healthy Housing Division, Compliance and Enforcement Branch	
13. Does the building contain asbestos?  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.	<input type="checkbox"/>	<input type="checkbox"/>	(202) 535-2600, Air Quality Division, Permitting Branch	
14. Does the project disturb 5,000 square feet or greater of land?  Major Land Disturbance: Submit a stormwater management plan to the Watershed Protection Division	<input type="checkbox"/>	<input type="checkbox"/>	(202) 535-2600, 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? Major Sustainable improvement: Submit a storm water management plan to the Watershed Protection Division	<input type="checkbox"/>	<input type="checkbox"/>	(202) 535-2600, 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? Submit a green area ratio(GAR) plan to the Watershed	<input type="checkbox"/>	<input type="checkbox"/>	(202) 535-2600, Watershed Protection Division	
17. Will the proposed project of the work to be performed be within a Special Flood Hazard Area (SFHA) or 100-year floodplan area (i.e., Zone A or AE)? If YES, compliance with DC Floodplain Regulations (DCMR 20, Flood Hazard Rules, and DCMR 12, Flood Provisions in the Construction Code is required. If NO, please verify and confirm whether the project site is NOT located in a Special Flood Hazard Area (SFHA)	<input type="checkbox"/>	<input type="checkbox"/>	(202) 535-2600, Water Quality 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? Note that separate air quality permits are required for	<input type="checkbox"/>	<input type="checkbox"/>	(202) 535-2600, 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	<input type="checkbox"/>	<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 \_\_\_\_\_ Name (print) \_\_\_\_\_  
 Address \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

OFFICE USE ONLY	
DOEE APPROVAL BY _____	NAME(PRINT) _____
CONTRACT NUMBER: _____	DATE: _____
COMMENTS AND PERMIT RESTRICTIONS: _____	



# INTERIOR RENOVATION

## 1129 New Hampshire Ave. NW Washington, DC 20037

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
PERMIT OPERATIONS DIVISION

PLANS APPROVED  
Permit No. B2401624 Date 08/06/24

These plans are conditionally approved as submitted or noted during plan review and are subject to field inspection. Approved plans must be kept on file and are needed for all inspections. No changes or modifications to these plans. Changes require a revision permit with the revised plans. Trade Permits are required for trade work. e.g. Electrical or Plumbing

REVISIONS

<div>ABREVIATIONS</div> <div><div><div>&amp; AND</div><div>ABV ABOVE</div><div># NUMBER OR POUND</div><div>AD AREA DRAIN</div><div>BD BOARD</div><div>CL CENTER LINE OR CLOSET</div><div>COL COLUMN</div><div>DBL DOUBLE</div><div>CMU CONCRETE MASONRY UNIT</div><div>DIM DIMENSION</div><div>DN DOWN</div><div>EA EACH</div><div>EF EXHAUST FAN</div><div>IRC INTERNATIONAL RESIDENTIAL CODE</div><div>INSUL INSULATION</div><div>CLG CEILING</div><div>ELEV ELEVATION</div><div>EXIST EXISTING</div><div>FT FOOT OR FEET</div><div>GYP. BD GYPSUM BOARD</div><div>MTD MOUNTED</div><div>N.I.C. NOT IN CONTRACT</div><div>PTD PAINTED</div><div>RM ROOM</div><div>RO ROUGH OPENING</div><div>SIM SIMILAR</div><div>DS DOWN SPOUT</div><div>PT PRESSURE TREATED</div><div>EXT EXTERIOR</div><div>FL FLOOR</div></div><div><div>MIN MINIMUM</div><div>O.C. ON CENTER</div><div># NUMBER OR POUND</div><div>TYP TYPICAL</div><div>TBD TO BE DETERMINED</div><div>N NEW</div><div>E EXISTING</div><div>HT HEIGHT</div><div>FF FINISH FLOOR</div><div>DWG DRAWING</div><div>W/ WITH</div><div>TBS TO BE SELECTED</div><div>WD WOOD</div><div>@ AT</div><div>APPROX APPROXIMATE</div><div>ELEC ELECTRICAL</div><div>MECH MECHANICAL</div><div>EP ELECTRICAL PANEL</div><div>DW DISHWASHER</div><div>FTG FOOTING</div><div>FD FLOOR DRAIN</div><div>IN INCHES</div><div>REF REFRIGERATOR</div><div>STL STEEL</div><div>CRPT CARPET</div><div>SPEC SPECIFICATION</div><div>CT CERAMIC TILE</div><div>SD SMOKE DETECTOR</div><div>NTS NOT TO SCALE</div><div>HVAC HEATING, VENT, AIR CONDITIONING</div></div></div> <div><div>DRAWING SYMBOLS</div><div><div><div><div><div>X</div><div>A-X</div></div><div>DETAIL TAG</div></div><div><div><div>1</div><div>A-X</div></div><div>ELEVATION TAG</div></div><div><div><div>1</div><div>A-X</div></div><div>SECTION TAG</div></div><div><div><div>A</div><div>A-X</div><div>B</div><div>C</div></div><div>INTERIOR ELEVATION TAG</div></div></div></div></div> <div><div>SCOPE OF WORK</div><div>Non - structural modifications to the interior elements of an existing residential facility. Renovation of four existing bathrooms in units 306, 506, 606, and 806 to meet ADA standards. Conversion of existing residential unit (unit 100) into an additional exit to improve accessibility, reducing the total number of dwelling units from 124 to 123. Enhancement of current residential units through the installation of vinyl plank flooring and repainting of the entire facility.</div><div>DESIGN CRITERAL</div><div><div>The contractor shall verify all dimensions, grades, boundaries and construction before proceeding with the work.</div><div>Smoke detectors to be installed in accordance with local codes and requirements and to be integrated with the electrical system.</div><div>All electrical work shall be installed in accordance with NEC and local codes.</div><div>All mechanical work shall be installed in accordance with mechanical codes.</div><div>Dimensions given on floors plans are face to face of finished wall.</div></div><div><div>GENERAL DATA</div><div>ADDRESS: 1129 New Hampshire Av NW Washington DC</div><div>CONSTRUCTION TYPE III</div><div>OCCUPANCY: R-2 Residential</div><div>FIRE PROTECTION SYSTEM: Building is Fully Sprinklered -2017 DC Bldg Code 106.2-</div><div>SSL: 0072 0007</div><div>Building Code</div><div>Zoned: RA-5</div><div>FIRE ALARM SYSTEM: Existing Fire Alarm Layout provided.</div><div>Lot Area 79,000 SF</div><div>CODE SUMMARY</div><div>2017 International Building Code (IBC)</div><div>2017 Plumbing Code</div><div>2014 National electrical Code Per 2017 Building Code</div><div>2010 ADA Standards</div><div>INDEX</div><div><div><div>SHEET No</div><div>DESCRIPTION</div></div><div><div>CS</div><div>Cover, General Notes, Simbology</div></div><div><div>A100</div><div>1st Floor Egress Plans</div></div><div><div>A101</div><div>Typ Egress Plan at Floors 2-10.</div></div><div><div>A001</div><div>Mounting heights and accessibility drawings</div></div><div><div>A002</div><div>Mounting Drawings, Accessibility Reference Page</div></div><div><div>A003</div><div>1st Floor Existing Layout</div></div><div><div>A003</div><div>1st Floor Proposed Layout</div></div><div><div>A004</div><div>Typ (E) Layout at Floors 2, 4, 7, 9 &amp; 10.</div></div><div><div>A004</div><div>Typ Proposed Layout at Floors 2, 4, 7, 9 &amp; 10.</div></div><div><div>A005</div><div>Typ (E) Layout at Floors 3, 5, 6, &amp; 8 .</div></div><div><div>A005</div><div>Typ Proposed Layout -Unit X06- with ADA Accessible Bathroom at Floors 3, 5, 6, &amp; 8 .</div></div><div><div>A006</div><div>Schedules, Details</div></div><div><div>A007</div><div>1st Floor Use &amp; Occupancy Diagram</div></div><div><div>A008</div><div>Typ Use &amp; Occupancy Diagram at Floors 2-10.</div></div><div><div>A009</div><div>Enlarged Typ Existing Unit Plan X06</div></div><div><div>A009</div><div>Enlarged Typ Proposed Unit Plan X06</div></div><div><div>A009</div><div>-ADA Compliant Bathroom- at Floors 3, 5, 6, &amp; 8 .</div></div><div><div>M001</div><div>Notes and Symbols</div></div><div><div>M101</div><div>1st Floor Mechanical Plans</div></div><div><div>M102</div><div>2nd Floor Mechanical Plans</div></div><div><div>M103</div><div>3rd Floor thru 10th Mechanical Plans</div></div><div><div>M201</div><div>Mechanical shedules</div></div><div><div>E001</div><div>Notes and Symbols</div></div><div><div>E101</div><div>Power Plans</div></div><div><div>E102</div><div>Power Plans</div></div><div><div>E103</div><div>Power Plans</div></div><div><div>E104</div><div>Lighting Plans</div></div><div><div>E105</div><div>Lighting Plans</div></div><div><div>E106</div><div>Lighting Plans</div></div><div><div>E107</div><div>Fire Alarm Plans</div></div><div><div>E107</div><div>Fire Alarm Plans</div></div><div><div>E108</div><div>Fire Alarm Plans</div></div><div><div>E109</div><div>Fire Alarm Plans</div></div><div><div>E201</div><div>Schedules And Electrical Room Plan</div></div><div><div>E202</div><div>Riser Diagram</div></div><div><div>E203</div><div>Panel Schedules</div></div><div><div>E204</div><div>Panel Schedules</div></div><div><div>E205</div><div>Electrical Details</div></div><div><div>P001</div><div>Notes and Symbols</div></div><div><div>P101</div><div>1st Floor Plumbing Plans</div></div><div><div>P102</div><div>2nd Floor Plumbing Plans</div></div><div><div>P103</div><div>3rd Floor Plumbing Plans</div></div><div><div>P104</div><div>Enlarged Plans</div></div><div><div>P201</div><div>Domestic Water Riser Diagrams</div></div><div><div>P202</div><div>Sanitary and Vent Riser Diagrams</div></div><div><div>P301</div><div>Details</div></div></div></div><div><div>GOVERNMENT OF THE DISTRICT OF COLUMBIA PERMIT OPERATIONS DIVISION</div><div>THE FIRE PROTECTION PLANS ARE APPROVED AS NOTED. FINAL INSTALLATION APPROVA SUBJECT TO FIELD INSPECTION. SUBMIT SEPARATE SHOP DRAWINGS FOR:</div><div><div><div><div><input checked="" type="checkbox"/></div><div>Fire Alarm System</div></div><div><div><input checked="" type="checkbox"/></div><div>Sprinkler System</div></div><div><div><input type="checkbox"/></div><div>StandPipe System</div></div><div><div><input type="checkbox"/></div><div>Hood &amp; Duct Extinguishing System(s)</div></div><div><div><input type="checkbox"/></div><div>Fuel Storage Tank(s)</div></div><div><div><input checked="" type="checkbox"/></div><div>Capacity Placard</div></div><div><div><input type="checkbox"/></div><div>Elevator System</div></div><div><div><input type="checkbox"/></div><div>Smoke Control System</div></div><div><div><input type="checkbox"/></div><div>Other</div></div></div></div><div><div>Signature Syed Hashmi</div><div>Fire Protection Engineering</div><div>Date 7/29/2024</div></div><div>CONTRACTORS TO VERIFY DIMINTIONS AND CONDITIONS TO BRING ANY DISCREPANCY TO THE ATTENTION OF THE ARCHITECT BEFORE PRECEDING WITH WORK. ALL WORK MUST FOLLOW THE CURRENT BUILDING CODES AND PASS THE APPROPRIATED CITY INSPECTIONS.</div></div><div><div>VECINITY MAP</div><div><div>Site</div><div>2023-11-20 at 12:30:10 PM.jpg</div></div><div>N</div><div>MATERIAL LEGEND</div><div><div><div><div><div></div><div>CONCRETE</div></div><div><div></div><div>GRAVEL</div></div><div><div></div><div>CONCRETE MASONRY UNIT</div></div><div><div></div><div>BRICK</div></div><div><div></div><div>BRICK</div></div></div><div><div><div></div><div>RIGID INSULATION</div></div><div><div></div><div>BATT INSULATION</div></div><div><div></div><div>BATT INSULATION</div></div><div><div></div><div>EARTH</div></div><div><div></div><div>GLASS</div></div></div></div></div><div><div>Revisions:</div><div></div><div></div><div></div><div></div></div><div><div>Size: 36X24</div><div>Scale: INDICATED</div><div>Project# : 045</div><div>Drawn by: PFM</div></div><div><div>Project: INTERIOR RENOVATION</div><div>Owner:</div></div><div><div>Sheet Title: COVER SHEET</div><div>1129 NEW HAMPSHIRE AV NW WASHINGTON DC 20037</div></div><div><div>Version: PERMIT</div><div>Date: 7/20/2024</div><div>Sheet No: CS</div></div><div><div>DISTRICT OF COLUMBIA GREGORY A. KEARNEY REGISTERED ARCHITECT</div></div></div></div>
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## Zoning Data Summary

General Instruction: Pursuant to 12 DCMR, 106.1.11.6, submit this completed form with Building Permit and Certificate of Occupancy application 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 [dob.dc.gov/go](http://dob.dc.gov/go) to

### 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 <b>1129</b>	Street Name <b>NEW HAMPSHIRE</b>	Type/Quadrant <b>AVE NW</b>	Unit/Suite	Application Date
Square <b>0072</b>	Suffix	Lot <b>0007</b>	Proposed Use <b>Apartment Houses - R-2</b>	

### B. Owner & Contact Information

Agent must be an individual - not company

Owner of Building or Property Department Of General Services	Complete mailing address(include Zip)	Phone Number(s)	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 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](http://dcoz.dc.gov/info/reg)

Data	Existing	Proposed	Official Use Only (code requirement)
<b>Unit &amp; Parking Spaces</b>			
Number of dwelling units	Units	Units	
Number of parking spaces (9' x 19')	Units	Units	
Left Side Yard Setback (left when you face property)	Linear feet	Linear feet	
Right Side Yard Setback (right when you face property)	Linear feet	Linear feet	
Rear Yard Setback	Linear feet	Linear feet	
Building Height	Stories	Stories	
	Feet	Feet	
Lot Area	Square feet	Square feet	
Gross Floor Area (GFA) of entire building (sum of all floors)	Square feet	Square feet	
Floor Area Ratio	GFA / Lot Area	GFA / Lot Area	
Building Area (sum of footprints of all building)	Square feet	Square feet	
Lot Occupancy (Bldg Area / Lot Area)			
Pervious Surface	Green Area Ratio		

# Environmental Intake Form

## Owner & Contact Information

Complete address of proposed work

Square	Suffix (if any)	Lot

Application date (4 numbers for year)

Number	Ext	Official Street Name	Quadrant	Unit/Suite

Project Name	Application Number (if applicable)	Project Description Non-structural modification of interior elements including:	
Owner Department Of General Services	Complete mailing address (include zip) 3924 Minnesota Ave Ne Fl 6, Washington, DC 20019	Phone	Email, if you prefer e-notice
Agent for Owner, if applicable Patricia Ferrufino-Mendoza	Complete mailing address (include zip) 9044 Templeton Dr, Frederick, MD 21704	Phone 2405957953	Email, if you prefer e-notice Pferrufino.M@gmail.Com

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

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	DOB 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 application, you may be required to file an EISF for the whole project, including the past 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

# **EXHIBIT G**



# INTERIOR RENOVATION

## 1129 New Hampshire Ave. NW Washington, DC 20037

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
PERMIT OPERATIONS DIVISION

PLANS APPROVED  
Permit No. B2401624 Date 08/06/24

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REVISIONS

<div>ABREVIATIONS</div> <div><div><div>&amp; AND</div><div>ABV ABOVE</div><div># NUMBER OR POUND</div><div>AD AREA DRAIN</div><div>BD BOARD</div><div>CL CENTER LINE OR CLOSET</div><div>COL COLUMN</div><div>DBL DOUBLE</div><div>CMU CONCRETE MASONRY UNIT</div><div>DIM DIMENSION</div><div>DN DOWN</div><div>EA EACH</div><div>EF EXHAUST FAN</div><div>IRC INTERNATIONAL RESIDENTIAL CODE</div><div>INSUL INSULATION</div><div>CLG CEILING</div><div>ELEV ELEVATION</div><div>EXIST EXISTING</div><div>FT FOOT OR FEET</div><div>GYP. BD GYPSUM BOARD</div><div>MTD MOUNTED</div><div>N.I.C. NOT IN CONTRACT</div><div>PTD PAINTED</div><div>RM ROOM</div><div>RO ROUGH OPENING</div><div>SIM SIMILAR</div><div>DS DOWN SPOUT</div><div>PT PRESSURE TREATED</div><div>EXT EXTERIOR</div><div>FL FLOOR</div></div><div><div>MIN MINIMUM</div><div>O.C. ON CENTER</div><div># NUMBER OR POUND</div><div>TYP TYPICAL</div><div>TBD TO BE DETERMINED</div><div>N NEW</div><div>E EXISTING</div><div>HT HEIGHT</div><div>FF FINISH FLOOR</div><div>DWG DRAWING</div><div>W/ WITH</div><div>TBS TO BE SELECTED</div><div>WD WOOD</div><div>@ AT</div><div>APPROX APPROXIMATE</div><div>ELEC ELECTRICAL</div><div>MECH MECHANICAL</div><div>EP ELECTRICAL PANEL</div><div>DW DISHWASHER</div><div>FTG FOOTING</div><div>FD FLOOR DRAIN</div><div>IN INCHES</div><div>REF REFRIGERATOR</div><div>STL STEEL</div><div>CRPT CARPET</div><div>SPEC SPECIFICATION</div><div>CT CERAMIC TILE</div><div>SD SMOKE DETECTOR</div><div>NTS NOT TO SCALE</div><div>HVAC HEATING, VENT, AIR CONDITIONING</div></div></div> <div><div>DRAWING SYMBOLS</div><div><div><div><div><div>X</div><div>A-X</div></div><div>DETAIL TAG</div></div><div><div><div>1</div><div>A-X</div></div><div>ELEVATION TAG</div></div><div><div><div>1</div><div>A-X</div></div><div>SECTION TAG</div></div><div><div><div>A</div><div>A-X</div><div>B</div><div>C</div></div><div>INTERIOR ELEVATION TAG</div></div></div><div><div><div>+XX"-X</div><div>XXX</div></div><div>ELEVATION MARKER</div></div></div></div> <div><div>SCOPE OF WORK</div><div>Non - structural modifications to the interior elements of an existing residential facility. Renovation of four existing bathrooms in units 306, 506, 606, and 806 to meet ADA standards. Conversion of existing residential unit (unit 100) into an additional exit to improve accessibility, reducing the total number of dwelling units from 124 to 123. Enhancement of current residential units through the installation of vinyl plank flooring and repainting of the entire facility.</div><div>DESIGN CRITERAL</div><div><div>The contractor shall verify all dimensions, grades, boundaries and construction before proceeding with the work.</div><div>Smoke detectors to be installed in accordance with local codes and requirements and to be integrated with the electrical system.</div><div>All electrical work shall be installed in accordance with NEC and local codes.</div><div>All mechanical work shall be installed in accordance with mechanical codes.</div><div>Dimensions given on floors plans are face to face of finished wall.</div></div></div> <div><div>GENERAL DATA</div><div>ADDRESS: 1129 New Hampshire Av NW Washington DC</div><div>CONSTRUCTION TYPE III</div><div>OCCUPANCY: R-2 Residential</div><div>FIRE PROTECTION SYSTEM: Building is Fully Sprinklered -2017 DC Bldg Code 106.2-</div><div>SSL: 0072 0007</div><div>Building Code</div><div>Zoned: RA-5</div><div>2010 ADA Standards</div><div>Lot Area 79,000 SF</div><div>FIRE ALARM SYSTEM: Existing Fire Alarm Layout provided.</div><div>CODE SUMMARY</div><div>2017 International Building Code (IBC)</div><div>2017 Plumbing Code</div><div>2014 National electrical Code Per 2017</div><div>Building Code</div><div>2010 ADA Standards</div><div>INDEX</div><div><div><div>SHEET No</div><div>DESCRIPTION</div></div><div><div>CS</div><div>Cover, General Notes, Simbology</div></div><div><div>A100</div><div>1st Floor Egress Plans</div></div><div><div>A101</div><div>Typ Egress Plan at Floors 2-10.</div></div><div><div>A001</div><div>Mounting heights and accessibility drawings</div></div><div><div>A002</div><div>Mounting Drawings, Accessibility Reference Page</div></div><div><div>A003</div><div>1st Floor Existing Layout 1st Floor Proposed Layout</div></div><div><div>A004</div><div>Typ (E) Layout at Floors 2, 4, 7, 9 &amp; 10. Typ Proposed Layout at Floors 2, 4, 7, 9 &amp; 10.</div></div><div><div>A005</div><div>Typ (E) Layout at Floors 3, 5, 6, &amp; 8 . Typ Proposed Layout -Unit X06- with ADA Accessible Bathroom at Floors 3, 5, 6, &amp; 8 .</div></div><div><div>A006</div><div>Schedules, Details</div></div><div><div>A007</div><div>1st Floor Use &amp; Occupancy Diagram</div></div><div><div>A008</div><div>Typ Use &amp; Occupancy Diagram at Floors 2-10.</div></div><div><div>A009</div><div>Enlarged Typ Existing Unit Plan X06 Enlarged Typ Proposed Unit Plan X06 -ADA Compliant Bathroom- at Floors 3, 5, 6, &amp; 8 .</div></div><div><div>M001</div><div>Notes and Symbols</div></div><div><div>M101</div><div>1st Floor Mechanical Plans</div></div><div><div>M102</div><div>2nd Floor Mechanical Plans</div></div><div><div>M103</div><div>3rd Floor thru 10th Mechanical Plans</div></div><div><div>M201</div><div>Mechanical shedules</div></div><div><div>E001</div><div>Notes and Symbols</div></div><div><div>E101</div><div>Power Plans</div></div><div><div>E102</div><div>Power Plans</div></div><div><div>E103</div><div>Power Plans</div></div><div><div>E104</div><div>Lighting Plans</div></div><div><div>E105</div><div>Lighting Plans</div></div><div><div>E106</div><div>Lighting Plans</div></div><div><div>E107</div><div>Fire Alarm Plans</div></div><div><div>E108</div><div>Fire Alarm Plans</div></div><div><div>E109</div><div>Fire Alarm Plans</div></div><div><div>E201</div><div>Schedules And Electrical Room Plan</div></div><div><div>E202</div><div>Riser Diagram</div></div><div><div>E203</div><div>Panel Schedules</div></div><div><div>E204</div><div>Panel Schedules</div></div><div><div>E205</div><div>Electrical Details</div></div><div><div>P001</div><div>Notes and Symbols</div></div><div><div>P101</div><div>1st Floor Plumbing Plans</div></div><div><div>P102</div><div>2nd Floor Plumbing Plans</div></div><div><div>P103</div><div>3rd Floor Plumbing Plans</div></div><div><div>P104</div><div>Enlarged Plans</div></div><div><div>P201</div><div>Domestic Water Riser Diagrams</div></div><div><div>P202</div><div>Sanitary and Vent Riser Diagrams</div></div><div><div>P301</div><div>Details</div></div></div><div><div>GOVERNMENT OF THE DISTRICT OF COLUMBIA PERMIT OPERATIONS DIVISION</div><div>THE FIRE PROTECTION PLANS ARE APPROVED AS NOTED. FINAL INSTALLATION APPROVA SUBJECT TO FIELD INSPECTION. SUBMIT SEPARATE SHOP DRAWINGS FOR:</div><div><div><div><div><input checked="" type="checkbox"/></div><div>Fire Alarm System</div></div><div><div><input checked="" type="checkbox"/></div><div>Sprinkler System</div></div><div><div><input type="checkbox"/></div><div>StandPipe System</div></div><div><div><input type="checkbox"/></div><div>Hood &amp; Duct Extinguishing System(s)</div></div><div><div><input type="checkbox"/></div><div>Fuel Storage Tank(s)</div></div><div><div><input checked="" type="checkbox"/></div><div>Capacity Placard</div></div><div><div><input type="checkbox"/></div><div>Elevator System</div></div><div><div><input type="checkbox"/></div><div>Smoke Control System</div></div><div><div><input type="checkbox"/></div><div>Other</div></div></div><div>Signature Syed Hashmi Fire Protection Engineering</div><div>Date 7/29/2024</div><div>CONTRACTORS TO VERIFY DIMINTIONS AND CONDITIONS TO BRING ANY DISCREPANCY TO THE ATTENTION OF THE ARCHITECT BEFORE PRECEDING WITH WORK. ALL WORK MUST FOLLOW THE CURRENT BUILDING CODES AND PASS THE APPROPRIATED CITY INSPECTIONS.</div></div><div><div>VECINITY MAP</div><div><div>Site</div><div>2023-11-20 at 12:30:10 PM.jpg</div></div><div>N</div><div>MATERIAL LEGEND</div><div><div><div><div><div></div><div>CONCRETE</div></div><div><div></div><div>GRAVEL</div></div><div><div></div><div>CONCRETE MASONRY UNIT</div></div><div><div></div><div>BRICK</div></div><div><div></div><div>BRICK</div></div></div><div><div><div></div><div>RIGID INSULATION</div></div><div><div></div><div>BATT INSULATION</div></div><div><div></div><div>BATT INSULATION</div></div><div><div></div><div>EARTH</div></div><div><div></div><div>GLASS</div></div></div></div><div><div>Revisions:</div><div></div><div></div><div></div><div></div></div><div><div>Size: 36X24</div><div>Scale: INDICATED</div><div>Project# : 045</div><div>Drawn by: PFM</div></div><div><div>Project: INTERIOR RENOVATION</div><div>Owner:</div></div><div><div>Sheet Title: COVER SHEET</div><div>1129 NEW HAMPSHIRE AV NW WASHINGTON DC 20037</div></div><div><div>Version: PERMIT</div><div>Date: 7/20/2024</div><div>Sheet No: CS</div></div><div><div>DISTRICT OF COLUMBIA GREGORY A. KEARNEY REGISTERED ARCHITECT</div></div></div></div></div></div>
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# **EXHIBIT H**



**DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
OFFICE OF THE ZONING ADMINISTRATOR**

August 4, 2022

**Via Emailed PDF**

Department of General Services  
Portfolio Management Division  
Attn: Tiwana Hicks, Associate Director  
Email: [Tiwana.Hicks@dc.gov](mailto:Tiwana.Hicks@dc.gov)

**Re: 1129 New Hampshire Avenue, NW, Square 0072 Lot 0007  
(Subject Property) – Zoning Determination Letter**

Dear Ms. Hicks,

This determination letter will confirm the substance of the virtual meeting held with you, the Department of Human Services (DHS), and myself on August 2, 2022, to discuss the zoning use classification most appropriate for non-congregate housing, and whether that proposed use is permitted as a matter-of-right in the subject RA-5 zoning at 1129 New Hampshire Ave NW.

First, in determining the appropriate “Use” classification for non-congregate housing it is important to understand and confirm 1) the physical housing configuration contemplated, 2) the typical length of stay, 3) communal living versus independent living, and 4) the type of support services necessary for the residents.

1. **Physical configuration:** the District intends to use the existing building at 1129 New Hampshire NW substantively in its current configuration, which is 124 studio apartment dwelling units, with each dwelling unit containing a full bathroom (toilet, bath/shower), a kitchen, and a living area. This configuration is consistent with the terms ‘Apartment’ and ‘Apartment House’ as defined in Section B-100.2 of DCMR Title 11, the DC Zoning Regulations.
2. **Length of stay:** as you described, the individual living here will be assigned a unit and their length of stay will be greater than one (1) month as they await a more permanent housing solution such a permanent supportive housing or other similar arrangements. Section U-401.1(d)(1) describes an Apartment Use as a matter-of-right in the subject RA-5 zone with “multiple dwellings provided that in an apartment house, accommodations may be provided only to residents who stay at the premises a minimum of one (1) month.”
3. **Communal living versus independent living:** unlike a congregate shelter, non-congregate housing provides residents with independent living quarters and the physical space to eat, bath and sleep in the units independently, which is consistent with the definition of Apartment House use.

4. **Type of support services:** the support services provided that are to be provided at this non-congregate housing location do not rise to the level of a community based residential use, as there will not be a level of care administered that is needed to assist residents in their daily living activities. Instead, the residents will live independently consistent with a residential dwelling unit use.

In conclusion, based on the criteria detailed above, the proposed non-congregate housing is classified as an Apartment House use. The DC Zoning Regulations defines Apartment House as any building or part of a building in which there are three (3) or more apartments, providing accommodation on a monthly or longer basis. An Apartment House is permitted as a matter-of-right in RA-5 zone which is the current zoning designation for the Subject Property, as evidenced by the image in Exhibit A, attached to this Determination Letter.

**It is my determination that the District's intended use of non-congregate housing is a matter-of-right use within the RA-5 zone and would not require any approval from the Board of Zoning Adjustments [BZA], for special exceptions or variances for the Apartment House use at 1129 New Hampshire Avenue, NW.**

Please let me know if you have any further questions.

Sincerely, *Matthew Le Grant*  
Matthew Le Grant  
Zoning Administrator

DISCLAIMER: This letter is issued in reliance upon, and therefore limited to, the questions asked, and the documents submitted in support of the request for a determination. The determinations reached in this letter are made based on the information supplied, and the laws, regulations, and policy in effect as of the date of this letter. Changes in the applicable laws, regulations, or policy, or new information or evidence, may result in a different determination. This letter is **NOT** a "final writing", as used in Section Y-302.5 of the Zoning Regulations (Title 11 of the District of Columbia Municipal Regulations), nor a final decision of the Zoning Administrator that may be appealed under Section Y-302.1 of the Zoning Regulations, but instead is an advisory statement of how the Zoning Administrator would rule on an application if reviewed as of the date of this letter based on the information submitted for the Zoning Administrator's review. Therefore this letter does **NOT** vest an application for zoning or other DCRA approval process (including any vesting provisions established under the Zoning Regulations unless specified otherwise therein), which may only occur as part of the review of an application submitted to DCRA.

Attachment: Zoning Map Excerpt



# **EXHIBIT I**

All work must be done strictly in accordance herewith an approved plans. Approved plans shall be kept on the site until completion of the construction. No inspection will be made without approved plans on site. The approval does not prevent a field inspection from ordering corrections to meet codes when issues are noted during inspections

Review No.	Comment	Response	Sheet#
Energy Review			
1	<p>Review conducted under The District of Columbia Energy Code (2017.) If you have any questions email: dob@dc.gov in the Subject Line, write Rafael Palomino-Ramirez B2401624.</p> <p>Comment 1 (Cycle 1) was not addressed. Per DOB (DCRA) policy all new applications accepted after Feb 1 2015 should provide an Energy Verification Sheet (EVS). NOTE 05/20/24- Reconfigured spaces shall comply with the 2017 DC Energy code.</p>	<p>DC ENERGY &amp; GREEN WORKSHEET <a href="https://docs.google.com/spreadsheets/d/1Znk7xP-PHY8siyT4jYerrq_1E0jm2akCYt_NkNVtxnl/edit?usp=sharing">https://docs.google.com/spreadsheets/d/1Znk7xP-PHY8siyT4jYerrq_1E0jm2akCYt_NkNVtxnl/edit?usp=sharing</a></p> <p>Reconfigured spaces comply with 2017 DC Energy code.</p>	N/A
Fire Review			
	Per Section 1010.1 of 2015 IEBC, for change of occupancy a drinking fountains and service sink will be required due to increase in plumbing fixture demand.	<p>No change of occupancy, building is compliant with RA5 Zone, per determination letter. Accessory use analysis confirms zoning compliance.</p> <p>Drinking fountain and service sink are provided.</p>	<p>P-001, P-101, P-104, P102, P- 201 and P-202</p> <p>Determination Letter in Supporting Documents, Accessory Use Analysis chart in A-007</p>
	Provide drinking fountains per 2017 DC Plumbing Code Section 410 since the occupant load is more than 15. Provide two drinking fountains, one drinking fountain shall comply with the requirements for people who use a wheelchair and one drinking fountain shall comply with the requirements for standing persons Exception: A single drinking fountain that complies with the requirements for people who use wheelchair and standing persons shall be permitted to be substituted for two separate drinking fountains.	Per 2017 DC Plumbing Code a two drinking fountains are provided.	P-001, P-101, P-104, P-201 and P-202
Plumbing Review			

All work must be done strictly in accordance herewith an approved plans. Approved plans shall be kept on the site until completion of the construction. No inspection will be made without approved plans on site. The approval does not prevent a field inspection from ordering corrections to meet codes when issues are noted during inspections

1	Per Section 1010.1 of 2015 IEBC, for change of occupancy a drinking fountains and service sink will be required due to increase in plumbing fixture demand.	No change of occupancy, building is compliant with RA5 Zone, per determination letter. Accessory use analysis confirms zoning compliance.  Drinking fountain and service sink are provided.	P-001, P-101, P-104, P-102, P-201 and P-202  Determination Letter in Supporting Documents, Accessory Use Analysis chart in A-007
2	Provide drinking fountains per 2017 DC Plumbing Code Section 410 since the occupant load is more than 15. Provide two drinking fountains, one drinking fountain shall comply with the requirements for people who use a wheelchair and one drinking fountain shall comply with the requirements for standing persons Exception: A single drinking fountain that complies with the requirements for people who use wheelchair and standing persons shall be permitted to be substituted for two separate drinking fountains.	Per 2017 DC Plumbing Code a two drinking fountains are provided.	P-001, P-101, P-104, P-201 and P-202
3	Provide information verifying that bathtub/shower control valves are provided with high limit stop capability, capable of limiting the water temperature to 120 degrees Fahrenheit. [2017 DC Plumbing Code, 412.3].	Submitted plumbing schedule shower shall be provided with ASSE 1016 or ASME A112.189.1 per code requirement.	P-001
4	New potable water system shall be purged and disinfected per 2017 DC Plumbing Code, Section 610.1.	Note added to P-001	P-001
5	Dwg. P102 & P103: Change the drawings titles for both 2nd and 3rd Floor to New Plumbing Plan and Demolition Plan.	Drawings titles were revised.	P-102 and P-103
Structural Review			

1	<p>108.3 Building Permit Valuations Based on Cost of Work. [DCBC] (upload to Supporting Documents folder) – The Cost for the Proposed Work is required for Final Permit Fee Valuation purposes (to include Fair Market Values for Labor and Materials only). Available Options for providing the Cost of Construction are listed below:</p> <p>Construction Contract (bearing the Signature and License Number of the Contractor and the Signature of the Property Owner). 2. a Formal Contractor’s Estimate (signed by the Contractor/Builder, bearing the License Number of the Contractor) – OR -3. A Completed DOB Contract Agreement Form (bearing the Signature and License Number of the Contractor and the Signature of the Property Owner)</p>	See Completed DOB Contract Agreement Form	DOB Contract Agreement Form in Supporting Documents
2	(Drawings folder) Coversheet (CS) and all ‘A series’ (Architectural) sheets – the Seal and Signature of the DC licensed Architect shall appear on these sheet (Engineers are not permitted to Seal and Sign Architectural Work) [2017 DCMR 12 Sec.106.4.1]	Coversheet and A series documents have been sealed and signed by a DC licensed Architect	
3	1) CS(Coversheet): Please update the Description of Work on the coversheet to reflect what is proposed on the Drawings – which is a [Change of Use from an R-2 (Apartment Building) to a Mixed Use Building, R-2 Apartment Building with B use (Office Suites) on the Second Floor Level] - [2017 DCBC Sec. 504, Table 508] – be sure to state that the Number of Apartment Units is being reduced from (124) to (110) in the Description.	<p>No change of occupancy, building is compliant with RA5 Zone, per determination letter. Accessory use analysis confirms zoning compliance.</p> <p>Coversheet updated to reflect the final number of apartment units.</p>	Coversheet, Determination Letter in Supporting Documents, Accessory Use Analysis chart in A-007
4	Sheets (various): ReLabel/ReNumber the Dwelling Units on the Floorplans to	<p>Diagrams that label dwelling units are in indicated in A007, A008.</p> <p>Dwelling units and accessory use space are indicated in A004.</p>	A-004, A-007, A-008

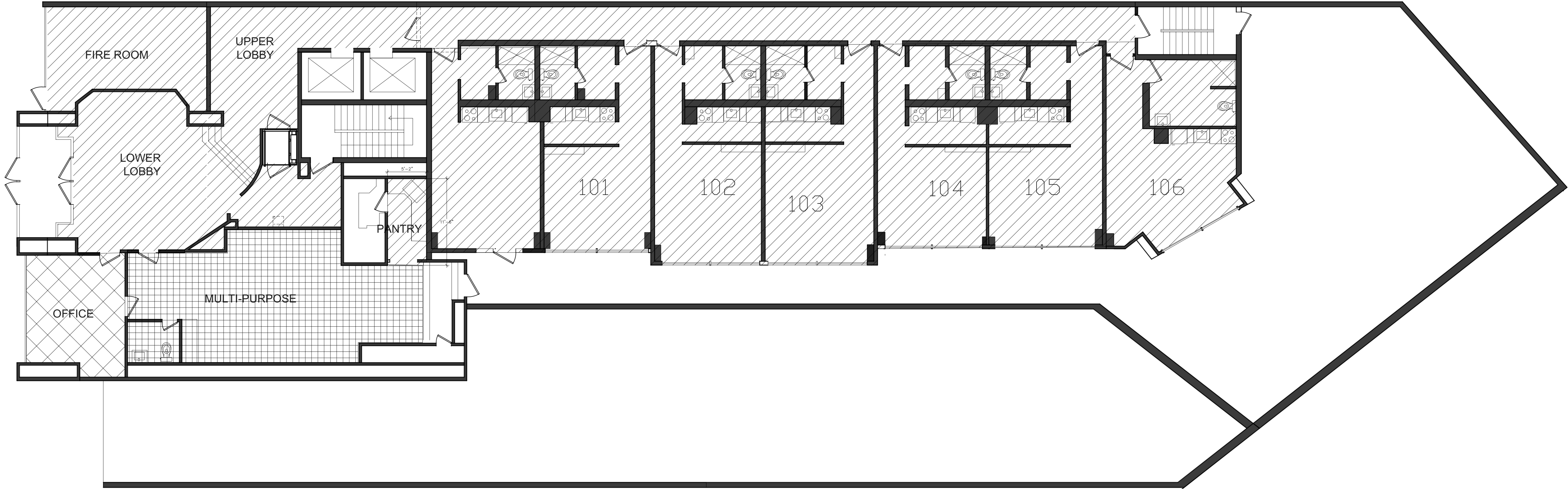
All work must be done strictly in accordance herewith an approved plans. Approved plans shall be kept on the site until completion of the construction. No inspection will be made without approved plans on site. The approval does not prevent a field inspection from ordering corrections to meet codes when issues are noted during inspections

	accurately document the reduction in Units. Also – accurately Identify and define the boundary(ies) for each Office Suite on the Proposed Second Floor plan (sheet A004) – ReNumber the Office Suites to accordingly to accurately reflect/document the change to Office Use on the Second Floor Level.		
5	Please state the ‘Required’ and ‘Provided’ number of Plumbing Fixtures on the Coversheet serving the B Use on the Second Floor Level (based on the Total Occupant Load proposed for the Floor) [2017 DCBC Sec. 2902, Table 2902.1]	No change of occupancy, building is compliant with RA5 Zone, per determination letter. Accessory use analysis confirms zoning compliance.	Determination Letter in Supporting Documents, Accessory Use Analysis chart in A-007
6	[2017 DCBC Sec. 106.2.2, Sec.1004] – Use and Occupancy diagrams (depicted on overall floorplans of each level of the building, as well as building sections) shall be provided as part of the Drawing Submittal. These Diagrams shall outline/identify the Uses for each Area for each Floor Level of the Building [ie. graphically differentiate on the Floorplan Diagrams and Building Sections where the Dwelling Units are located... then show the Areas where the Office Use(s) will be in a different way (hatch pattern, grey tone, etc.) ... then show the Areas where the Assembly Spaces are located (Multipurpose Room, Conference Rooms, etc.).	No change of occupancy, building is compliant with RA5 Zone, per determination letter. Accessory use analysis confirms zoning compliance.  Diagrams indicating accessory use space and dwelling units are indicated in A007, A008.	A-007, A-008, Determination Letter in Supporting Documents, Accessory Use Analysis chart in A-007
7	[2017 DCMR 12A Sec.106.2.2] – an Egress Plan for each Level of the Building shall be provided (specifically from the Second Floor Office Level - from remotest point within each Office Space to the exit doors into the Public Corridor, to the Egress Stairways). The Required and Provided Travel Distances shall be indicated, Exits Labeled, the required and provided Exits/ Egress Capacities shall be indicated – Exit Signs, Emergency Lighting, Fire Alarm Strobes, etc. shall be shown [2015 IBC Sec. 1006.2, Table 1006.2.1] – the Exit	No change of occupancy, building is compliant with RA5 Zone, per determination letter. Accessory use analysis confirms zoning compliance.  Egress with required and provided travel distances are indicated in A-100. Occupant Load per floor are indicated in A-100, A-101  Exit signs, emergency lights, fire alarm strobes are indicated in E104, E105, E106  Fire Alarm devices are shown on E107, E108, E109	A-100 E-104, E-105, E-106 E-107, E-108, E-109 Determination Letter in Supporting Documents, Accessory Use Analysis chart in A-007

All work must be done strictly in accordance herewith an approved plans. Approved plans shall be kept on the site until completion of the construction. No inspection will be made without approved plans on site. The approval does not prevent a field inspection from ordering corrections to meet codes when issues are noted during inspections

	Doors shall be Labeled (with Exit Remoteness documented) – [2017 DCMR 12, 2015 IBC Sec. 1007] – the Occupant Load(s) for each Office Suite and the Total Occupant Load for the Floor Level shall be provided on the Egress Plans. The Occupant Load of the First Floor Amenity Space (Multi-purpose Room) shall also be provided, along with a Capacity Placard diagram on the Drawings [2017 DCBC Sec. 1004.3]		
8	[2017 DCBC Sec. 1107.6.2] (Accessibility) – Enlarged Floorplans (Existing and Proposed) shall be provided for the Units that are being upgraded to meet ADA/Accessibility.	Enlarged floorplans are shown in A009	A-009
Zoning Review			
1	The Office use is not allowed as a matter of right in the RA-5 zone, unless approved by the Board of Zoning Adjustment as a Use Variance.	No change of use, building is compliant with RA5 Zone, per determination letter. Accessory use analysis confirms zoning compliance  Coversheet was updated to reflect the final number of apartment units, reduction from 124 to 110.	Determination Letter in Supporting Documents, Accessory Use Analysis chart in A-007, Number of Dwelling units in chart A-008

# **EXHIBIT J**



1 1st FLOOR -USE AND OCCUPANCY DIAGRAM-  
A007 SCALE 1/8"= 1'-0"

LEGEND

	A-3
	B
	R-2

CONTRACTORS TO VERIFY DIMENSIONS AND CONDITIONS TO BRING ANY DISCREPANCY TO THE ATTENTION OF THE ARCHITECT BEFORE PRECEDING WITH WORK. ALL WORK MUST FOLLOW THE CURRENT BUILDING CODES AND PASS THE APPROPRIATED CITY INSPECTIONS.

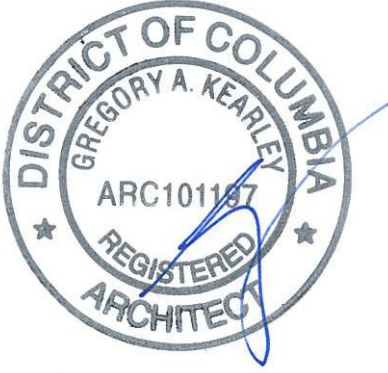
Revisions:				
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Size:	36x24
Scale:	INDICATED
Project# :	045
Drawn by:	PFM

Project:	INTERIOR ALTERATION
Owner:	

Sheet Title:	1ST FLOOR USE & OCCUPANCY DIAGRAM
	1129 NEW HAMPSHIRE AV NW WASHINGTON DC 20037

Version:	PERMIT
Date:	7/20/2024
Sheet No:	A007





# **EXHIBIT K**

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

All work must be done strictly in accordance with approved plans. Approved plans shall be kept on file until completion of the construction. An inspection will be made without approved plans on site. The approval does not prevent a field inspection from ordering corrections to meet codes when issues are noted during inspections.

**C of O**

# **CERTIFICATE OF OCCUPANCY**

**PERMIT NO.**

**CO 35563**

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

**DATE : 6/13/02**

ADDRESS :	FLOOR(S):	PRCLID: 0072 (square)	-0000-	0007 (lot)
1129 NEW HAMPSHIRE AVE NW	1 THROUGH 10 FL.	WARD: 2	ZONE: R5D	

PERMISSION IS HEREBY GRANTED TO:	TRADING AS:
<b>CORPORATION: GEORGE WASHINGTON UNIVERSITY</b>	<b>THE GEORGE WASHINGTON UNIVERSITY</b>
ID No.: X00314	

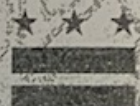
APPROVED USES:	PREVIOUS USES:
<b>APARTMENT BUILDING</b>	<b>APARTMENT BUILDING</b>

TYPE:	BZA NO.	OCCUPIED SQ. FOOTAGE:	OCCUP. LOAD:	EXPIRATION DATE:
<b>CHANGE OF OWNERSHIP</b>		<b>79,000</b>	<b>124</b>	<b>NONE</b>

DESCRIPTION OF USE:	FEE:
<b>APARTMENT BUILDING 124 UNITS</b>	<b>\$324.00</b>

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

<b>David A. Clark</b> DIRECTOR	PERMIT CLERK: <b>THINGOC MACXOAN</b>
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# **EXHIBIT L**





**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**DEPARTMENT OF BUILDINGS**  
**OFFICE OF ZONING ADMINISTRATION**

August 16, 2023

ANSWER TITLE

80 M ST SE STE 100  
WASHINGTON, DC 20003

Attn: Cindy Eagle

**Re: 1129 New Hampshire AVE, NW**

**Lot: 7**

**Square: 72**

Ladies and Gentlemen:

Based on our interpretation of the *District of Columbia Municipal Regulations* (DCMR Title 11), the D.C.Zoning Regulation, the above captioned Property is zoned RA-5.

- The property located at 1129 New Hampshire Avenue, NW is subject to PUD #06-12Q.
- The RA-5 zone provides for areas developed with predominantly high-density residential.
- The maximum allowable lot occupancy in the RA-5 zone district is 75% maximum.
- After a review of our records, it is determined that there are no known zoning violations for the property in question.

Please feel free to contact me at 202-442-4576 if there are additional zoning inquiries.

Best regards,

A handwritten signature in black ink that reads 'Matthew Le Grant' in a cursive script.

Matthew Le Grant  
Zoning Administrator, Office of Zoning Administration  
The Department of Buildings