

PRE-FILE NUMBERS		ZONING DISTRICT	FILE NUMBER	PERMIT NUMBER	
N.C.P.C. No:	O.G. No:			FD1500034 By: <i>AK</i>	
H.P.A. No:	S.S.L. No: 0912 0055	Ward No: 6	Receipt No:	Date:	Receipt No:



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



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

BLRA-33
 (Rev.10/2011)

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

(A) ALL APPLICANTS MUST COMPLETE ITEMS 1 THRU 32

1 Address of Proposed Work: 901 H STREET NE	Suite No.	2. Lot 0055	3. Square 0912	4. Application Date 1/6/2015
5 Owner of Building or Property Parcel Seven Associates, LLC	6 Address (include Zip Code) 8405 Greensboro Dr. McLean, VA 22102		7 Phone 571-382-1236	
8 Agent for Owner: (if applicable) WC Smith Callie Swingle	9. Address (include Zip Code) 1100 New Jersey Ave SE 20003		10. Phone 202-371-1220	

11. Type of Proposed Work (Select only one) ALL APPLICANTS MUST COMPLETE SECTIONS AF AND AI

<input type="checkbox"/> New Building(B)	<input type="checkbox"/> Awning(G)	<input type="checkbox"/> Fire Retardant Paint(O)	<input type="checkbox"/> Sheeting and Shoring(X)
<input type="checkbox"/> Addition(B)	<input type="checkbox"/> Sign(H)	<input type="checkbox"/> Flag Pole(P)	<input type="checkbox"/> Tenant Layout(Y)
<input type="checkbox"/> Addition Alteration Repair(B)	<input type="checkbox"/> After Hours(I)	<input type="checkbox"/> Observation Stand(Q)	<input type="checkbox"/> Swimming Pool(Z)
<input type="checkbox"/> Alteration and Repair(B)	<input type="checkbox"/> Demolition(J)	<input type="checkbox"/> Scaffolding Information (R)	<input type="checkbox"/> Special Sign(AA)
<input type="checkbox"/> Raze Building(C)	<input type="checkbox"/> Blasting Operations(K)	<input type="checkbox"/> Soil Boring(S)	<input type="checkbox"/> Projection(AB)
<input type="checkbox"/> Retaining Wall(D)	<input type="checkbox"/> Christmas Tree Stand(L)	<input type="checkbox"/> Tower Crane(T)	<input type="checkbox"/> Excavation only (AC)
<input type="checkbox"/> Fence(E)	<input type="checkbox"/> Fireworks Stand(L)	<input checked="" type="checkbox"/> Foundation Only(U)	<input type="checkbox"/> Tent(AD)
<input type="checkbox"/> Shed(F)	<input type="checkbox"/> Exterior Cleaning Information(M)	<input type="checkbox"/> Underground Storage Tank(V)	<input type="checkbox"/> Antenna (AE)
<input type="checkbox"/> Garage(F)	<input type="checkbox"/> Capacity Placard(N)	<input type="checkbox"/> Water And Damp Proofing(W)	<input type="checkbox"/> Civil Site Work Only (AH)

12. Description of Proposed Work
Foundation to Grade Permit Application - construction of three stories of concret underground parking garage to support future mixed used building.

13 Existing Use(s) of Building or Property Retail sales	14 Ex. No of Stories of Bldg 1	15 Ex. No of Dwelling Units 0	Official Use Only Miscellaneous FEE \$	
16 Proposed Use(s) of Building or Property Multifamily (> 2 units)	17 Prop. No of Stories of Bldg 8	18 Prop. No of Dwelling Units 420	By:	Date:

19 Starting Date 6/1/2017	20 Completion Date of work 8/1/2019	21 Method of Removing Construction Debris <input type="checkbox"/> Pick-up Truck <input checked="" type="checkbox"/> Dumpster <input type="checkbox"/> Other (specify)	22 Does the proposed work involve disturbing the earth or razing a building? <input type="checkbox"/> Yes, answer q. 23 <input checked="" type="checkbox"/> No, SKIP q. 23-27
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23. Is the area of disturbed earth more than 50 sq. ft? <input type="checkbox"/> Yes, answer q. 24-25 <input type="checkbox"/> No, SKIP q. 24-25	24. Soil Erosion Control Methods	25. Area of Offsite Drainage sq. ft	26. No of Footings or Columns	27. Size of Footings or Columns
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ALWAYS SIGN THE APPLICATION ON PAGE 8 (SECTION AD)

Complete Section B if the proposed work is **new building, addition or alteration.** (Page 2)
 Complete Section C if the proposed work is **razing a building.** (Page 2)
 Complete Section D if the proposed work is a **retaining wall.** (Page 2)
 Complete Section E if the proposed work is a **fence.** (Page 3)
 Complete Section F if the proposed work is a **shed/garage.** (Page 3)
 Complete Section G if the proposed work is an **awning.** (Page 3)
 Complete Section H if the proposed work is a **sign.** (Page 3)

OFFICIAL USE ONLY				
	R	P	H	A
M				
P				
E				
F				
S				

W Yes No
 PLANS
 No Sm Lg

ZONING COMMISSION
 District of Columbia
 CASE NO.10-03B
 EXHIBIT NO.1D6

28. Existing Stories Plus:	29. Proposed Stories Plus: Basement	30. Existing Stories Penthouse: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31. Proposed Stories Penthouse: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	32. Is this related to a Stop Work order: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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(B) NEW BUILDING, ADDITION, & ALTERATION (COMPLETE ITEMS B-1 THRU B-37)

B-1. Architect's Name:		B-2. D.C. Lic. No.:		B-3. Architect's Address: (include Zip Code)		B-4. Phone:	
B-5. Engineer's Name:		B-6. D.C. Lic. No.:		B-7. Engineer's Address: (include Zip Code)		B-8. Phone:	
B-9. Building Contractor's Name:		B-10. D.C. Lic. No.:		B-11. Contractor's Address:		B-12. Phone:	
B-13. Type of Construction: <input type="checkbox"/> Masonry <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Other <input type="checkbox"/> Concrete		B-14. Fire Suppression: <input type="checkbox"/> Fully Sprinklered <input type="checkbox"/> Partially Sprinklered <input type="checkbox"/> Standpipe System <input type="checkbox"/> None <input type="checkbox"/> Other		B-15. Booster Pump: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> None		B-16. Total Lot Area : Sq. ft	
				B-18. Present Gross Floor Area of Bldg.:		B-17. Breakdown of Lot Area (=100%)	
						a. building %	
						b. paved area %	
						c. greenery %	
B-19. Proposed Gross floor Area of Bldg.:		B-20. Length:		B-21. Width:		B-22. Height:	
						B-23. Floors involved in this permit: <input type="checkbox"/> All <input type="checkbox"/> Floors	
						B-24. Projection beyond building line? <input type="checkbox"/> Yes, Answer q. B-23 to B-27 <input type="checkbox"/> No. SKIP q. B-23 to B-27	
B-25. Number and type of projection:		B-26. Distance of Projection: ft.		B-27. Width of Projection: Ft.		B-28. Width of Building frontage: Ft.	
						B-29. Signature of Owner (projection only):	
B-30. Water or Sewer Excavation: <input type="checkbox"/> Yes <input type="checkbox"/> No		B-31. Driveway Construction: <input type="checkbox"/> Yes <input type="checkbox"/> No		B-32. Sheeting/Shoring Necessary: <input type="checkbox"/> Yes <input type="checkbox"/> No		B-33. Elevators Involved: <input type="checkbox"/> Yes, Answer B-34. <input type="checkbox"/> No	
						B-34. No. and Type of Elevator:	
						B-35. Plans Certified by Engineer: <input type="checkbox"/> Yes, Cert. Attached <input type="checkbox"/> No	
B-36. Estimated Cost of Work (a) New/Add.: \$ _____ (b) Alt/Repair \$ _____ Total \$ _____		OFFICIAL USE ONLY					
		Alter/Repair FEE		New Const. FEE		Filing Fee	
		\$ _____		\$ _____		\$ _____	
		TOTAL PERMIT FEE				\$ _____	
B-37. Volume of New Bldg. or Addition Cubic ft.		By: _____ Date: _____		By: _____ Date: _____		By: _____ Date: _____	

(C) RAZING A BUILDING (COMPLETE ITEMS C-1 THRU C-18)

C-1. Insurance Company:		C-2. Policy or Cert. No.:		C-3. Policy Expiration Date:		C-4. Raze Method:	
C-5. Building Material:		C-6. Raze Entire Building: <input type="checkbox"/> Yes <input type="checkbox"/> No		C-7. Building is Condemned: <input type="checkbox"/> Yes <input type="checkbox"/> No		C-8. Building is Vacant: <input type="checkbox"/> Yes <input type="checkbox"/> No	
						C-9. Building has Vault: <input type="checkbox"/> Yes <input type="checkbox"/> No	
						C-10. Disconnect Utilities : <input type="checkbox"/> Yes <input type="checkbox"/> No	
C-11. Length:		C-12. Width:		C-13. Height:		C-14. Volume:	
						OFFICIAL USE ONLY	
C-15. Is Building an Accessory Structure: <input type="checkbox"/> Yes <input type="checkbox"/> No		C-16. Asbestos in the building? <input type="checkbox"/> No <input type="checkbox"/> Yes, location _____		C-17. Party Wall: <input type="checkbox"/> Yes <input type="checkbox"/> No		C-18. Owners Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	
						Fee: \$ _____ By: _____ Date: _____	

(D) RETAINING WALL (COMPLETE ITEMS D-1 to D-6)

The retaining wall will not obstruct any accessible parking required by D.C. Zoning Regulations

D-1. Cost of work,\$:		D-2. Material:		D-3. Height:		D-4. Color:		D-5. Location: <input type="checkbox"/> Entirely on Owner's Land <input type="checkbox"/> Party Line with Adjacent Neighboring Land *	
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*If party wall , the owner of the adjoining property must agree to the erection of the retaining wall and this application

D-6. Address of Adjoining Owner:		OFFICIAL USE ONLY					
		Fee: \$ _____		By: _____		Date: _____	

(E) FENCE (COMPLETE ITEMS E-1 THRU E-5)			
E-1. Material and Type:	E-2. Height:	E-3. Color:	E-4. Location: <input type="checkbox"/> Entirely on Owner's Land <input type="checkbox"/> Party Line with Adjacent Neighboring Land*
*If party fence, the owner of the adjoining property must agree to the erection of the fence and this application			
E-5. Address of Adjoining Owner:			

(F) SHED OR GARAGE (COMPLETE ITEMS F-1 THRU F-9)						
F-1. Number:	F-2. Length: Ft.	F-3. Width: Ft.	F-4. Area: Sq. ft.	F-5. Height : Ft.	F-6. Volume: cu. ft.	OFFICIAL USE ONLY
F-7. Est. Cost of work: \$						Fees:
F-8. Material of sides			F-9. Color:		By:	Date:

(G) AWNING (COMPLETE ITEMS G-1 THRU G-10)						
G-1. Number:	G-2. Color:	G-3. Type <input type="checkbox"/> Folding <input type="checkbox"/> Fixed:	G-4. Projections: Beyond Bldg. Line _____ in. Beyond pt of attachment _____ in.	G-5. Height of Lowest Part of awning: (a) _____ ft Above sidewalk (b) _____ ft Above parking (c) _____ ft Above grade		OFFICIAL USE ONLY
G-6. Material of Frame:						Fees:
G-7. Material of Covering:		G-8. Lettering on awning <input type="checkbox"/> Yes <input type="checkbox"/> No	G-9. Fixed Posts: <input type="checkbox"/> Yes <input type="checkbox"/> No	G-10. Over Side-Walk café: <input type="checkbox"/> Yes <input type="checkbox"/> No		By: Date:

(H) SIGN (COMPLETE ITEMS H-1 THRU H-20)					
H-1. Number:	H-2. Electric Signs: <input type="checkbox"/> Yes, Answer q. H-3 to H-8 <input type="checkbox"/> No, SKIP q. H-3 to H-8	H-3. Type: <input type="checkbox"/> Incandes <input type="checkbox"/> Fluoresc <input type="checkbox"/> Neon	H-4. Power: VA	H-5. Electrical Contractor: Business License Number:	

H-5. Address of Electrical Contractor: (include zip)		H-6. Signature of Licensed Electrician :	H-7. Phone No.	H-8. License No.	
H-9. Height relative to building and ground (a) _____ ft _____ in above sidewalk (b) _____ ft _____ in above roof (c) _____ ft _____ in is building height (d) _____ ft _____ in above projection of Window (e) _____ ft _____ in from roof to sign's bottom		H-10. Material of Sign:		H-11. Type of Sign:	H-12. Color:
		H-13. Width: _____ Ft.	H-14. Length: _____ Ft.	H-15. Area of Sign: _____ Sq. ft	H-16. Width of Business frontage: _____ Ft.

H-17. C of O No for Bldg.:	H-18. Sign Contractor Name:	OFFICIAL USE ONLY			
		Sign FEE	Elect. FEE	Total FEE	
H-19. Sign Contractor's Address:		\$ _____	\$ _____	\$ _____	
H-20. Phone:		By: _____	Date: _____	By: _____	Date: _____

(I) AFTER HOURS (COMPLETE ITEMS I-1 THRU I-8)

I-1. Type of permit:	I-2. Existing Permit No:	I-3. Date of Operation From:	I-4. Date of Operation To:	OFFICIAL USE ONLY	
				Fee:	
I-5. Hours of Operation From:	I-6. Hours of Operation To:	I-7. 500 ft from Residential Zone/Hotel: <input type="checkbox"/> Yes <input type="checkbox"/> No	I-8. Located in Residential Zone: <input type="checkbox"/> Yes <input type="checkbox"/> No	By:	Date:

(J) DEMOLITION (COMPLETE ITEMS J-1 THRU J-5)

J-1. Type of Demolition:	J-2. Type of Walls	J-4. Roof Remain: <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICIAL USE ONLY		
			Fee:		
J-3. Number of Exterior Walls Removed	J-5. Are Walls Load-Bearing: <input type="checkbox"/> Yes <input type="checkbox"/> No			By:	Date:

(K) BLASTING OPERATIONS (COMPLETE ITEM K-1)

K-1. Type of structure:	OFFICIAL USE ONLY			
		Fee:	By:	Date:

(L) CHRISTMAS TREE STAND OR FIREWORKS STAND (COMPLETE ITEMS L-1 THRU L-10)

L-1. No. of Stands:	L-2. Stand Location:	L-3. Electrical Permit No.:	OFFICIAL USE ONLY		
			Fee:		
L-4. Electrical Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	L-5. Letter of Authorization: <input type="checkbox"/> Yes <input type="checkbox"/> No	L-6. Starting Date:		By:	
L-7. Expiration Date:	L-8. Power Requirements:	L-9. Site Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	L-10. Surveyors Plat: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	

(M) EXTERIOR CLEANING INFORMATION (COMPLETE ITEMS M-1 THRU M-4)

M-1. Exterior Cleaned:	M-2. Material Used:	OFFICIAL USE ONLY			
		Fee:			
M-3. Scaffolding: <input type="checkbox"/> Yes <input type="checkbox"/> No	M-4. Location of Scaffold:		By:		Date:

(N) CAPACITY PLACARD (COMPLETE ITEMS N-1 THRU N-13)

N-1. Name:	N-2. Max Occupancy Load:	N-3. Location:	N-4. Sprinkler: <input type="checkbox"/> Yes <input type="checkbox"/> No	N-5. Bathroom Requirements satisfied: <input type="checkbox"/> Yes <input type="checkbox"/> No	N-6. Exit Requirements Satisfied: <input type="checkbox"/> Yes <input type="checkbox"/> No	
N-7. Room	N-8. Name of Area	N-9. Floor Location:	N-10. Type of Seating:	N-11. Net Square ft:	N-12. Capacity Use:	N-13. Max Allowable Capacity:
N-7A.	N-8A.	N-9A.	N-10A.	N-11A.	N-12A.	N-13A.
N-7B.	N-8B.	N-9B.	N-10B.	N-11B.	N-12B.	N-13B.
N-7C.	N-8 C.	N-9 C.	N-10 C.	N-11 C.	N-12 C.	N-13C.

OFFICIAL USE ONLY

Fee:	By:	Date:
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(O) FIRE RETARDANT PAINT (COMPLETE ITEMS O-1 THRU O-4)

O-1. Quantity of Paint(Gallons):	O-2. Painted Surfaces:	OFFICIAL USE ONLY			
		Fee:			
O-3. Painted surfaces Location:		O-4. Sq. Footage Painted:	By:		Date:

(P) FLAG POLE (COMPLETE ITEMS P-1 THRU P-5)				
P-1. Pole Location:		P-2. Site Location:		OFFICIAL USE ONLY
				Fee:
P-3. Pole Height:	P-4. Projection Distance:	P-5. Attached to Building:	By:	Date:
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
(Q) OBSERVATION STAND (COMPLETE ITEMS Q-1 THRU Q-5)				
Q-1. Name of Function:		Q-2. Starting Date:		OFFICIAL USE ONLY
				Fee:
Q-3. Ending Date:	Q-4. Hours of Use From:	Q-5. Hours of Use To:	By:	Date:
(R) SCAFFOLDING INFORMATION (COMPLETE ITEMS R-1 THRU R-5)				
R-1. No. of Stories:	R-2. Engineer of Record:	R-4. Location of Scaffold:	OFFICIAL USE ONLY	
			Fee:	
R-3. Building Permit No.:	R-5. Engineer Signature: <input type="checkbox"/> Yes <input type="checkbox"/> No		By:	Date:
(S) SOIL BORING (COMPLETE ITEMS S-1 THRU S-3)				
S-1. No. of Bores:	S-2. Location of Bores:	S-3. Site Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICIAL USE ONLY	
			Fee:	Date:
			By:	
(T) TOWER CRANE (COMPLETE ITEMS T-1 THRU T-5)				
T-1. Crane Location:	T-3. Duration Date From:	T-4. Duration Date To:	OFFICIAL USE ONLY	
			Fee:	
	T-2. Crane Pad Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	T-5. Site Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	By:	Date:
(U) FOUNDATION ONLY (COMPLETE ITEMS U-1 THRU U-5)				
U-1. Type of Foundation Pile		U-5. Total Cubic Feet: 2000000	OFFICIAL USE ONLY	
			Fee:	
U-2. Removal of Trees: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	U-3. Underpinning Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	U-4. Required Notification to Adjacent Property Owner: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	By:	Date:
(V) UNDER GROUND STORAGE TANK (COMPLETE ITEMS V-1 THRU V-2)				
V-1. Size of Tank:	Gallons		OFFICIAL USE ONLY	
V-2. Location of Tank:	Fee:	By:	Date:	
(W) WATER AND DAMP PROOFING (COMPLETE ITEMS W-1 THRU W-2)				
W-1. Sq feet Affected:		OFFICIAL USE ONLY		
W-2. Location:		Fee:	By:	Date:

(X) SHEETING AND SHORING (COMPLETE ITEMS X-1 THRU X-7)

X-1. Removal of Trees: <input type="checkbox"/> Yes <input type="checkbox"/> No	X-2. Underpinning Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	X-3. Required Notification to adjacent property owner: <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICIAL USE ONLY	
Fee:			By:	Date:
X-4. Tiebacks: <input type="checkbox"/> Yes <input type="checkbox"/> No	X-5. DC Surveyors Plat Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No	X-6. Plans Certified by D.C. Licensed Engineer: <input type="checkbox"/> Yes <input type="checkbox"/> No	X-7. No. of Cubic ft Removed:	

(Y) TENANT LAYOUT (COMPLETE ITEMS Y-1 THRU Y-3)

Y-1. First Occupant in Space: <input type="checkbox"/> Yes <input type="checkbox"/> No	Y-3. Type of Tenant Layout:	OFFICIAL USE ONLY	
Fee:		By:	Date:
Y-2. Floor Location of Tenant Layout:			

(Z) SWIMMING POOL (COMPLETE ITEMS Z-1 THRU Z-12)

Z-1. Type of Swimming Pool:	Z-3. Fence: <input type="checkbox"/> Yes <input type="checkbox"/> No	Z-5. Pool Cover: <input type="checkbox"/> Yes <input type="checkbox"/> No	Z-6. D.C. Surveyor's Plat Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Z-9. Pool Type:	OFFICIAL USE ONLY	
Fee:					By:	Date:
Z-2. No. of Gallons:	Z-4. Height of Fence:	Z-7. Depth of Pool at High End:	Z-8. Depth of Pool at Lower End:	Z-10. Length:	Z-11. Width:	Z-12. Area:

(AA) SPECIAL SIGN (COMPLETE ITEMS AA-1 THRU AA-11)

AA-1. Application Change of Special Sign Artwork and copy:	AA-2. Existing Permit No.:	AA-5. Is the Applicant Seeking a "Temporary Permit":	AA-6. Face Direction of the Wall at St Frontage
AA-3. Is the Proposed Special Sign Located in a Residential Zoned Area: <input type="checkbox"/> Yes <input type="checkbox"/> No	AA-4. Is the Proposed Special Sign Wall Part of a Historic Building or a Historic District: <input type="checkbox"/> Yes <input type="checkbox"/> No	AA-7. Has the Applicant Completed an Affidavit that is in Compliance with the D.C. "Clean Hands Act": <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICIAL USE ONLY
Fee:			
AA-8. Is the Applicant Registered with the District of Columbia Office of Tax and Revenue: <input type="checkbox"/> Yes <input type="checkbox"/> No	AA-9. Does the Applicant have a Valid D.C Certificate of Good Standing: <input type="checkbox"/> Yes <input type="checkbox"/> No	AA-10. Proposed Dimensions of the Special Sign (Width):	AA-11. Proposed Dimensions of the Special Sign (Height):
		By:	Date:

(AB) PROJECTION (COMPLETE ITEMS AB-1 THRU AB-12)

AB-1. Type of Projection:	AB-2. Is Projection Beyond Building Line: <input type="checkbox"/> Yes <input type="checkbox"/> No	AB-3. Number of Projections:	AB-4. Distance of Projection:	OFFICIAL USE ONLY	
Fee:				By:	Date:
AB-5. Width of Projection	AB-6. Width of Building Frontage:	AB-7. Signature of owner: <input type="checkbox"/> Yes <input type="checkbox"/> No	AB-8. Street Name:		
AB-9. Street Width: Ft.	AB-10. Road Width: Ft.	AB-11. Sidewalk Width: Ft.	AB-12. Parking Restrictions:		

(AC) EXCAVATION ONLY (COMPLETE ITEM AC-1)

AC-1. No. of Cubic Feet Removed:	OFFICIAL USE ONLY		
Fee:		By:	Date:

(AD) TENT (COMPLETE ITEMS AD-1 THRU AD-9)

AD-1. Total No. of Tents:	AD-2. Event Date From:	AD-3. Event Date To:	AD-4. Special Event Name:	AD-5. Certificate of Flame Resistance: <input type="checkbox"/> Yes <input type="checkbox"/> No	AD-6. Site Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fee:					By:	Date:
AD-7. Number of Tents:	AD-8. Length of Tent:	AD-9. Width of Tent:	OFFICIAL USE ONLY			
AD-7A.	AD-8A.	AD-9A.				
AD-7B.	AD-8B.	AD-9B.				
AD-7C.	AD-8C.	AD-9C.				

(AE) ANTENNA (COMPLETE ITEMS AE-1 THRU AE-20)

AE-1. Type of Antenna Proposed:	AE-2. Number of Existing Antennas on Site:	AE-3. Number of Proposed Antennas on Site:	AE-4. Replacement Antenna: <input type="checkbox"/> Yes <input type="checkbox"/> No	AE-5. Mount Type:	AE-6. Accessory Equipment Location:
AE-7. Existing and/or Proposed Equipment Cabinet Height:	AE-8. Existing and/or Proposed Equipment Platform Height:	AE-9. Existing and/or Screening Provided Height:	AE-10 Height of Building from the Grade to Roof:	OFFICIAL USE ONLY	
Fee:		AE-11. Height of Building from the curb to Roof:	AE-12. Height of Proposed Antennas from the Grade to Roof:	AE-13. Height of Proposed Antennas from the Curb to Roof:	AE-14. Fully Mounted height of all Antennas and Equipment from the Roof and /or Parapet:
AE-15. Office of Planning Recommendation Letter: <input type="checkbox"/> Yes <input type="checkbox"/> No	AE-16. Radio Frequency Letter: <input type="checkbox"/> Yes <input type="checkbox"/> No	AE-17. Scaled D.C. Surveyor's Plats: <input type="checkbox"/> Yes <input type="checkbox"/> No	AE-18. Scaled Plans Elevations and the Sheet Location within the Plans: <input type="checkbox"/> Yes <input type="checkbox"/> No	AE-19. Structural Certification: <input type="checkbox"/> Yes <input type="checkbox"/> No	AE-20. Screening Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No

(AF) LEAD ABATEMENT (COMPLETE ITEMS AF-1 THRU AF-2)

AF-1. Was the structure Built before 1978: <input type="checkbox"/> Yes <input type="checkbox"/> No	AF-2. Removing more than 2 Sq Ft. of Lead Paint: <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICIAL USE ONLY			
Fee:		By:	Date:		

(AG) GREEN BUILDING (COMPLETE ITEMS AG-1 THRU AG-13)

AG-1. Green Building: <input type="checkbox"/> Yes <input type="checkbox"/> No	AG-2. Certification Level: LEED Certified	AG-3. Owner Type:	AG-4. Scope of Project:	AG-5. Project Type:
AG-6. Green Building Standards: LEED NC	AG-7. Other Standard:	AG-8. Energy Star Rating:	AG-9. Green Building Square Feet: 85000.00	
AG-10. LEED Scorecard Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	AG-11. Is Project Publicly - Owned or Financed : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	AG-12. Is the Project Substantial Improvement: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OFFICIAL USE ONLY	
Fee:		By:	Date:	
AG-13. Green Design Elements:				
<input type="checkbox"/> Cool Roof	<input type="checkbox"/> Hazard Reducing Product	<input type="checkbox"/> Passive Solar Energy		
<input type="checkbox"/> Energy Efficient HVAC System	<input type="checkbox"/> Hydro Power	<input type="checkbox"/> Permeable Concrete		
<input type="checkbox"/> Energy Efficient Lighting	<input type="checkbox"/> Low Emitting Windows	<input type="checkbox"/> Plant Building Material		
<input type="checkbox"/> Green Roof	<input type="checkbox"/> Low Flush Toilets	<input type="checkbox"/> Recycled Building Materials		
<input type="checkbox"/> Greywater	<input type="checkbox"/> Low Flow Shower Heads	<input type="checkbox"/> Wind Power Energy		
<input type="checkbox"/> Geothermal System	<input type="checkbox"/> Local Regional Building Materials			

(AH) CIVIL SITE WORK ONLY

AH-1. Applicant's First Name:	AH-2. Applicant's Last Name:	AH-3. Applicant's Organization Name:	AH-4. Applicant's Street Address:		
AH-5. Applicant's Suite or Unit:	AH-6. Applicant's City:	AH-7. Applicant's State:	AH-8. Applicant's Zip Code:	AH-9. Applicant's Phone:	
AH-10. Applicant's Email:	AH-11. Is Lot(s) Vacant ? <input type="checkbox"/> Yes <input type="checkbox"/> No	AH-12. Contractor's Information Available: <input type="checkbox"/> Yes <input type="checkbox"/> No		AH-13. Contractor's First Name:	
AH-14. Contractor's Last Name:	AH-15. Contractor's Organization Name:	AH-16. Contractor's Street Address:	AH-17. Contractor's Suite or Unit:		
AH-18. Contractor's City:	AH-19. Contractor's State:	AH-20. Contractor's Zip Code:	OFFICIAL USE ONLY		Fee:
AH-21. Contractor's Phone:	AH-22. Contractor's Email:		By:	Date:	

(AD) APPLICANT'S SIGNATURE

A. OWNER: I hereby certify that I am the owner of the property, that the application and plans are complete and correct to the best of my knowledge, that if a permit (or permits) is issued, the construction will conform to the D.C. Construction Codes, the Zoning Regulations, and other applicable laws and regulations of the District of Columbia.

Signature of Owner _____ Address _____ Date _____

B. AGENT: I hereby certify that I have the authority of the owner to make this application. I declare that the application and plans are complete and correct to the best of my knowledge. The owner has assured me that if a permit (or Permits) is issued, the construction will conform to the D.C. Construction Codes, the Zoning Regulations, and other applicable laws and regulations of the District of Columbia

Signature of Agent *Cecilia Swingle* Address *1100 New Jersey Ave SE Suite 1000* Date *1/8/15*
Washington, DC 20003

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

A. PERMIT CONTROL

1. Fine Arts by: _____ Date: _____

2. Historic by: _____ Date: _____

3. Cap. Gateway by: _____ Date: _____

4. NCPD: _____ Date: _____

5. W.H./Obs. Precinct by: _____ Date: _____

6. Flood Control by: _____ Date: _____

7. WMATA by: _____ Date: _____

8. Condem. by: _____ Date: _____

9. Rental Accom. by: _____ Date: _____

10. Chinatown Distr. by: _____ Date: _____

11. Utility Clearance by: _____ Date: _____

12. General Liability Ins. Policy
Clearance by: _____ Date: _____

B. CLEARANCE TO FILE PLANS

1. Zoning by: _____ Date: _____

2. DDOT – Permit and Records Division
Access to Parking Street Street Alley
Cleared by: _____ Date: _____

3. DDOT – Consumer Engineer
Cleared by: _____ Date: _____

4. ERA – Erosion Control
Cleared by: _____ Date: _____

Restrictions of the Permit:

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

C. PLANS AND APPLICATION APPROVAL

1. Information Counter by: _____ Date: _____

2. Information Center by: _____ Date: _____

(a) ABRA by: _____ Date: _____

(b) Noise Control by: _____ Date: _____

(c) Industrial Safety by: _____ Date: _____

(d) Vector Control by: _____ Date: _____

(e) D.C. Animal by: _____ Date: _____

(f) Police Dept. by: _____ Date: _____

3. Zoning by: _____ Date: _____
Zoning Update by: _____ Date: _____
Zoning Overlay approval by: _____ Date: _____

4. DDOT – Permit and Records Division/Deposit #
Sidewalk Deposit \$ _____ Driveway Deposit \$ _____
by _____ Date _____

5. Water/Sewer Design Branch
Consumer Eng. by: _____ Date _____

6. Environmental Regulation Administration
 Environmental Policy Review
Control No. _____ Date _____
by _____ Date _____
 Erosion Control by: _____ Date _____
 Storm Water Mgmt. by: _____ Date _____
Plan No _____
 Air Quality by: _____ Date _____
 Underground Storage by: _____ Date _____

7. Mechanical Eng. Review by: _____ Date _____

8. Plumbing Eng. Review by _____ Date _____

9. Electrical Eng. Review by: _____ Date _____

10. Health Plan Review
 (a) Food Plan Review by: _____ Date _____
 (b) Medical X-Ray Plan Rev.
by: _____ Date _____

11. Fire Protection Plan Review
by: _____ Date _____

12. D.C. Fire Dept. (Fire Prevention Plan Review Section)
by: _____ Date _____

13. Elevator Plan Rev. Sec. by: _____ Date _____

14. Plumbing Insp Rev. by: _____ Date _____

15. Construction Insp. Branch (Field Check)
by: _____ Date _____

16. Historic Pres. Div. by: _____ Date _____

17. EISF: _____ Date _____

18. Structural Eng. by: _____ Date _____

19. Permit and Certificate Issuance Counter
by: _____ Date _____

20. QC By: _____ Date _____

ZONING

C of O Number _____ Date _____

Existing Use(s) _____

Proposed Use _____

New Bldg
 P.O.D.
 File in room 2124

Job No. _____ BZA Case No _____ PUD Order No. _____

DDOT – PUBLIC SPACE

Street Name: _____

Street Width: _____

Road Width: _____

Sidewalk Width: _____

Parking: _____

Restrictions: _____

RECEIPT

DCRA
 DCRA
 1100 4TH ST SW
 Nicholas Majett
 DIRECTOR - DCRA

Application: FD1500034
Application Type: Building/Construction/Foundation Only/NA
Address: 901 H ST , Washington, DC 20002
Owner Name: Parcel Seven Associates, LLC
Owner Address: 8405 Greensboro Dr. McLean, VA 22102
Application Name:

Receipt No.	Ref Number	Amount Paid	Payment Date	Cash Drawer ID	Received	Comments
434082	01641520	\$715.00	01/08/2015			

Owner Info.: Parcel Seven Associates, LLC
 8405 Greensboro Dr. McLean, VA

Work Description: Foundation to Grade Permit Application - construction of three stories of concret underground parking garage to support future mixed used building.



Department of Consumer and Regulatory Affairs

Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862

Remittance Source Document

OFFICE OF FINANCE AND TREASURY
Date: 1/8/2015 10:17 AM
Office: DCRA Term: MFE02-9460
Batch: 32154 Batch Date: 1/8/2015
Cashier: QFT58
Trans #: 22
DEPARTMENT OF CONSUMER & Regt: 01641520
Comment/Document: FD1500034
Payment Total: \$715.00
Payment Distribution:
1905 CR0 (3029) 10001-ops50 \$715.00
CK Tendered: \$715.00

Date: January 08, 2015

INVOICE

Invoice Number: 1654791

Customer: PARCEL SEVEN ASSOCIATES, LLC
Mailing Address: 8405 GREENSBORO DR. MCLEAN, VA 22102
Address of Work: 901 H ST NE Washington, DC 20002
Permit: FD1500034
Type of Permit: Foundation Only
Acct Code: Fees: Description:
3012-3029-1000-1905 \$32.50 Enhanced Service Fee - Foundation
3012-3029-1000-1905 \$32.50 Enhanced Service Fee - Filing Fee
3012-3012-1000-2103 \$325.00 Building Permit Filing Fee
3012-3029-1000-1905 \$325.00 Foundation Permit Fee (Enter 1 to Calculate)
Invoice Total: \$715.00
Sheronne Mason