



Government of the District of Columbia
Department of Consumer and Regulatory Affairs

Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557

Date: June 26, 2015

Cap Id: R1500147

Department of Transportation
Public Space Permits Division
Transportation Counter Room E250
1100 4th Street S.W. 4th Floor
Washington, DC 20024

Re: Request for clearance of premises subject to razing operations

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Operations Division. The applicant has been instructed to contact your office to make all required deposits, as determined by your inspection of the premises.

Address:

901 H ST NE

LOT: 0055 SQUARE: 0912 TYPE:

VACANT: No

Please notify our office of the satisfactory completion of your inspection of the premises, by filling out the clearance section below and returning this form to the D.C.R.A. Permit Operations Division, 1100 4th Street S.W., Washington D.C. 20024

CLEARANCE

This is to inform you that the structure identified was inspected and the applicant satisfied all of our requirements. We have no objections to proceeding with the proposed razing of said structure.

Date: 8/7/15 Signature: John P. Stokes

Name of releasing DDOT Official. (print) John P. Stokes



APPLICATION FOR RAZE PERMIT

Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any entered information will void this application. The owner of record must sign the application with an original signature.

Applicable code sections are in the 2008 DC Building Code Supplement Chapter I § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

R1500 147

Application Date: 6/26/15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
901 H Street, NE, Washington DC	NE	Six	912		55

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Parcel Seven Associates, LLC	1100 New Jersey Avenue, SE, Washin	571-382-22102	lmoses@rappaportco.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email

3. TYPE OF PERMIT

14. Check all that apply:
 Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
one story brick retail center building		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
retail center		brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
494' 1"	141'	17"	1,184,118' 1"

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name TBD	24. Contractor's Address (including zip code) TBD	25. Contractor's Phone TBD
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26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature	
27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature	
29. Building Condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.	
	30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.	
31. Building Vacant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Building must be vacant before Raze Permit issuance.	
32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only	
	Fee	By
		Date

33. Plumber's Name TBD	34. Plumber's License Number TBD	35. Raze Method (ball, bulldozer, by hand, etc.) TBD
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1. You must submit a Certificate of Insurance covering the raze operation/contractor-- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

- Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024
- Include a 30-day advance notice cancellation clause.
- Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.
- State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage.
- If the insurance is for one specific address only, state that, "Razing Operations at _____"
(address of raze operation)

36. Insurance Company TBD	37. Policy or Certificate No. TBD	38. Expiration Date TBD
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39. Asbestos in Building? If yes, indicate location:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only	
		Fee	By
			Date