



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 Consumer and Regulatory Affairs
Office of the Zoning Administrator
1100 4th Street, SW , Rm E240
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. We are hereby requesting your review and approval, ensuring that this application has satisfied all of the zoning regulations of the District of Columbia.

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 Permit Operations Division, D.C.R.A., 1100 4th Street S.W., Washington D.C. 20024

CLEARANCE

This is to inform you that the applicant for the proposed razing of the structure identified above has completed our permit process and satisfied all of our requirements. We have no objections to proceeding with the proposed razing of said structure.

Date: 8/12/15 Signature: Evon Epps for Matthew LeGrant

Name of releasing Zoning Reviewer. (print) Evon Epps
Zoned: C-2-B



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:

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	24. Contractor's Address (including zip code)	25. Contractor's Phone
TBD	TBD	TBD

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	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.)
TBD	TBD	TBD

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

















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961 H ST NE

LOT: 0055 SQUARE: 0912 TYPE:

VACANT: Yes

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CLEARANCE

This is to inform you that the applicant for the proposed razing of the structure identified above has completed our permit process and satisfied all of our requirements. We have no objections to proceeding with the proposed razing of said structure.

Date: 8/12/15 Signature: [Handwritten Signature]

Name of releasing Zoning Reviewer. (print) Evan Epps
Zoned: C-2-B



APPLICATION FOR RAZE PERMIT

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R 1500 146

Application Date: 6/26/15

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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 building		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
former bank		brick	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
49'	51'	15' 3"	37,485' 3"

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

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TBD	TBD	TBD

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		Fee _____ By _____ Date _____

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36. Insurance Company	37. Policy or Certificate No.	38. Expiration Date
TBD	TBD	TBD

39. Asbestos in Building? If yes, indicate location:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only
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