

Date:

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

Department of Consumer and Regulatory Affairs Office of the Zoning Adminstrator 1100 4th Street, SW, Rm E240

June 26, 2015

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

Cap Id:

R1500147

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.

Signature:

Name of releasing Zoning Reviewer. (print)

Government of the District of Columbia



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.

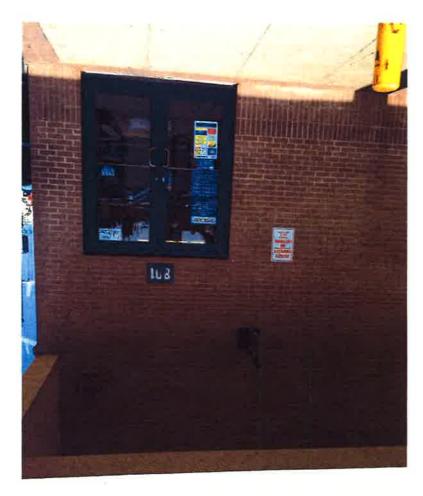
105.1.7.2, and Section 155A.											
R 15 00 147 Application Date: 6/26/15											
		1. INFORMATIO	N ON P		ERTY Vard	4	Saussa .	4	lb. Suffix	5. Lot	
1. Address of Proposed Work			NE NE	Six		III	a. Square		ib. Sullix	55	
901 H Street, NE, Washington Do	LIVE	J 31X			/12			23			
6. Property Owner 7. Complete mailing address (9. Email			
Parcel Seven Associates, LLC		1100 New Jersey Avenu	e, SE, Wa	shin			2-22102		Imoses@rappaportco.co		
10. Agent/Contractor for Owner (if app	licable)	11. Complete mailing addres	s (include	zip)	ip) 12. Phone Number		e Number(s)		13. Email		
	V V	3. TYPE (F PERI	ΛΙΤ	vegate	9				P. 11. 18. 8. 8.	
14. Check all that apply: Raze Permit											
4. DESCRIPTION OF BUILDING											
15. Description of Building to be Razed (e.g., Iwo story brick single family dwelling) 16. Existing Number of Stories of Bldg:											
one story brick retail center building											
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)	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"	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?	☐Yes	×No	33. Raze Contractor Sign	nature						
27. CFA?	Yes	ĭX No								
28. Raze Entire Building?	X Yes	No No	34. Property Owner Signature							
29. Building Condemned?	Yes	i⊠ No								
30a. Party Wall?	Yes	i ⊠ 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?	☐Yes ☑ No BuildIng must be vacant before Raze Permit is					issuance,				
32. Public Space Vault?	x No			Official Use Only						
_			Fee	Ву		Date				
33. Plumber's Name	34. Plumber's	License Number	icense Number 35. Raze Method (ball, bulldozer, by hand,							
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? If yes, indicate location:	×Yes	□ No	Official Use Only							
			Fee	Ву		Date				













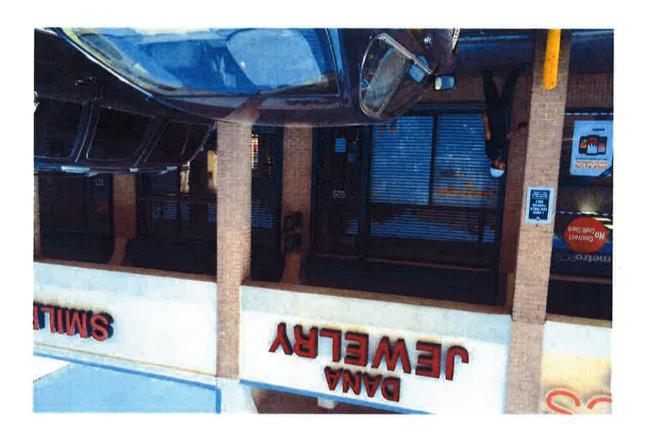




















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An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Operations Division. We are hereby requesting your review and approval, ensuring that this application has satisfied all of the zoning regulations of the District of Columbia.

Address:

961 H ST NE

LOT: 0055 SQUARE: 0912 TYPE:

VACANT: Yes

Matthew Le Frant

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

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Name of releasing Zoning Reviewer. (print)

8/12/15 Signature: _

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R1500/46					Application Date:						
1. INFORMATION ON PROPERTY											
1. Address of Proposed Work				uad 3. Ward 4a. Square			٦ŀr	4b. Suffix	5. Lot		
961 H Street, NE, Washington DC			NE	E Six 912				55			
	A.T.	2. APPLICANT	INFORM	ITAN	ON			31217370 113	BANDON.		
6. Property Owner 7. Complete mailing address (p)	8. Pho	ne Number(s)		9. Email			
Parcel Seven Associates, LLC		1100 New Jersey Avenue	, SE, Washin 571-382-22102				Imoses@rappaportco.com				
10. Agent/Contractor for Owner (if app	licable)	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 building											
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. Bld	g Width (ft)	21. Bldg Height (ft)				2	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									
23. Raze Contractor's Name	24. Contractor's Address (including zip code)			25. Contractor's Phone					
TBD	TBD		TBD						
26. Historic District?	☐Yes	⊠No	33. Raze Contractor Signature						
27. CFA?	Yes	ĭX No							
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2. The Certificate should:									
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 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									
36. Insurance Company	37. Policy	or Certificate No.		38. Expiration Date					
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39. Asbestos in Building? If yes, indicate location:	, , , ,				Official Use Only				
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