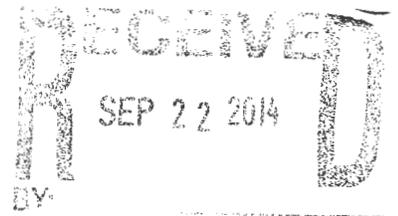




Government of the District of Columbia
Department of Consumer and Regulatory Affairs

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: September 18, 2014

Cap Id: R1400171

D.C. Historic Preservation Office
1100 4th Street S.W. , Rm E650
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. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office, in order to release the subject permit.

Address:
816 MICHIGAN AVE NE

LOT: 0821 SQUARE: 3822 TYPE: VACANT: Yes

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 we researched our records concerning the structure identified above and we have no objections to proceeding with the proposed razing of said structure.

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



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 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

R/1400171

Application Date: 08/22/2014

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
816 Michigan Avenue	NE	Five	3822		0821

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Jemal's Michigan LLC	702 H Street NW Ste 400 WDC 20001	202-638-6300	
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Andrea Gourline	702 H Street NW Ste 400 WDC 20001	202-373-2425	agourline@douglasdev.com

3. TYPE OF PERMIT

14. Check all that apply: Raze Permit

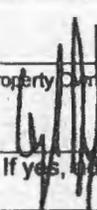
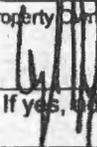
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
One story block building		1	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Vacant commercial		Block	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
			85000

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

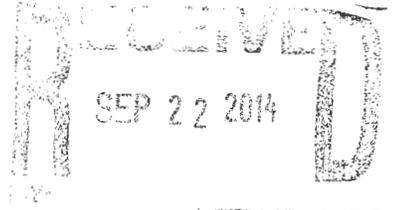
SECTION A. RAZE PERMIT

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			
29. Building Condemned?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
30a. Party Wall?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. Property Owner Signature 	
31. Building Vacant?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30b. If yes, adjacent property owner signature is required.	
32. Public Space Vault?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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.	
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	
<p>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.</p> <p>2. The Certificate should:</p> <ul style="list-style-type: none"> • 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	



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 9667



Date: September 18, 2014

Cap Id: R1400173

D.C. Historic Preservation Office
1100 4th Street S.W. , Rm E650
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. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office, in order to release the subject permit.

Address:
818 MICHIGAN AVE NE

LOT: **0821** SQUARE: **3822** TYPE: VACANT: **Yes**

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 we researched our records concerning the structure identified above and we have no objections to proceeding with the proposed razing of said structure.

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____

**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, whitening 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 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

R1400173

Application Date: 08/22/2014

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
818A Michigan Avenue	NE	Five	3822		0821

2. APPLICANT INFORMATION

8. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Jemal's Michigan LLC	702 H Street NW Ste 400 WDC 20001	202-638-6300	
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Andrea Gourdine	702 H Street NW Ste 400 WDC 20001	202-373-2425	agourdine@douglasdev.com

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 block building	1		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Vacant commercial	Block		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
			105000

OFFICIAL USE ONLY

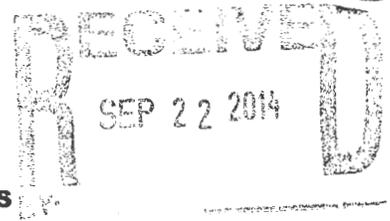
CONDITIONS/ COMMENTS:

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 checked="" type="checkbox"/> Yes <input 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	
<p>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.</p> <p>2. The Certificate should:</p> <ul style="list-style-type: none"> • 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	



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 9657

Date: September 18, 2014

Cap Id: R1400172

D.C. Historic Preservation Office
1100 4th Street S.W. , Rm E650
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. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office, in order to release the subject permit.

Address:
818 MICHIGAN AVE NE

LOT: 0821 SQUARE: 3822 TYPE: VACANT: Yes

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 we researched our records concerning the structure identified above and we have no objections to proceeding with the proposed razing of said structure.

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



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, whitening 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 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

R 1400 172

Application Date: 08/22/2014

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
818B Michigan Avenue	NE	Five	3822		0821

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Jermal's Michigan LLC	702 H Street NW Ste 400 WDC 20001	202-638-6300	
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Andrea Gourdine	702 H Street NW Ste 400 WDC 20001	202-373-2425	agourdine@douglasdev.com

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 block building			1
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Vacant commercial		Block	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
			128000

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

Large empty box for official use only, containing conditions and comments.

SECTION A. RAZE PERMIT

23. Raze Contractor's Name TBD		24. Contractor's Address (including zip code) TBD		25. Contractor's Phone 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				
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
31. Building Vacant?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		34. Property Owner Signature	
32. Public Space Vault?		<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.	
				Building must be vacant before Raze Permit issuance.	
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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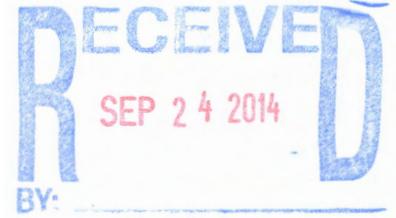
39. Asbestos in Building? If yes, indicate location:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only			
		Fee	By	Date	



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: September 19, 2014

Cap Id: R1400175

D.C. Historic Preservation Office
1100 4th Street S.W. , Rm E650
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. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office, in order to release the subject permit.

Address:
6104 29TH ST NW

LOT: 0808 SQUARE: 2337 TYPE: VACANT: Yes

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 we researched our records concerning the structure identified above and we have no objections to proceeding with the proposed razing of said structure.

Date: Signature:

Name of releasing HPO Official. (print)

PLEASE RETURN APPROVED CLEARANCE TO:
karen@casengineering.com
202-744-2375 (phone) OR 301-607-8045 (fax)
or Mail to:
CAS Engineering
108 W. Ridgville Blvd
Mt. Airy, MD 21771



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.

Application Date: 9/19/2014

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
6104 29TH STREET, NW	NW	One	2337		0808

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
ROBERT HOLMAN	108 W RidgevilleBlvd,Mt.Airy,Md2177	202-744-2375	karen@casengineering.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
K.MARTINO / CAS ENGINEERING	108 W RidgevilleBlvd,Mt.Airy,Md2177	202-744-2375	karen@casengineering.com

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:
2 STORY STONE SINGLE FAMILY DWELLING			2 + B
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
SINGLE FAMILY RESIDENTIAL		STONE + FRAME	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
47.5	38.0	20	36100

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name * Adman & Co		24. Contractor's Address (including zip code) * 4517 LOWELL ST NW WASHINGTON, DC 20016		25. Contractor's Phone * 202-669-0343	
26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. Raze Contractor Signature * [Signature]			
27. Fine Arts District? <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 * [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 checked="" type="checkbox"/> Yes <input 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 * CRESENT PLUMBING		34. Plumber's License Number * 1015		35. Raze Method (ball, bulldozer, by hand, etc.) * BULLDOZER	
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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, 941 North Capitol St NE, Washington, DC 20002
- 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 * BUILDERS MUTUAL		37. Policy or Certificate No. * CTPD055482 02		38. Expiration Date * 3/15/15	
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39. Asbestos in Building? If yes, indicate location: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Official Use Only			
		Fee		By	Date



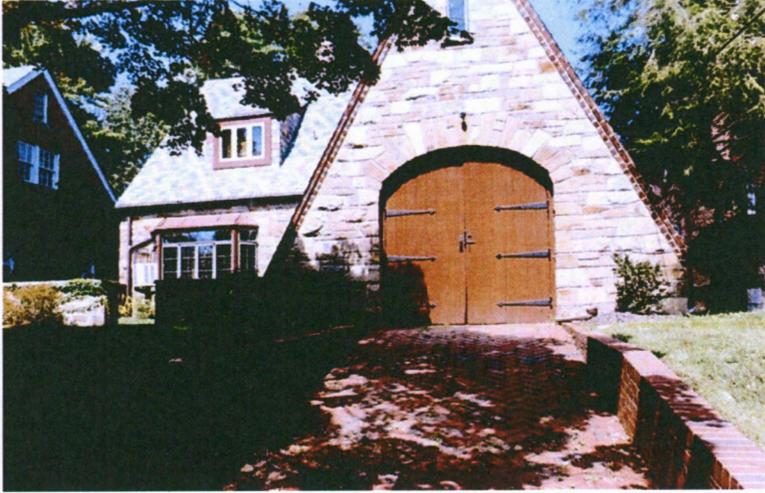
816 Michigan Avenue NE



818A Michigan Avenue NE



818B Michigan Avenue NE



6104 29th Street NW