

STATUS DATE	ID	Address	Description of Work	Report Date	Exp. Date	PER SUB TYPE	SSL	A N C	Zoning	Owner Name
11/26/2019	R2000043	5211 4th Street NE	raze three story brick apartment building	November 27, 2019	January 3, 2020	Raze	3765 0001	5A	RA-1	South Dakota Terrace, Inc.; Terrace, Inc.; Ambassador, Inc.
11/26/2019	R2000041	5216 4th Street NE	raze three story brick apartment building	November 27, 2019	January 3, 2020	Raze	3767 0004	5A	RA-1	South Dakota Terrace, Inc.; Terrace, Inc.; Ambassador, Inc.
11/26/2019	R2000039	5217 4th Street NE	raze three story brick apartment building	November 27, 2019	January 3, 2020	Raze	3765 0002	5A	RA-1	South Dakota Terrace, Inc.; Terrace, Inc.; Ambassador, Inc.
11/26/2019	R2000038	5222 4th Street NE	raze three story brick apartment building	November 27, 2019	January 3, 2020	Raze	3767 0003	5A	RA-1	South Dakota Terrace, Inc.; Terrace, Inc.; Ambassador, Inc.
11/26/2019	R2000044	5223 4th Street NE	raze three story brick apartment building	November 27, 2019	January 3, 2020	Raze	3765 0003	5A	RA-1	South Dakota Terrace, Inc.; Terrace, Inc.; Ambassador, Inc.
11/26/2019	R2000042	5228 4th Street NE	raze three story brick apartment building	November 27, 2019	January 3, 2020	Raze	3767 0002	5A	RA-1	South Dakota Terrace, Inc.; Terrace, Inc.; Ambassador, Inc.
11/26/2019	R2000040	5229 4th Street NE	raze three story brick apartment building	November 27, 2019	January 3, 2020	Raze	3765 0004	5A	RA-1	South Dakota Terrace, Inc.; Terrace, Inc.; Ambassador, Inc.
11/14/20019	R2000006	1723 Montello Avenue NE	raze one story brick/block commercial building	November 15, 2019	December 27, 2019	Raze	4052 0180	5D	MU-4	Montello 1723 LLC
11/19/2019	R2000028	2455 Elvans Road SE	raze one story single family dwelling	November 19, 2019	December 31, 2019	Raze	5873 0858	8B	R-3; RA-1	Rupsha 2011 LLC

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: November 26, 2019



Cap Id: R2000043

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:

5211 4TH ST NE

LOT: 0001 SQUARE: 3765 TYPE: Apartment Houses - R-2

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) _____

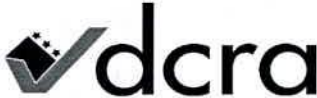


Government of the District of Columbia
Department of Consumer and Regulatory Affairs



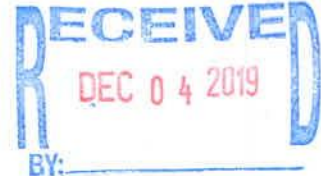
Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557

Date: November 26, 2019



Cap Id: R2000041

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:
5216 4TH ST NE

LOT: 0004 SQUARE: 3767 TYPE: Apartment Houses - R-2 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 2013 DCMR 12 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

Application Date:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work 5216 4TH ST NE	2. Quad NE	3. Ward Five	4a. Square 3767	4b. Suffix	5. Lot 0004
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2. APPLICANT INFORMATION

6. Property Owner SOUTH DAKOTA TERRACE INC TERRACE INC AND AMBASSADOR INC	7. Complete mailing address (include zip) 1825 K ST NW STE 1250 1400 WASHINGTON DC 20006-1202	8. Phone Number(s)	9. Email
10. Agent/Contractor for Owner (if applicable) City Permit	11. Complete mailing address (include zip) 3191 Grand Avenue #188 Miami, FL 33133	12. Phone Number(s) (202)769-1958	13. Email info@citypermit.us

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) 3 STORY BUILDING BRICK BUILDING WITH BASEMENT		16. Existing Number of Stories of Bldg: 3	
17. Use(s) of Property (specifically indicate if any use is residential.) RESIDENTIAL APARTMENT		18. Materials of Building (brick, wood, etc.) CONCRETE, BRICK	
19. Bldg Length (ft) 97	20. Bldg Width (ft) 58	21. Bldg Height (ft) 29	22. Bldg Volume (cu ft) (L x W x H) 163,154

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

Large empty box for conditions and comments.



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: November 26, 2019



Cap Id: R2000039 BY: _____

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:
5217 4TH ST NE

LOT: 0002 SQUARE: 3765 TYPE: Apartment Houses - R-2 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 2013 DCMR 12 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.

10/14/2019

Application Date:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
5217 4TH ST	NE	Five	3765		0002

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
SOUTH DAKOTA TERRACE INC TERRACE INC AND AMBASSADOR INC	1825 K ST NW STE 4250 1400 WASHINGTON DC 20006-1202		
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
City Permit	3191 Grand Avenue #188 Miami, FL 33133	(202)769-1958	info@citypermit.us

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:
3 STORY BUILDING BRICK BUILDING WITH BASEMENT			3
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
RESIDENTIAL APARTMENT		CONCRETE, BRICK	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
97	58	29	163,154

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 <i>Colvin Capity</i>	
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(s) will need to sign the Notification Form which safeguards during construction	
				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	
39. Asbestos in Building?		<input type="checkbox"/> Yes <input checked="" 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 - 9557

Date: November 26, 2019



Cap Id: R2000038

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:
5222 4TH ST NE

LOT: 0003 SQUARE: 3767 TYPE: Apartment Houses - R-2 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 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 2013 DCMR 12 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.

10/14/2019

Application Date:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
5222 4th Street NE	NE	Five	3767		0003

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
SOUTH DAKOTA TERRACE INC TERRACE INC AND AMBASSADOR INC	1825 K ST NW STE 1950 1400 WASHINGTON DC 20006-1202		
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
City Permit	3191 Grand Avenue #188 Miami, FL 33133	(202)769-1958	info@citypermit.us

3. TYPE OF PERMIT

14. Check all that apply:

 Raze Permit

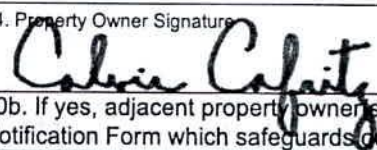
4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:		
3 STORY BUILDING BRICK BUILDING WITH BASEMENT	3		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
RESIDENTIAL APARTMENT	CONCRETE, BRICK		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
97	58	29	163,154

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		34. Property Owner Signature	
30a. Party Wall?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		 30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction 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			
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: <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	
39. Asbestos in Building?		<input type="checkbox"/> Yes <input checked="" 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



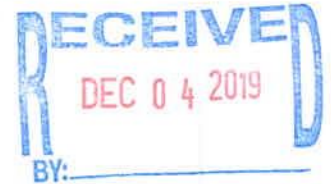
Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557

Date: November 26, 2019



Cap Id: R2000044

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:
5223 4TH ST NE

LOT: 0003 SQUARE: 3765 TYPE: Apartment Houses - R-2 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 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 2013 DCMR 12 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.

Application Date:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work 5223 4TH STEET	2. Quad NE	3. Ward Five	4a. Square 3765	4b. Suffix	5. Lot 003
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2. APPLICANT INFORMATION

6. Property Owner SOUTH DAKOTA TERRACE INC TERRACE INC AND AMBASSADOR INC	7. Complete mailing address (include zip) 1825 K ST NW STE 1200 1400 WASHINGTON DC 20006-1202	8. Phone Number(s)	9. Email
10. Agent/Contractor for Owner (if applicable) City Permit	11. Complete mailing address (include zip) 3191 Grand Avenue #188 Miami, FL 33133	12. Phone Number(s) (202)769-1958	13. Email info@citypermit.us

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) 3 STORY BUILDING BRICK BUILDING WITH BASEMENT		16. Existing Number of Stories of Bldg: 3	
17. Use(s) of Property (specifically indicate if any use is residential.) RESIDENTIAL APARTMENT		18. Materials of Building (brick, wood, etc.) CONCRETE, BRICK	
19. Bldg Length (ft) 97	20. Bldg Width (ft) 58	21. Bldg Height (ft) 29	22. Bldg Volume (cu ft) (L x W x H) 163,154

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		
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 <i>Colvin Capritz</i>	
31. Building Vacant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction	
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 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	37. Policy or Certificate No.	38. Expiration Date

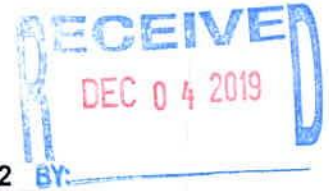
39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only		
		Fee	By	Date



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: November 26, 2019



Cap Id: R2000042 BY: _____

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:
5228 4TH ST NE

LOT: 0002 SQUARE: 3767 TYPE: Apartment Houses - R-2

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 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 2013 DCMR 12 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

Application Date:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
5228 4th Street	NE	Five	3767		0002

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
SOUTH DAKOTA TERRACE INC TERRACE INC AND AMBASSADOR INC	1825 K ST NW STE- 1258 1400 WASHINGTON DC 20006-1202		
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
City Permit	3191 Grand Avenue #188 Miami, FL 33133	(202)769-1958	info@citypermit.us

3. TYPE OF PERMIT

14. Check all that apply: Raze Permit

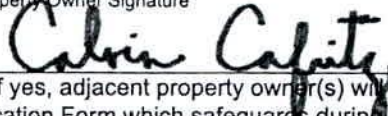
4. DESCRIPTION OF BUILDING

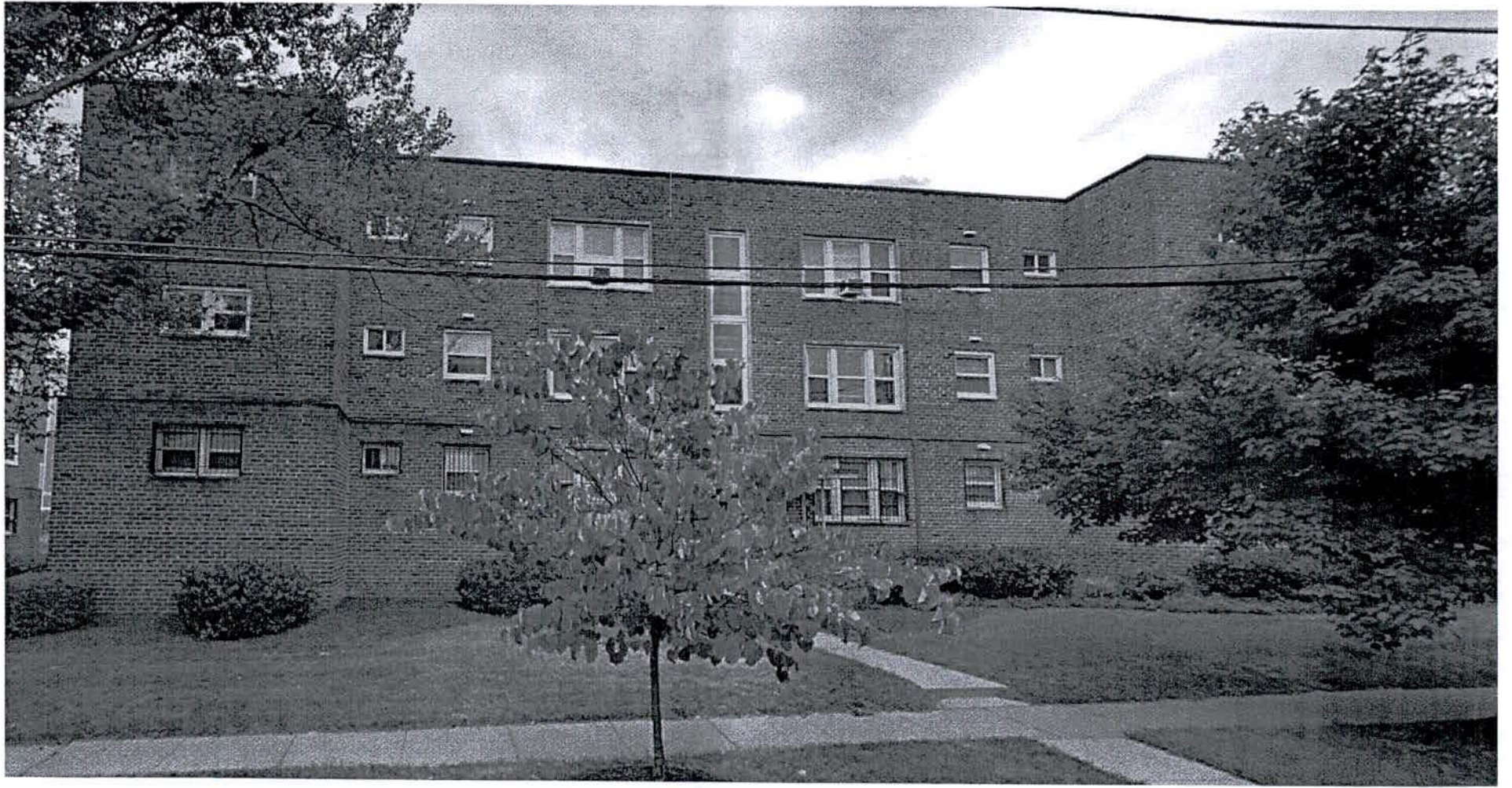
15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
3 STORY BUILDING BRICK BUILDING WITH BASEMENT		3	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
RESIDENTIAL APARTMENT		CONCRETE, BRICK	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
97	58	29	163,154

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	
					
				30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction	
				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	
<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 _____" 					
36. Insurance Company		37. Policy or Certificate No.		38. Expiration Date	
39. Asbestos in Building?		<input type="checkbox"/> Yes <input checked="" 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



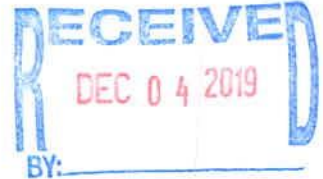
Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557

Date: November 26, 2019



Cap Id: R2000040

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:
5229 4TH ST NE

LOT: 0004 SQUARE: 3765 TYPE: Apartment Houses - R-2 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 2013 DCMR 12 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

Application Date:

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
5229 4TH ST NE	NE	Five	3765		0004

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
SOUTH DAKOTA TERRACE INC TERRACE INC AND AMBASSADOR INC	1825 K ST NW STE 1250-1400 WASHINGTON DC 20006-1202		
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
City Permit	3191 Grand Avenue #188 Miami, FL 33133	(202)769-1958	info@citypermit.us

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:	
3 STORY BUILDING BRICK BUILDING WITH BASEMENT		3	
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
RESIDENTIAL APARTMENT		CONCRETE, BRICK	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
97	58	29	163,154

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		34. Property Owner Signature <i>Calvin Caputo</i>	
30a. Party Wall?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
31. Building Vacant?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30b. If yes, adjacent property owner(s) will need to sign the Notification Form which safeguards during construction	
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 _____" <p align="right">(address of raze operation)</p>					
36. Insurance Company		37. Policy or Certificate No.		38. Expiration Date	
39. Asbestos in Building?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Official Use Only	
If yes, indicate location:		Fee	By		



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

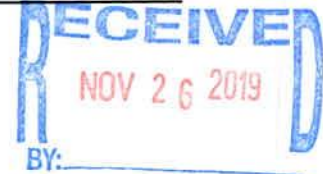


Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557

Date: November 14, 2019



Cap Id: R2000006



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:
1723 MONTELLO AVE NE

LOT: 0180 SQUARE: 4052 TYPE: Retail or Wholesale Store - M 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) _____

Shereka Major
240-471-6533
Smajor33@gmail.com

Menu Save Reset Cancel Help

Record Detail (This section is required.)

Permit No.	Permit Type	Status
R2000006	Building/Construction/Raze/NA	Submitted
Description of Work		
demolition of existing one story building + collar		
Total Fee Invoiced	Total Paid	Balance
286.11	286.11	0.00
		Opened Date
		10/12/2019

Address (This section is not required.)

Search Reset Clear Get Parcel & Owner Address Locator XY GIS Locator

Street #	Street Name	Street Type	Quadrant
1723	MONTELLO	AVE	NE
Unit Type	Unit #	Street # (end)	Start Fraction
--Select--			--Select--
		Zip Code	
		20002	
Cluster	Neighborhood	Ext	
23	Trinidad	A	
Zone	ANC		
MU-4	SD		
Premise Phone Number			
Primary			
Yes			

Parcel (This section is not required.)

Search Reset Clear

SSL	Lot	Ward	Primary
4052 0180	0180	5	Yes

Owner (This section is not required.)

Search Reset Clear

Name	Primary		
MONTELLO 1723 LLC	Yes		
Address Line 1	Phone		
1817 BENNING RD NE APT 5			
Address Line 2			
1817 BENNING RD NE APT 5			
Mail City	Mail State	Mail Zip	Country
WASHINGTON	DC	20002	United States
Cell Phone	Email	Tax Type	
	isc@caggion-caphold.com		
Class Type	Use Code		

Professionals (This section is not required.)

Search Reset Clear

License #	First Name	Middle Name	Last Name
License Type	Business Name	Phone 1	
--Select--		(800)XXX-XXXX	
Primary	Address Line 1	Phone 2	
Yes		(800)XXX-XXXX	
Address Line 2			
City	State	Zip Code	
Email			

Agent for Owner (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type	First Name	Middle Name	Last Name
Agent for Owner	Moe		Fridy
Relationship	Full Name		
--Select--	Moe Fridy		
Primary	Organization Name		

Yes Citadel Architects
 Address Line 1 1212 Pennsylvania Ave SE Phone 1 (XXX)XXX-XXXX (202) 273-0100
 Address Line 2 Phone 2 (XXX)XXX-XXXX
 Address Line 3 Fax (XXX)XXX-XXXX
 City Washington State DC Zip Code 20003
 Email citadel@citadeldbd.com

Contractor: (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type Contractor First Name MI Last Name
 Relationship Full Name
 --Select--
 Organization Name
 Street Address Telephone
 Address Line 2 Phone 2
 Address Line 3 Fax
 City State Zip Code
 Email

App Specific Info

LANGUAGE PREFERENCE

Language Preference Other
 --Select--

GENERAL INFORMATION SECTION

Q-Matic Number EISF Submitted Yes No Legacy tracking number Legacy permit number Expiration date Job classification
 Construction start date Completion date of work No. of Buildings Razed Adjacent owner(s) notified Yes No Building Construction Type TYPE V - Any Materials Permitted
 Existing use of building or property Retail or Wholesale Store - M Is Building an Accessory Structure Yes No Has Basement/Has Cellar --Select--
 Existing number of dwelling units 0 Existing number of stories of building 1 Existing stories plus Cellar
 Application Comments
 Existing Stories Penthouse
 Related to Stop Work Order Yes No

DDOE SECTION

Method of moving construction debris Pick-Up Truck (Other) Specify
 Was the Structure Built Before 1978 Yes No
 Removing More Than 2 Sq Ft of Lead Paint Yes No

RAZE SPECIFIC SECTION

Insurance company Evanston Insurance Compa Policy or certificate number 93504 Policy expiration date 06/19/2020 License No
 Is the building condemned Yes No Is the building vacant Yes No Public space vault Yes No
 Disconnect water and/or sewer Yes No Size of water connection Inches Party wall Yes No Asbestos in the building Yes No
 Identify location of asbestos Raze method By Hand Method other (specify) Building material Brick Material other (specify)

FEE CALCULATION SECTION

Length 51 FT. Width 25.5 FT. Height 10 FT. Total Volume 13005 CU.FT.

APPROVAL LETTERS SECTION

Construction Inspection Approval --Select-- Construction Date Received Construction Inspection Comments

DDOT Approval
 --Select--
 Zoning Approval
 --Select--
 WASA Approval
 --Select--
 Plumbing Inspection Approval
 --Select--
 Verizon Approval
 --Select--
 HPRB Approval
 --Select--
 Pepco Approval
 --Select--
 Washington Gas Approval
 --Select--
 Environmental/Soil Erosion Approval
 --Select--
 Vector Control Approval
 --Select--
 Rental Accommodation Approval
 --Select--
 Asbestos Removal Approval
 --Select--
 Cert of Liability Insurance
 --Select--

DDOT Date Received
 [Text]
 Zoning Date Received
 [Text]
 WASA Date Received
 [Text]
 Plumbing Date Received
 [Text]
 Verizon Date Received
 [Text]
 HPRB Date Received
 [Text]
 Pepco Date Received
 [Text]
 Washington Gas Date Received
 [Text]
 Environmental/Soil Erosion Date Received
 [Text]
 Vector Control Date Received
 [Text]
 Rental Accommodation Date Received
 [Text]
 Asbestos Removal Date Received
 [Text]
 Cert of Liability Insurance Date Received
 [Text]

DDOT Comments
 [Text]
 Zoning Comments
 [Text]
 WASA Comments
 [Text]
 Plumbing Comments
 [Text]
 Verizon Comments
 [Text]
 HPRB Comments
 [Text]
 Pepco Comments
 [Text]
 Washington Gas Comments
 [Text]
 Environmental/Soil Erosion Comments
 [Text]
 Vector Control Comments
 [Text]
 Rental Accommodation Comments
 [Text]
 Asbestos Removal Comments
 [Text]
 Cert of Liability Comments
 [Text]

AUTHORIZED AGENT

Is an Agent Authorized

Yes No I confirm that the owner name and contact information is accurate.

DOEE ENVIRONMENTAL QUESTIONS

Work performed involve the installation, removal, close-in-place now, or repair of UST system
 Yes No
 Work performed involve assessm./clean-up of groundwater assoc. w/release of material from an UST
 Yes No
 Does project involve drilling of well using air rotary drilling or method discharging gas/dust in air
 Yes No
 Does project involve constr. of facility involv. handling of solid/medical waste/recycl. material
 Yes No
 Does project involve constr. affecting aquatic/terrestrial biota and their habitat/water quality
 Yes No
 Does project result in arial discharge of gases/dust or the creation of any objectionable odors
 Yes No
 Does the building contain asbestos
 Yes No
 Is project interior reno./add. & assessed value of structure is > 50% of the total constr. cost
 Yes No
 Is project within a Special Flood Hazard Area or 100-year floodplain area
 Yes No
 Does project result in constr./installation of any other stationary pollution emitting equipment
 Yes No

Work performed involve assessm. of soil/soil-vapor/cleanup assoc. w/released material fro
 Yes No
 Will proposed work involve install/drilling of wells other than for purposes in above questio
 Yes No
 Does project involve generation/treatm./storage/disposal/transport of hazard. chemicals/s
 Yes No
 Does project involve constr. result. in discharge to/withdrawal from/disturb sediment in wa
 Yes No
 Does project site contain a species of plant or animal that is federally protected
 Yes No
 Was the building built before 1978 (Lead paint may be present).
 Yes No
 Does the project disturb 5,000 square feet or greater of land
 Yes No
 Does project's total cost exceed 100% of structure's assessed value, AND is zone other th
 Yes No
 Will project result in the install of fuel burning equip/boilers w/input ratings >5 million BTU.
 Yes No
 Signature
 [Text] (Text)

Date
 [Text]

General Information

Is this Project being submitted for a 3rd Party Review
 Yes No
 FP Condition
 No
 Flood Proofing Certificate Required
 Yes No
 Slab or Lowest floor EC/FC Certificate Review
 --Select--
 Was the property under Stop Work Order (SWO) or is there a current SWO applied
 Yes No
 Elevation Certificate Required
 Yes No
 Do you have a completed Flood Hazard Development Form
 Yes No
 Final Completion of the Project EC/FC Certificate Review
 --Select--

LEAD SCREENING

What is the building structure type
 --Select--
 How will the work affect painted components
 --Select--
 Is the paint on components impacted by the project in intact or in deteriorating condition
 --Select--
 If the project's in a multi family bldg, will the work occur on the same floor as an occupied unit
 Yes No
 What is the total square footage of all painted surfaces that will be impacted by the work
 --Select--

Will there be razing or demolition activities
 Yes No
 Will the work include removal of lead contaminated soil at a residen. or child-occupied facility
 Yes No
 What is the approximate distance of your project from a child-occupied facility
 --Select--
 What is the cost of the part of the project that will disturb painted surfaces
 --Select--

MOBILE CONSENT DISCLAIMER

Owner Cell Phone Consent



1. Front of subject property, view from west



2. South side of subject property, view from south



14. Northwest side of property and adjacent property to north (1725 Montello)

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



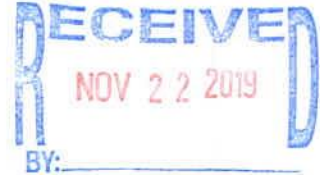
Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 - 9557

Date: November 19, 2019



Cap Id: R2000028

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:
2455 ELVANS RD SE

LOT: **0858** SQUARE: **5873** TYPE: **Single Family Dwelling - R-3** 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.

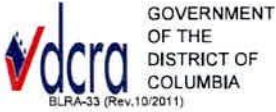
CLEARANCE

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) _____

PRE-FILE NUMBERS	ZONING DISTRICT	FILE NUMBER	PERMIT NUMBER



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 INK OR TYPE, DO NOT WRITE IN SHADED AREAS)

ERASING, CROSSING OUT, WHITING OUT, OR OTHERWISE ALTERING ANY ENTERED INFORMATION WILL VOID THIS APPLICATION

CLEARANCE TO FILE
By _____ Date _____

(A) ALL APPLICANTS MUST COMPLETE ITEMS 1 THRU 35

1. Address of Proposed Work: 2455 ELVANS RD SE, WASHINGTON, DC 20020	Suite No:	2. Lot: 0858	3. Square: 5873	4. Application Date: 11/12/2019
---	-----------	-----------------	--------------------	------------------------------------

5. Owner of Building or Property: Rupsha 2011 Llc	6. Address (Include Zip Code): 5415 Connecticut Ave Nw Apt L25, 3040 Stanton Rd Se Apt 101, Washington, DC 200207877	7. Phone:
--	---	-----------

8. Agent for Owner (if applicable): Mohammad Sikder	9. Address (Include Zip Code): 6201 Columbia Park Dr	10. Phone: 2025268664
--	---	--------------------------

11. Type of Proposed Work (Select only one)

<input type="checkbox"/> New Building(B)	<input type="checkbox"/> Awning (G)	<input type="checkbox"/> Observation Stand (L)	<input type="checkbox"/> Sheeting and Shoring(R)
<input type="checkbox"/> Addition (B)	<input type="checkbox"/> Sign (Z)	<input type="checkbox"/> Scaffolding Information (M)	<input type="checkbox"/> Tenant Layout (S)
<input type="checkbox"/> Addition Alteration Repair(B)	<input type="checkbox"/> After Hours (H)	<input type="checkbox"/> Soil Boring(N)	<input type="checkbox"/> Swimming Pool (T)
<input checked="" type="checkbox"/> Raze Building(C)	<input type="checkbox"/> Demolition (I)	<input type="checkbox"/> Tower Crane(O)	<input type="checkbox"/> Special Sign (U)
<input type="checkbox"/> Retaining Wall (D)	<input type="checkbox"/> Capacity Placard (AA)	<input type="checkbox"/> Foundation Only(P)	<input type="checkbox"/> Solar System (AB)
<input type="checkbox"/> Fence (E)	<input type="checkbox"/> Christmas Tree Stand (J)	<input type="checkbox"/> Underground Storage Tank(Q)	<input type="checkbox"/> Excavation Only (V)
<input type="checkbox"/> Shed (F)	<input type="checkbox"/> Fireworks Stand (J)	<input type="checkbox"/> Civil Site Work Only (K)	<input type="checkbox"/> Tent (X)
<input type="checkbox"/> New Building(B)	<input type="checkbox"/> Garage (F)		<input type="checkbox"/> Antenna (W)

12. Description of Proposed Work: Raze the existing Single Family house	13. Do you have an Elevation Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

14. Existing Use(s) of Building or Property: Single Family Dwelling - R-3	15. Ex. No of Stories of Bldg: 1	16. Ex. No of Dwelling Units: 1	OFFICIAL USE ONLY Miscellaneous FEE \$
--	-------------------------------------	------------------------------------	---

17. Proposed Use(s) of Building or Property:	18. Prop. No of Stories of Bldg:	19. Prop. No of Dwelling Units:	By: _____	Date: _____
--	----------------------------------	---------------------------------	-----------	-------------

20. Starting Date: 03/01/2020	21. Completion Date of work:	22. Method of Removing Construction Debris <input type="checkbox"/> Pick-up Truck <input checked="" type="checkbox"/> Dumpster <input type="checkbox"/> Other (specify):	23. Does the proposed work involve disturbing the earth or razing a building? <input type="checkbox"/> Yes, answer a.24 <input type="checkbox"/> No, SKIP a.24-29
----------------------------------	------------------------------	--	---

24. Is the area of disturbed earth more than 50 sq.ft? <input type="checkbox"/> Yes, answer a.26-27 <input type="checkbox"/> No, SKIP a.26-27	26. Soil Erosion Control Methods:	27. Area of Offsite Drainage:	28. No. of Footings or Columns:	29. Size of Footings or Columns:
---	-----------------------------------	-------------------------------	---------------------------------	----------------------------------

25. Is the area disturbed earth more than 5000 sq.ft? <input type="checkbox"/> Yes <input type="checkbox"/> No	30. Existing Stories Plus: Cellar	32. Existing Penthouse <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OFFICIAL USE ONLY	
	31. Proposed Stories Plus:	33. Proposed Penthouse <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	R	P
			H	A
			M	
			P	
			E	
			F	
			S	

34. 3rd Party Review <input type="checkbox"/> Yes <input type="checkbox"/> No	35. 1st time Tenant Build <input type="checkbox"/> Yes Outs <input type="checkbox"/> No	36. Floors Involved in Proposed Construction	W <input type="checkbox"/> Yes <input type="checkbox"/> No
			PLANS
			<input type="checkbox"/> No <input type="checkbox"/> Sm. <input type="checkbox"/> La.



5873 0858 10/07/2004

2455 Elvans Road SE