

# Government of the District of Columbia

## Department of Consumer and Regulatory Affairs

Permit Operations Division

941 North Capitol Street NE Room 2100

Washington DC 20002

Tel. (202) 442 - 4589 Fax (202) 442 - 4862

Date: November 25, 2008

RAZE No: R0900047

**Historic Preservation Division**  
**801 North Capitol Street, NE/3rd FL**  
**Washington, DC 20002**

**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:

**4903 GRANT ST NE**

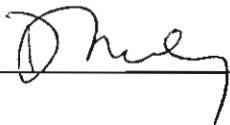
LOT: **0068** SQUARE: **5182** TYPE:

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, 941 North Capitol Street N.E., Room 2300, Washington D.C. 20002

### 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: 11/25/08 Signature: 

Name of releasing HOP Official. (print) Maloney



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**APPLICATION FOR**  
**RAZE PERMIT AND/OR SUPPLEMENTAL RAZING OPERATIONS PERMIT**

Please type or print legibly in ink. 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 2003 DC Building Code Supplement Chapter I § 107.2.4 107.2.10 (5), and 110.1.

Application Date: \_\_\_\_\_

1. INFORMATION ON PROPERTY					
1. Address of Proposed Work 4903 Grand St. N.E.	2. Quad C2-A	3. Ward 7	4a. Square 5182	4b. Suffix	5. Lot 0068

2. APPLICANT INFORMATION			
6. Property Owner Anthony Baylor	7. Complete mailing address (include zip) 1014 18th St NE WDC 20002	8. Phone Number(s) 202 439 5758	9. Email ABWIMW68@yahoo.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: <input checked="" type="checkbox"/> Raze Permit <input type="checkbox"/> Supplemental Razing Operations Permit

4. DESCRIPTION OF BUILDING			
15. Description of Building to be Razed (e.g., two story brick single family dwelling) 1-Story Det			16. Existing Number of Stories of Bldg: 1
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.) WOOD / BRICK	
19. Bldg Length (ft) 38 FT	20. Bldg Width (ft) 26 FT	21. Bldg Height (ft) 14 FT	22. Bldg Volume (cu ft) (L x W x H)

OFFICIAL USE ONLY

**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name <i>JOSA GARCIA</i>		24. Contractor's Address (including zip code) <i>3243 42nd AV Blauvelt Park MD</i>		25. Contractor's Phone <i>301 343-5293</i>	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor 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 <i>Anthony Baylor</i>			
29. Building Condemned?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
30a. Party Wall?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.			
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Supplemental Raze Operations Permit issuance.			
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Official Use Only</b>			
		Fee	By	Date	

**SECTION B. SUPPLEMENTAL RAZE OPERATIONS PERMIT**

35. Raze Contractor's Name		36. Contractor's Address (including zip code)		37. Contractor's Phone	
38. Plumber's Name		39. Plumber's License Number		40. Raze Method (ball, bulldozer, by hand, etc.)	

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)

41. Insurance Company		42. Policy or Certificate No.		43. Expiration Date	
44. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	52. Raze Contractor Signature			
45. Fine Arts District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
46. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	53. Property Owner Signature <i>Anthony Baylor</i>			
47. Building Condemned?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
48a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	47b. If you answer yes, adjacent property owner must sign here.			
		47c. Any raze permit application for a building(s) involving party walls must include 2 copies of a plan that shows how the party wall(s) will be protected.			
49. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Supplemental Raze Operations Permit issuance.			
50. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Official Use Only</b>			
		Fee	By	Date	
51. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fee	By	Date	



5182 0068 07/18/2004

4903 Grant Street, NE