

PRE-FILE NUMBERS		ZONING DISTRICT	FILE NUMBER	PERMIT NUMBER	
N.C.P.C. No:	O.G. No:				By:
H.P.A. No:	S.S.L. No:	Ward No:	Receipt No:	Date:	Receipt No:



DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
 BUILDING AND LAND REGULATION ADMINISTRATION PERMIT SERVICE CENTER
 dcra.dc.gov

BLRA-33
(Rev.10/2011)

APPLICATION FOR CONSTRUCTION PERMITS ON PRIVATE PROPERTY
 (PRINT IN INK OR TYPE, DO NOT WRITE IN SHADED AREAS)

CLEARANCE TO FILE
 By _____ Date _____

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

(A) ALL APPLICANTS MUST COMPLETE ITEMS 1 THRU 32

1 Address of Proposed Work:		Suite No.	2. Lot	3. Square	4. Application Date
5 Owner of Building or Property		6 Address (include Zip Code)			7 Phone
8 Agent for Owner: (if applicable)		9. Address (include Zip Code)			10. Phone
11. Type of Proposed Work (Select only one) ALL APPLICANTS MUST COMPLETE SECTIONS AF AND AG					
<input type="checkbox"/> New Building(B)	<input type="checkbox"/> Awning(G)	<input type="checkbox"/> Fire Retardant Paint(O)	<input type="checkbox"/> Sheeting and Shoring(X)		
<input type="checkbox"/> Addition(B)	<input type="checkbox"/> Sign(H)	<input type="checkbox"/> Flag Pole(P) ###	<input type="checkbox"/> Tenant Layout(Y)		
<input type="checkbox"/> Addition Alteration Repair(B)	<input type="checkbox"/> After Hours(I)	<input type="checkbox"/> Observation Stand(Q)	<input type="checkbox"/> Swimming Pool(Z)		
<input type="checkbox"/> Alteration and Repair(B)	<input type="checkbox"/> Demolition(J)	<input type="checkbox"/> Scaffolding Information (R)	<input type="checkbox"/> Special Sign(AA)		
<input type="checkbox"/> Raze Building(C)	<input type="checkbox"/> Blasting Operations(K)	<input type="checkbox"/> Soil Boring(S)	<input type="checkbox"/> Projection(AB)		
<input type="checkbox"/> Retaining Wall(D)	<input type="checkbox"/> Christmas Tree Stand(L)	<input type="checkbox"/> Tower Crane(T)	<input type="checkbox"/> Excavation only (AC)		
<input type="checkbox"/> Fence(E)	<input type="checkbox"/> Fireworks Stand(L)	<input type="checkbox"/> Foundation Only(U)	<input type="checkbox"/> Tent(AD)		
<input type="checkbox"/> Shed(F)	<input type="checkbox"/> Exterior Cleaning Information(M)	<input type="checkbox"/> Underground Storage Tank(V)	<input type="checkbox"/> Antenna (AE)		
<input type="checkbox"/> Garage(F)	<input type="checkbox"/> Capacity Placard(N)	<input type="checkbox"/> Water And Damp Proofing(W)			

12. Description of Proposed Work

13 Existing Use(s) of Building or Property		14 Ex. No of Stories of Bldg	15 Ex. No of Dwelling Units	Official Use Only	
				Miscellaneous FEE	
				\$	
16 Proposed Use(s) of Building or Property		17 Prop. No of Stories of Bldg	18 Prop. No of Dwelling Units	By:	Date:

19 Starting Date	20 Completion Date of work	21 Method of Removing Construction Debris <input type="checkbox"/> Pick-up Truck <input type="checkbox"/> Dumpster <input type="checkbox"/> Other (specify)		22 Does the proposed work involve disturbing the earth or razing a building? <input type="checkbox"/> Yes, answer q. 23 <input type="checkbox"/> No, SKIP q. 23-27	
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23. Is the area of disturbed earth more than 50 sq. ft? <input type="checkbox"/> Yes, answer q. 24-25 <input type="checkbox"/> No, SKIP q. 24-25	24. Soil Erosion Control Methods	25. Area of Offsite Drainage sq. ft	26. No of Footings or Columns	27. Size of Footings or Columns
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ALWAYS SIGN THE APPLICATION ON PAGE 3 (SECTION I)

Complete Section B if the proposed work is **new building, addition or alteration.** (Page 2)
 Complete Section C if the proposed work is **razing a building.** (Page 2)
 Complete Section D if the proposed work is a **retaining wall.** (Page 2)
 Complete Section E if the proposed work is a **fence.** (Page 3)
 Complete Section F if the proposed work is a **shed/garage.** (Page 3)
 Complete Section G if the proposed work is an **awning.** (Page 3)
 Complete Section H if the proposed work is a **sign.** (Page 3)

OFFICIAL USE ONLY

	R	P	H	A	
M					
P					
E					W <input type="checkbox"/> Yes <input type="checkbox"/> No
F					PLANS
S					<input type="checkbox"/> No <input type="checkbox"/> Sm <input type="checkbox"/> Lg

28. Existing Stories Plus:	29. Proposed Stories Plus:	30. Existing Stories Penthouse: <input type="checkbox"/> Yes <input type="checkbox"/> No	31. Proposed Stories Penthouse: <input type="checkbox"/> Yes <input type="checkbox"/> No	32. Is this related to a Stop Work order: <input type="checkbox"/> Yes <input type="checkbox"/> No
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(B) NEW BUILDING ,ADDITION, & ALTERATION (COMPLETE ITEMS B-1 THRU B-37)

B-1. Architect's Name:		B-2. D.C. Lic. No.:		B-3. Architect's Address: (include Zip Code)		B-4. Phone:	
B-5. Engineer's Name:		B-6. D.C. Lic. No.:		B-7. Engineer's Address: (include Zip Code)		B-8. Phone:	
B-9. Building Contractor's Name:		B-10. D.C. Lic. No.:		B-11. Contractor's Address:		B-12. Phone:	
B-13. Type of Construction: <input type="checkbox"/> Masonry <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Other <input type="checkbox"/> Concrete		B-14. Fire Suppression: <input type="checkbox"/> Fully Sprinklered <input type="checkbox"/> Partially Sprinklered <input type="checkbox"/> Standpipe System <input type="checkbox"/> None <input type="checkbox"/> Other		B-15. Booster Pump: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> None		B-16. Total Lot Area :Sq. ft	
				B-17. Breakdown of Lot Area (=100%)			
				B-18. Present Gross Floor Area of Bldg.:		a. building	
						b. paved area	
						c. greenery	
B-19. Proposed Gross floor Area of Bldg.:		B-20. Length:		B-21. Width:		B-22. Height:	
						B-23. Floors involved in this permit: <input type="checkbox"/> All <input type="checkbox"/> Floors	
						B-24. Projection beyond building line? <input type="checkbox"/> Yes, Answer q. B-23 to B-27 <input type="checkbox"/> No. SKIP q. B-23 to B-27	
B-25. Number and type of projection:		B-26. Distance of Projection: ft.		B-27. Width of Projection: Ft.		B-28. Width of Building frontage: Ft.	
B-29. Signature of Owner (projection only):							
B-30. Water or Sewer Excavation: <input type="checkbox"/> Yes <input type="checkbox"/> No		B-31. Driveway Construction: <input type="checkbox"/> Yes <input type="checkbox"/> No		B-32. Sheeting/Shoring Necessary: <input type="checkbox"/> Yes <input type="checkbox"/> No		B-33. Elevators Involved: <input type="checkbox"/> Yes, Answer B-34. <input type="checkbox"/> No	
						B-34. No. and Type of Elevator:	
						B-35. Plans Certified by Engineer: <input type="checkbox"/> Yes, Cert. Attached <input type="checkbox"/> No	
B-36. Estimated Cost of Work (a) New/Add.: \$ _____ (b) Alt/Repair \$ _____ Total \$ _____		OFFICIAL USE ONLY					
		Alter/Repair FEE		New Const. FEE		Filing Fee	
		\$ _____		\$ _____		\$ _____	
		TOTAL PERMIT FEE				\$ _____	
B-37. Volume of New Bldg. or Addition Cubic ft.		By: _____		Date: _____		By: _____	
						Date: _____	

(C) RAZING A BUILDING (COMPLETE ITEMS C-1 THRU C-18)

C-1. Insurance Company:		C-2. Policy or Cert. No.:		C-3. Policy Expiration Date:		C-4. Raze Method:	
C-5. Building Material:		C-6. Raze Entire Building: <input type="checkbox"/> Yes <input type="checkbox"/> No		C-7. Building is Condemned: <input type="checkbox"/> Yes <input type="checkbox"/> No		C-8. Building is Vacant: <input type="checkbox"/> Yes <input type="checkbox"/> No	
						C-9. Building has Vault: <input type="checkbox"/> Yes <input type="checkbox"/> No	
						C-10. Disconnect Utilities : <input type="checkbox"/> Yes <input type="checkbox"/> No	
C-11. Length:		C-12. Width:		C-13. Height:		C-14. Volume:	
						OFFICIAL USE ONLY	
C-15. Is Building an Accessory Structure: <input type="checkbox"/> Yes <input type="checkbox"/> No		C-16. Asbestos in the building? <input type="checkbox"/> No <input type="checkbox"/> Yes, location _____		C-17. Party Wall: <input type="checkbox"/> Yes <input type="checkbox"/> No		C-18. Owners Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	
						Fee: \$ _____	
						By: _____	
						Date : _____	

(D) RETAINING WALL (COMPLETE ITEMS D-1 TO D-6)

The retaining wall will not obstruct any accessible parking required by D.C. Zoning Regulations

D-1. Cost of work,\$:		D-2. Material:		D-3. Height:		D-4. Color:		D-5. Location: <input type="checkbox"/> Entirely on Owner's Land <input type="checkbox"/> Party Line with Adjacent Neighboring Land *	
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*If party wall , the owner of the adjoining property must agree to the erection of the retaining wall and this application

D-6. Address of Adjoining Owner:		OFFICIAL USE ONLY					
		Fee: \$ _____		By: _____		Date: _____	

(E) FENCE (COMPLETE ITEMS E-1 THRU E-5)

E-1. Material and Type:	E-2.Height	E-3.Color:	E-4. Location: <input type="checkbox"/> Entirely on Owner's Land <input type="checkbox"/> Party Line with Adjacent Neighboring Land*
*If party fence, the owner of the adjoining property must agree to the erection of the fence and this application			
E-5. Address of Adjoining Owner:		OFFICIAL USE ONLY	
		Fee: \$	By: _____ Date: _____

(F) SHED OR GARAGE (COMPLETE ITEMS F-1 THRU F-9)

F-1. Number:	F-2. Length: "H0	F-3. Width: "Ft.	F-4. Area: "Sq. ft	F-5. Height : "Ft.	F-6.Volume: "cu. ft	OFFICIAL USE ONLY	
Fees:							
F-7. Est. Cost of work: "\$		F-8. Material of sides			F-9. Color:		By: _____ Date: _____

(G) AWNING (COMPLETE ITEMS G-1 THRU G-10)

G-1. Number:	G-2. Color:	G-3. Type <input type="checkbox"/> Folding <input type="checkbox"/> Fixed:	G-4. Projections: Beyond Bldg. Line _____ in. Beyond pt of attachment _____ in.	G-5. Height of Lowest Part of awning: (a) _____ ft Above sidewalk (b) _____ ft Above parking (c) _____ ft Above grade	OFFICIAL USE ONLY		
Fees:							
G-6. Material of Frame:	G-7. Material of Covering:	G-8. Lettering on awning <input type="checkbox"/> Yes <input type="checkbox"/> No	G-9. Fixed Posts: <input type="checkbox"/> Yes <input type="checkbox"/> No	G-10. Over Side-Walk café: <input type="checkbox"/> Yes <input type="checkbox"/> No	By: _____ Date: _____		

(H) SIGN (COMPLETE ITEMS H-1 THRU H-20)

H-1. Number:	H-2. Electric Signs: <input type="checkbox"/> Yes, Answer q. H-3 to H-8 <input type="checkbox"/> No, SKIP q. H-3 to H-8	H-3. Type: <input type="checkbox"/> Incandes <input type="checkbox"/> Fluoresc <input type="checkbox"/> Neon	H-4. Power: VA	H-5. Electrical Contractor: Business License Number: _____			
H-5. Address of Electrical Contractor: (include zip)		H-6. Signature of Licensed Electrician :		H-7. Phone No.		H-8. License No.	
H-9. Height relative to building and ground (a) _____ ft _____ in above sidewalk (b) _____ ft _____ in above roof (c) _____ ft _____ in is building height (d) _____ ft _____ in above projection of Window (e) _____ ft _____ in from roof to sign's bottom			H-10. Material of Sign:		H-11. Type of Sign:		H-12. Color:
			H-13. Width: Ft.	H-14. Length: Ft.	H-15. Area of Sign: Sq. ft		H-16. Width of Business frontage: Ft.
H-17. C of O No for Bldg.:			H-18. Sign Contractor Name:		OFFICIAL USE ONLY		
					Sign FEE	Elect. FEE	Total FEE
H-19. Sign Contractor's Address:			H-20. Phone:		\$	\$	\$
					By: _____	Date: _____	By: _____
					Date: _____	By: _____	Date: _____

(I) AFTER HOURS (COMPLETE ITEMS I-1 THRU I-8)						
I-1. Type of permit:	I-2. Existing Permit No:	I-3. Date of Operation From:	I-4. Date of Operation To:	OFFICIAL USE ONLY		
				Fee:		
I-5. Hours of Operation From:	I-6. Hours of Operation To:	I-7. 500 ft from Residential Zone/Hotel: <input type="checkbox"/> Yes <input type="checkbox"/> No	I-8. Located in Residential Zone: <input type="checkbox"/> Yes <input type="checkbox"/> No	By:	Date:	
(J) DEMOLITION (COMPLETE ITEMS J-1 THRU J-5)						
J-1. Type of Demolition:	J-2. Type of Walls	J-4. Roof Remain: <input type="checkbox"/> Yes <input type="checkbox"/> No		OFFICIAL USE ONLY		
				Fee:		
J-3. Number of Exterior Walls Removed	J-5. Are Walls Load-Bearing: <input type="checkbox"/> Yes <input type="checkbox"/> No			By:	Date:	
(K) BLASTING OPERATIONS (COMPLETE ITEM K-1)						
K-1. Type of structure:	OFFICIAL USE ONLY					
			Fee:	By:	Date:	
(L) CHRISTMAS TREE STAND OR FIREWORKS STAND (COMPLETE ITEMS L-1 THRU L-10)						
L-1. No. of Stands:	L-2. Stand Location:	L-3. Electrical Permit No.:			OFFICIAL USE ONLY	
				Fee:		
L-4. Electrical Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	L-5. Letter of Authorization: <input type="checkbox"/> Yes <input type="checkbox"/> No	L-6. Starting Date:			By:	
L-7. Expiration Date:	L-8. Power Requirements:	L-9. Site Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	L-10. Surveyors Plat: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:		
(M) EXTERIOR CLEANING INFORMATION (COMPLETE ITEMS M-1 THRU M-4)						
M-1. Exterior Cleaned:	M-2. Material Used:			OFFICIAL USE ONLY		
				Fee:		
M-3. Scaffolding: <input type="checkbox"/> Yes <input type="checkbox"/> No	M-4. Location of Scaffold:			By:	Date:	
(N) CAPACITY PLACARD (COMPLETE ITEMS N-1 THRU N-13)						
N-1. Name:	N-2. Max Occupancy Load:	N-3. Location:	N-4. Sprinkler: <input type="checkbox"/> Yes <input type="checkbox"/> No	N-5. Bathroom Requirements satisfied: <input type="checkbox"/> Yes <input type="checkbox"/> No	N-6. Exit Requirements Satisfied: <input type="checkbox"/> Yes <input type="checkbox"/> No	
N-7. Room	N-8. Name of Area	N-9. Floor Location:	N-10. Type of Seating:	N-11. Net Square ft:	N-12. Capacity Use:	N-13. Max Allowable Capacity:
N-7A.	N-8A.	N-9A.	N-10A.	N-11A.	N-12A.	N-13A.
N-7B.	N-8B.	N-9B.	N-10B.	N-11B.	N-12B.	N-13B.
N-7C.	N-8 C.	N-9 C.	N-10 C.	N-11 C.	N-12 C.	N-13C.
OFFICIAL USE ONLY						
Fee:			By:	Date:		
(O) FIRE RETARDANT PAINT (COMPLETE ITEMS O-1 THRU O-4)						
O-1. Quantity of Paint(Gallons):	O-2. Painted Surfaces:			OFFICIAL USE ONLY		
				Fee:		
O-3. Painted surfaces Location:	O-4. Sq. Footage Painted:			By:	Date:	

(P) FLAG POLE (COMPLETE ITEMS P-1 THRU P-5)				
P-1. Pole Location:		P-2. Site Location:		OFFICIAL USE ONLY
				Fee:
P-3. Pole Height:	P-4. Projection Distance:	P-5. Attached to Building: <input type="checkbox"/> Yes <input type="checkbox"/> No	By:	Date:
(Q) OBSERVATION STAND (COMPLETE ITEMS Q-1 THRU Q-5)				
Q-1. Name of Function:		Q-2. Starting Date:		OFFICIAL USE ONLY
				Fee:
Q-3. Ending Date:	Q-4. Hours of Use From:	Q-5. Hours of Use To:	By:	Date:
(R) SCAFFOLDING INFORMATION (COMPLETE ITEMS R-1 THRU R-5)				
R-1. No. of Stories:	R-2. Engineer of Record:	R-4. Location of Scaffold:	OFFICIAL USE ONLY	
			Fee:	
R-3. Building Permit No.:	R-5. Engineer Signature: <input type="checkbox"/> Yes <input type="checkbox"/> No		By:	Date:
(S) SOIL BORING (COMPLETE ITEMS S-1 THRU S-3)				
S-1. No. of Bores:	S-2. Location of Bores:	S-3. Site Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICIAL USE ONLY	
			Fee:	By:
				Date:
(T) TOWER CRANE (COMPLETE ITEMS T-1 THRU T-5)				
T-1. Crane Location:	T-3. Duration Date From:	T-4. Duration Date To:	OFFICIAL USE ONLY	
			Fee:	
	T-2. Crane Pad Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	T-5. Site Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	By:	Date:
(U) FOUNDATION ONLY (COMPLETE ITEMS U-1 THRU U-5)				
U-1. Type of Foundation		U-5. Total Cubic Feet:	OFFICIAL USE ONLY	
			Fee:	
U-2. Removal of Trees: <input type="checkbox"/> Yes <input type="checkbox"/> No	U-3. Underpinning Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	U-4. Required Notification to Adjacent Property Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No	By:	Date:
(V) UNDER GROUND STORAGE TANK (COMPLETE ITEMS V-1 THRU V-2)				
V-1. Size of Tank:		OFFICIAL USE ONLY		
Gallons				
V-2. Location of Tank:		Fee:	By:	Date:
(W) WATER AND DAMP PROOFING (COMPLETE ITEMS W-1 THRU W-2)				
W-1. Sq feet Affected:		OFFICIAL USE ONLY		
W-2. Location:		Fee:	By:	Date:

(X) SHEETING AND SHORING (COMPLETE ITEMS X-1 THRU X-7)									
X-1. Removal of Trees: <input type="checkbox"/> Yes <input type="checkbox"/> No		X-2. Underpinning Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		X-3. Required Notification to adjacent property owner: <input type="checkbox"/> Yes <input type="checkbox"/> No			OFFICIAL USE ONLY		
							Fee:		
X-4. Tiebacks: <input type="checkbox"/> Yes <input type="checkbox"/> No		X-5. DC Surveyors Plat Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No		X-6. Plans Certified by D.C. Licensed Engineer: <input type="checkbox"/> Yes <input type="checkbox"/> No		X-7. No. of Cubic ft Removed:		By:	Date:
(Y) TENANT LAYOUT (COMPLETE ITEMS Y-1 THRU Y-3)									
Y-1. First Occupant in Space: <input type="checkbox"/> Yes <input type="checkbox"/> No			Y-3. Type of Tenant Layout:			OFFICIAL USE ONLY			
						Fee:			
Y-2. Floor Location of Tenant Layout:						By:		Date:	
(Z) SWIMMING POOL (COMPLETE ITEMS Z-1 THRU Z-12)									
Z-1. Type of Swimming Pool:		Z-3. Fence: <input type="checkbox"/> Yes <input type="checkbox"/> No	Z-5. Pool Cover: <input type="checkbox"/> Yes <input type="checkbox"/> No	Z-6. D.C. Surveyor's Plat Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No		Z-9. Pool Type:		OFFICIAL USE ONLY	
								Fee:	
Z-2. No. of Gallons:	Z-4. Height of Fence:	Z-7. Depth of Pool at High End:	Z-8. Depth of Pool at Lower End:	Z-10. Length:	Z-11. Width:	Z-12. Area:	By:		Date:
(AA) SPECIAL SIGN (COMPLETE ITEMS AA-1 THRU AA-11)									
AA-1. Application Change of Special Sign Artwork and copy:			AA-2. Existing Permit No.:		AA-5. Is the Applicant Seeking a "Temporary Permit":		AA-6. Face Direction of the Wall at St Frontage		
AA-3. Is the Proposed Special Sign Located in a Residential Zoned Area: <input type="checkbox"/> Yes <input type="checkbox"/> No		AA-4. Is the Proposed Special Sign Wall Part of a Historic Building or a Historic District : <input type="checkbox"/> Yes <input type="checkbox"/> No		AA-7. Has the Applicant Completed an Affidavit that is in Compliance with the D.C."Clean Hands Act": <input type="checkbox"/> Yes <input type="checkbox"/> No			OFFICIAL USE ONLY		
							Fee:		
AA-8. Is the Applicant Registered with the District of Columbia Office of Tax and Revenue : <input type="checkbox"/> Yes <input type="checkbox"/> No		AA-9. Does the Applicant have a Valid D.C Certificate of Good Standing : <input type="checkbox"/> Yes <input type="checkbox"/> No		AA-10. Proposed Dimensions of the Special Sign (Width):	AA-11. Proposed Dimensions of the Special Sign (Height):		By:		Date:
(AB) PROJECTION (COMPLETE ITEMS AB-1 THRU AB-12)									
AB-1. Type of Projection:		AB-2. Is Projection Beyond Building Line: <input type="checkbox"/> Yes <input type="checkbox"/> No		AB-3. Number of Projections:		AB-4. Distance of Projection:		OFFICIAL USE ONLY	
								Fee:	
AB-5. Width of Projection		AB-6. Width of Building Frontage:		AB-7. Signature of owner: <input type="checkbox"/> Yes <input type="checkbox"/> No		AB-8. Street Name:		By:	
								Date:	
AB-9. Street Width: Ft.	AB-10. Road Width: Ft.	AB-11. Sidewalk Width: Ft.	AB-12. Parking Restrictions:						
(AC) EXCAVATION ONLY (COMPLETE ITEM AC-1)									
AC-1. No. of Cubic Feet Removed:				OFFICIAL USE ONLY					
				Fee:		By:		Date:	
(AD) TENT (COMPLETE ITEMS AD-1 THRU AD-9)									
AD-1. Total No. of Tents:	AD-2. Event Date From:	AD-3. Event Date To:	AD-4. Special Event Name:		AD-5. Certificate of Flame Resistance: <input type="checkbox"/> Yes <input type="checkbox"/> No		AD-6. Site Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No		
AD-7. Number of Tents:		AD-8. Length of Tent:		AD-9. Width of Tent:		OFFICIAL USE ONLY			
AD-7A.		AD-8A.		AD-9A.		Fee:		By:	
AD-7B.		AD-8B.		AD-9B.				Date:	
AD-7C.		AD-8C.		AD-9C.					

(AE) ANTENNA (COMPLETE ITEMS AE-1 THRU AE-20)

AE-1. Type of Antenna Proposed:	AE-2. Number of Existing Antennas on Site:	AE-3. Number of Proposed Antennas on Site:	AE-4. Replacement Antenna: <input type="checkbox"/> Yes <input type="checkbox"/> No	AE-5. Mount Type:	AE-6. Accessory Equipment Location:
AE-7. Existing and/or Proposed Equipment Cabinet Height:	AE-8. Existing and/or Proposed Equipment Platform Height:	AE-9. Existing and/or Screening Provided Height:	AE-10 Height of Building from the Grade to Roof:	OFFICIAL USE ONLY Fee:	
AE-11. Height of Building from the curb to Roof:	AE-12. Height of Proposed Antennas from the Grade to Roof:	AE-13. Height of Proposed Antennas from the Curb to Roof:	AE-14. Fully Mounted height of all Antennas and Equipment from the Roof and/or Parapet:	By:	Date:
AE-15. Office of Planning Recommendation Letter: <input type="checkbox"/> Yes <input type="checkbox"/> No	AE-16. Radio Frequency Letter: <input type="checkbox"/> Yes <input type="checkbox"/> No	AE-17. Scaled D.C. Surveyor's Plans: <input type="checkbox"/> Yes <input type="checkbox"/> No	AE-18. Scaled Plans Elevations and the Sheet Location within the Plans: <input type="checkbox"/> Yes <input type="checkbox"/> No	AE-19. Structural Certification: <input type="checkbox"/> Yes <input type="checkbox"/> No	AE-20. Screening Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No

(AF) LEAD ABATEMENT (COMPLETE ITEMS AF-1 THRU AF-2)

AF-1. Was the structure Built before 1978: <input type="checkbox"/> Yes <input type="checkbox"/> No	AF-2. Removing more than 2 Sq Ft. of Lead Paint: <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICIAL USE ONLY			
		Fee:	By:	Date:	

(AG) GREEN BUILDING (COMPLETE ITEMS AG-1 THRU AG-13)

AG-1. Green Building: <input type="checkbox"/> Yes <input type="checkbox"/> No	AG-2. LEED Certificate Level :	AG-3. Owner :	AG-4. Scope of Project:	AG-5. Project Type:
AG-6. Green Building Standards:	AG-7. Other Standard:		AG-8. Energy Star Rating:	AG-9. Total Area for Green Building Fee:
AG-11. LEED Scorecard Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	AG-12. Green Communities Check List : <input type="checkbox"/> Yes <input type="checkbox"/> No	AG-13. Public Financing greater than 15%: <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICIAL USE ONLY	
			Fee:	
			By:	Date:

AG-10. Green Design Elements:

- | | | |
|---|--|--|
| <input type="checkbox"/> Cool Roof | <input type="checkbox"/> Hazard Reducing Product | <input type="checkbox"/> Passive Solar Energy |
| <input type="checkbox"/> Energy Efficient HVAC System | <input type="checkbox"/> Hydro Power | <input type="checkbox"/> Permeable Concrete |
| <input type="checkbox"/> Energy Efficient Lighting | <input type="checkbox"/> Low Emitting Windows | <input type="checkbox"/> Plant Building Material |
| <input type="checkbox"/> Green Roof | <input type="checkbox"/> Low Flush Toilets | <input type="checkbox"/> Recycled Building Materials |
| <input type="checkbox"/> Greywater | <input type="checkbox"/> Low Flow Shower Heads | <input type="checkbox"/> Wind Power Energy |
| <input type="checkbox"/> Geothermal System | <input type="checkbox"/> Local Regional Building Materials | |

(AH) APPLICANT'S SIGNATURE

A. OWNER: I hereby certify that I am the owner of the property, that the application and plans are complete and correct to the best of my knowledge, that if a permit (or permits) is issued, the construction will conform to the D.C. Construction Codes, the Zoning Regulations, and other applicable laws and regulations of the District of Columbia.

Signature of Owner _____ Address _____ Date _____

B. AGENT: I hereby certify that I have the authority of the owner to make this application. I declare that the application and plans are complete and correct to the best of my knowledge. The owner has assured me that if a permit (or Permits) is issued, the construction will conform to the D.C. Construction Codes, the Zoning Regulations, and other applicable laws and regulations of the District of Columbia

Signature of Agent _____ Address _____ Date _____



Department of Consumer and Regulatory Affairs

1100 4th St., SW
Washington, DC 20024

DC GREEN BUILDING ACT - PERMIT APPLICATION INTAKE FORM

Project Name:	Project Address:
Project Phase (0%, 35%, 65%, 95%, 100%):	Date Submitted to DCRA:
Owner/District Agency:	Owner/District Agency PM or Contact:
Submitted by (A/E Firm name):	Submitted by (name):
Contact phone:	Contact e-mail:

	Yes	No
1 Is this project District-owned?	<input type="checkbox"/>	<input type="checkbox"/>
2 Is this project District-financed in any amount? What Percentage of project financing is from the District? _____	<input type="checkbox"/>	<input type="checkbox"/>
3 Is this project in a District-owned building or on District Property?	<input type="checkbox"/>	<input type="checkbox"/>
4 Are you seeking an 'Expedited Permit' under the Green Building Act?	<input type="checkbox"/>	<input type="checkbox"/>
5 Was any portion of the property purchased or leased from the District or was the District an instrument of its sale?	<input type="checkbox"/>	<input type="checkbox"/>

<p>6 What is the project type (check one)?</p> <p>a Non-residential/Commercial/Institutional <input type="checkbox"/> Describe: _____</p> <p>b Residential <input type="checkbox"/></p> <p>c Mixed-Use <input type="checkbox"/></p> <p>d K-12 Education Facility <input type="checkbox"/></p> <p>e Interior/Tenant Improvement <input type="checkbox"/></p> <p>f Other (describe): _____ <input type="checkbox"/></p>	<p>7 What is the scope of work (check one)?</p> <p>a New construction <input type="checkbox"/></p> <p>b Renovation <input type="checkbox"/></p> <p>c Addition <input type="checkbox"/></p> <p>d Other (describe): _____ <input type="checkbox"/></p>
<p>9 Which green building standard are you applying (check one)?</p> <p>a LEED for New Construction & Major Renovations (LEED-NC v2.2) <input type="checkbox"/></p> <p>b LEED for Core & Shell (LEED-CS v2.0) <input type="checkbox"/></p> <p>c LEED for Homes <input type="checkbox"/></p> <p>d LEED for Schools <input type="checkbox"/></p> <p>e LEED for Commercial Interiors (LEED-CI v2.0) <input type="checkbox"/></p> <p>f Green Communities 2006/2008 <input type="checkbox"/></p> <p>g Other (describe): _____ <input type="checkbox"/></p>	<p>8 What is the Gross Floor Area (square footage) of the project? _____</p> <p><i>Proceed to questions 10-11.</i></p> <p><i>Proceed to questions 10-11.</i></p> <p><i>Proceed to questions 10-11.</i></p> <p><i>Proceed to questions 10-11.</i></p> <p><i>Proceed to question 13.</i></p>

	Yes	No
10 Has the project been registered for LEED with the U.S. Green Building Council? a If 'Yes', is a receipt for LEED registration included in this permit request? <i>Proceed to question 11.</i> b If 'No', has the project received a waiver from the requirements of the Green Building Act? <i>Proceed to question 12.</i>	<input type="checkbox"/>	<input type="checkbox"/>
11 Has the project been submitted to the U.S. Green Building Council for a Design Phase Review? a If 'Yes', is a receipt for the Design Phase Review submitted to the U.S. Green Building Council included in this permit? b If 'Yes', is the Design Phase Review summary report from the U.S. Green Building Council included with this permit request? c if 'No', proceed to question 12.	<input type="checkbox"/>	<input type="checkbox"/>
12 Has a DCRA LEED scorecard been completed, indexed to plans, specifications and additional documents that demonstrate compliance with LEED requirements? a If 'Yes', has the indexed DCRA LEED scorecard been submitted electronically (on CD) with supporting documents to DCRA for review? b If 'No', please download the DCRA LEED scorecard and follow instructions for completion.	<input type="checkbox"/>	<input type="checkbox"/>
13 Has a Green Communities Checklist been completed, indexed to plans, specifications and additional documents that demonstrate compliance with Green Communities requirements? a If 'Yes', has the indexed DCRA Green Communities checklist been submitted electronically (on CD) with supporting documents to DCRA for review? b If 'No', please download the DCRA Green Communities checklist and follow instructions for completion.	<input type="checkbox"/>	<input type="checkbox"/>



Department of Consumer and Regulatory Affairs

Reasonable Accommodations and Modifications for Persons with Disabilities

The Department of Consumer and Regulatory Affairs (DCRA) is committed to fair housing practices for all residents of the District of Columbia. The Fair Housing Amendments Act of 1988 (FHA) allows qualified persons with disabilities and or their representatives to request reasonable accommodations and/or modifications so that they may fully use and enjoy their homes and related facilities. This law defines a qualified person with disability as:

Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

In general, a physical or mental impairment includes hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, and developmental disabilities that substantially limit one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself.

The FHA requires DCRA to make reasonable accommodations for qualified persons with disabilities. A reasonable accommodation is a change in rules, policy, practices, or services so that a person with a disability will have an equal opportunity to use and enjoy a dwelling unit or common space. DCRA is required provide reasonable accommodations to qualified persons with disabilities, but it is not required to make changes that would fundamentally alter the program or create an undue financial and administrative burden.

The FHA of 1988 requires DCRA to allow qualified persons with disabilities to make reasonable modifications. A reasonable modification is a structural modification that is made to allow persons with disabilities the full enjoyment of the housing and related facilities. DCRA Is required to provide reasonable modifications to qualified persons with disabilities, but It is not required to make changes that would fundamentally alter the program or create an undue financial and administrative burden.

Would you like to obtain more information from DCRA on FHA reasonable accommodation and/modification requests for qualified persons with disabilities (*circle one*)?

YES

NO

Printed Name

Signature

If you have questions or concerns related to requesting reasonable accommodations or modifications for qualified persons with disabilities from DCRA, please contact:

*Mr. Jeffrey Mason
Department of Consumer & Regulatory Affairs
1100 4th Street, SW Suite 5311
Washington, DC 20024
Phone: (202)-442-4545
Fax: (202) 442-4884
jeffrey.mason@dc.gov*

DISTRICT DEPARTMENT OF THE ENVIRONMENT
BUILDING PERMIT APPLICATION SUPPLEMENTAL FORM - ENVIRONMENTAL QUESTIONNAIRE

PROJECT ADDRESS: _____ LOT _____ SQUARE _____

Note: please answer all 10 questions in this questionnaire, by checking either column Yes” or “No” for each question. If you answer “Yes” to any of the questions, you should contact the corresponding office(s) indicated in column ‘contact person/office’, as soon as possible. Until this application is reviewed and approved by the concerned office(s), the permit will not be issued.

SCOPE OF PROJECT	YES	NO	CONTACT PERSON/OFFICE	OFFICE USE
1. Does the total cost of the project exceed \$1 million? This does not apply if project is for internal (tenant space) renovation only <u>and</u> there will be no change in the use of the building.			(202) 535-2600, EIS Coordinator	
2. Will the work to be performed involve the installation, removal, abandonment, or repair of an underground storage tank (UST) system?			(202) 535-2600, Underground Storage Tank Division	
3. Will the work to be performed involve the assessment Or clean-up of soils associated with the release of materials from an underground storage tank (UST)?			(202) 535-2600, Underground Storage Tank Division ----- (202) 535-2600, Air Quality Division	-----
4. Will the work to be performed involve the assessment or clean-up of groundwater associated with the release of materials from an underground storage tank (UST)?			(202) 535-2600, Underground Storage Tank Division ----- (202) 535-2600, Air Quality Division ----- (202) 535-2600, Water Quality Division	-----
5. Will the proposed project involve the installation or drilling of wells other than for the purposes stated in questions 3 and 4?			(202) 535-2600, Water Quality Division ----- (202) 535-2600, Air Quality Division	-----
6. Will the proposed project involve the generation, treatment, storage, disposal or transportation of chemicals or other substances which may be considered hazardous?			(202) 535-2600, Hazardous Waste Division	
7. Will the proposed project involve construction which will disturb the sediment in rivers, streams or wetlands?			(202) 535-2600, Water Quality Division	
8. Will the proposed use involve the construction of a facility for the handling, transfer, storage, disposal or treatment of solid waste, medical waste, or recyclable materials?			(202) 535-2600, EIS Coordinator	
9. Will the proposed project result in the discharge into the air of gases, dust, or the creation of any objectionable odors?			(202) 535-2600, Air Quality Division	
10. Was the building built before 1978? (Lead paint may be present).			If you answer “YES” to this question, please answer the questions and follow the instructions on the “Lead Hazard Control Questionnaire” to determine if you need a permit to conduct a Lead Abatement Project.	

AFFIDAVIT

I hereby certify that I have the authority of the owner of the property to make this application. I declare that the answers to the above questions in this Questionnaire are complete and correct to the best of my knowledge.

Signature _____ Name (print) _____

Address _____ Date _____ Phone _____

OFFICE USE ONLY	
DDOE APPROVAL BY _____	NAME (Print) _____
CONTACT NUMBER : (202) _____	DATE: _____
COMMENTS AND PERMIT RESTRICTIONS _____	

CONTRACT AGREEMENT

Name of Contractor/Owner _____ Contractor's License No. _____

Address of Contractor/ Owner _____ Date: _____

ADDRESS OF PROPOSED WORK	LOT: SQUARE:
OWNER OF BUILDING OR BUSINESS:	PHONE No:
DESCRIPTION OF PROPOSED WORK:	

COST ESTIMATE

CONSTRUCTION e.g drywall, ceilings, framing, carpentry etc	\$	
ELECTRICAL	\$	
MECHANICAL	\$	
PLUMBING	\$	
FIRE PROTECTION e.g sprinkler system, fire alarm system, generator etc.	\$	
DEMOLITION	\$	
MISC/OTHER (please specify)	\$	
TOTAL	\$	

The labor and material costs of counter tops, kitchen cabinets, floor coverings, tile work, caulking, patching and plaster repair, painting other than fire retardant paint, gutters and downspouts, not more than 160 square feet of gypsum board shall not be included in the cost estimate for permitting purposes. The entire list can be seen in the 1999 D.C Building Supplement Chapter 1 Section 107.3.

The foregoing terms, specifications and conditions are satisfactory and hereby agreed to. You are authorized to work as specified and payment will be made in the amount as outlined. Upon signing this agreement, the owner represents and warrants that he or she is the owner or the authorized agent of the owner of the aforesaid premises and that he or she has read this agreement.

CONTRACTOR _____ Date: _____
Signature & print

OWNER OF BUILDING/BUSINESS _____ Date: _____
Signature & print

Upon signing this document, the owner and contractor declare that the cost of construction as specified above for the referenced project is true and correct to the best of their knowledge



Environmental Intake Form

Owner & Contact Information

Complete address of proposed work

Square	Suffix (if any)	Lot	Application date (4 numbers for year)
Number	Ext	Official street name	Quadrant

Project name	Application number (if applicable)	Project Description	
6. Owner	7. Complete mailing address (include zip)	8. Phone	9. Email, if you prefer e-notice
10. Agent for owner, if applicable	11. Complete mailing address (include zip)	12. Phone	13. Email, if you prefer e-notice

Project Scope

Scope (Check all that this project involves.)	No	Yes	If You Answer "Yes"
1. Is this project a residential structure within R-1 through R-5-A zoning districts?			Skip to the signature line.
2. Is this project a single-family structure not built in conjunction with 2 or more units?			
3. Is this project an accessory structure, such as a garage, patio, pool, or fence?			
4. Is this project only an interior renovation with no building use or capacity change?			
5. Is this project in an Economic Development Zone, as defined in DC Official Code § 6-1501 et seq (DC Law 7-177)?			
6. Is this project in the Central Employment Area, defined in DC Zoning Regulations?			Attach a site plan. If there is no plan, attach a written explanation.
7. Does the project involve only operation, repair, maintenance, or minor alteration of public structures, facilities, mechanical equipment, or topographical features, with negligible or no expansion of use beyond its current use?			
8. Does the owner of this site own adjacent or abutting property?			
9. Do you plan to develop adjacent/abutting property in next 3 years?			
10. Do you plan more development that requires permit(s) on any site in this square in next 3 years?			
11. Is this project a solid waste facility?			See EIS Coordinator.
12. Have you prepared an Environmental Impact Statement (EIS) or a functional equivalent, as required by the National Environmental Policy Act of 1969 (NEPA)?			Attach the EIS or equivalent.
13. Are you claiming an exemption, other than those listed in this form, from the requirement to submit an Environmental Screening Form, under Title 20 § 7202.			Attach an explanation; cite relevant section of regulations.
14. Is the total project cost more than \$1.51 million, including site preparation and construction?			If you're not claiming an exemption, attach an EISF.
15. For projects with a total cost of \$1.51 million or less, check all that apply: ☐ Contains threatened or endangered plant or animal species. ☐ Is within 100 feet of a pond, stream, lake, spring, or wetland. ☐ Project will produce emission of odorous or other air pollutants (from any source, including VOCs). ☐ Project produce, use, or dispose of hazardous substances, as defined in 20 DCMR 7299. ☐ Will be built on land where the water table depth is less than 3 feet. ☐ Will require blasting. ☐ Will generate medical, infectious, radioactive, or hazardous waste.			If you check any item, attach EISF or equivalent.

I certify that all statements on this application are true and complete to the best of my knowledge and belief. I agree to comply with all applicable DC laws and regulations. The making of false statements on this application is punishable by criminal penalties. (DC Code Sec. 22-2514)

Signature of Owner/Authorized Agent _____ Date _____

OFFICIAL USE ONLY

Environmental Impact Screening Form Required

☐ Yes. Referred to EIS Coordinator ☐ No DCRA Reviewer _____ Date _____

NOTE: Building permit approval is not the same as approval of an action or entire project under the Environmental Policy Act of 1989. If you build on the same, adjacent, or abutting property, or expand on work covered by this Environmental Intake Form within 3 years, you may be required to file an EISF for the whole project, including the part covered by this application and permit approval. If the action violates any federal or DC environmental laws, an EISF can be required.

To report waste, fraud, or abuse by any DC government office or official, call the Inspector General: 1-800-521-1639

LEAD PERMIT SCREENING FORM

- 1) Is the work you will be conducting going to disturb paint on the interior or exterior of a property built prior to 1978? This includes residential and commercial properties, as well as child-occupied facilities such as daycares, pre-schools, libraries, etc...
 Yes (continue to next question)
 No (there is no lead abatement permit requirement; you can skip the rest of this form)
- 2) Do you have a lead inspector's written report stating that the paint you'll be disturbing is NOT lead-based paint?
 Yes (there is no lead abatement permit requirement and you can skip the rest of this form; BUT you must submit a copy of the inspector's report to DDOE's Lead and Healthy Housing Division)
 No (continue to next question)
- 3) Will you be doing work that involves the enclosure/encapsulation of painted components, the use of chemical stripping, the replacement of painted surfaces or fixtures, or the removal or covering of lead-contaminated soil?
 Yes (this abatement work requires a DDOE lead abatement permit)
 No (there is no lead abatement permit requirement; you can skip the rest of this form)

Lead Abatement Permit Requirements

If you are required to obtain a lead abatement permit, you must:

- 1) Apply for a lead abatement permit from DDOE's Lead and Healthy Housing Division (call 535-1934 for details)
- 2) Use a DDOE certified lead abatement worker/supervisor to conduct the abatement activity
- 3) Produce an independent "clearance report" at the end of the work, confirming that the abatement activities were conducted in such a manner that no lead-based paint hazards remain in the work area(s).

To obtain a DDOE lead abatement permit application, please visit:
www.ddoe.dc.gov and click on Lead and Healthy Housing Division.

NOTICE: Lead Abatement Permit Exemptions

- 1) Are you a property owner who is performing lead-based paint activities or renovations in a residence that you own and live in, which is occupied solely by you or your immediate family, AND where neither children under 6 years of age NOR a pregnant woman lives? Yes
- 2) Will the work that you will perform disturb **2 square feet or less** of paint per room? Yes

If you answered "yes" to either one of these questions, NO DDOE lead abatement permit is required.



Zoning Data Summary

General Instructions: Pursuant to 12 DCMR, § 106.1.11.6, submit this completed form with Building Permit and Certificate of Occupancy applications for:

- proposed new construction of buildings
- additions to existing buildings
- changes in use or occupant load.

Print clearly in ink. Do not write in gray areas. Write N/A (non-applicable) for items that do not apply. If you erase, cross out, white out, or otherwise change any information on this application, the application will be void.

For more information, call the Office of Zoning Administrator at 202-442-4576. If you need more forms, you can download them at dcra.dc.gov (go to Permits/Zoning/Certificates of Occupancy and Zoning) or pick them up at the Permit Center, 1100 4th St SW, 2nd Floor

A. Site Address

Give complete and legal District address. If you need to apply for a new address, complete a New Address Application, before you complete this form. Do not abbreviate street names. Write the correct quadrant (NW, NE, SW, SE), suite or office number. Enter the correct Square, Suffix, and Lot number (SSL) or parcel ID.

Street Number	Street Name	Quadrant	Unit / Suite	Application Date
Square	Suffix	Lot	Proposed use	

B. Owner & Contact Information

Agent must be an individual -- not company.

Owner of Building or Property	Complete mailing address (include zip)	Phone Number(s)	Email
Agent for owner, if applicable	Complete mailing address (include zip)	Phone Number(s)	Email

C. Zoning District & Special Development Restrictions

Give the correct zoning and overlay zoning district(s). Check with Zoning staff if you are unsure. If your proposed construction was subject to Board of Zoning Adjustments (BZA) or Zoning Commission review, write the order number. Attach copies of BZA order and Office of Zoning stamped plan exhibits (site plan, elevations, and floor plans).

District	Overlay(s), if any
Number of Board of Zoning Adjustment (BZA) or Zoning Commission (ZC) Order, if applicable.	

D. Zoning Data

For items with asterisks (*) refer to the Definitions Section of the Zoning Regulations, 11 DCMR, § 199.1, available online at dcoz.dc.gov/info/req.shtm.

Data	Existing	Proposed	Official Use Only (code requirement)
Fill in both columns: numbers must match those on attached applications, plats, and plans.			
Units & Parking Spaces			
Number of dwelling units		Units	Units
Number of parking spaces (9' x 19')		Units	Units
Setbacks & Building Heights			
Side Yard* Setback (left when you face property)	Linear feet	Linear feet	
Side Yard* Setback (right when you face property)	Linear feet	Linear feet	
Rear Yard* Setback	Linear feet	Linear feet	
Building Height*	Stories	Stories	
	Feet	Feet	
Areas			
Lot Area	Square feet	Square feet	
Gross Floor Area* (GFA) of entire building (sum of all floors)	Square feet	Square feet	
Floor Area Ratio*	GFA / Lot Area	GFA / Lot Area	
Building Area* (sum of footprints of all buildings)	Square feet	Square feet	
Lot Occupancy* (Bldg Area / Lot Area)	%	%	

Form Completed by (sign and print name): _____ Date: _____