

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



**DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS**

Tel 202-442-4589 Fax 202-442-4862

**APPLICATION FOR CONSTRUCTION PERMITS ON PRIVATE PROPERTY**  
(PRINT IN INK OR TYPE, DO NOT WRITE IN SHADED AREAS OR ON PAGE 4)

BLRA-33  
(Rev. 2/04)

CLEARANCE TO FILE By _____ Date _____	ERASING, CROSSING OUT, WHITING OUT, OR OTHERWISE ALTERING ANY ENTERED INFORMATION WILL VOID THIS APPLICATION
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**(A) ALL APPLICANTS MUST COMPLETE ITEMS 1 THRU 27**

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 (check all applicable boxes)					
<input type="checkbox"/> New Building	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Garage			
<input type="checkbox"/> Addition	<input type="checkbox"/> Fence	<input type="checkbox"/> Sign			
<input type="checkbox"/> Alteration and Repair	<input type="checkbox"/> Shed	<input type="checkbox"/> Projection			
<input type="checkbox"/> Raze Building	<input type="checkbox"/> Awning	<input type="checkbox"/> Other (Specify) _____			
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	<b>Official Use Only</b>	
				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 [ ] Pick-up Truck [ ] Dumpster [ ] Other (specify)		22 Does the proposed work involve <b>disturbing the earth</b> or razing a building? [ ] Yes, answer q. 23 [ ] No, SKIP q. 23-27	
23. Is the area of disturbed earth more than 50 sq. ft? <input type="checkbox"/> Yes, answer <b>q. 24-25</b> <input type="checkbox"/> No, SKIP <b>q. 24-25</b>	24. Soil Erosion Control Methods		25. Area of Offsite Drainage	26. No of Footings or Columns	27 Size of Footings or Columns
			sq. ft		

**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

**(B) NEW BUILDING, ADDITION, & ALTERATION (COMPLETE ITEMS 28 THRU 60)**

28. Architect's Name:		29. D.C. Lic. No.:	30. Architect's Address: (include Zip Code)		31. Phone:	
32. Engineer's Name:		33. D.C. Lic. No.:	34. Engineer's Address: (include Zip Code)		35. Phone:	
36. Building Contractor's Name:		36A. D.C. Lic. No.	37. Contractor's Address		38. Phone:	
39. Type of Construction <input type="checkbox"/> Masonry <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Other <input type="checkbox"/> Concrete	40. Fire Suppression: <input type="checkbox"/> Fully Sprinklered <input type="checkbox"/> Standpipe System <input type="checkbox"/> Partially Sprinklered <input type="checkbox"/> None <input type="checkbox"/> Other _____		41. Booster Pump <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> None	42. Total Lot Area  sq. ft.	43. Breakdown of Lot Area (= 100 %)	
					a. building	
44. Present Gross Floor Area of Bldg.  sq. ft.		45. Proposed Gross Floor Area of Bldg.  sq. ft.	46. Floors involved in this permit <input type="checkbox"/> All <input type="checkbox"/> Floors _____		47. <b>Projection beyond building line?</b> <input type="checkbox"/> Yes, Answer <b>q. 48 -52</b> <input type="checkbox"/> No. SKIP <b>q. 48-52</b>	
48. Number and type of <b>projection</b> :		49. Distance of <b>projection</b> :	50. Width of <b>projection</b> :	51. Width of building frontage  ft.		52. Signature of Owner ( <b>projection only</b> ):
53. Water or Sewer Excavation? <input type="checkbox"/> Yes <input type="checkbox"/> No	54. Driveway Construction? <input type="checkbox"/> Yes <input type="checkbox"/> No	55. Sheeting/Shoring Necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	56. Elevators Involved? <input type="checkbox"/> Yes, answer <b>q. 57</b> <input type="checkbox"/> No		57. No and type of elevator	58. Plans Certified by Engineer? <input type="checkbox"/> Yes, cert. attached <input type="checkbox"/> No

59. Estimated Cost of Work  (a) New/Add.: \$ _____ (b) Alt/ Repair \$ _____  Total \$ _____	<b>OFFICIAL USE ONLY</b>								
	Alter/Repair FEE		New Const. FEE		Filing Fee		TOTAL PERMIT FEE		
	\$ _____		\$ _____		\$ _____		\$ _____		
	By:	Date:	By:	Date:	By:	Date:	By:	Date:	
60. Volume of New Bldg. or Addition cubic ft.									

**(C) RAZING A BUILDING (COMPLETE ITEMS 61 THRU 83)**

61. Raze Contractor's Name:		62. Contractor's Address: (include Zip Code)		63. Phone:				
64. Insurance Company		65. Policy or Cert. Number	66. Expiration Date	67. Raze Method				
68. Building Material	69. Raze Entire Building? <input type="checkbox"/> Yes <input type="checkbox"/> No	70. Building Condemned? <input type="checkbox"/> Yes <input type="checkbox"/> No	70A. Building Vacant? <input type="checkbox"/> Yes <input type="checkbox"/> No	71. Public Space Vault? <input type="checkbox"/> Yes <input type="checkbox"/> No	72. Disconnect Water and/or Sewer? <input type="checkbox"/> Yes <input type="checkbox"/> No	73. Size of Water Connection  in.		
74. Plumber's Name:		75. D.C. Lic. No.	76. Length  ft.	77. Width  ft.	78. Height  ft.	79. Volume  ft.	80. Party Wall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
81. Asbestos in the Building? <input type="checkbox"/> No <input type="checkbox"/> Yes, location _____		82. Raze Contractor Signature				<b>OFFICIAL USE ONLY</b>		
		83. Owner's Signature						
						FEE	By:	Date:
						\$		

**(D) RETAINING WALL (COMPLETE ITEMS 84 THRU 93)** The retaining wall will not obstruct any accessible parking required by D.C. Zoning Regulations

84. Cost of Work \$	85. Material:	86. Height	87. Color	88. 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

89. Signature of Adjoining Owner:		90. Phone: Home Work		<b>OFFICIAL USE ONLY</b>		
91. Address of Adjoining Owner:		92. Lot:	93. Square:			
				FEE	By:	Date:
				\$		

**(E) FENCE (COMPLETE ITEMS 94 THRU 102)** The fence will not obstruct any accessible parking required by D.C. Zoning Regulations

94. Material and type:	95. Height ft.	96. Color:	97. Location: <input type="checkbox"/> Entirely on Owner's Land <input type="checkbox"/> Party Line with Adjacent Neighboring Land *
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\* If party fence, the owner of the adjoining property must agree to the erection of the fence and this application

98. Signature of Adjoining Owner:	99. Phone: Work Home	<b>OFFICIAL USE ONLY</b>	
100. Address of Adjoining Owner:	101. Lot	102. Square	FEE
			\$
		By:	Date:

**(F) SHED OR GARAGE (COMPLETE ITEMS 103 THRU 113)**

103. Number	104. Length: ft.	105. Width ft.	106. Area: sq.ft	107. Height ft.	108. Volume cu.ft	109. Est. Cost of Work \$	<b>OFFICIAL USE ONLY</b>	
							FEE	
							\$	
110. Material of Roof		111. Material of Sides		112. Wall Thickness: <input type="checkbox"/> External ( ) inches <input type="checkbox"/> Party ( ) inches		113. Color		By:      Date:

**(G) AWNING (COMPLETE ITEMS 114 THRU 123)**

114. Number:	115. Color	116. Type: <input type="checkbox"/> Folding <input type="checkbox"/> Fixed	117. Projections: Beyond bldg. line _____ in. Beyond pt of attachm _____ in	118. Height of Lowest Part of awning	<b>OFFICIAL USE ONLY</b>			
					FEE			
					\$			
119. Material of Frame	120. Material of Covering	121. Lettering on awning? <input type="checkbox"/> Yes <input type="checkbox"/> No	122. Fixed Posts? <input type="checkbox"/> Yes <input type="checkbox"/> No	123. Over Side-walk café? <input type="checkbox"/> Yes <input type="checkbox"/> No	(a) _____ ft above sidewalk (b) _____ ft above parking (c) _____ ft above grade		By:	Date:

**(H) SIGN (COMPLETE ITEMS 124 THRU 144)**

124. Number	125. Electric Signs? <input type="checkbox"/> Yes, answer <b>q. 126-132</b> <input type="checkbox"/> No. SKIP <b>q. 126-132</b>	126. Type: <input type="checkbox"/> Incandes. <input type="checkbox"/> Fluoresc. <input type="checkbox"/> Neon	127. Power _____ VA	128. Electrical Contractor  License Number:						
129. Address of Electrical Contractor (include Zip)			130. Signature of Licensed Electrician		131. Phone No.		132. License No.			
133. 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			134. Material of Sign		135. Type of Sign		136. Color			
			137. Width ft.		138. Length ft.		139. Area of Sign sq. ft			
							140. Wide of Business frontage ft.			
141. C of O No for Bldg.		142. Sign Contractor:  License No.			<b>OFFICIAL USE ONLY</b>					
					Sign FEE		Elect. FEE		Total FEE	
					\$		\$		\$	
143. Sign Contractor's Address:		144. Phone:			By:	Date:	By:	Date:	By:	Date:

**(I) 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 \_\_\_\_\_

**(J) APPROVALS (DO NOT WRITE ON THIS PAGE; OFFICIAL USE ONLY):**

A. PERMIT CONTROL	C. PLANS AND APPLICATION APPROVAL
<ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Fine Arts by: _____ Date: _____</li> <li><input type="checkbox"/> 2. Historic by: _____ Date: _____</li> <li><input type="checkbox"/> 3. Cap. Gateway by: _____ Date: _____</li> <li><input type="checkbox"/> 4. NCPC: _____ Date: _____</li> <li><input type="checkbox"/> 5. W.H./Obs. Precinct by: _____ Date: _____</li> <li><input type="checkbox"/> 6. Flood Control by: _____ Date: _____</li> <li><input type="checkbox"/> 7. WMATA by: _____ Date: _____</li> <li><input type="checkbox"/> 8. Condem. by: _____ Date: _____</li> <li><input type="checkbox"/> 9. Rental Accom. by: _____ Date: _____</li> <li><input type="checkbox"/> 10. Chinatown Distr. by: _____ Date: _____</li> <li><input type="checkbox"/> 11. Utility Clearance by: _____ Date: _____</li> <li><input type="checkbox"/> 12. General Liability Ins. Policy Clearance by: _____ Date: _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Information Counter by: _____ Date: _____</li> <li><input type="checkbox"/> 2. Information Center by: _____ Date: _____</li> <li><input type="checkbox"/> <input type="checkbox"/> (a) ABRA by: _____ Date: _____</li> <li><input type="checkbox"/> (b) Noise Control by: _____ Date: _____</li> <li><input type="checkbox"/> (c) Industrial Safety by: _____ Date: _____</li> <li><input type="checkbox"/> (d) Vector Control by: _____ Date: _____</li> <li><input type="checkbox"/> (e) D.C. Animal by: _____ Date: _____</li> <li><input type="checkbox"/> (f) Police Dept. by: _____ Date: _____</li> <li><input type="checkbox"/> 3. Zoning by: _____ Date: _____ Zoning Update by: _____ Date: _____ Zoning Overlay approval by : _____ Date: _____</li> <li><input type="checkbox"/> 4. DDOT – Permit and Records Division/Deposit # Sidewalk Deposit \$ _____ Driveway Deposit \$ _____ by _____ Date _____</li> <li><input type="checkbox"/> 5. Water/Sewer Design Branch Consumer Eng. by: _____ Date _____</li> <li><input type="checkbox"/> 6. Environmental Regulation Administration                         <ul style="list-style-type: none"> <li><input type="checkbox"/> Environmental Policy Review Control No. _____ by _____ Date _____</li> <li><input type="checkbox"/> Erosion Control by: _____ Date _____</li> <li><input type="checkbox"/> Storm Water Mgmt. by: _____ Date _____ Plan No _____</li> <li><input type="checkbox"/> Air Quality by: _____ Date _____</li> <li><input type="checkbox"/> Underground Storage by: _____ Date _____</li> </ul> </li> <li><input type="checkbox"/> 7. Mechanical Eng. Review by: _____ Date _____</li> <li><input type="checkbox"/> 8. Plumbing Eng. Review by _____ Date _____</li> <li><input type="checkbox"/> 9. Electrical Eng. Review by: _____ Date _____</li> <li><input type="checkbox"/> 10. Health Plan Review                         <ul style="list-style-type: none"> <li><input type="checkbox"/> (a) Food Plan Review by: _____ Date _____</li> <li><input type="checkbox"/> (b) Medical X-Ray Plan Rev. by: _____ Date _____</li> </ul> </li> <li><input type="checkbox"/> 11. Fire Protection Plan Review by: _____ Date _____</li> <li><input type="checkbox"/> 12. D.C. Fire Dept. (Fire Prevention Plan Review Section) by: _____ Date _____</li> <li><input type="checkbox"/> 13. Elevator Plan Rev. Sec. by: _____ Date _____</li> <li><input type="checkbox"/> 14. Plumbing Insp Rev. by: _____ Date _____</li> <li><input type="checkbox"/> 15. Construction Insp. Branch (Field Check) by: _____ Date _____</li> <li><input type="checkbox"/> 16. Historic Pres. Div. by: _____ Date _____</li> <li><input type="checkbox"/> 17. EISF: _____ Date _____</li> <li><input type="checkbox"/> 18. Structural Eng. by: _____ Date _____</li> <li><input type="checkbox"/> 19. Permit and Certificate Issuance Counter by: _____ Date _____</li> </ul>
<b>B. CLEARANCE TO FILE PLANS</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Zoning by: _____ Date: _____</li> <li><input type="checkbox"/> 2. DDOT – Permit and Records Division Access to Parking Street <input type="checkbox"/> Street <input type="checkbox"/> Alley  Cleared by: _____ Date: _____</li> <li><input type="checkbox"/> 3. DDOT – Consumer Engineer  Cleared by: _____ Date: _____</li> <li><input type="checkbox"/> 4. ERA – Erosion Control  Cleared by: _____ Date: _____</li> </ul>	
<p>Restrictions of the Permit:</p> <p align="center"><b>TO REPORT WASTE, FRAUD, OR ABUSE BY ANY D.C. GOVERNMENT OFFICIAL, CALL THE D.C. INSPECTOR GENERAL AT 1-800-521-1639</b></p>	

ZONING	DDOT – PUBLIC SPACE
C of O Number _____ Date _____ Existing Use(s) _____ Proposed Use _____  	<input type="checkbox"/> New Bldg <input type="checkbox"/> P.O.D. <input type="checkbox"/> File in room 2124  Street Name: _____ Street Width: _____ Road Width: _____ Sidewalk Width: _____ Parking: _____ 
Job No. _____ BZA Case No _____ PUD Order No. _____	Restrictions: _____