

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

(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	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 [] Pick-up Truck [] Dumpster [] Other (specify)		22 Does the proposed work involve disturbing the earth 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 q. 24-25 <input type="checkbox"/> No, SKIP q. 24-25	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 _____ % b. paved area _____ % c. greenery _____ %
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. Projection beyond building line? <input type="checkbox"/> Yes, Answer q. 48 -52 <input type="checkbox"/> No. SKIP q. 48-52	
48. Number and type of projection :		49. Distance of projection :	50. Width of projection :	51. Width of building frontage ft.	
				52. Signature of Owner (projection only):	
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 q. 57 <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 \$ _____	OFFICIAL USE ONLY								
	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				OFFICIAL USE ONLY		
		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		OFFICIAL USE ONLY		
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		OFFICIAL USE ONLY	
			FEE	
100. Address of Adjoining Owner:	101. Lot	102. Square	\$	
			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 \$	OFFICIAL USE ONLY	
							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	OFFICIAL USE ONLY			
					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 q. 126-132 <input type="checkbox"/> No. SKIP q. 126-132	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.			OFFICIAL USE ONLY					
				Sign FEE		Elect. FEE		Total FEE	
				\$		\$		\$	
143. Sign Contractor's Address:				144. Phone:		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 _____

