DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH ADMINISTRATION
BUREAU OF HAZARDOUS MATERIAL & TOXIC SUBSTANCES

APPLICATION FOR VOLUNTARY CLEANUP PROGRAM

Please submit to: Bureau of Hazardous Material & Toxic Substances
51 N Street, NE, 3rd Floor, Washington DC 20002-3315
(Please submit either by mail or in person)

A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH PARCEL OR EACH PARCEL OWNED BY A SEPARATE LEGAL ENTITY

This application will be used to submit a request to participate in the Voluntary Clean-up Program. The information in this application will be used to determine eligibility of the Applicant and the site as provided for under Title III of the Brownfields Revitalization Amendment Act of 2000, DC Law 13-312, effective June 15, 2001.

Please type. Please answer each question completely. Please indicate "N/A" where a question is not applicable to the Applicant. Please include a cover letter for the application package.

Until the District has promulgated a final policy or final rulemaking the following interim fee procedure will be adopted. To offset the time spent by the EHA, in review of ALL site information transmitted along with meetings and site visits, the Applicant will reimburse the District on a preset hourly fee. Time for each project will be recorded using the "Voluntary Cleanup Staff Accounting" form. The Voluntary Cleanup Program Coordinator will maintain this time accounting.

If you have any questions please contact EHA.

INELIGIBLE APPLICANTS
If a determination is made that either Applicant or the site is ineligible for participation the application will be returned.

NOTIFICATION
EHA shall approve or deny the application within 90 business days of its receipt. A request by EHA for additional information shall toll the 90-day review period.

I. Property

Property Name Fur Nightclub and M Street Warehouse

Address 22 M Street, NE

City Washington, D.C. Quadrant NE Zip Code 20002 Ward 6

Square # 672 Lot # 852, 839, 251 Acreage 0.789

Has the site had any prior involvement with District or Federal environmental regulatory programs including notices of violation, orders, consent orders, enforcement actions, or environmental permits? (Y/N) N

Is the property listed on the National Priority List pursuant to the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, 42 U.S.C. 9601 *et seq.*? (Y/N) N

Is the property subject of a current cleanup action by the Environmental Protection Agency or the EHA? (Y/N) N

Please include:
Permit numbers, dates, name(s) of program(s), name of regulated entity and any other information known to the Applicant, and current pictures of the site.

II. Applicant

Name Robert Ward Title Executive Vice President-Managing Partner

(please list principal if corporate entity)

Corporation/Organization SDC Capitol Plaza, LLC

Legal Form of Business Limited liability corporation

Mailing Address 2101 Wilson Boulevard, Suite 950

City Arlington State Virginia Zip Code 22201

Telephone (703) 351-2705 Fax (703) 351-2701

E-mail robert.ward@skanska.com

District of Columbia Corporation (Y/N) N Out of state entity (Y/N) Y
(please attach copy of certificate) (please attach copy of D.C. business certificate)

Is the Applicant applying for or does the Applicant plan to apply for grants, loans or property tax credits available for the redevelopment of Brownfields in the District per Title VII Cleanup Incentives of the Act? (Y/N) TBD

TBD = to be determined

Has the Applicant had any prior involvement with District or Federal environmental regulatory programs including notices of violation, orders, consent orders, enforcement actions, or environmental permits? (Y/N) N (please attach copies of any information listed)

Please include:
List of the financial incentives for which you are planning to apply.
Permit numbers, dates, name(s) of program(s), name of regulated entity and any other information known to the Applicant.

III. Current Property Owner

Name Standford B. Weinstein Title Owner

(please list principal if corporate entity)

Corporation/Organization SWB Reality, Inc.

Legal Form of Business Corporation

Mailing Address 461 East Macewan Drive

City Osprey State Florida Zip Code 34229

Telephone (941) 966-5500 Fax (____)

E-mail SBWinflorida@aol.com

District of Columbia Corporation (Y/N) N Out of state entity (Y/N) Y
(please attach copy of certificate) (please attach copy of D.C. business certificate)

IV. Other Contacts

Consultant

Name Michael Robertson Title Principal
(please list principal if corporate entity)

Corporation/Organization Advantage Environmental Consultants, LLC

Mailing Address 8610 Washington Boulevard, Suite 217

City Jessup State Maryland Zip Code 20794

Telephone (301) 776-0500 Fax (301) 776-1123

E-mail mrobertson@aec-env.com

Project Manager

Name Carlos Bonner Title Development Manger
(please list principal if corporate entity)

Corporation/Organization Skanska USA Commercial Development, Inc.

Mailing Address 2101 Wilson Boulevard, Suite 950

City Arlington State Virginia Zip Code 22201

Telephone (703) 351-2736 Fax (703) 351-2701

E-mail carlos.bonner@skanska.com

V. Applicant's Interest in Property

Do you own this property? (Y/N) N
(Include copy of deed)

Are you under contract to purchase the property? (Y/N) Y

Are you under contract to sell the property? (Y/N) N

If under contract to sell or purchase the property, has a settlement date been scheduled? (Y/N) Y Date: 12/14

Are you renting or leasing the property? (Y/N) Y

Are you considering renting or leasing the property? (Y/N) Y

Are you a holder of a mortgage, deed, trust or other security interest in the property? (Y/N) N

Place an "X" in the appropriate blank.
X Intend to develop site for personal or business purposes.
___ Intend to conduct an investigation of site prior to acquisition or development.
___ Neighboring property owner who was unable to obtain relief from the responsible party.

VI. Current Property Use

Place an "X" in the appropriate blank.

____ Residential ____ Underutilized
____ Industrial ____ Undeveloped
X Commercial ____ Idle/Inactive
____ Mixed-Use ____ Other (explain)_____
____ Abandoned ____ _____

Current operations on property Nightclub

Current Operator Fur Nightclub Title_____
(please list principal if corporate entity)

Number of Employees 5 Type of work performed by employees customer service

Recorded deed restrictions on property (Y/N) N If yes, explain_____

Are hazardous substances used, generated, treated, stored, disposed or released at the property? (Y/N) N

If yes, explain_____

Please include:
Permits for release of hazardous substances.
Copies of Toxic Release Inventory (TRI).
Copies of permits for hazardous waste generation.
Any other relevant local and federal registrations.
Site map that describes the location(s) of building(s) and operation(s).

VII. Historical Property Use

Have there ever been any hazardous substances used, generated, treated, stored, disposed of, or discharged at the property? (Y/N) N

If yes, explain_____

Please list all categories of contaminants that are known to exist on the property (i.e. solvents, metals, inorganics, organics): Chlorinated solvents

Please include:
All available historical information on the property.
Previous owners and lessors, uses and dates of transfer of ownership of the property.
Results of a title search for the property.

VIII. Future Property Use

Place an "X" in the appropriate blank.

____Unlimited
____Residential
X Mixed Use
____Commercial
____Industrial
____Undetermined

Please include:
Description of the future use of the property.
Include timelines, types of operations, number of potential employees.
Construction and site plans.

Statement of Certification

I certify under penalty of law that the information provided in this application is, to the best of Applicant's knowledge and belief, accurate and complete.

I certify that I am the Applicant or an authorized representative of the Applicant.

I certify that all information on environmental conditions relevant to the site and known to the Applicant is included in this application.

By signing below the Applicant, or the authorized representative acting on behalf of the Applicant, agrees to pay all invoices for the costs of services provided by the Environmental Health Administration when billed.

Printed Name Robert Ward

Company SDC Capitol Plaza, LLC **Title** Managing Partner

Signature _____ **Date** 12/12/11

OFFICE USE

Documents Received by: _____ VCP Case No._____

Date: _____ Approved_____ Not Approved_____ Resubmit_____

Additional Information Required:_____

_____

CERTIFICATION OF FINANCIAL RESPONSIBILITY

SDC Capitol Plaza, LLC hereby certifies that he/she/it is in compliance with the financial
[Applicant]

responsibility requirements of 20 DCMR Chapter 67.

The financial assurance mechanism(s) used to demonstrate financial responsibility under 20 DCMR Chapter 67 are as follows:

[Type of mechanisms] Pollution Insurance

[Name of issuer] Zurich

[Mechanism number (if applicable)] EOC508712406

[Amount of coverage] $25 million

[Effective period of coverage] 8/31/11 - 8/31/12

Whether mechanism covers "taking correction action" or compensating third parties for bodily injury and property damage caused by either "sudden accidental releases" or "nonsudden accidental releases."

[Signature of Applicant]

[Name of Applicant] Robert Ward

[Title] Managing Partner

[Date] 12-14-11

[Signature of witness or notary]

[Name of witness or notary] MARK CARROLL

[Date] 12-14-11

The Applicant must update this Certification whenever the financial assurance mechanism(s) used to demonstrate financial responsibility changes.