

GOVERNMENT OF THE DISTRICT OF COLUMBIA
District Department of the Environment
APPLICATION FOR
VOLUNTARY CLEANUP PROGRAM

Please submit to:

Toxic Substances Division, Land Remediation and Development Branch
1200 First Street, NE, 5th Floor, Washington D.C. 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, D.C. 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 DDOE, 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 DDOE.

INELIGIBLE APPLICANTS

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

NOTIFICATION

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

I. Property

Property Name 50 Patterson Street Office

Address 50 Patterson Street NE

City Washington Quadrant NE Zip Code 20002 Ward 6

Square # 672 Lot # 862 Acreage 0.417

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 DDOE? (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 James L. Iker Title Managing Member

(please list principal if corporate entity)

Corporation/Organization 50 Patterson Office, L.L.C.

Legal Form of Business Limited Liability Company

Mailing Address 4445 Willard Avenue, Suite 400

City Chevy Chase State MD Zip Code 20815-3690

Telephone (240) 333-3600 Fax (240) 333-3610

E-mail jiker@jbg.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) N

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 James L. Iker Title Managing Member

(please list principal if corporate entity)

Corporation/Organization 50 Patterson Office, L.L.C.

Legal Form of Business Limited Liability Company

Mailing Address 4445 Willard Avenue, Suite 400

City Chevy Chase State MD Zip Code 20815-3690

Telephone (240) 333-3600 Fax (240) 333-3610

E-mail jiker@jbg.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 Peggy Farrell Title Environmental Consultant
(please list principal if corporate entity)
Corporation/Organization The JBG Companies/Northgate Environmental Management
Mailing Address 4445 Willard Avenue, Suite 400
City Chevy Chase State MD Zip Code 20815-3690
Telephone (240) 333-3686 Fax (240) 333-3610
E-mail pfarrell@jbg.com

Project Manager

Name Jay P. Kelly Title Associate
(please list principal if corporate entity)
Corporation/Organization The JBG Companies
Mailing Address 4445 Willard Avenue, Suite 400
City Chevy Chase State MD Zip Code 20815-3690
Telephone (240) 333-3679 Fax (240) 333-3610
E-mail jpkelly@jbg.com

V. Applicant's Interest in Property

Do you own this property? (Y/N) Y
(Include copy of deed)
Are you under contract to purchase the property? (Y/N) N
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) NA Date: _____
Are you renting or leasing the property? (Y/N) N
Are you considering renting or leasing the property? (Y/N) N
Are you a holder of a mortgage, deed, trust or other security interest in the property? (Y/N) Y

Place an "X" in the appropriate blank.

- ☒ 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
☒ Commercial	☐ Idle/Inactive
☐ Mixed-Use	☐ Other (explain) _____
☐ Abandoned	_____

Current operations on property Parking/Construction Staging

Current Operator N/A Title _____
(please list principal if corporate entity)

Number of Employees N/A Type of work performed by employees N/A

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) UNK

If yes, explain Historic site uses included a laundry, auto repair, and janitorial chemical supply company.

Please list all categories of contaminants that are known to exist on the property (i.e. solvents, metals, inorganics, organics): Petroleum compounds and 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
☒ 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 DDOE when billed.

50 PATTERSON OFFICE, L.L.C.,
Printed Name a Delaware limited liability company

Company By: JBG/DC Manager, L.L.C., Title
its Managing Member

Signature Date October 3, 2016

By: 
Name: James L. Iker
Title: Managing Member

OFFICE USE

Documents Received by: VCP Case No.

Date: Approved Not Approved Resubmit

Additional Information Required:

CERTIFICATION OF FINANCIAL RESPONSIBILITY

50 Patterson Office, L.L.C. 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] General Liability Coverage
[Name of issuer] Phoenix Insurance Company (Travelers)
[Mechanism number (if applicable)] Y-660-0027B586-PHX-16
[Amount of coverage] \$1,000,000 per occurrence/\$10,000,000 general aggregate
[Effective period of coverage] 10/01/2016 - 10/01/2017

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."
Mechanism compensates third parties for bodily injuries.

50 PATTERSON OFFICE, L.L.C., a Delaware limited liability company

[Signature of Applicant] _____ By: JBG/DC Manager, L.L.C., its Managing Member
[Name of Applicant] _____ By: [Signature]
Name: James L. Iker
[Title] _____ Title: Managing Member
[Date] _____ October 3, 2016
[Signature of witness or notary] [Signature]
[Name of witness or notary] Rozenna Barnes Peters
[Date] _____ October 3, 2016

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



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
CORPORATIONS DIVISION



C E R T I F I C A T E

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code have been complied with and accordingly, this ***CERTIFICATE OF REGISTRATION*** is hereby issued to:

50 Patterson Office, L.L.C.

Effective Date: 5/8/2015

IN WITNESS WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 5/14/2015 6:19 AM



Business and Professional Licensing Administration

A handwritten signature in black ink that reads "Patricia E. Grays".

PATRICIA E. GRAYS
Superintendent of Corporations
Corporations Division

Muriel Bowser
Mayor

Tracking #: CClpjjs2

DATE:09/28/2016 CK#:32300187 TOTAL:\$10,000.00** BANK:50 Patterson DV1(323dv1)
PAYEE:DC Treasurer(vdcxtr02)

Job(Prop)	Categ(Acct)	Invoice - Date	Description	Amount
32302-000(32302)	415410(15900-100)	10000.00-323-08/12/16	DR 13 VCP Application Fee	10,000.00
				10,000.00

TO VERIFY AUTHENTICITY, SEE REVERSE SIDE FOR DESCRIPTION OF THE 13 SECURITY FEATURES



50 PATTERSON OFFICE LLC - DEVELOPMENT
4445 WILLARD AVENUE, SUITE 400
CHEVY CHASE, MD 20815
240-333-3600

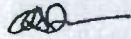
CITIZENS BANK
Pennsylvania

3-7615/360

DATE 09/28/2016 CHECK NO. 32300187 AMOUNT \$10,000.00**
Pay: **** TEN THOUSAND AND 00/100 DOLLARS

PAY TO THE ORDER OF DC Treasurer





AUTHORIZED SIGNATURE

⑈ 3 2 3 0 0 1 8 7 ⑈ ⑆ 0 3 6 0 7 6 1 5 0 ⑆ 6 3 0 0 8 9 7 0 6 4 ⑈