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 2600 Connecticut Avenue

Address 2600 Connecticut Avenue

City Washington, D.C. Quadrant NW Zip Code 20008 Ward 3

Square # 2203 Lot # 824 Acreage 0.0486

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 Daniel Corwin Title Asset Manager

(please list principal if corporate entity)

Corporation/Organization Grosvenor Urban Retail L.P.

Legal Form of Business Limited Partnership

Mailing Address 1701 Pennsylvania Avenue, N.W., Suite 1050

City Washington State D.C. Zip Code 20006

Telephone (202) 777-1264 Fax (202) 785-2632

E-mail daniel.corwin@grosvenor.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 Daniel Corwin Title Asset Manager

(please list principal if corporate entity)

Corporation/Organization Grosvenor Urban Retail L.P.

Legal Form of Business Limited Partnership

Mailing Address 1701 Pennsylvania Avenue, N.W., Suite 1050

City Washington State D.C. Zip Code 20006

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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 Tom Hardy Title President
(please list principal if corporate entity)

Corporation/Organization Environmental Consultants and Contractors, Inc.

Mailing Address 43045 John Mosby Highway

City Chantilly State VA Zip Code 20152

Telephone (703) 327-2900 Fax (703) 327-2777

E-mail thardy@eccfirst.com

Project Manager

Name James Witkin Title Partner
(please list principal if corporate entity)

Corporation/Organization Linowes and Blocher LLP

Mailing Address 7200 Wisconsin Avenue, Suite 800

City Bethesda State MD Zip Code 20814

Telephone (301) 961-5189 Fax (301) 654-2801

E-mail jwitkin@linowes-law.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) N/A Date: N/A

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) N

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
X Commercial	____ Idle/Inactive
____ Mixed-Use	____ Other (explain)_____
____ Abandoned ____	_____

Current operations on property Retail including restaurants and an insurance office.

Current Operator Retail tenants operate the premises. Title N/A
(please list principal if corporate entity)

Number of Employees Unknown Type of work performed by employees Retail including restaurants and insurance.

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) Y

If yes, explain Historic dry cleaning operations

Please list all categories of contaminants that are known to exist on the property (i.e. solvents, metals, inorganics, organics): Chlorinated volatile organic compounds possibly indicative of dry cleaning 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.

X 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.

Printed Name D.J. Sworobuk Vice President SCOTT A. BRODY VICE PRESIDENT

Company Grosvenor Urban Retail L.P. **Title** _____

Signature _____ **Date** 1-8-2014

Printed Name SCOTT A. BRODY Title _____

Signature VICE PRESIDENT Date 1.8.2014

OFFICE USE

Documents Received by: _____ VCP Case No. _____

Date: _____ Approved____ Not Approved____ Resubmit____

Additional Information Required: _____

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