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: South Capitol Shopping Center

Address: 4001-4031 South Capitol Street, SW


Square #: 6172  Lot #: 06  Acreage: 1.7

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

Mr. Derick Mitchell

Development Manager

Name_________________________________________________ Title______________________________

(please list principal if corporate entity)

South Capitol Improvements, LLC  c/o CityInterests, LLC

Corporation/Organization______________________________________________________________

Limited Liability Corporation

Legal Form of Business______________________________________________________________

2900 K Street, NW, Suite 401

Mailing Address______________________________________________________________

Washington, D.C. N/A N/A 20007

City________________________ State________________ Zip Code____________________

Telephone (_____)____________________________ Fax (_____)____________________________

E-mail________________________________________

N/A

District of Columbia Corporation (Y/N)____ Out of state entity (Y/N)____

(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)____

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)____ (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

Mr. Derick Mitchell

Development Manager

Name_________________________________________________ Title______________________________

(please list principal if corporate entity)

South Capitol Center, LLC  c/o CityInterests, LLC

Corporation/Organization______________________________________________________________

Limited Liability Corporation

Legal Form of Business______________________________________________________________

2900 K Street, NW, Suite 401

Mailing Address______________________________________________________________

Washington, D.C. N/A N/A 20007

City________________________ State________________ Zip Code____________________

Telephone (_____)____________________________ Fax (_____)____________________________

E-mail________________________________________

N/A

District of Columbia Corporation (Y/N)____ Out of state entity (Y/N)____

(please attach copy of certificate)   (please attach copy of D.C. business certificate)
IV. Other Contacts

Consultant
Name ___________________________________________ Title ______________________________
(please list principal if corporate entity)
Apex Companies, LLC
Corporation/Organization ________________________________________________________________
Mailing Address ____________________________________________________________
City ___________________________ State ______ State_______________________ Zip Code_________________
Telephone (_____)____________________________ Fax (_____)______________________________________
E-mail ___________________________________ 

Project Manager
Name ___________________________________________ Title ______________________________
(please list principal if corporate entity)
Apex Companies, LLC
Corporation/Organization ________________________________________________________________
Mailing Address ____________________________________________________________
City ___________________________ State ______ State_______________________ Zip Code_________________
Telephone (_____)____________________________ Fax (_____)______________________________________
E-mail ___________________________________ 

V. Applicant’s Interest in Property

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

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

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

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

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

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

Are you a holder of a mortgage, deed, trust or other security interest in the property? (Y/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
Industry  ____ Undeveloped
X  ____ Commercial  X  ____ Idle/Inactive
____ Mixed-Use  ____ Other (explain)_____________________________________________________
____ Abandoned ____   _______________________________________________________

Current operations on property: Shopping Center, to be fully vacated by Mar’16 in prep. for redevelopment

Current Operator________________________________________ Title__________________________________
(please list principal if corporate entity)

Number of Employees___________________Type of work performed by employees________________________
____________________________________________________________________________________________

Recorded deed restrictions on property (Y/N) ____ If yes, explain____________________________________
____________________________________________________________________________________________

Are hazardous substances used, generated, treated, stored, disposed or released at the property? (Y/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 Former Dry Cleaners (suite 4013), Former Heating Oil UST and AST

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

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 DDOE when billed.

Printed Name ___________________________
Company ___________________________
Title ___________________________
Signature ___________________________
Date __________

OFFICE USE

Documents Received by: ___________________________
VCP Case No. ___________________________
Date: __________ Approved _____ Not Approved _____ Resubmit _____
Additional Information Required: ___________________________