GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Energy and Environment
APPLICATION FOR
VOLUNTARY CLEANUP PROGRAM

Please submit to:
Toxic Substances Division, Land Remediation and Development Branch
1200 Street N.E., 5th Floor, Washington D.C. 20002
(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 (VCP) The information in
this application will be used to determine eligibility of the Applicant and the site as provided for under Title III of

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 DOEE, 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 DOEE.

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

NOTIFICATION
DOEE, shall approve or deny the application within 90 business days upon receipt of an application fee of
$10,000.00 (Payable to DC Treasurer). A request by DOEE, for additional information shall toll the 90-day review
period.

I. Property

Property Name: Faircliff Plaza East

Address: 2641 14th Street NW (New); 1350-1358 Fairmont St NW (Current)

City: Washington DC Quadrant NW

Zip Code: 20009 Ward 1 Square # 2861

Lot #: 833 (New); 78 (Current) Acreage: 0.61240 (New); 1.34273 (Current)

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,

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

Please include:
II. Applicant

Name  James Campbell  Title  Authorized Agent
(please list principal if corporate entity)

Corporation/Organization  FPE Development, LLC

Legal Form of Business  Limited Liability Corporation

Mailing Address  c/o Somerset Development Company, 5101 Wisconsin Avenue NW Suite 410

City  Washington  State  DC  Zip Code  20016

Telephone  (202) 363-2090 ext. 112  Fax  (___)  N/A

E-mail  pmcananey@somersetdev.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  Nancy Hooff  Title  Authorized Agent  (please list principal if
corporate entity)

Corporation/Organization  FPE, L.P.

Legal Form of Business  Limited Partnership

Mailing Address  c/o Somerset Development Company, 5101 Wisconsin Avenue NW Suite 410

City  Washington  State  DC  Zip Code  20005

Telephone  (202) 363-2090 ext. 112  Fax  (___)  N/A

E-mail  pmcananev@somersetdev.com

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

Consultant

Name_ David Bookbinder, CPG 
Title_ Environmental Principal
(please list principal if corporate entity)

Corporation/Organization_ ECS Capitol Services, PLLC

Mailing Address_ 1310 L Street, NW Suite 425

City_ Washington State_ DC Zip Code_ 20005

Telephone (703) 995-6540 Fax (202) 478-1831

E-mail_ dbookbinder@ecslimited.com

Project Manager

Name_ Brian Wasserstein Title_ Associate Principal
(please list principal if corporate entity)

Corporation/Organization_ ECS Capitol Services, PLLC

Mailing Address_ 1310 L Street, NW Suite 425

City_ Washington State_ DC Zip Code_ 20005

Telephone (202) 400-2182 Fax (202) 478-1831

E-mail_ bwasserstein@ecscapitalservices.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: 8/31/2022

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.

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.

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

Abandoned

Current operations on property Residential Building with 80 garden-style apartments

Current Operator  Cathy Murphy, Habitat America  Title President

(please list principal if corporate entity)

Number of Employees 361  Type of work performed by employees Property Management

Recorded deed restrictions on property (Y/N) Y  If yes, explain Land Use Restriction Agreement (LURA) for 80

Low income apartment units through 2042 (DHCD covenant)

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 Former dry cleaning operation

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

Please include:
All available historical information on the property.
Previous owners and lessors use 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 DOEE when
billed.

Printed Name
James Campbell

Company
FPE Development, LLC

Title
Authorized Agent

Signature

Date
2/1/22

OFFICE USE

Documents Received by: ____________________________ VCP Case No. ____________________________

Date: ______________ Approved _____ Not Approved _____ Resubmit _____

Additional Information Required: __________________________________________________________
CERTIFICATION OF FINANCIAL RESPONSIBILITY

FPE Development, LLC hereby certifies that he/she/it is in compliance with the financial 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] N/A
[Name of issuer] N/A
[Mechanism number (if applicable)] N/A
[Amount of coverage] N/A
[Effective period of coverage] N/A

Whether mechanism covers “taking correction action” or compensating third parties for bodily injury and property damage caused by either “sudden accidental releases” or “non-sudden accidental releases.”

N/A - NO FINANCIAL ASSURANCE MECHANISM REQUIRED

__________________________
[Signature of Applicant]

[Name of Applicant] James Campbell
[Title] Authorized Agent
[Date] 2/1/22

[Signature of witness or notary] Barbara Young
[Date] 2/1/22
The Applicant must update this Certification whenever the financial assurance mechanism(s) used to demonstrate financial responsibility changes.