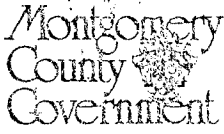


31/6 3927 Baltimore St.

OM 41-86



Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850
279-1327

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # 13-15-1023063

NAME OF PROPERTY OWNER Douglas FARQUHAR TELEPHONE NO. (301) 946-5227
 (Contract/Purchaser) ANN T. FRANKLIN (Include Area Code)

ADDRESS 3927 BALTIMORE ST. KENSINGTON MD 20875
CITY STATE ZIP

CONTRACTOR Self TELEPHONE NO. _____

PLANS PREPARED BY Self CONTRACTOR REGISTRATION NUMBER _____ TELEPHONE NO. _____
 (Include Area Code)

REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE

House Number 3927 Street BALTIMORE ST.

Town/City KENSINGTON MD Election District 18th

Nearest Cross Street CONNECTICUT AVENUE

Lot 13 Block 10 Subdivision KENSINGTON PARK

Liber _____ Folio _____ Parcel _____

1A. TYPE OF PERMIT ACTION: (circle one)

Construct	Extend/Add	<u>Alter/Renovate</u>	Repair	Circle One: A/C	Slab	Room Addition
Wreck/Raze	Move	Install	Revision	Porch	Deck	Fireplace
		Revocable		Fence/Wall (complete Section 4)	Other	Solar Woodburning Stove

1B. CONSTRUCTION COSTS ESTIMATE \$ 800

1C. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVE PERMIT SEE PERMIT # _____

1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY Pepeco

1E. IS THIS PROPERTY A HISTORICAL SITE? Yes

PART TWO: COMPLETE FOR NEW CONSTRUCTION AND EXTEND/ADDITIONS

2A. TYPE OF SEWAGE DISPOSAL

01 () WSSC	02 () Septic
03 () Other _____	

2B. TYPE OF WATER SUPPLY

01 () WSSC	02 () Well
03 () Other _____	

PART THREE: COMPLETE ONLY FOR FENCE/RETAINING WALL

4A. HEIGHT _____ feet _____ inches

4B. Indicate whether the fence or retaining wall is to be constructed on one of the following locations:

- On party line/Property line _____
- Entirely on land of owner _____
- On public right of way/easement _____ (Revocable Letter Required).

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will comply with plans approved by all agencies listed and I hereby acknowledge and accept this to be a condition for the issuance of this permit.

D. G. FAL Sept 8, 1986
 Signature of owner or authorized agent (agent must have signature notarized on back) Date

APPROVED X For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature [Signature] Date 10/13/86

APPLICATION/PERMIT NO: OM 41-80 FILING FEE: \$ _____

DATE FILED: _____ PERMIT FEE: \$ _____

DATE ISSUED: _____ BALANCE: \$ _____

OWNERSHIP CODE: _____ RECEIPT NO: _____ FEE WAIVED: _____

SEE REVERSE SIDE FOR INSTRUCTIONS

THE FOLLOWING ITEMS MUST BE COMPLETED AND THE REQUIRED DOCUMENTS MUST ACCOMPANY THIS APPLICATION:

DESCRIPTION OF PROPOSED WORK: (including composition, color and texture of materials to be used.)

Replace existing window with French
double ~~pane~~ door on rear of house;
replace existing door with window.

(If more space is needed, attach additional sheets on plain or lined paper to this application)

ATTACH TO THIS APPLICATION (2) COPIES OF: SUCH SITE PLANS (lot dimensions, building location with dimensions, drives, walks, fences, patios, etc. proposed or existing) and/or ARCHITECTURAL DRAWINGS (floor plans, elevations, etc.), PHOTOGRAPHS OF THE AREA AFFECTED, as are necessary to fully describe the proposed work.

MAIL OR DELIVER THE APPLICATION AND ALL REQUIRED DOCUMENTS TO THE:
HISTORIC PRESERVATION COMMISSION
100 MARYLAND AVENUE
ROCKVILLE, MARYLAND 20850