

31/6 10415 Armory Ave.
OM 59-87



Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850
279-1327
279-8097

51 Monroe Street, Rm. 1009
Rockville, MD 20850

APPLICATION FOR HISTORIC AREA WORK PERMIT

AX ACCOUNT # _____

NAME OF PROPERTY OWNER CAROLE CRANDON TELEPHONE NO. (301) 565-0617
(Contract/Purchaser) (Include Area Code)

ADDRESS 10415 ARMORY AVENUE KENSINGTON MD 20895
CITY STATE ZIP

CONTRACTOR C & M ASPHALT TELEPHONE NO. 474-6061
CONTRACTOR REGISTRATION NUMBER # 11653

DRAWINGS PREPARED BY STEVE OTERO TELEPHONE NO. (301) 277-8111
(Include Area Code)

REGISTRATION NUMBER 38038

LOCATION OF BUILDING/PREMISE

House Number 10415 Street ARMORY AVENUE

Town/City KENSINGTON Election District _____

Nearest Cross Street _____

Lot 1 Block 2 Subdivision DETRICKS SUBDIVISION

Parcel Folio _____

4. TYPE OF PERMIT ACTION: (circle one)

Construct	Extend/Add	Alter/Renovate	Repair	Circle One: A/C	Slab	Room Addition
Wreck/Rebuild	Move	<input checked="" type="radio"/> Install	Revision	Porch	Deck	Fireplace
		Revocable		Fence/Wall (complete Section 4)	Shed	Solar
					Woodburning Stove	Other

5. CONSTRUCTION COSTS ESTIMATE \$ 3,000.00

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

7. INDICATE NAME OF ELECTRIC UTILITY COMPANY PEPCO

8. IS THIS PROPERTY A HISTORICAL SITE? _____

PART TWO: COMPLETE FOR NEW CONSTRUCTION AND EXTEND/ADDITIONS

1A. TYPE OF SEWAGE DISPOSAL	2B. TYPE OF WATER SUPPLY
01 <input checked="" type="checkbox"/> WSSC	01 <input checked="" type="checkbox"/> WSSC
02 <input type="checkbox"/> Septic	02 <input type="checkbox"/> Well
03 <input type="checkbox"/> Other	03 <input type="checkbox"/> Other

PART THREE: COMPLETE ONLY FOR FENCE/RETAINING WALL

1. HEIGHT _____ feet _____ inches

2. 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 all laws and regulations approved by all agencies listed and I hereby acknowledge and accept this to be a condition for the issuance of this permit.

Carole Crandon OCTOBER 23RD 1987
Signature of owner or authorized agent (agent must have signature notarized on back) Date

APPROVED X For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature Robert Hall Date 11/23/87

APPLICATION/PERMIT NO: OM 59-87 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:)

OPEN DRIVEWAY. INSTALL 10' WIDE X 75' LONG
ASPHALT DRIVEWAY. REMOVE TWO EXISTING
TREES.

(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



Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850
279-1327

31. Wanda H. Smith, P.O. Box 2000
Rockville, MD 20850

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # _____

NAME OF PROPERTY OWNER Wanda H. Smith TELEPHONE NO. (301) 279-1327
(Contract/Purchaser) (Include Area Code)

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CONTRACTOR CONCRETE CONCRETE TELEPHONE NO. _____
CONTRACTOR REGISTRATION NUMBER 411133

PLANS PREPARED BY _____ TELEPHONE NO. _____
(Include Area Code)

REGISTRATION NUMBER 20000

LOCATION OF BUILDING/PREMISE

House Number 10412 Street BRADDOCK AVENUE

Town/City NEWINGTON Election District _____

Nearest Cross Street _____

Lot 1 Block 2 Subdivision DETRICKS SUBDIVISION

Liber _____ Folio _____ Parcel _____

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

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

1B. CONSTRUCTION COSTS ESTIMATE \$ 2,000.00

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

1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY POTOMAC

1E. IS THIS PROPERTY A HISTORICAL SITE? _____

PART TWO: COMPLETE FOR NEW CONSTRUCTION AND EXTEND/ADDITIONS

2A. TYPE OF SEWAGE DISPOSAL

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

2B. TYPE OF WATER SUPPLY

01 (x) WSSC	02 () Well
03 () Dther _____	

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 _____
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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.

Signature of owner or authorized agent (agent must have signature notarized on back) _____ Date _____

APPROVED X For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature _____ Date _____

APPLICATION/PERMIT NO: 20000-10 FILING FEE: \$ _____
DATE FILED: _____ PERMIT FEE: \$ _____
DATE ISSUED: _____ BALANCE \$ _____
OWNERSHIP CODE: _____ RECEIPT NO: _____ FEE WAIVED: _____

SEE REVERSE SIDE FOR INSTRUCTIONS

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100 MARYLAND AVENUE
ROCKVILLE, MARYLAND 20850

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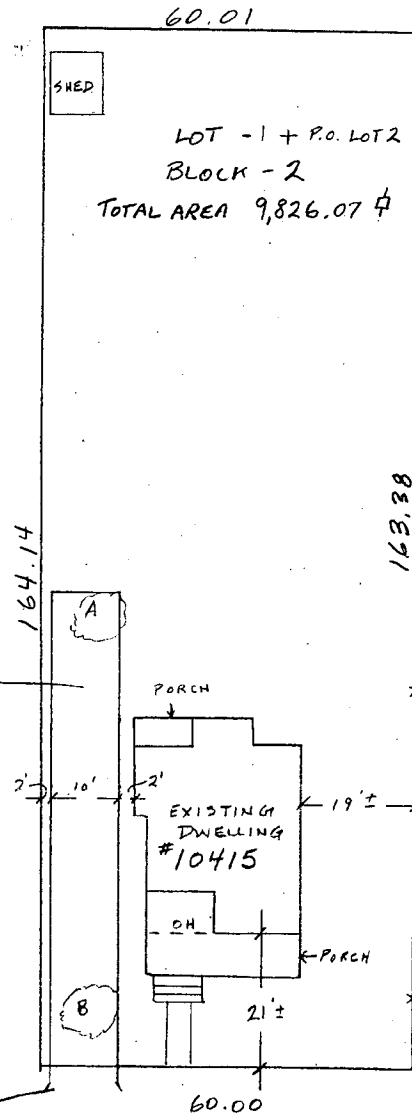
BY S. OTERO DATE 10/24/87
 CHKD. BY _____ DATE _____
 REV. BY _____ DATE _____

SUBJECT 10415 ARMORY
 2 1/2 STORY FRAME W/ BASEMENT
 PROPOSED DRIVEWAY

SHEET NO. 1 OF 1
 JOB NO. _____
 FILE NO. _____

CONSTRUCTION NOTES:

- ① 4" X 10' X 75' ASPHALT DRIVEWAY TO BE INSTALLED AS PER PLAN OVER 4" STONE BASE.
- ② EXISTING TREES TO BE REMOVED. LOCATIONS AS NOTED IN PLAN.
- ③ DRIVEWAY APRON TO BE 6" CONC OR 6" ASPHALT AS REQUIRED BY COUNTY.



APRON - CONC. OR ASPHALT AS REQUIRED BY COUNTY.

ARMORY

SCALE: 1" = 30'

October 23, 1987

10415 Armory Avenue
Kensington, Maryland 20895

Edith Saul
10310 Fawcett Street
Kensington, Maryland 20895

Dear Ms. Saul:

I have recently purchased 10415 Armory Avenue and would like to open a driveway onto the property. I have attached plans showing the limits of construction and types of materials to be used.

In order to install this driveway, it will be necessary to remove two existing trees. I have shown these on the plans and provided a picture of the front view of the home.

Because I am disabled, I would like to be able to install this driveway as soon as possible. Please feel free to contact me if you need any further information. Thank you for your consideration.

Very Truly Yours,

Carole Crandon

MONTGOMERY COUNTY HISTORIC PRESERVATION COMMISSION

LOCAL ADVISORY COMMITTEE REVIEW FORM

EXTERIOR ALTERATIONS

I. Location of property

a. Located within the KENSINGTON historic district.

b. This is a Master Plan Atlas historic district (circle one).

c. Address of Property: 10415 ARMORY AVE
KENSINGTON MD

d. Property owner's name, address and phone number:

EAROLE CRANDON

ABOVE

(h) 474-6061 (w) _____

e. Is this property a contributing resource within the historic district? Yes No _____

f. On a map of the district locate this property and any adjacent historic resources. Will this work impact other contributing historic resources? Yes _____ No

II. Description of work proposed

a. Briefly describe proposed work:

NEW DRIVEWAY

b. Is this work on the front, rear, or side of the structure?

c. Is the work visible from the street? YES

d. What are the materials to be used?

ASPHALT PAVING

e. Are these materials compatible with existing materials? How? If not, why? YES SIMILAR

III. Recommendation of the Local Advisory Committee

a. Approval of Work

1. Which criteria found in the Ordinance for Historic Preservation (Sec. 24A-8-b of the Montgomery County Code) does this work meet?

1), 2)

2. What conditions, if any, must be met in order for the proposed work to meet the above criteria? (example: the proposed windows should be double hung to conform with existing windows)

medium sized bus assembly plant & service building

b. Disapproval of Work

1. On what grounds is disapproval recommended? Refer to Sec. 24A-8.

2. How could this proposal be altered so as to be approved?

IV. Additional comments.

Date on which application received: 10.23.87

Date of LAC meeting at which application was reviewed: 10.2.87

Form completed by: Dale H. Little Title: PRIME CHAIRMAN

Member of: KENSINGTON LAC.

Date: 10.15.87

NO TAX ACCOUNT

NUMBER IS AVAILABLE

AS OF 10/26/87

PHONE # 279-1355



Montgomery County Government

Historic Preservation Commission
51 Monroe Street
Rockville, Maryland 20850

