



Historic Preservation Commission

••

A CALLER AND A CALLER

100 Maryland Avenue, Rockville, Maryland 20850 279-1327

1 1

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT #	
NAME OF PROPERTY OWNER PAVID & CHRISTINA NELLI	S TELEPHONE NO. 301/949-9037-
(Contract/Purchaset)	(Include Area Code)
ADDRESS 3709 CALVERT PLACE KENSINGTON	STATE ZIP
CONTRACTOR DAVID GREGE	TELEPHONE NO
CONTRACTOR REGISTRAT	
	(Include Area Code)
REGISTRATION NUMBER	الان در بالان بالان الم
LOCATION OF BUILDING/PREMISE	
touse Number SAME Street	▶
•	distance dis
Fown/CityE	lection District
Vearest Cross Street WASHINGTON STREET	
Lot 24 Block Trin which subdivision Kews in	MON PARIC - PLAT BOOK 39 CASE 405-85
Liber Folio Parcel	
IA. TYPE OF PERMIT ACTION : (circle one)	Circle One: A/C Slab Room Addition
Construct Extend/Add Alter/Renovate OT Repair Wreck/Raze Move Install Revocable Revision	Fence/Wall (complete Section 4), Other Dest Complete Section 4)
WTECK AZE MOVE TASTAIL REVOCADIE REVISION	Fence/wan (complete Section 4) Other 100 100
C. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIV	E PERMIT SEE PERMIT #
1C. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVI 1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY 1E. IS THIS PROPERTY A HISTORICAL SITE?	IS WITHIN HISTORIC DISTRICT
1C. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVITID. 1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY	IS WITHIN HISTORIC DISTRICT
1C. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVITID. 1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY	DITIONS 2B. TYPE OF WATER SUPPLY 01 () WSSC 02 () Well
IC. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVINID. INDICATE NAME OF ELECTRIC UTILITY COMPANY IE. IS THIS PROPERTY A HISTORICAL SITE? PART TWO: COMPLETE FOR NEW CONSTRUCTION AND EXTEND/ADD PART TWO: COMPLETE FOR NEW CONSTRUCTION AND EXTEND/ADD PART TYPE OF SEWAGE DISPOSAL 01 () WSSC 02 () Septic 03 () Other	DITIONS 2B. TYPE OF WATER SUPPLY 01 () WSSC 02 () Well
IC. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVINID. INDICATE NAME OF ELECTRIC UTILITY COMPANY	DITIONS 2B. TYPE OF WATER SUPPLY 01 () WSSC 02 () Well 03 () Other
IC. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVITID. INDICATE NAME OF ELECTRIC UTILITY COMPANY	DITIONS 2B. TYPE OF WATER SUPPLY 01 () WSSC 02 () Well 03 () Other
1C. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVID 1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY	DITIONS 2B. TYPE OF WATER SUPPLY 01 () WSSC 02 () Well 03 () Other
1C. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVID 1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY	DITIONS 2B. TYPE OF WATER SUPPLY 01 () WSSC 02 () Well 03 () Other one of the following locations:(Revocable Letter Required). ion, that the application is correct, and that the construction will comply with
1C. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVID. 1D. INDICATE NAME OF ÉLECTRIC UTILITY COMPANY	DITIONS 2B. TYPE OF WATER SUPPLY 01 () WSSC 02 () Well 03 () Other one of the following locations: (Revocable Letter Required). ion, that the application is correct, and that the construction will comply with is to be a condition for the issuance of this permit. IO/DT/RT d on back) Oate
1C. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVID 1D. INDICATE NAME OF ÉLECTRIC UTILITY COMPANY	DITIONS 2B. TYPE OF WATER SUPPLY 01 () WSSC 02 () Well 03 () Other one of the following locations: (Revocable Letter Required). ion, that the application is correct, and that the construction will comply with is to be a condition for the issuance of this permit. 10/27/87 d on back) Oate
IC. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVID. ID. INDICATE NAME OF ÉLECTRIC UTILITY COMPANY	DITIONS 2B. TYPE OF WATER SUPPLY 01 () WSSC 02 () Well 03 () Other one of the following locations: (Revocable Letter Required). ion, that the application is correct, and that the construction will comply with is to be a condition for the issuance of this permit. 10/27/87 d on back) Oate
1C. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVI 1D. INDICATE NAME OF ÉLECTRIC UTILITY COMPANY	DITIONS 2B. TYPE OF WATER SUPPLY 01 () WSSC 02 () Well 03 () Other one of the following locations: (Revocable Letter Required). ion, that the application is correct, and that the construction will comply with is to be a condition for the issuance of this permit. 10/27/87 d on back) Oate
1C. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVI 1D. INDICATE NAME OF ÉLECTRIC UTILITY COMPANY	DITIONS 2B. TYPE OF WATER SUPPLY 01 () WSSC 02 () Well 03 () Other one of the following locations: (Revocable Letter Required). ion, that the application is correct, and that the construction will comply with is to be a condition for the issuance of this permit. 10/27/87 d on back) Oate eservation Commission
1C. IF THIS IS A REVISION OF A PREVIOUSLY APPROVEO ACTIVID 1D. INDICATE NAME OF ÉLÉCTRIC UTILITY COMPANY 1E. IS THIS PROPERTY A HISTORICAL SITE? PART TWO: COMPLETE FOR NEW CONSTRUCTION AND EXTENO/ADD 2A. TYPE OF SEWAGE DISPOSAL 01 () WSSC 02 () Septic 03 () 01 () WSSC 02 () PART THREE: COMPLETE ONLY FOR FENCE/RETAINING WALL 4A. HEIGHT	DITIONS 2B. TYPE OF WATER SUPPLY 01 () WSSC 02 () Well 03 () Other one of the following locations: (Revocable Letter Required). ion, that the application is correct, and that the construction will comply with is to be a condition for the issuance of this permit. 10/27/87 d on back) Date Eservation Commission 11/23/87 Date
1C. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVI 1D. INDICATE NAME OF ÉLECTRIC UTILITY COMPANY	DITIONS 2B. TYPE OF WATER SUPPLY 01 () WSSC 02 () Well 03 () Other one of the following locations: (Revocable Letter Required). ion, that the application is correct, and that the construction will comply with is to be a condition for the issuance of this permit. 10/27/87 d on back)

,



Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850 279-1327

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT #	· · · · · ·				_	
NAME OF PROPERTY OWNER	+ CHARISTIN	A NELLIS	TELEPHONE NO	301/949-	9037	
(Contract/Purchaser) ADDRESS 3709 CALVERT 1	note h	(calendard)	(Include Area Code)	. 7.	185	2
		ENJNE TON	STATE	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ZIP	<u>.</u>
CONTRACTOR DAVID GAEGE	CONTRACT	OR REGISTRATIO		\$		<u> </u>
PLANS PREPARED BY				b.**		·····
	REGISTRAT	TION NUMBER	(Include Area Code)	1		
LOCATION OF BUILDING/PREMISE		· .				
House Number SAME	Street	·	١	<u> </u>		
	×	Elect	ion Oistrict		•	
	1			· · · · · · · · · · · · · · · · · · ·	·····	<u></u>
Nearest Cross Street WAS 1411 Jour			ON PARK -	PLAT BOOK	39 CASC	405-81
Liber Folio	Parcel					
1A. TYPE OF PERMIT ACTION : (circ Construct Extend/Add Wreck/Raze Move Insta	Alter/Renovate		Circle One: A/C Porch Deck F , Fence/Wall-(complet	ireplace Shed	Solar Woodbu	Irning Stove
1B.CONSTRUCTION COSTS ESTIMA1C.IF THIS IS A REVISION OF A PR1D.INDICATE NAME OF ELECTRIC1E.IS THIS PROPERTY A HISTORIC	EVIOUSLY APP	PROVED ACTIVE PI				
PART TWO: COMPLETE FOR NEW CON 2A. TYPE OF SEWAGE DISPOSAL 01 () WSSC 02 () 03 () Other	Septic	D EXTEND/ADDIT	2B. TYPE OF WATERS 01 () WSSC	GUPPLY 02 () Well		
PART THREE: COMPLETE ONLY FOR F 4A. HEIGHT feetin 4B. Indicate whether the fence or retain 1. On party line/Property line 2. Entirely on land of owner 3. On public right of way/easeme	ches ning wall is to be	constructed on one		i).		
I hereby-certify that I have the authorit plans approved by all agencies listed and Li				, ect, and that the co	onstruction will a	comply with
Signature of owner or authorized agent (a	igent must have si	ignature notarized or	h back)	Date	8	
APPROVED X DISAPPROVED	i	rson, Historic Preserv Klouth		+++++++++++++ 	3/8.7	******
APPLICATION/PERMIT NO: DATE FILED: DATE ISSUED: OWNERSHIP CODE:			FILING FEE: \$ PERMIT FEE: \$ BALANCE \$ RECEIPT NO:			

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:)

				 		<u> </u>
					•	
						•
•						
		······································	· · · · · ·	 		
			•			
		·. ·			(
	<u> </u>			 		
						·
	• • • • • • •					
*****	• • • • •					
					-	

(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.

A start of the sta

MAIL OR DELIVER THE APPLICATION AND ALL REQUIRED DOCUMENTS TO THE: HISTORIC PRESERVATION COMMISSION

100 MARYLAND AVENUE

ROCKVILLE, MARYLAND 20850

MONTGOMERY COUNTY HISTORIC PRESERVATION COMMISSION LOCAL ADVISORY COMMITTEE REVIEW FORM EXTERIOR_ALTERATIONS I. Location of property $^{\prime}$ () MMS/Maistoric district. a. Located within the 10 mb. This is a Master Plan/Atlas historic di rict) (circle one). 37109 c. Address of Property: errane In d. Property owner's name, address and phone number: b. Disau ame as abone . sez. (₩) 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: to remove one damaged mulberry tree as shore in pritures alladed b. Is this work on the front, rear, or side of the structure? c. Is the work visible from the street? $()_{\frown}$ and the set of the set d. What are the materials to be used? e. Are these materials compatible with existing materials? How? If not, why?

III.Recommendation of the Local Advisory Committee

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

thee remova

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)

Aone

Pleasur enorg bas aserads sain 2 leave vriegory .b

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

altarate de la company de la company palation de la company de la company de la company de la company de la com La company de la company de

222240 with the proposal be altered so as to be approved?

a defina distric. Pinton escientes

المستحدة والمستحد والمستح

یر ۲۰۰۰ میلی میلی در ۲۰۰۰ ۲۰۰۰ ا

IV. Additional comments

9 mm / 1
Date on which application received: Oct 207 1981
Date of LAC meeting at which application was reviewed: Mind 1987
Form completed by: Kith, h NAWFASK Title: the person
Member of: Kensmoton RAC
Date: 1981

0465Z







