

31/6 10300 Fawcett St.
No #



Historic Preservation Commission

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

51 Monroe Street, Room 1009
Rockville, MD 20850

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # _____

NAME OF PROPERTY OWNER VINETTA KING TELEPHONE NO. 301-588-0751
(Contract/Purchaser) (Include Area Code)

ADDRESS 715 Dartmouth Avenue, Silver Spring, Maryland 20910
CITY STATE ZIP

CONTRACTOR MARK YOUNG DESIGNS, INC. TELEPHONE NO. 202-244-1956
CONTRACTOR REGISTRATION NUMBER _____

PLANS PREPARED BY KRAMER ARCHITECTS, INC. TELEPHONE NO. 301-652-5700
(Include Area Code)

REGISTRATION NUMBER 4040-A

LOCATION OF BUILDING/PREMISE

House Number 10300 Street FAWCETT STREET

Town/City KENSINGTON Election District _____

Nearest Cross Street BALTIMORE STREET

Block 4 & 5 Subdivision KENSINGTON PARK

Folio _____ Parcel _____

A. TYPE OF PERMIT ACTION: (circle one)

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

B. CONSTRUCTION COSTS ESTIMATE \$ \$40,000

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

D. INDICATE NAME OF ELECTRIC UTILITY COMPANY PEPCO

E. IS THIS PROPERTY A HISTORICAL SITE? YES

PART TWO: COMPLETE FOR NEW CONSTRUCTION AND EXTEND/ADDITIONS

1. TYPE OF SEWAGE DISPOSAL

01 <input checked="" type="checkbox"/> WSSC	02 () Septic	2B. TYPE OF WATER SUPPLY
03 () Other		01 <input checked="" type="checkbox"/> WSSC
		02 () Well
		03 () Other

PART THREE: COMPLETE ONLY FOR FENCE/RETAINING WALL

HEIGHT 3 feet 0 inches (@ ENTIRE PROPERTY BOUNDARY)

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

1. On party line/Property line NO

2. Entirely on land of owner YES

3. 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 laws 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) Vinetta King Date 12/31/87

PROVED _____ For Chairperson, Historic Preservation Commission

APPROVED _____ Signature _____ Date _____

APPLICATION/PERMIT NO: _____ FILING FEE: \$ _____

DATE FILED: _____ PERMIT FEE: \$ _____

DATE ISSUED: _____ BALANCE \$ _____

MEMBERSHIP CODE: _____ RECEIPT NO: _____ FEE WAIVED: _____

SEE REVERSE SIDE FOR INSTRUCTIONS

II, 2.



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CONTRACTOR REGISTRATION NUMBER _____
REGISTRATION NUMBER 4040-A

LOCATION OF BUILDING/PREMISE

House Number 10300 Street FAWCETT STREET

Town/City KENSINGTON Election District _____

Nearest Cross Street BALTIMORE STREET

Lot 4 & 5 Block "9" Subdivision KENSINGTON PARK

Liber _____ Folio _____ Parcel _____

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

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

1B. CONSTRUCTION COSTS ESTIMATE \$ \$40,000

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1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY PEPCO

1E. IS THIS PROPERTY A HISTORICAL SITE? YES

PART TWO: COMPLETE FOR NEW CONSTRUCTION AND EXTEND/ADDITIONS

2A. TYPE OF SEWAGE DISPOSAL

01 <input checked="" type="checkbox"/> WSSC	02 () Septic	2B. TYPE OF WATER SUPPLY
03 () Other _____		01 <input checked="" type="checkbox"/> WSSC
		02 () Well
		03 () Other _____

PART THREE: COMPLETE ONLY FOR FENCE/RETAINING WALL (@ ENTIRE PROPERTY BOUNDARY)

4A. HEIGHT 3 feet 0 inches

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

1. On party line/Property line	<u>NO</u>
2. Entirely on land of owner	<u>YES</u>
3. On public right of way/easement	_____ (Revocable Letter Required).

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Vinetta C King 12/31/87
Signature of owner or authorized agent (agent must have signature notarized on back) Date

APPROVED _____ For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature _____ Date _____

APPLICATION/PERMIT NO: _____ FILING FEE: \$ _____

DATE FILED: _____ PERMIT FEE: \$ _____

DATE ISSUED: _____ BALANCE \$ _____

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

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Liber _____ Folio _____ Parcel _____

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

Construct Extend/Add Alter/Renovate Repair Wreck/Raze Move Install Revocable Revision

Circle One: A/C _____ Slab _____ Room Addition _____
Porch Deck Fireplace Shed Solar Woodburning Stove _____
Fence/Wall (complete Section 4) Other _____

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01 WSSC 02 () Well 03 () Other _____

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Construct Extend/Add Alter/Renovate Repair Wreck/Raze Move Install Revocable Revision

Circle One: A/C Slab Room Addition Porch Deck Fireplace Shed Solar Woodburning Stove
Fence/Wall (complete Section 4) Other _____

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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):

APPL _____

APPL _____

APPL _____

APPL _____

APPL _____

APPL _____

APPL _____

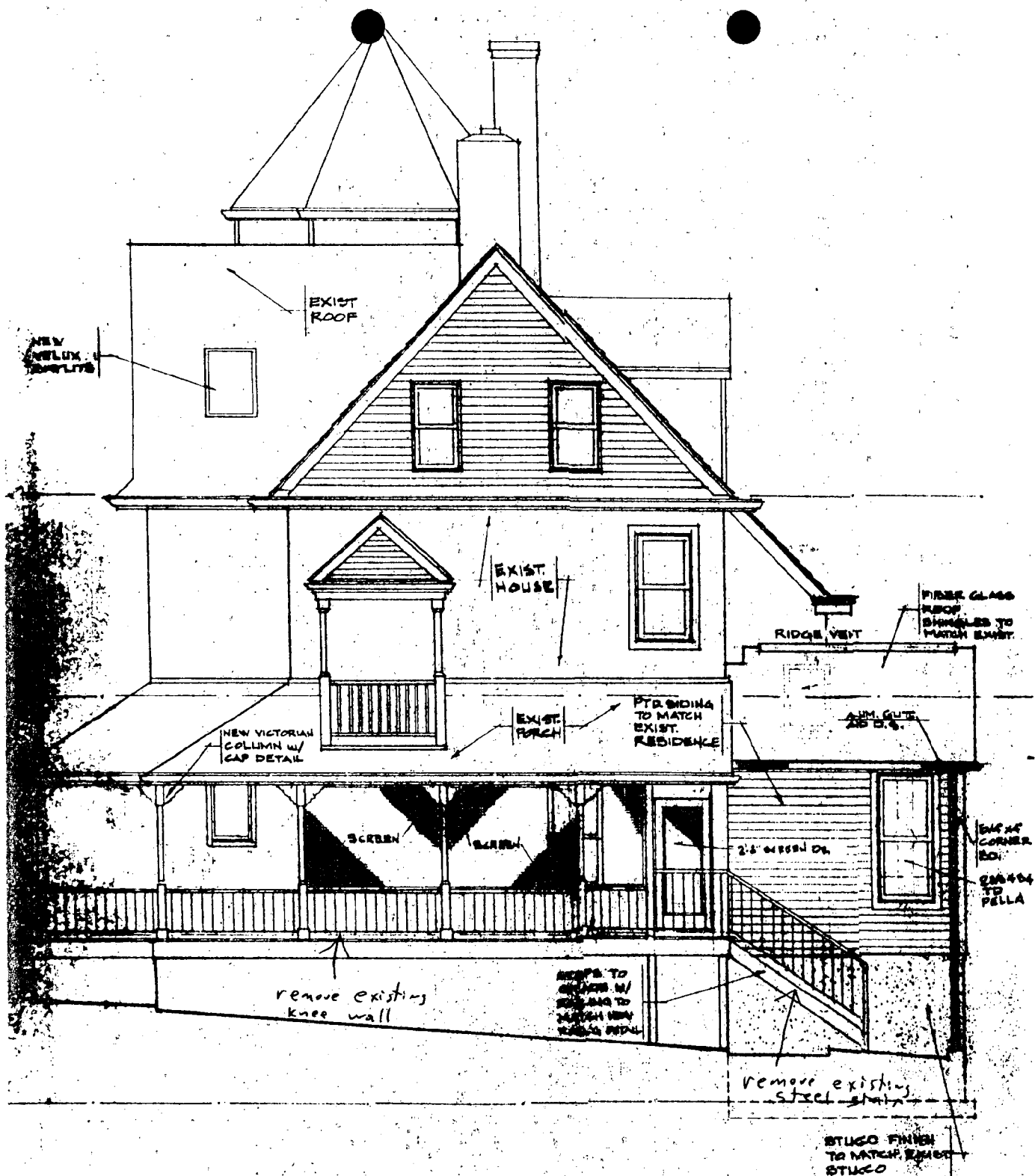
APPL _____

APPL _____

(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

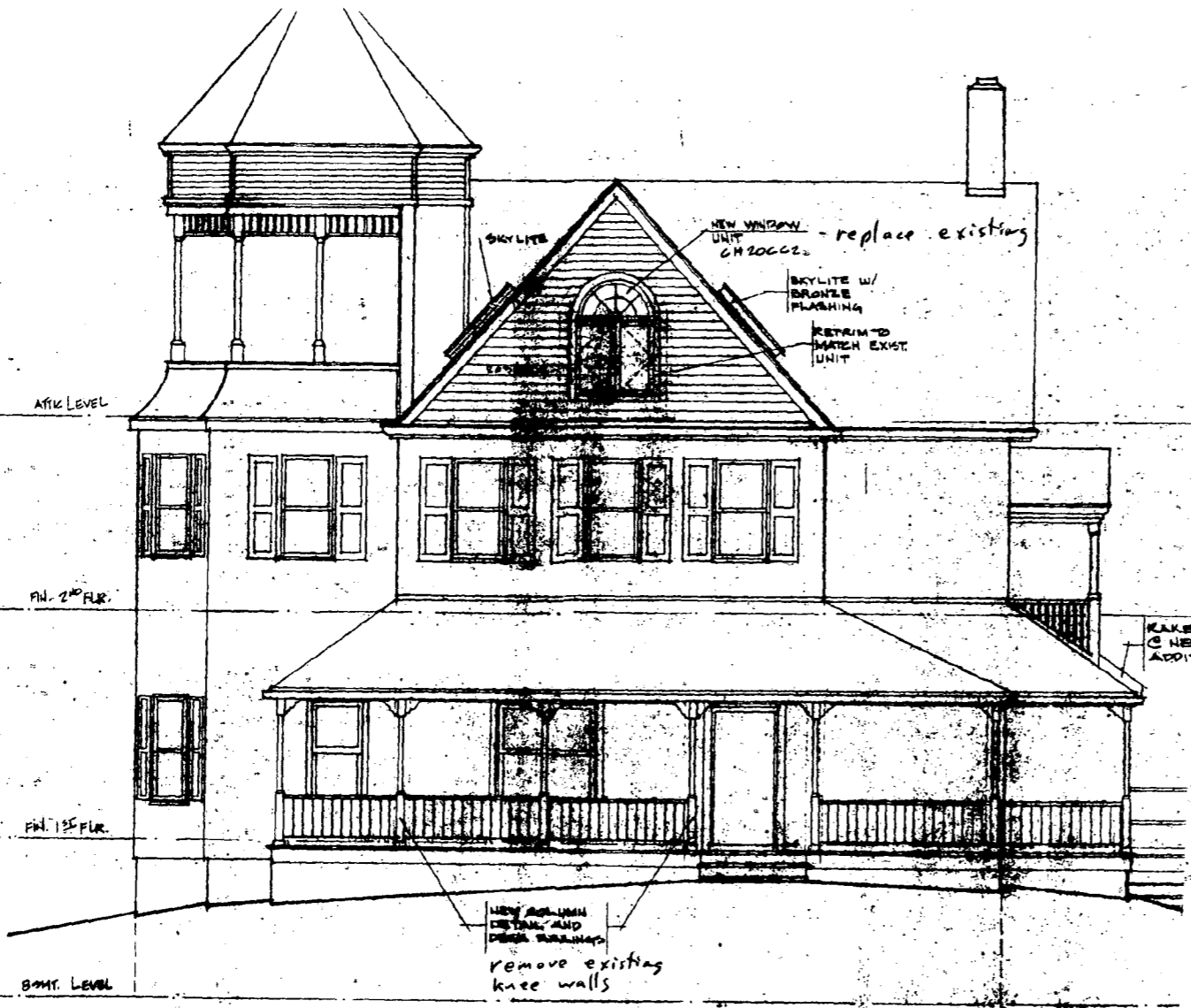


LEFT ELEVATION

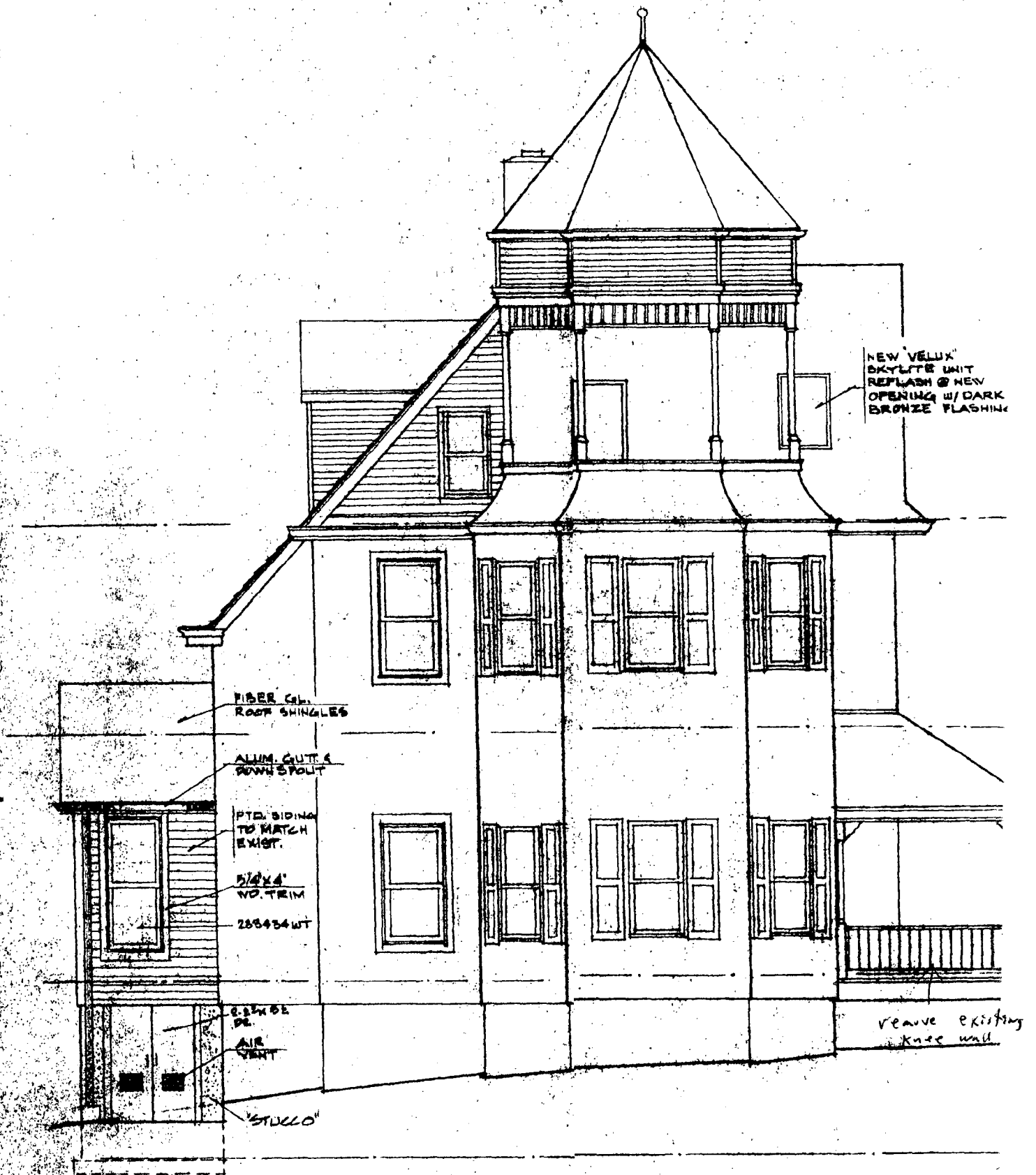


remove existing window

REAR ELEVATION



FRONT ELEVATION



Left
RIGHT ELEVATION



The Atrium Door System

THE ATRIUM TRANSOMS

ELLIPTICAL AND FULL ARCH TRANSOMS

The Atrium Door System offers compatible transoms constructed of solid or edge-glued ponderosa pine.

Sashes for all units are made independent of the frames. Transoms can be mullied directly to The Atrium Door System or framed independently.

The Elliptical style transoms come with leaded glass as standard glazing. Options are clear insulated glass and clear beveled and glue chip leaded glass.

The Full Arch style transoms have standard 3/4" insulating glass. Options are leaded glass inserts, and bronze or grey glass.

Both styles offer optional removable wood grilles. And prefinishes of White, Almond or Earthtone.

Note: Custom transoms can be produced to be compatible with doors and windows of other manufacturers.

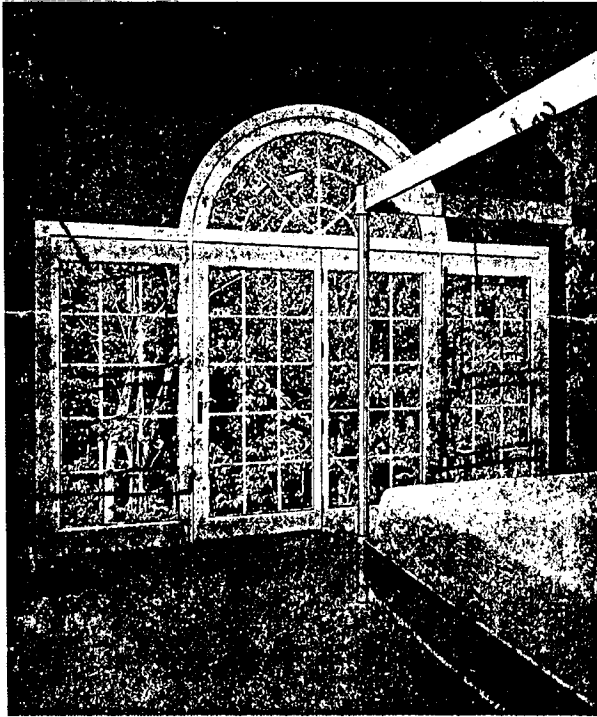
Transoms are shipped one per carton with inside and outside mulls included. Inside trim is flat, eased two edges and packed in the carton.

Elliptical Transom



Elliptical Transoms were used over The Atrium Doors for this patio enclosure in Dayton, OH.

Full Arch Transom



This magnificent master bedroom has used both The Atrium Full Arch Transom and Door to create a picture wall.

French doors in center windows on each side



MONTGOMERY COUNTY HISTORIC PRESERVATION COMMISSION

LOCAL ADVISORY COMMITTEE REVIEW FORM

EXTERIOR ALTERATIONS

I. Location of property

a. Located within the Town of Kensington historic district.

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

c. Address of Property: 10300 Jawsitt St
Kensington MD 20895

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

Vinetta King
715 Dartmouth Ave Silver Spring MD, 20910
(h) 2441956 (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:

one story addition on back of house

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

c. Is the work visible from the street? yes from Balt. St.

d. What are the materials to be used?

Wood clapsaul
The main house is stucco on wood siding

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

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?

b(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)

~~with~~ approval as presented

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

none

Date on which application received: Jan 1988

Date of LAC meeting at which application was reviewed: 1

Form completed by: Feb 1 1988 meeting Title: Kelly J. Rayner

Member of: Kensington LAC

Date: Feb 3 1988

