

31/6 10204 Kensington Pkwy.

OM 19-86

JUL 15 1985



Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850

TELEPHONE 279-1327

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # SSN 577882850

NAME OF PROPERTY OWNER THOMAS PAUL D'AGOSTINO TELEPHONE NO. (301) 949-6526
 (Contract/Purchaser) (Include Area Code)

ADDRESS 10204 KENSINGTON PKWY KENSINGTON MD 20895
 (Include City, State, and ZIP)

CONTRACTOR AS ABOVE TELEPHONE NO. AS ABOVE

PLANS PREPARED BY AS ABOVE TELEPHONE NO. AS ABOVE
 (Include Area Code)

REGISTRATION NUMBER N/A

LOCATION OF BUILDING/PREMISE

House Number 10204 Street KENSINGTON PKWY

Town/City KENSINGTON MD Election District KENSINGTON (# IS UNK)

Nearest Cross Street KENS STREET AND KENSINGTON PKWY

Lot 14 Block 3 Subdivision KENSINGTON PARK

Liber 4 Folio 4 Parcel PLAT BOOK "B"

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 WINDOWS

1B. CONSTRUCTION COSTS ESTIMATE \$ ABOUT \$3000.00

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

1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY POTOMAC ELECTRIC POWER CO.

1E. IS THIS PROPERTY A HISTORICAL SITE? NO

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:

1. On party line/Property line _____

2. Entirely on land of owner _____

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

Thomas Paul D'Agostino 4/30/86
 Signature of owner or authorized agent (agent must have signature notarized on back) Date

APPROVED X For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature Rodina Hahn Date 6/2/86

APPLICATION/PERMIT NO: 0M19-86 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:)

- ① REPLACE EXISTING METAL CASEMENT WINDOWS WITH ANDERSON PERMA SHIELD NARROWLINE DOUBLE HUNG WINDOWS.
- ② INSTALL ANDERSON PERMA SHIELD 30° ANGLE BAY WINDOW IN PLACE OF EXISTING METAL CASEMENT PICTURE WINDOWS IN THE FRONT OF THE HOUSE. ONE BAY WINDOW INSTALLED PER PICTURE WINDOW OPENING WITH A TOTAL OF TWO BAY WINDOWS INSTALLED.
- ③ WINDOWS WILL BE WHITE IN COLOR.

(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

SEE REVERSE SIDE FOR INSTRUCTIONS