

31/6 10212 Kensington Pkwy

OM 2-88



Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850
279-1327

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # _____
 NAME OF PROPERTY OWNER D. NEILANDS TELEPHONE NO. 949-3417
(Contract/Purchaser) (Include Area Code)
 ADDRESS 10212 KENSINGTON PKWY KENSINGTON MD 20895
CITY STATE ZIP
 CONTRACTOR _____ TELEPHONE NO. _____
 CONTRACTOR REGISTRATION NUMBER _____
 PLANS PREPARED BY SAME TELEPHONE NO. 949-3417
(Include Area Code)
 REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE
 House Number 10212 Street KENSINGTON PKWY
 Town/City KENSINGTON Election District _____
 Nearest Cross Street FREDRICK
 Lot _____ Block _____ Subdivision _____
 Parcel _____ Folio _____ Parcel _____

1. TYPE OF PERMIT ACTION: (circle one)
 Construct Extend/Add Alter/Renovate Repair Circle One: A/C Slab Room Addition
 Wreck/Raze Move Install Revocable Revision Porch Deck Fireplace Shed Solar Woodburning Stove
 Fence/Wall (complete Section 4) Other _____
 2. CONSTRUCTION COSTS ESTIMATE \$ _____
 3. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVE PERMIT SEE PERMIT # _____
 4. INDICATE NAME OF ELECTRIC UTILITY COMPANY _____
 5. IS THIS PROPERTY A HISTORICAL SITE? _____

PART TWO: COMPLETE FOR NEW CONSTRUCTION AND EXTEND/ADDITIONS

1. TYPE OF SEWAGE DISPOSAL
 01 () WSSC 02 () Septic
 03 (X) Other DEAD TREE MOVAK
 2B. TYPE OF WATER SUPPLY
 01 () WSSC 02 () Well
 03 () 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:
 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 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.

Signature of owner or authorized agent (agent must have signature notarized on back) Paul J. Neilands Date 1/6/88

APPROVED X For Chairperson, Historic Preservation Commission
 DISAPPROVED _____ Signature Robert Hahn Date 1/11/88

APPLICATION/PERMIT NO: OM 2-88 FILING FEE: \$ _____
 DATE FILED: _____ PERMIT FEE: \$ _____
 DATE ISSUED: _____ BALANCE \$ _____
 OWNERSHIP CODE: _____ RECEIPT NO: _____ FEE WAIVED: _____

SEE REVERSE SIDE FOR INSTRUCTIONS



Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850
279-1327

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # _____

NAME OF PROPERTY OWNER P. NEILANDS TELEPHONE NO. 949-3417
(Contract/Purchaser) (Include Area Code)

ADDRESS 10212 KENSINGTON PKWY KENSINGTON MD 20895
CITY STATE ZIP

CONTRACTOR _____ TELEPHONE NO. _____

PLANS PREPARED BY SAME CONTRACTOR REGISTRATION NUMBER _____
 TELEPHONE NO. 949-3417
(Include Area Code)

REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE

House Number 10212 Street KENSINGTON PKWY

Town/City KENSINGTON Election District _____

Nearest Cross Street FREDRICK

Lot _____ Block _____ 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)	Shed	Solar
					Woodburning Stove	Other

1B. CONSTRUCTION COSTS ESTIMATE \$ _____

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

1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY _____

1E. IS THIS PROPERTY A HISTORICAL SITE? _____

PART TWO: COMPLETE FOR NEW CONSTRUCTION AND EXTEND/ADDITIONS

2A. TYPE OF SEWAGE DISPOSAL

01 () WSSC	02 () Septic
03 (X) Other <u>DEAD TREE NOVAK</u>	

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.

Paul J. Neilands 1/6/88
 Signature of owner or authorized agent (agent must have signature notarized on back) Date

APPROVED X For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature Robert Hahn Date 1/11/88

APPLICATION/PERMIT NO: OM 2-88 FILING FEE: \$ _____

DATE FILED: _____ PERMIT FEE: \$ _____

DATE ISSUED: _____ BALANCE \$ _____

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

SEE REVERSE SIDE FOR INSTRUCTIONS

TREE REMOVAL
PRUNING

FIREWOOD
SNOW removal

STORM DAMAGE
FEEDING & CABLING



DAVID T. GREGG 'S
TREE SERVICE, INC.
4421 INDEPENDENCE ST.
ROCKVILLE, MD 20853



LICENSED
INSURED
FREE ESTIMATE

DATE 12-30-87

PHONE
WH 2-7597
(301) 834-9695

ESTIMATE

AMOUNT

NEED PERMIT FOR LARGE
SILVER MAPLE TREE LEFT FRONT
YARD
Limbs & TRUNK ARE HOLLOW.

Equipment:

Subtotal

Customer:

MRS PAUL NEILANDS
10212 HEN PKWY
MENNS MD

DATE COMPLETED

PHONE

949-3417

Signed: _____

ESTIMATE GOOD FOR SIX (6) MONTHS

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: 10212 Kensington PKWY
Kensington MD 20895

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

P. Neilands

(h) 9493417 (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:

Dead Tree removal

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? SAW

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

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?

NA

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)

NA

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: Jan 6 1988

Date of LAC meeting at which application was reviewed: _____

Form completed by: Lynn Kaufaste Title: tree person

Member of: Hensington & AC

Date: 1/8/88