

31/6 3716 Washington St.  
OM 49-87



**Historic Preservation Commission**  
 100 Maryland Avenue, Rockville, Maryland 20850  
 279-1327

**APPLICATION FOR HISTORIC AREA WORK PERMIT**

FOR TREE REMOVAL

TAX ACCOUNT # \_\_\_\_\_  
 NAME OF PROPERTY OWNER: KAREN C. SMITH TELEPHONE NO. 301-946-6965  
(Contract/Purchaser) IAN D. LITMAN (Include Area Code)  
 ADDRESS 3716 WASHINGTON ST KENSINGTON, MD. 20895  
CITY STATE ZIP  
 CONTRACTOR \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
 CONTRACTOR REGISTRATION NUMBER \_\_\_\_\_  
 PLANS PREPARED BY \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
(Include Area Code)  
 REGISTRATION NUMBER \_\_\_\_\_

**LOCATION OF BUILDING/PREMISE**  
 House Number 3716 Street WASHINGTON ST.  
 Town/City KENSINGTON Election District \_\_\_\_\_  
 Nearest Cross Street CONNECTICUT AVE.  
 Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Folio \_\_\_\_\_ Parcel \_\_\_\_\_

**A. TYPE OF PERMIT ACTION: (circle one)** SEE BACK  
 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 \_\_\_\_\_  
**B. CONSTRUCTION COSTS ESTIMATE \$** \_\_\_\_\_  
**C. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVE PERMIT SEE PERMIT #** \_\_\_\_\_  
**D. INDICATE NAME OF ELECTRIC UTILITY COMPANY** \_\_\_\_\_  
**E. IS THIS PROPERTY A HISTORICAL SITE?** \_\_\_\_\_

**ART TWO: COMPLETE FOR NEW CONSTRUCTION AND EXTEND/ADDITIONS**  
**A. TYPE OF SEWAGE DISPOSAL** 2B. **TYPE OF WATER SUPPLY**  
 01 ( ) WSSC 02 ( ) Septic 01 ( ) WSSC 02 ( ) Well  
 03 ( ) Other \_\_\_\_\_ 03 ( ) Other \_\_\_\_\_

**ART THREE: COMPLETE ONLY FOR FENCE/RETAINING WALL**  
**A. HEIGHT** \_\_\_\_\_ feet \_\_\_\_\_ inches  
**B. 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.

Karen C. Smith Sept. 28, 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 Hale Date 10/16/87

APPLICATION/PERMIT NO: OM 49-87 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:)

Request for removal of Norway Maple from east side yard. Tree is crowding two others and is too close to house foundation (5'6").

Dave Gregg has agreed to do this work pending approval.

(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

## APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # \_\_\_\_\_

NAME OF PROPERTY OWNER \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
(Contract/Purchaser) (Include Area Code)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
CONTRACTOR REGISTRATION NUMBER \_\_\_\_\_

PLANS PREPARED BY \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
(Include Area Code)

REGISTRATION NUMBER \_\_\_\_\_

LOCATION OF BUILDING/PREMISE

House Number 2714 Street W. W. C. C. St.

Town/City ROCKVILLE Election District \_\_\_\_\_

Nearest Cross Street MANE C. ST. 100

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Liber \_\_\_\_\_ Folio \_\_\_\_\_ Parcel \_\_\_\_\_

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

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 ( ) 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:

- 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.

[Signature] \_\_\_\_\_ Date 1/28/2002

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

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: \_\_\_\_\_

SEE REVERSE SIDE FOR INSTRUCTIONS



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HISTORIC PRESERVATION COMMISSION  
100 MARYLAND AVENUE  
ROCKVILLE, MARYLAND 20850



Montgomery County Government

Historic Preservation Commission  
100 Maryland Avenue  
Rockville, Maryland, 20850

*Smith*





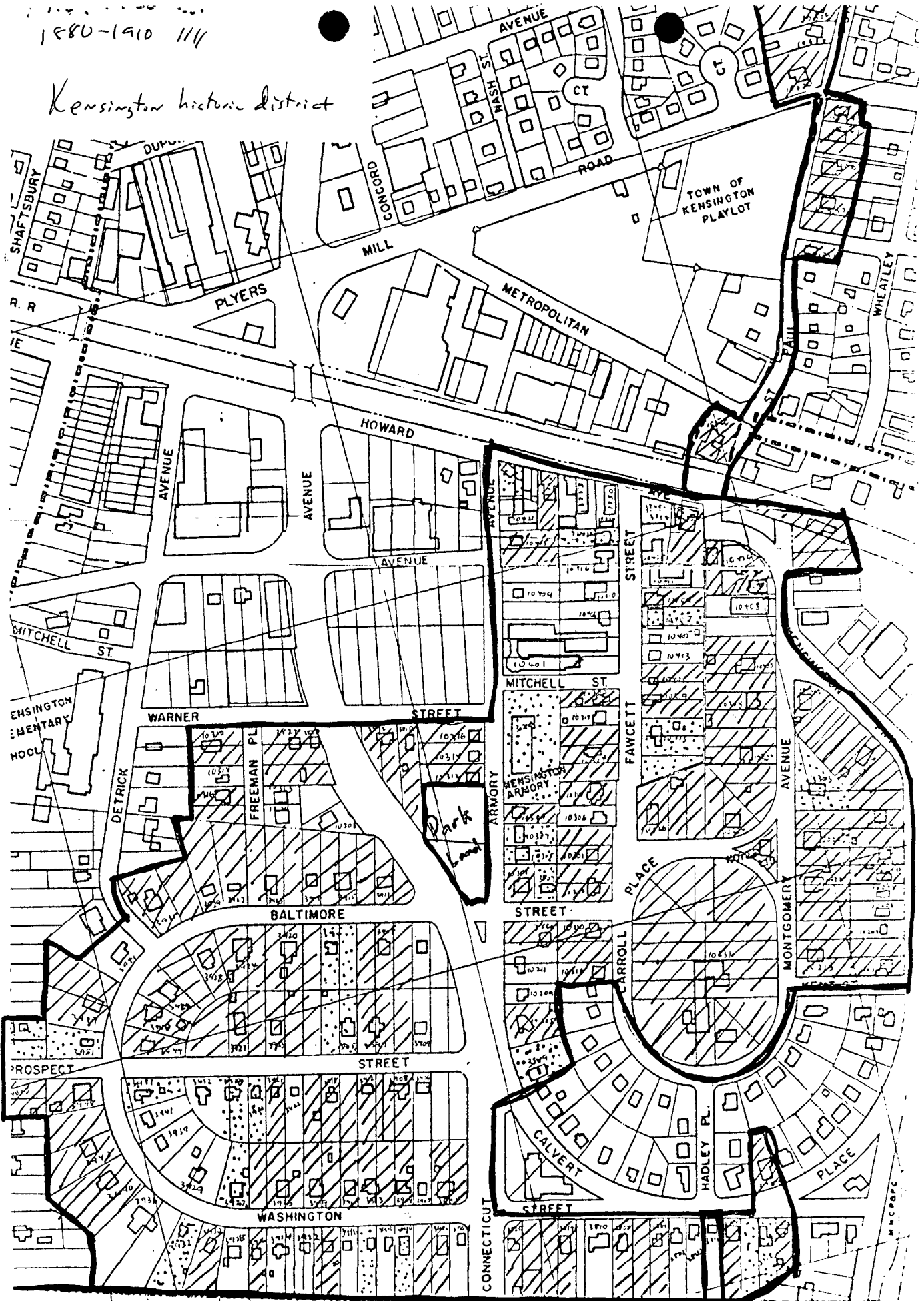






1880-1910 III

Kensington historic district



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: 3716 WASHINGTON ST  
KENSINGTON MD

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

IAN LITTMAN & KAREN SMITH

ABOVE

(h) 946-6965 (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:

REMOVE MAPLE TREE

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?

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?

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)

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: SEPT. 28, 1987

Date of LAC meeting at which application was reviewed: OCT. 5, 1987

Form completed by: Donald H. Little Title: CHAIRMAN

Member of: KENSINGTON LAC.

Date: OCT. 16, 1987