

31/6 10549 St. Paul St.
SA 29-86



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

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # 1021964
 NAME OF PROPERTY OWNER PAULA MERCER TELEPHONE NO. 301 933-3028
 (Contract/Purchaser)
 ADDRESS 10549 ST. PAUL KENSINGTON MD 20895
 CITY STATE ZIP
 CONTRACTOR Self TELEPHONE NO. _____
 PLANS PREPARED BY Self CONTRACTOR REGISTRATION NUMBER _____
 TELEPHONE NO. _____
 (Include Area Code)
 REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE
 House Number 10549 Street ST PAUL
 Town/City KENSINGTON Election District _____
 Nearest Cross Street PLYERS MILL
 Lot 01 Block _____ Subdivision 15
 Liber 6331 Folio 688 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 Revision Fence/Wall (complete Section 4) Other SKYLIGHTS
 1B. CONSTRUCTION COSTS ESTIMATE \$ 300.00
 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:
 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.

Paula Mercer 7-7-86
 Signature of owner or authorized agent (agent must have signature notarized on back) Date

APPROVED X For Chairperson, Historic Preservation Commission
 DISAPPROVED _____ Signature Richard Hall Date 8/8/86

APPLICATION/PERMIT NO: SA 29-86 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):

2 Hedding gum flat self mounting sky lights
24" x 48"

Blank lines for additional description or notes.

(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