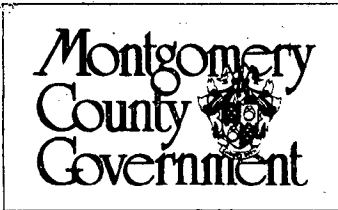


31/7 10019 Pratt Pl.

OM 3-86



Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850
279-1327

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # 2360270

NAME OF PROPERTY OWNER Avery-Flaherty Properties, Inc. TELEPHONE NO. (301) 587-3011
 (Contract/Purchaser) _____ (Include Area Code) _____

ADDRESS 5515 Security Lane, Suite 1005, Rockville, Md. 20852

CONTRACTOR Avery Homes, Inc. CITY _____ STATE _____ TELEPHONE NO. (301) 587-3011 ZIP _____
 CONTRACTOR REGISTRATION NUMBER 4358

PLANS PREPARED BY _____ TELEPHONE NO. _____
 (Include Area Code) _____

REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE

House Number 10019 Street Pratt Place

Town/City Silver Spring Election District 13th

Nearest Cross Street Capitol View Avenue

Lot 31 Block 29 Subdivision Capitol View Park

Liber 6078 Folio 652 Parcel _____

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

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

1B. CONSTRUCTION COSTS ESTIMATE \$ 1,000.00

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

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 <input type="checkbox"/> Septic
03 <input type="checkbox"/> Other _____	

2B. TYPE OF WATER SUPPLY

01 <input checked="" type="checkbox"/> WSSC	02 <input type="checkbox"/> Well
03 <input type="checkbox"/> 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.

William H. Avery, Jr. _____ February 18, 1986
 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: 0113-86 FILING FEE: \$ _____

DATE FILED: 2/18/86 PERMIT FEE: \$ _____

DATE ISSUED: _____ BALANCE \$ _____

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

SEE REVERSE SIDE FOR INSTRUCTIONS