

31/7 10019 Pratt Pl.
OM 49-86



Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850
279-1327

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # 2360270

NAME OF PROPERTY OWNER NANCY L. OSGOOD & SIM SHANKS TELEPHONE NO. 301 587 4973
(Contract/Purchaser) (Include Area Code)

ADDRESS 10019 PRATT PL S.S. MD. 20910
CITY STATE ZIP

CONTRACTOR SMITHCO INC. TELEPHONE NO. 301 530 0535
CITY STATE ZIP

PLANS PREPARED BY SMITHCO INC. TELEPHONE NO. 301 530 0535
(Include Area Code)

REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE

House Number 10019 Street PRATT PL.

Town/City SILVER SPRING MD Election District 13

Nearest Cross Street CAPITOL VIEW

Lot 31 Block 29 Subdivision CAPITOL VIEW PARK

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 Revision | Porch Deck | Fireplace Shed | Solar Woodburning Stove |
| | | | | Fence/Wall (complete Section 4) Other <u>DECK</u> | | |
- 1B. CONSTRUCTION COSTS ESTIMATE \$ 550.00
- 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? _____

PART TWO: COMPLETE FOR NEW CONSTRUCTION AND EXTEND/ADDITIONS

2A. TYPE OF SEWAGE DISPOSAL

01 () WSSC	02 () Septic	2B. TYPE OF WATER SUPPLY
03 () Other _____		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.

Reg. Hendrix F. Signature of owner or authorized agent (agent must have signature notarized on back) Nov. 13, 1986 Date

APPROVED X For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature Robert Hale Date 11/17/86

APPLICATION/PERMIT NO: OM 49-86 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:)

DECK 12x16' OF TREATED LUMBER

(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