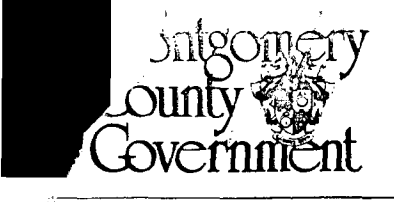


31/7 10040 Pratt Pl.

OM 5-86



Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850
279-1327

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # 2360361

NAME OF PROPERTY OWNER MYRNA WRIGHT TELEPHONE NO. 565-9440
(Contract/Purchaser) (Include Area Code)

ADDRESS 10040 PRATT PLACE SILVER SPRING MD 20910
CITY STATE ZIP

CONTRACTOR SAM'S BRUNSTED TELEPHONE NO. 21950

PLANS PREPARED BY SAM'S BRUNSTED TELEPHONE NO. 21950
(Include Area Code)

REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE

House Number 10040 Street PRATT PLACE

Town/City SILVER SPRING Election District 13TH

Nearest Cross Street CAPITOL VIEW AVE

Lot 17 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	Porch	Deck	Fireplace	Shed	Solar	Woodburning Stove
			Revision	Fence/Wall (complete Section 4)	Other				

1B. CONSTRUCTION COSTS ESTIMATE \$ 1000

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

1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY NIPCO

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 () Septic
03 () Other _____	

2B. TYPE OF WATER SUPPLY

01 <input checked="" type="checkbox"/> 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.

Sams Brunsted
Signature of owner or authorized agent (agent must have signature notarized on back) _____ Date _____

APPROVED For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature _____ Date 3/20/86

APPLICATION/PERMIT NO: 1005-003 FILING FEE: \$ _____

DATE FILED: _____ PERMIT FEE: \$ _____

DATE ISSUED: _____ BALANCE \$ _____

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

SEE REVERSE SIDE FOR INSTRUCTIONS