

31/7 10035 Pratt Pl.
OM 5-87



Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850

TELEPHONE NUMBER 279-1327

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # _____

NAME OF PROPERTY OWNER BARBARA + SCOTT ECKERT TELEPHONE NO. (301) 587-5304
 (Contract/Purchaser) (Include Area Code)

ADDRESS 10035 PRATT PLACE SILVER SPRING MD. 20910
 CITY STATE ZIP

CONTRACTOR POTOMAC FENCE CO TELEPHONE NO. (301) 468-1228
 CONTRACTOR REGISTRATION NUMBER 9989

PLANS PREPARED BY _____ TELEPHONE NO. 301-468-1228
 (Include Area Code)

REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE

House Number 10035 Street PRATT PLACE

Town/City SILVER SPRING Election District _____

Nearest Cross Street CAPITAL VIEW AVENUE

Lot 23 Block _____ Subdivision PRATT HOUSE STATION (S)

Liber _____ Folio _____ 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	<input type="checkbox"/> Circle One: 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 type="checkbox"/> Deck	<input type="checkbox"/> Fireplace
			<input type="checkbox"/> Revision	<input checked="" type="checkbox"/> Fence/Wall (complete Section 4)	<input type="checkbox"/> Shed	<input type="checkbox"/> Solar
					<input type="checkbox"/> Woodburning Stove	

1B. CONSTRUCTION COSTS ESTIMATE \$ #1200.00

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

1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY PEPCO

1E. IS THIS PROPERTY A HISTORICAL SITE? NO

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 4' feet 0" inches

4B. Indicate whether the fence or retaining wall is to be constructed on one of the following locations:

- On party line/Property line one side on property line
- Entirely on land of owner rest fully on owners property
- 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.

Scott Eckert

2/28/87

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

APPROVED X For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature Robert Halpin Date 3/4/87

APPLICATION/PERMIT NO: OM 5-87 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:)

FENCE CONSTRUCTED OF CEDAR BOARDS AND
POSTS

(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 BREBBA + SCOTT ECKERT TELEPHONE NO. (301) 587-5304
(Contract/Purchaser) (Include Area Code)

ADDRESS 10035 PRATT PLACE SILVER SPRING MD 20910
CITY STATE ZIP

CONTRACTOR POTOMAC FENCE CO TELEPHONE NO. (301) 468-1228
CONTRACTOR REGISTRATION NUMBER 9989

PLANS PREPARED BY _____ TELEPHONE NO. 301-468-1228
(Include Area Code)

REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE

House Number 10035 Street PRATT PLACE

Town/City SILVER SPRING Election District _____

Nearest Cross Street CAPITAL VIEW AVENUE

Lot 23 Block _____ Subdivision PRATT STATION

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

1B. CONSTRUCTION COSTS ESTIMATE \$ \$1200.00

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

1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY PEPCO

1E. IS THIS PROPERTY A HISTORICAL SITE? NO

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 4' feet 0" 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 one side on property line
2. Entirely on land of owner entirely on owners property
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.

Scott A Eckert

2/28/87

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

Date

APPROVED X For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature Robert Hahn Date 3/4/87

APPLICATION/PERMIT NO: OM 5-87 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:)

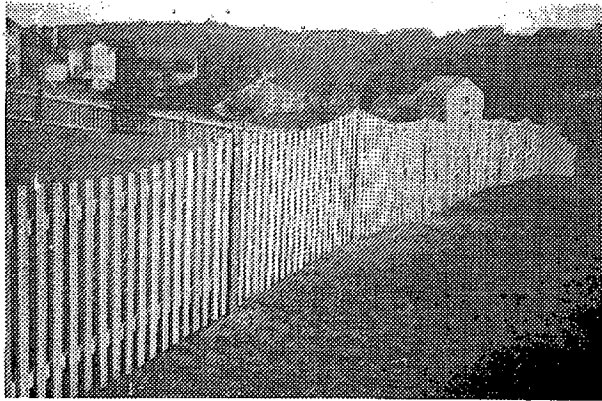
FENCE CONSTRUCTED OF CEDAR BOARDS AND
POSTS.

(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

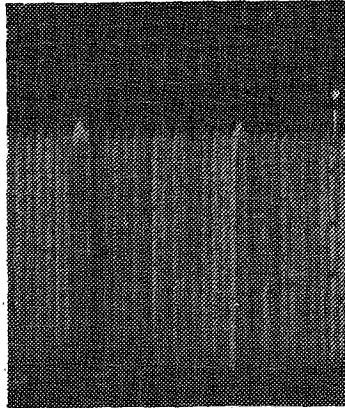
WILLIAMSBURG STYLE



ALL HEIGHTS AVAILABLE
1 TO 5 INCH MT-VERNON DIP
CEDAR BOARDS
CEDAR OR PRESSURE TREATED POSTS



**OUR VERY BEST
CEDAR SCREEN**



DOWELLED CEDAR PC
SPOOLED RAILS ½ RO
FLAT BACK CEDAR PIC

ALL HEIGHTS

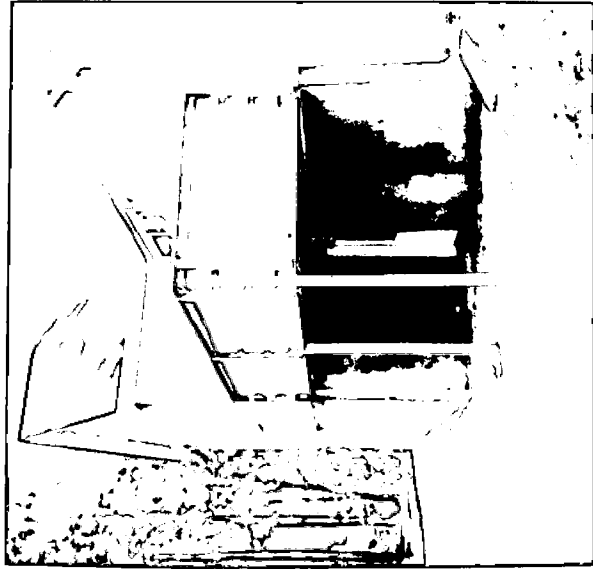




Montgomery County Government

Historic Preservation Commission
100 Maryland Avenue
Rockville, Maryland, 20850





MONTGOMERY COUNTY HISTORIC PRESERVATION COMMISSION

LOCAL ADVISORY COMMITTEE REVIEW FORM

EXTERIOR ALTERATIONS

I. Location of property

a. Located within the CAPITAL VIEW historic district.

b. This is a Master Plan/Atlas historic district (circle one).

c. Address of Property: 10035 PRATT PLACE
SILVER SPRING, MD 20910

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

BARBARA and SCOTT ECKERT
10035 PRATT PLACE SILVER SPRING, MD 20910
(h) (301) 587-5304 (w) (703) 648-1560

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:

WILLIAMSBURG STYLE PICKET FENCE
4'0" High using cedar Boards BACK OF HOUSE

b. Is this work on the front, rear, or side of the structure?

REAR, SIDE

c. Is the work visible from the street?

A small portion of the fence will be visible from the street but not at

d. What are the materials to be used?

all angles
CEDAR BOARDS

e. Are these materials compatible with existing materials? How? If not, why?

Yes,

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?

24A-8-B 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)

None

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: 2/24/87

Date of LAC meeting at which application was reviewed: 3/2/87

Form completed by: Phelan Title: Chair person

Member of: Capital View LAC

Date: 3/2/87