

31/7 10213 Meredith Ave.
OM 50-87



Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850
279-1327

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # _____

NAME OF PROPERTY OWNER Roger L & Daniece B. Myers TELEPHONE NO. 588-3046
(Contract/Purchaser) (Include Area Code)

ADDRESS 9118 Glenridge Rd Silver Spring CITY MD STATE MD ZIP 20910

CONTRACTOR _____ TELEPHONE NO. _____

CONTRACTOR REGISTRATION NUMBER _____

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

REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE

House Number 10213 Street Meredith Ave

Town/City Kensington Election District _____

Nearest Cross Street Capitol View Ave

Lot 12 Block 1 Subdivision _____

Liber 504 Folio 294 Parcel _____

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

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

1B. CONSTRUCTION COSTS ESTIMATE \$ _____

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? NO

PART TWO: COMPLETE FOR NEW CONSTRUCTION AND EXTENSO/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:

- 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.

Roger L Myers Daniece B. Myers
Signature of owner or authorized agent (agent must have signature notarized on back)

Date _____

APPROVED X For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature Adrian W. Hahn Date 9/11/87

APPLICATION/PERMIT NO: SA 43-87

DATE FILED: OM 50-87

DATE ISSUED: _____

OWNERSHIP CODE: _____

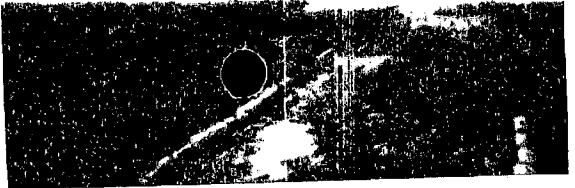
FILING FEE: \$ _____

PERMIT FEE: \$ _____

BALANCE \$ _____

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:)

*Siding & brick work on one side
gable roof to match roof line replace gutters & sealings
cost about 900.⁰⁰*

(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 Robert J. [unclear] TELEPHONE NO. 301-584-1111
(Contract/Purchaser) (Include Area Code)

ADDRESS 111 [unclear] [unclear] CITY [unclear] STATE MD ZIP _____

CONTRACTOR _____ TELEPHONE NO. _____

CONTRACTOR REGISTRATION NUMBER _____

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

REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE

House Number 11115 Street [unclear]

Town/City [unclear] Election District _____

Nearest Cross Street [unclear]

Lot _____ Block 1 Subdivision _____

Liber 201 Folio 111 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 _____

1B. CONSTRUCTION COSTS ESTIMATE \$ _____

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

1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY _____

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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.

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

APPROVED X For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature [unclear] Date 11/15/87

APPLICATION/PERMIT NO: OM 43-87 FILING FEE: \$ _____
DATE FILED: 04150-87 PERMIT FEE: \$ _____
DATE ISSUED: _____ BALANCE \$ _____
OWNERSHIP CODE: _____ RECEIPT NO: _____ FEE WAIVED: _____

SEE REVERSE SIDE FOR INSTRUCTIONS

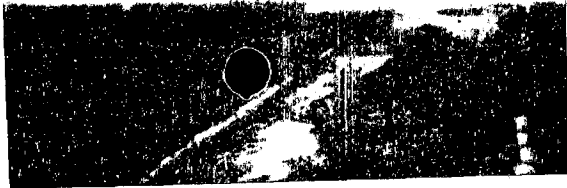
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HISTORIC PRESERVATION COMMISSION
100 MARYLAND AVENUE
ROCKVILLE, MARYLAND 20850



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ROCKVILLE, MARYLAND 20850

MONTGOMERY COUNTY HISTORIC PRESERVATION COMMISSION

LOCAL ADVISORY COMMITTEE REVIEW FORM

EXTERIOR ALTERATIONS

I. Location of property

a. Located within the Capitol View Park historic district.

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

c. Address of Property: 10213 Meredith Ave
Silver Spring, MD 20910

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

Roger and Denise Myers
9118 Glenridge Rd. Silver Spring, MD 20910
(h) 588-3046 (w) _____

e. Is this property a contributing resource within the historic district? Yes _____ No x

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 x

II. Description of work proposed

a. Briefly describe proposed work:

replacement of siding on one side of house with brick and siding
Repair of roof on porch, matching roof line of house.

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

c. Is the work visible from the street?
yes

d. What are the materials to be used? brick and aluminum

e. Are these materials compatible with existing materials? How? If not, why? Yes, matches old siding.

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?

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)

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: 8 September 1987

Date of LAC meeting at which application was reviewed: 8 September 1987

Form completed by: Carol Ireland Title: Secretary

Member of: Capitol View Park LAC

Date: 10 September 1987



Montgomery County Government





Historic Preservation Commission
51 Monroe Street
Rockville, Maryland 20850

~~Mr. David F.~~

HISTORIC DISTRICT

--- Historic District Boundary

RESOURCES

-  1870 - 1916
-  1917 - 1935
-  Nominal [1935 -]
-  Spatial

10213 Meredith Ave.



LOCATION OF PROPOSED WORK

