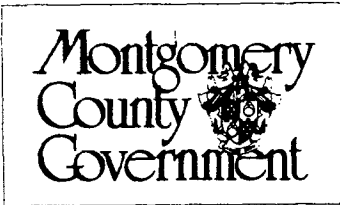


22/7 Bussard Farm
OM 29-88

25/22/7



Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850
(51 MONROE ST) 279-1327-8097

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # _____

NAME OF PROPERTY OWNER M-NCPPE / MONT. CO DEPT. OF PARKS TELEPHONE NO. (301) 948-1769
 (Contract/Purchaser) (Include Area Code)

ADDRESS 18400 MUNCASTER RD ROCKVILLE, MD 20855 (BUSSARD FARM / AG. HISTORIC PARK)
 CITY STATE ZIP

CONTRACTOR TRI-M CONSTRUCTION, INC. TELEPHONE NO. (301) 975-1070
 CONTRACTOR REGISTRATION NUMBER _____

PLANS PREPARED BY JAMES T. WOLLON A.I.A. TELEPHONE NO. (301) 879-6748
 (Include Area Code)

REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE

House Number 18400 Street MUNCASTER RD ROCKVILLE, MD 20855

Town/City ROCKVILLE Election District _____

Nearest Cross Street RT 115 MUNCASTER MILL RD

Lot _____ Block _____ Subdivision _____

Liber _____ Folio _____ Parcel _____

1A. TYPE OF PERMIT ACTION: (circle one) Circle One: A/C Slab Room Addition
 Construct Extend/Add Alter/Renovate Repair Porch Deck Fireplace Shed Solar Woodburning Stove
 Wreck/Raze Move Install Revocable Revision Fence/Wall (complete Section 4) Other BARN ROOF

1B. CONSTRUCTION COSTS ESTIMATE \$ 75K (TOTAL PAINTING + RE-ROOFING COSTS) (RE)

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? YES (BUSSARD FARM # 22-

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 _____ feet _____ 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 _____
 2. Entirely on land of owner _____
 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.

Michael F. Dwyer, Mont Co Dept of Parks 5/3/88
 Signature of owner or authorized agent (agent must have signature notarized on back) Date

APPROVED X For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature [Signature] Date 5/6/88

APPLICATION/PERMIT NO: OM 29-88 FILING FEE: \$ _____

DATE FILED: _____ PERMIT FEE: \$ _____

DATE ISSUED: _____ BALANCE \$ _____

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

SEE REVERSE SIDE FOR INSTRUCTIONS