

23/46

Greenwood

1988

No. #

OUTBLOGS DEVI



Historic Preservation Commission

51 Monroe Street
Rockville, Maryland 20850

279-8097

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # _____

NAME OF PROPERTY OWNER FAITH S. VREDEN BURGH TELEPHONE NO. 301 924 3614

(Contract/Purchaser) ADDRESS 21315 GEORGIA AVE BROOKEVILLE (Include Area Code) MARYLAND 20833

CONTRACTOR OAK GROVE DESIGNS TELEPHONE NO. 921 0254 ZIP _____

PLANS PREPARED BY _____ CONTRACTOR REGISTRATION NUMBER _____

REGISTRATION NUMBER 11860

LOCATION OF BUILDING/PREMISE

House Number 21315 Street GEORGIA AVE

Town/City BROOKEVILLE Election District EIGHTH?

Nearest Cross Street ROUTE 650

Lot _____ Subdivision _____

Liber _____ Follo _____ Parcel _____

1A. TYPE OF PERMIT ACTION: (circle one)
Construct Wreck/Raze Extend/Add Move Install Alter/Renovate Revocable Repair Revision Circle One: A/C Slab Room Addition 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 _____

1E. IS THIS PROPERTY A HISTORICAL SITE? #2346 Greenwood

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.

Faith S. Vredenburg 11/22/88
Signature of owner or authorized agent (agent must have signature notarized on back) Date

APPROVED _____ For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature _____ Date _____

APPLICATION/PERMIT NO: _____ 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:)

DEMOLISH / RAZE OUT BUILDINGS IN DETERIORATED CONDITIONS

BLACKSMITH SHOP

OXEN SHED - EXCLUDING WALL (STONE)

CORN SHED

HOG HOUSE

(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

Handwritten signatures and dates at the bottom of the page.

Administrative checkboxes and labels: RECEIVED, BALANCE, BUILDING PERMITS, etc.



Historic Preservation Commission

51 Monroe Street
~~100 Maryland Avenue~~, Rockville, Maryland 20850
SUITE 1001 ~~278-1307~~ 279-8097

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # _____

NAME OF PROPERTY OWNER FAITH S. VREDENBURGH TELEPHONE NO. 301 924 3614
(Contract/Purchaser) (Include Area Code)

ADDRESS 21315 GEORGIA AVE BROOKVILLE MARYLAND 20833
CITY STATE ZIP

CONTRACTOR OAK GROVE DESIGNS TELEPHONE NO. 921 0254
CITY STATE ZIP

CONTRACTOR REGISTRATION NUMBER _____

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

REGISTRATION NUMBER 11860

LOCATION OF BUILDING/PREMISE

House Number 21315 Street GEORGIA AVE

Town/City BROOKVILLE Election District EIGHTH ?

Nearest Cross Street ROUTE 650

Lot _____ Block _____ Subdivision _____

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	Circle One: A/C	Slab	Room Addition	
<input checked="" type="checkbox"/> Wreck/Raze	<input type="checkbox"/> Move	<input type="checkbox"/> Install	<input type="checkbox"/> Revocable	Porch	Deck	Fireplace	
			<input type="checkbox"/> Revision	Fence/Wall (complete Section 4)	Shed	Solar	Woodburning Stove
							Dther _____

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? #23146 Greenwood

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:

- 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.

Faith S. Vredenburg _____ 11/22/88
 Signature of owner or authorized agent (agent must have signature notarized on back) Date

APPROVED _____ For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature _____ Date _____

APPLICATION/PERMIT NO: _____ FILING FEE: \$ _____

DATE FILED: _____ PERMIT FEE: \$ _____

DATE ISSUED: _____ BALANCE \$ _____

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

SEE REVERSE SIDE FOR INSTRUCTIONS



Historic Preservation Commission

51 Monroe Street, Suite 1001, Rockville, Maryland 20850
217-3625

DEMOCRATIC - REMOVAL OF BLACK - 21012
21012

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # _____

NAME OF PROPERTY OWNER FAITH S. VREDENBURGH TELEPHONE NO. 301 924 3614
(Contract/Purchaser) (Include Area Code)

ADDRESS 21315 GEORGIA AVE BROOKEVILLE MARYLAND 20833
CITY STATE ZIP

CONTRACTOR PRESERVATION ASSOCIATES INC TELEPHONE NO. 301 791 7880
CONTRACTOR REGISTRATION NUMBER _____

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

REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE

House Number 21315 Street GEORGIA AVE

Town/City BROOKEVILLE Election District _____

Nearest Cross Street ROUTE 650

Lot _____ Block _____ Subdivision _____

Liber _____ Folio _____ Parcel _____

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

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

1B. CONSTRUCTION COSTS ESTIMATE \$ 1,000 - 2,000

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

1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY BGE

1E. IS THIS PROPERTY A HISTORICAL SITE? YES

PART TWO: COMPLETE FOR NEW CONSTRUCTION AND EXTENS/OADITIONS

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.

Faith S. Vredenburg 12/4/89
Signature of owner or authorized agent (agent must have signature notarized on back) Date

APPROVED X with condition For Chairperson, Historic Preservation Commission
DISAPPROVED _____ Signature _____ Date 1/31/90

APPLICATION/PERMIT NO: _____ FILING FEE: \$ _____

DATE FILED: _____ PERMIT FEE: \$ _____

DATE ISSUED: _____ BALANCE \$ _____

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

SEE REVERSE SIDE FOR INSTRUCTIONS



Montgomery County Government
MEMORANDUM

DATE: 1/31/90

TO: Robert Seely, Chief
Department of Environmental Protection
Division of Construction Codes Enforcement

FROM: *JBC*
Jared B. Cooper, Historic Preservation Specialist
Department of Housing and Community Development
Division of Community Planning and Development

SUBJECT: Historic Area Work Permit Application

The Montgomery County Historic Preservation Commission at their meeting of 1/24/90 reviewed the attached application by Faith Vredenburg for an Historic Area Work Permit. The application was:

Approved

Denied

With Conditions: _____

Attachments:

1. HAWP Application
2. Applicant's Site Sketch
3. Photograph of Structure to be Demolished
4. _____
5. _____

JBC:av

1199E

Historic Preservation Commission

51 Monroe Street, Rockville, Maryland 20850-2419, 301/217-3625



Historic Preservation Commission

51 Monroe Street, Suite 1001, Rockville, Maryland 20850
217-3625

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # _____

NAME OF PROPERTY OWNER FATH S. VREDENBURGH TELEPHONE NO. 301 924 3614
(Contract/Purchaser) (Include Area Code)

ADDRESS 21315 GEORGIA AVE BROOKEVILLE MARYLAND 20833
CITY STATE ZIP

CONTRACTOR PRESERVATION ASSOCIATES INC TELEPHONE NO. 301 791 7880
CONTRACTOR REGISTRATION NUMBER

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

REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE

House Number 21315 Street GEORGIA AVE

Town/City BROOKEVILLE Election District _____

Nearest Cross Street ROUTE 650

Lot _____ Block _____ Subdivision _____

Liber _____ Folio _____ Parcel _____

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

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

1B. CONSTRUCTION COSTS ESTIMATE \$ 1,000 - 2,000

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

1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY BGE

1E. IS THIS PROPERTY A HISTORICAL SITE? YES

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:

- 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.

Signature of owner or authorized agent (agent must have signature notarized on back) F. S. Vredenburg Date 12/4/89

APPROVED X with condition For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature [Signature] Date 11/31/90

APPLICATION/PERMIT NO: _____ FILING FEE: \$ _____

DATE FILED: _____ PERMIT FEE: \$ _____

DATE ISSUED: _____ BALANCE \$ _____

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

SEE REVERSE SIDE FOR INSTRUCTIONS

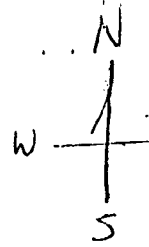
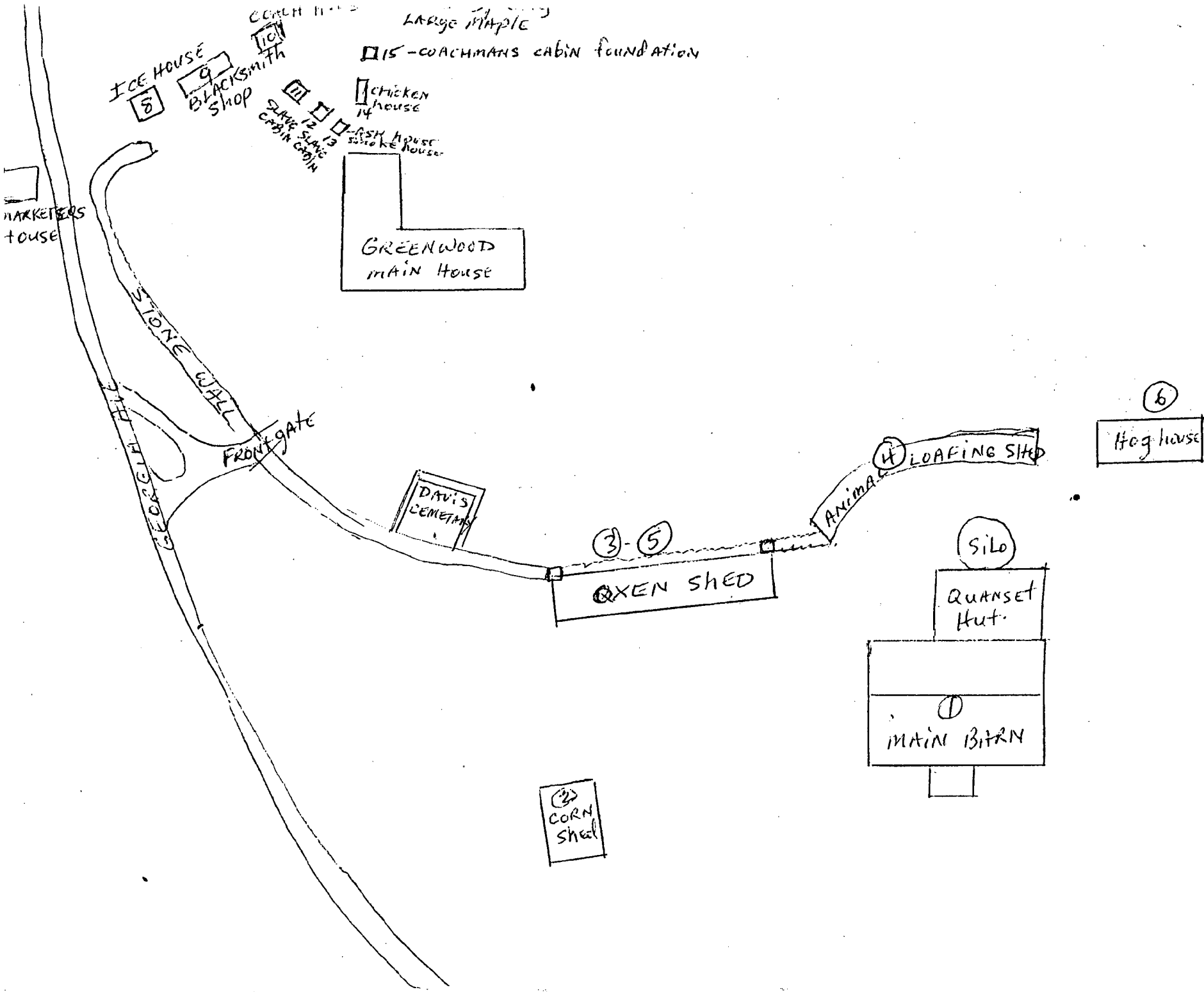
THE FOLLOWING ITEMS MUST BE COMPLETED AND THE REQUIRED DOCUMENTS MUST ACCOMPANY THIS APPLICATION

DESCRIPTION OF PROPOSED WORK: (including composition, color and texture of materials to be used:)

(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

51 Monroe Street, Suite 1001, Rockville, Maryland 20850
217-3625

REMOVAL OF EXISTING / EXCLUDING STONE WALL

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # _____

NAME OF PROPERTY OWNER FAITH S UREDEN BURGH TELEPHONE NO. 301 924 3614
(Contract/Purchaser) (Include Area Code)

ADDRESS 21315 GEORGIA AVE BROOKEVILLE STATE MARYLAND ZIP 20833
CITY

CONTRACTOR PRESERVATION ASSOCIATES INC TELEPHONE NO. 301 791 7880
CONTRACTOR REGISTRATION NUMBER _____

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

REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE

House Number 21315 Street GEORGIA AVE

Town/City BROOKEVILLE Election District _____

Nearest Cross Street RR 650

Lot _____ Block _____ Subdivision _____

Liber _____ Folio _____ Parcel _____

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

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

1B. CONSTRUCTION COSTS ESTIMATE \$ 1,000 + 2,500 = \$2,000 - 4,000

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

1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY BALTIMORE GAS & ELEC.

1E. IS THIS PROPERTY A HISTORICAL SITE? YES

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

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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.

Faith S. Uredenburgh 12/4/89
Signature of owner or authorized agent (agent must have signature notarized on back) Date

APPROVED X with condition For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature [Signature] Date 1/31/90

APPLICATION/PERMIT NO: _____ FILING FEE: \$ _____

DATE FILED: _____ PERMIT FEE: \$ _____

DATE ISSUED: _____ BALANCE \$ _____

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

SEE REVERSE SIDE FOR INSTRUCTIONS



Montgomery County Government

MEMORANDUM

DATE: 1/31/90

TO: Robert Seely, Chief
Department of Environmental Protection
Division of Construction Codes Enforcement

FROM: Jared B. Cooper, ^{JBC}Historic Preservation Specialist
Department of Housing and Community Development
Division of Community Planning and Development

SUBJECT: Historic Area Work Permit Application

The Montgomery County Historic Preservation Commission at their meeting of 1/24/90 reviewed the attached application by Faith Vredenburg for an Historic Area Work Permit. The application was:

Approved
 Denied
 With Conditions: _____

Attachments:

1. HAWP Application
2. Applicant's Site Sketch
3. Photograph of Structure to be Demolished
4. _____
5. _____

JBC:av

1199E

Historic Preservation Commission

51 Monroe Street, Rockville, Maryland 20850-2419, 301/217-3625

DATE ISSUED: _____

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:)

(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



Montgomery County Government

MEMORANDUM

DATE: 1/31/90

TO: Robert Seely, Chief
Department of Environmental Protection
Division of Construction Codes Enforcement

FROM: Jared B. Cooper, ^{JBC} Historic Preservation Specialist
Department of Housing and Community Development
Division of Community Planning and Development

SUBJECT: Historic Area Work Permit Application

The Montgomery County Historic Preservation Commission at their meeting of 1/24/90 reviewed the attached application by Faith Vredenburg for an Historic Area Work Permit. The application was:

- Approved
- Denied
- With Conditions: _____

Attachments:

1. HAWP Application
2. Applicant's Site Sketch
3. Photograph of Structure to be Demolished
4. _____
5. _____

JBC:av

1199E

Historic Preservation Commission

51 Monroe Street, Rockville, Maryland 20850-2419, 301/217-3625



Historic Preservation Commission

51 Monroe Street, Suite 1001, Rockville, Maryland 20850
217-3625

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # _____

NAME OF PROPERTY OWNER FRANK S. VREDEN (owner) TELEPHONE NO. 301 921 3614
(Contract/Purchaser) (Include Area Code)

ADDRESS 21315 GEORGIA AVE BROOKVILLE LAUREL MD 20835
CITY STATE ZIP

CONTRACTOR PRESERVATION ASSOCIATES INC TELEPHONE NO. 301 791 7586
CONTRACTOR REGISTRATION NUMBER _____

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

REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE

House Number 21315 Street GEORGIA AVE

Town/City BROOKVILLE Election District _____

Nearest Cross Street Rt 211 650

Lot _____ Block _____ Subdivision _____

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	Circle One: A/C	Slab	Room Addition	
<input type="checkbox"/> Wreck/Raze	<input type="checkbox"/> Move	<input type="checkbox"/> Install	<input type="checkbox"/> Revocable	Porch	Deck	Fireplace	
			<input type="checkbox"/> Revision	Fence/Wall (complete Section 4)	Shed	Solar	Woodburning Stove
					Other		

1B. CONSTRUCTION COSTS ESTIMATE \$ 6000 - 2000

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

1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY BGE

1E. IS THIS PROPERTY A HISTORICAL SITE? YES

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:

- 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.

Frank S. Vreden Signature of owner or authorized agent (agent must have signature notarized on back) 1/21/90 Date

APPROVED X with conditions For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature [Signature] Date 1/21/90

APPLICATION/PERMIT NO: _____ FILING FEE: \$ _____

DATE FILED: _____ PERMIT FEE: \$ _____

DATE ISSUED: _____ BALANCE \$ _____

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

SEE REVERSE SIDE FOR INSTRUCTIONS



Historic Preservation Commission

51 Monroe Street, Suite 1001, Rockville, Maryland 20850
217-3625

RECEIVED - PERMIT OF WORK - 2004

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # _____

NAME OF PROPERTY OWNER FAITH S. VREDEN BURG TELEPHONE NO. 301 924 3614
(Contract/Purchaser) (Include Area Code)

ADDRESS 2135 GEORGIA AVE BROOKEVILLE MARYLAND 20833
CITY STATE ZIP

CONTRACTOR PRESERVATION ASSOCIATES INC TELEPHONE NO. 301 791 7880
CONTRACTOR REGISTRATION NUMBER _____

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

REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE

House Number 2135 Street GEORGIA AVE

Town/City BROOKEVILLE Election District _____

Nearest Cross Street ROUTE 650

Lot _____ Block _____ Subdivision _____

Liber _____ Folio _____ Parcel _____

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

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

1B. CONSTRUCTION COSTS ESTIMATE \$ 1,000 - 2,500

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

1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY BGE

1E. IS THIS PROPERTY A HISTORICAL SITE? YES

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.

Faith S. Vredenburg 12/11/89
Signature of owner or authorized agent (agent must have signature notarized on back) Date

APPROVED X with condition For Chairperson, Historic Preservation Commission
DISAPPROVED _____ Signature [Signature] Date 1/31/90

APPLICATION/PERMIT NO: _____ FILING FEE: \$ _____
DATE FILED: _____ PERMIT FEE: \$ _____
DATE ISSUED: _____ BALANCE \$ _____
OWNERSHIP CODE: _____ RECEIPT NO: _____ FEE WAIVED: _____

SEE REVERSE SIDE FOR INSTRUCTIONS