

23/65 3 Church St.

23/65-90A



Montgomery County Government

Historic Preservation Commission
51 Monroe Street
Rockville, Maryland 20850

3 Church Street



View from front yard.

© 1999, 2000, 2001



rear right



Rear left

01 11 00 00 00 00 00 00



Front

0 11 00846 00000

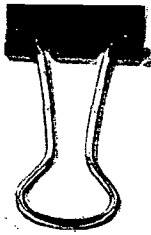


right side

1000 1000 1000



left side



Montgomery County Government
MEMORANDUM

DATE: 4/12/90
 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 4/11/90 reviewed the attached application by John Seibel for an Historic Area Work Permit. The application was:

- Approved
- Denied
- With Conditions: _____

Attachments:

1. HAWP Application
2. Site Plan
3. Construction Plans
4. _____
5. _____

JBC:av

1199E

Historic Preservation Commission

HISTORIC PRESERVATION COMMISSION STAFF REPORT

PREPARED BY: Jared B. Cooper

DATE: April 2, 1990

CASE NUMBER: 23/65-90A

TYPE OF REVIEW: HAWP

SITE/DISTRICT NAME: Brookeville

PROPERTY ADDRESS: 3 Church Street

DISCUSSION:

The applicant is proposing construction of a 12' x 18' wood deck at the rear of the structure located at 3 Church Street in Brookeville. The structures at the end of Church Street (including this one) are situated in a wooded setting, well removed from Brookeville's historic core.

STAFF RECOMMENDATION:

Staff recommends approval of the application based on criterion 24A-8(b)(1).

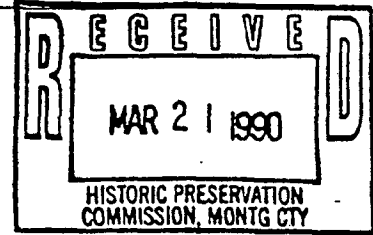
ATTACHMENTS:

1. HAWP Application and Attachments
2. Site Plan
3. Photographs
4. Construction Plans

JBC:av
1748E



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



APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # 2622050

NAME OF PROPERTY OWNER John P & Patricia Seibel TELEPHONE NO. 301-570-5003
(Contract/Purchaser) (Include Area Code)

ADDRESS #3 Church St Brookville MD 20833
CITY STATE ZIP

CONTRACTOR OWNER TELEPHONE NO. _____
CONTRACTOR REGISTRATION NUMBER _____

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

REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE

House Number #3 Street Church St

Town/City Brookville Election District 8th

Nearest Cross Street Georgia

Lot _____ Block _____ Subdivision TOWN OF BROOKVILLE

Liber 2043 Folio 151 Parcel _____

- 1A. TYPE OF PERMIT ACTION: (circle one)
- | | | | | | | | | |
|--|----------------------------------|--------------------------------------|---------------------------------|---|-----------|---------------|-------|-------------------|
| <input checked="" type="radio"/> Construct | <input type="radio"/> Extend/Add | <input type="radio"/> Alter/Renovate | <input type="radio"/> Repair | Circle One: A/C | Slab | Room Addition | | |
| <input type="radio"/> Wreck/Raze | <input type="radio"/> Move | <input type="radio"/> Install | <input type="radio"/> Revocable | Porch <input checked="" type="radio"/> Deck | Fireplace | Shed | Solar | Woodburning Stove |
| | | | | Fence/Wall (complete Section 4) Other _____ | | | | |
- 1B. CONSTRUCTION COSTS ESTIMATE \$ 1500
- 1C. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVE PERMIT SEE PERMIT # NO
- 1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY _____
- 1E. IS THIS PROPERTY A HISTORICAL SITE? NO YES Master

PART TWO: COMPLETE FOR NEW CONSTRUCTION AND EXTENS/OADITIONS

- 2A. TYPE OF SEWAGE DISPOSAL
- | | |
|---|------------------------------------|
| 01 <input checked="" type="checkbox"/> WSSC | 02 <input type="checkbox"/> Septic |
| 03 <input type="checkbox"/> Other _____ | |
- 2B. TYPE OF WATER SUPPLY
- | | |
|---|---|
| 01 <input type="checkbox"/> WSSC | 02 <input checked="" type="checkbox"/> Well |
| 03 <input type="checkbox"/> 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.

Patricia A Seibel _____ 2-19-90
Signature of owner or authorized agent (agent must have signature notarized on back) Date

APPROVED _____ For Chairperson, Historic Preservation Commission

APPLICATION FOR HISTORIC AREA WORK PERMIT

REQUIRED ATTACHMENTS

1. WRITTEN DESCRIPTION OF PROJECT

a. Description of existing structure(s):

28'x48' 3 BEDROOM HOUSE wood frame

b. General Description of Project:

A 12'x18' DECK

2. **SITE PLAN.** For all projects, attach an accurate site plan or property survey, which shall include the following:
 - a. Scale (for example, 1/4" = 1 foot)
 - b. North Arrow
 - c. ^{date} Location and dimensions of all existing and proposed structures:
 - d. Location of other features such as walks, drives, fences, ponds, streams, dumpsters, mechanical equipment, and major landscaping elements.

3. **TREE SURVEY.** If any 6" diameter or larger trees are to be removed, or fall within the construction zone, attach an accurate tree survey. The survey should include the exact location, size, and species of all trees located in the project area, indicating which are to be preserved and which are to be removed.

4. **FLOOR PLANS; CONSTRUCTION PLANS.** For new construction and room additions, attach a complete set of scaled floor plans. For porches and decks, attach scaled drawings showing dimensions, materials, and where and how they will be attached to existing structures. For other types of work, such as outbuildings and fences, attach scaled drawings showing dimensions, materials, construction methods, and design details.

5. **ELEVATION DRAWINGS.** For new construction, including outbuildings, attach scaled drawings of all sides of the proposed structure. For additions, decks, porches, and major exterior alterations, attach scaled drawings of all sides of structure which will be affected by the proposed work.

6. **MATERIAL SPECIFICATIONS.** For all projects, provide a written description of all exterior materials to be used. If desired, material specifications may also be included as notes on elevation drawings. If available, manufacturer's literature may also be included.

2x6 DECKING ALL PRESSURE TREATED
 1x4 POSTS
 2x8 JOISTS
 2x10 LONGER BOARD
 4x4 POSTS (RAILING)
 2x6 TOP RAILING
 2x2 PICKETS 3 1/2" APART

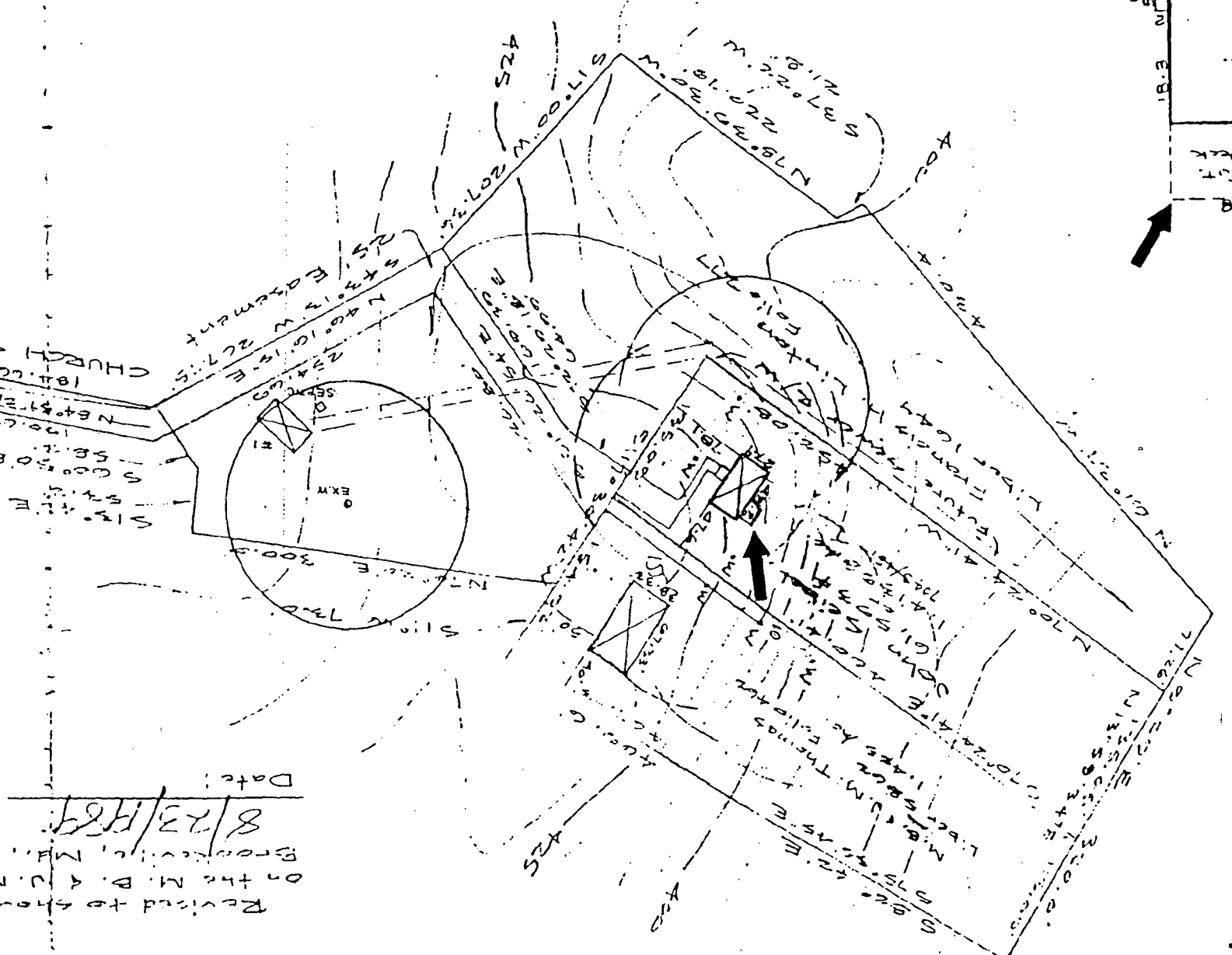
GEORGIA AVENUE

Scale 1"

Revised to show locat:
 On the M. B. & U. M. THOM
 ESTATE, C. M. L. BER ST
 8/23/1929
 Date:

Linton to John P. & Patricia A. Sebald,
 7013 at folio 152.

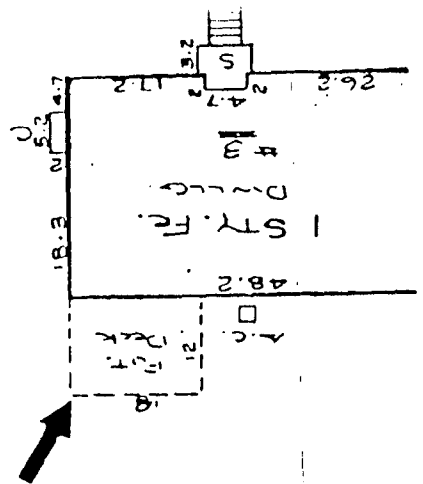
F. 1

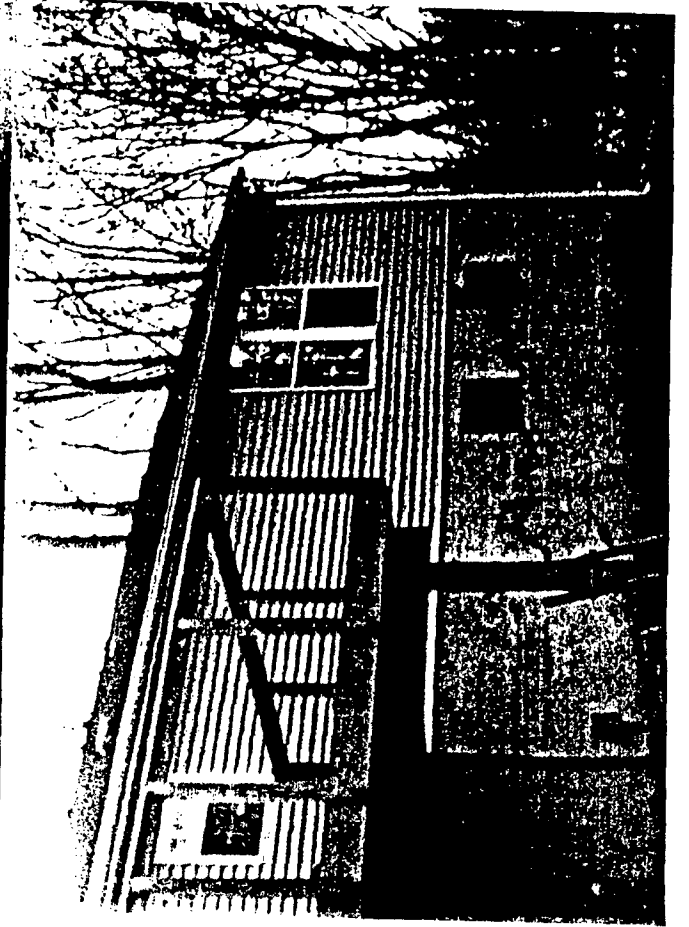


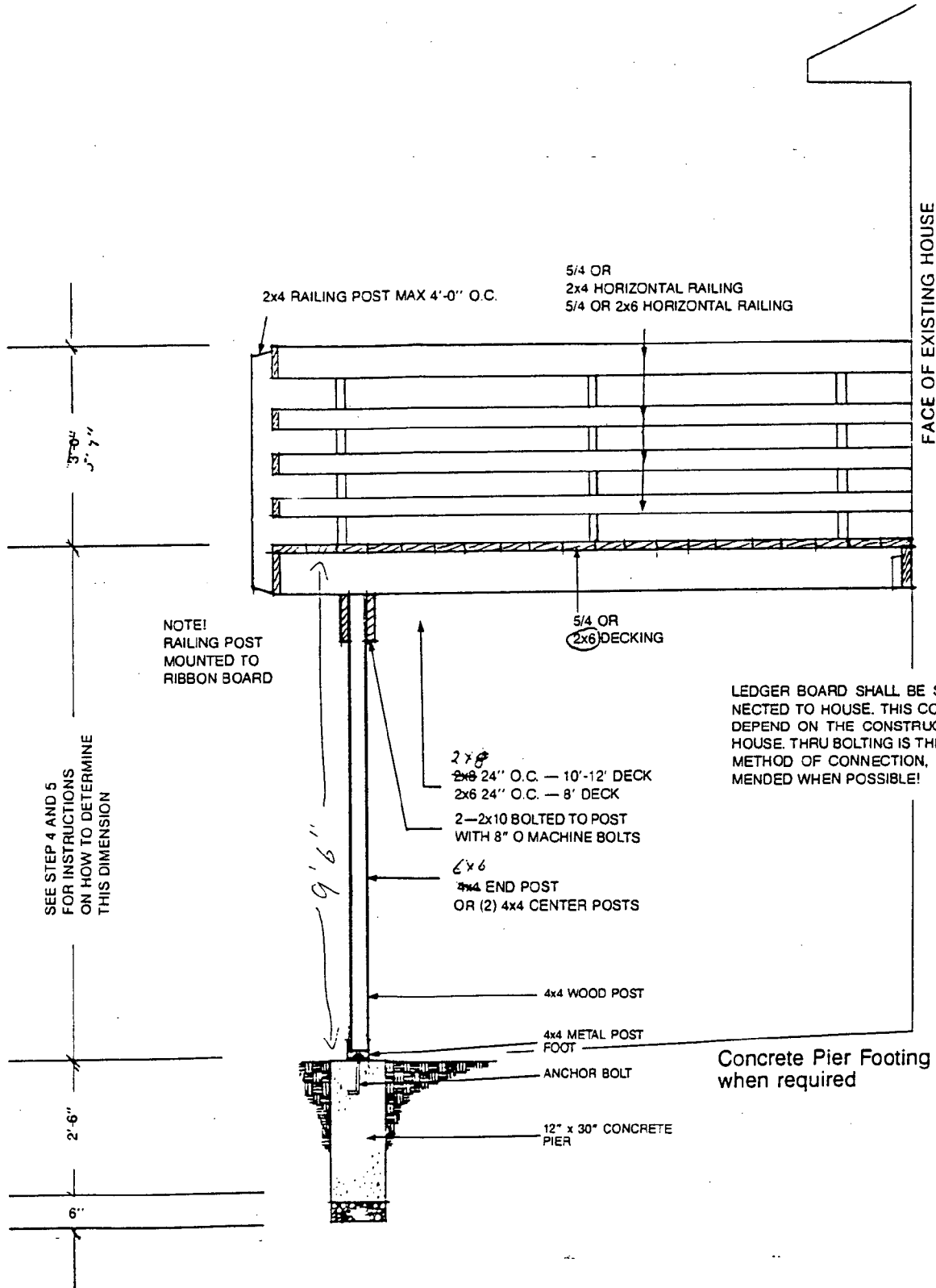
5' 2" for
 Power & Sewage
 force main

is correct
 on the
 by a
 and there
 Surveyor
 No. 528

house is not in a
 dplain area.







TYPICAL SECTION

PERMIT COPY

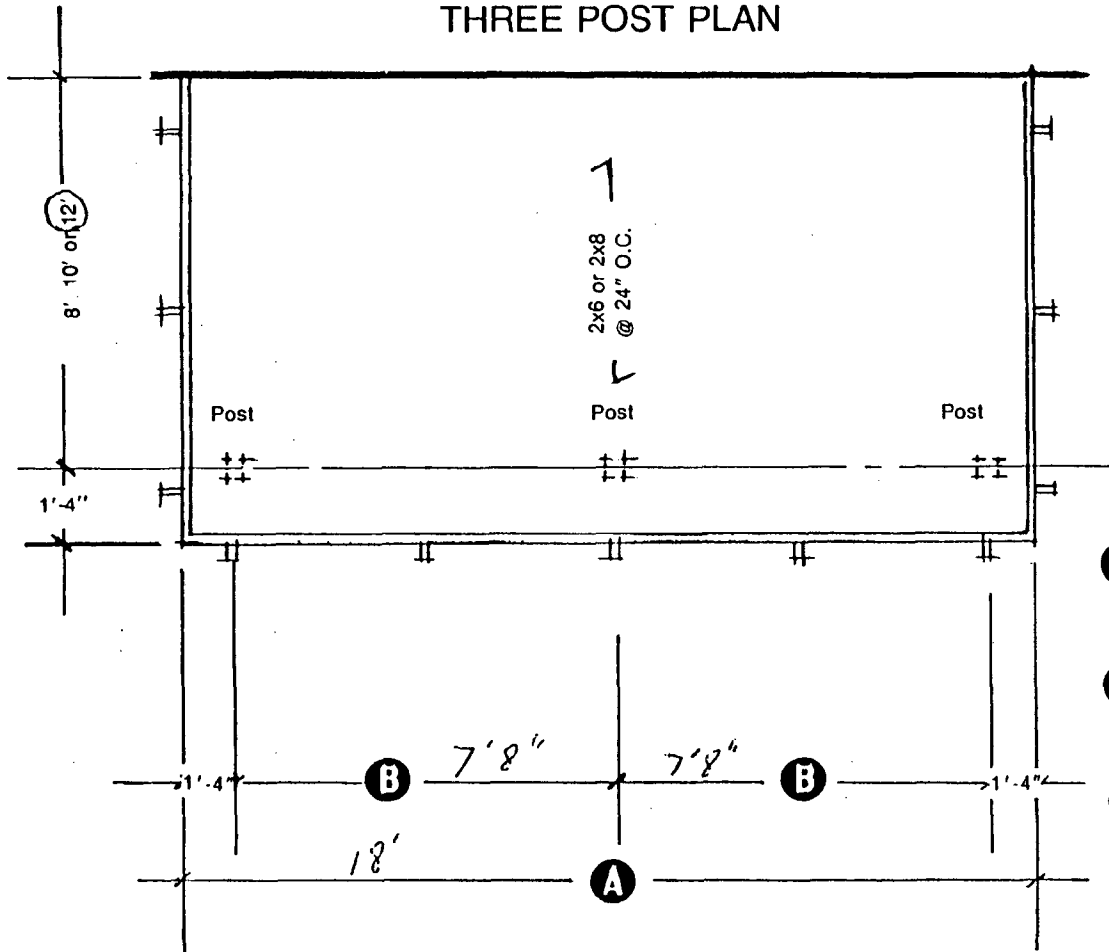
NOTE!

YOUR SUB-DIVISION OR COMMUNITY MIGHT REQUIRE A PERMIT FOR CONSTRUCTION OF YOUR DECK. CONSIDER WHERE YOUR DECK WILL BE PLACED. FILL IN THE DIMENSION ON THE PLAN THAT RELATES TO SIZE OF DECK AND HEIGHT ABOVE GRADE. TAKE THIS DRAWING TO YOUR LOCAL BUILDING OFFICIAL TO ASCERTAIN THE REQUIREMENT FOR YOUR COMMUNITY.

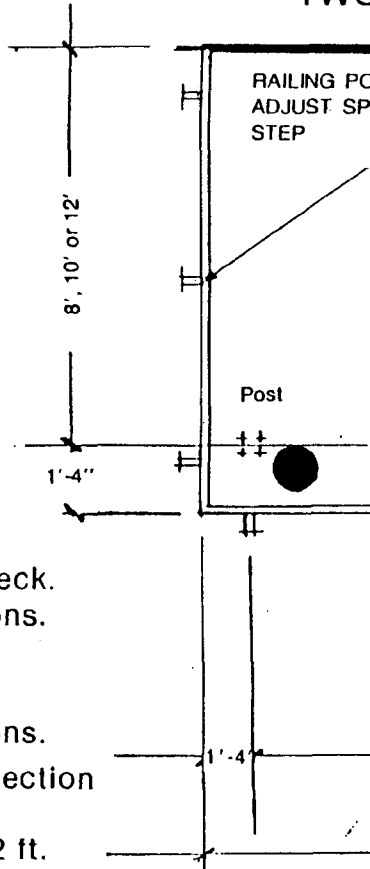
P/

NOTE: FOR () IN (2) TWO A TWO POST P

THREE POST PLAN



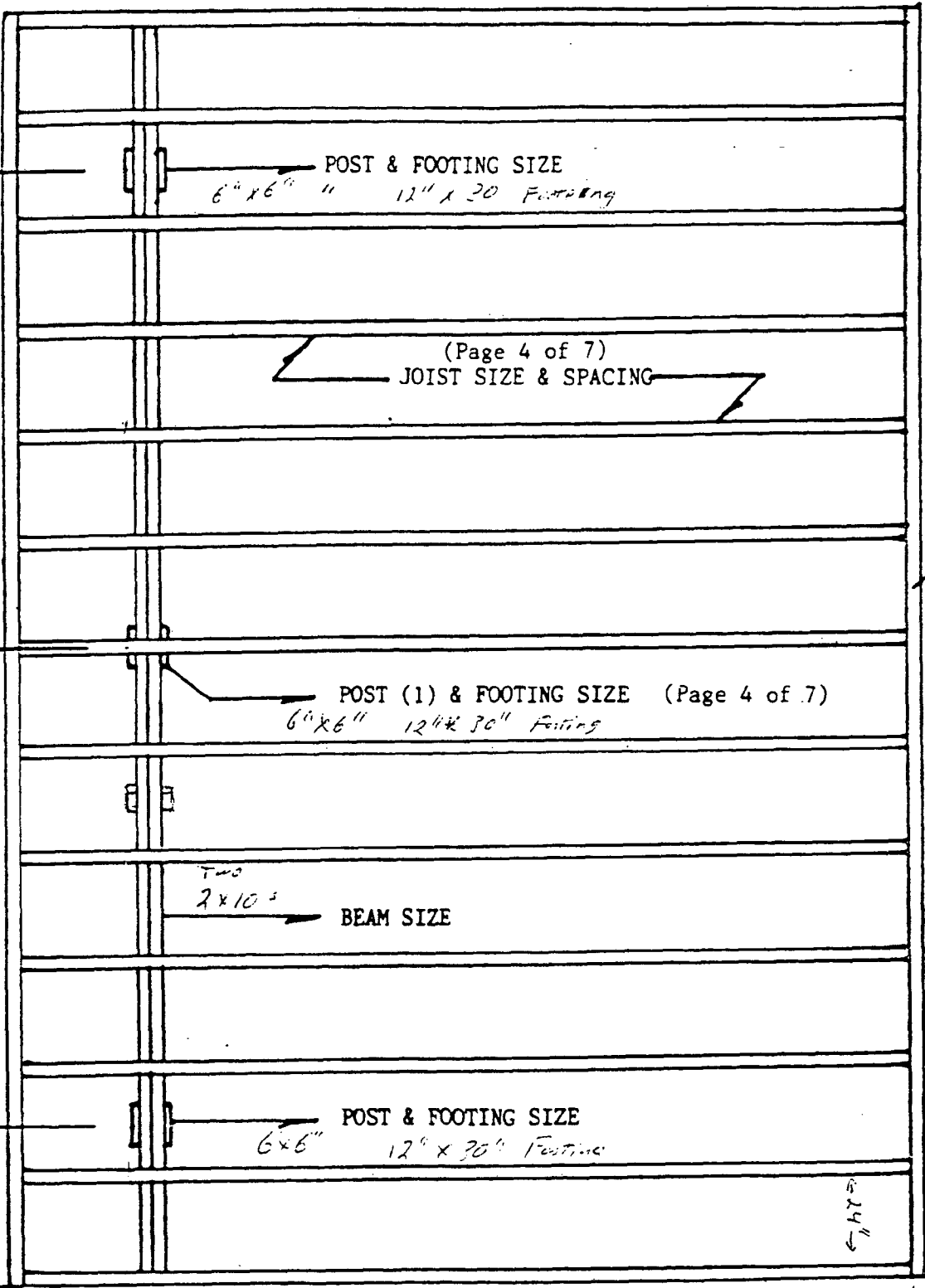
TWC



- A** is overall dimension of deck. Fill in dimensions.
- B** is location of each post. Fill in dimensions.
- C** — Circle projection of your deck — 8 ft., 10 ft. or 12 ft.

DECK WIDTH 12' 0"

DECK LENGTH 18' 0"



POST & FOOTING SIZE
6" x 6" " 12" x 30" Footing

(Page 4 of 7)
JOIST SIZE & SPACING

POST (1) & FOOTING SIZE (Page 4 of 7)
6" x 6" 12" x 30" Footing

TWO
2 x 10" BEAM SIZE

POST & FOOTING SIZE
6 x 6" 12" x 30" Footing

SEE TYPICAL LEDGER ATTACHMENT DETAILS (Page 7 of 7)

JOIST CANTILEVER (5)
1' 4" 10' 6"

POST SPACING (Page 4 of 7)
7' 0"

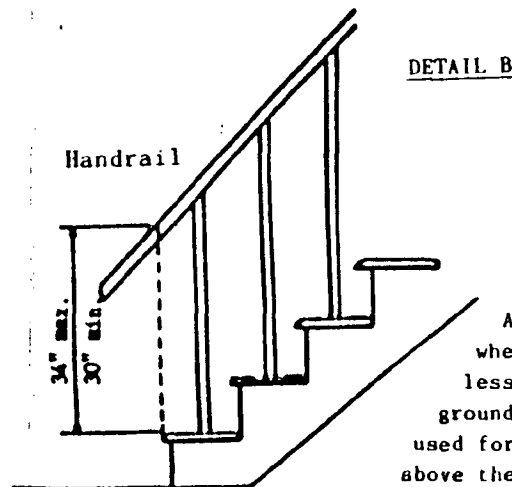
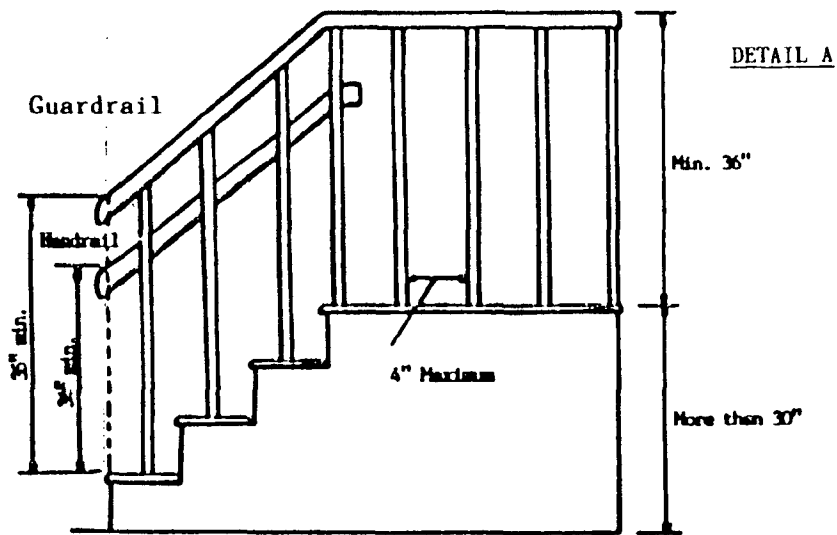
BEAM CANTILEVER 2' 4"

PLAN VIEW

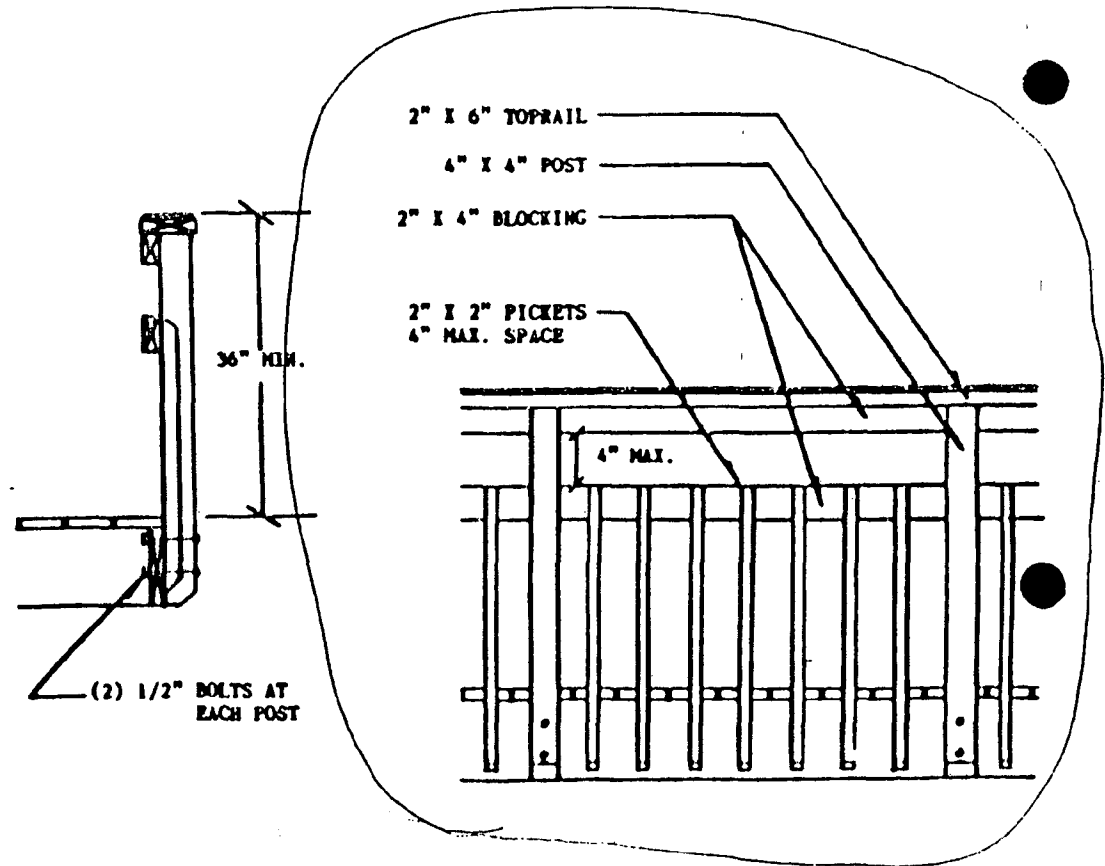
STAIRWAYS (R214) SHALL NOT BE LESS THAN 3 FEET IN CLEAR WIDTH. HANDRAILS MAY PROJECT FROM EACH SIDE OF A STAIRWAY A DISTANCE OF 3½ INCHES INTO THE REQUIRED WIDTH. THE MAXIMUM RISE (STEP) IS 8½ INCHES. THE MINIMUM RUN (TREAD) IS 9 INCHES. (MEASURED NOSE TO NOSE)

HANDRAILS (R-215.1) HAVING MINIMUM AND MAXIMUM HEIGHTS OF 30 INCHES AND 34 INCHES, RESPECTIVELY, MEASURED VERTICALLY FROM THE NOSING OF THE TREADS SHALL BE PROVIDED ON AT LEAST ONE SIDE OF STAIRWAYS OF THREE OR MORE RISERS BUT LESS THAN 30" OFF THE GROUND (DETAIL B). OPEN SIDES OF STAIRS WITH A TOTAL RISE OF MORE THAN 30 INCHES ABOVE THE GRADE BELOW SHALL HAVE GUARDRAILS NOT LESS THAN 34" MEASURED VERTICALLY FROM THE NOSING OF THE TREAD (DETAIL A). HANDRAILS AND THE TOP EDGE OF GUARDS SHALL BE DESIGNED AND INSTALLED TO WITHSTAND A CONCENTRATED LOAD OF 200 POUNDS AT ANY POINT IN ANY DIRECTION OR A UNIFORM LOAD OF 50 POUNDS PER FOOT APPLIED IN ANY DIRECTION.

(E) GUARDRAILS (R-215.2) SHALL NOT BE LESS THAN 36 INCHES IN HEIGHT ON PORCHES, BALCONIES OR RAISED FLOOR SURFACES LOCATED MORE THAN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW. REQUIRED GUARDRAILS ON OPEN SIDES OF STAIRWAYS, RAISED FLOOR AREAS, BALCONIES AND PORCHES SHALL HAVE INTERMEDIATE RAILS OR ORNAMENTAL CLOSURES WHICH WILL NOT ALLOW PASSAGE OF AN OBJECT 4 INCHES OR MORE IN DIAMETER.

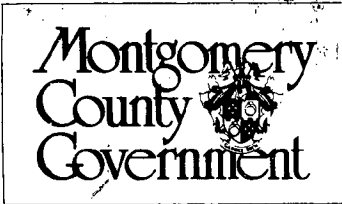


STRINGER
 A 2 X 10 can be used where the stair height is less than 6 feet above the ground. A 2 X 12 should be used for heights over 6 feet above the ground.



HANDRAIL/GUARDRAIL DETAILS

Contracted TIDIN Seibel



Historic Preservation Commission 570-525

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

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # 2622050

NAME OF PROPERTY OWNER John P & Patricia Seibel TELEPHONE NO. 301-570-5003
(Contract/Purchaser) (Include Area Code)

ADDRESS #3 Church St Brookville CITY MD STATE 20833 ZIP

CONTRACTOR OWNER TELEPHONE NO. _____

CONTRACTOR REGISTRATION NUMBER _____

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

REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE

House Number #3 Street Church St

Town/City BROOKVILLE Election District 8th

Nearest Cross Street GEORGIA

Lot _____ Block _____ Subdivision TOWN OF BROOKVILLE

Liber 2043 Folio 151 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 | <input checked="" type="checkbox"/> Deck | Fireplace | Shed |
| | | | <input type="checkbox"/> Revision | Fence/Wall (complete Section 4) | Other | Solar |
| | | | | | | Woodburning Stove |
- 1B. CONSTRUCTION COSTS ESTIMATE \$ 1500
- 1C. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVE PERMIT SEE PERMIT # NO
- 1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY _____
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- 2A. TYPE OF SEWAGE DISPOSAL
- | | |
|---|------------------------------------|
| 01 <input checked="" type="checkbox"/> WSSC | 02 <input type="checkbox"/> Septic |
| 03 <input type="checkbox"/> Other _____ | |
- 2B. TYPE OF WATER SUPPLY
- | | |
|---|---|
| 01 <input type="checkbox"/> WSSC | 02 <input checked="" type="checkbox"/> Well |
| 03 <input type="checkbox"/> Other _____ | |

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- 4A. HEIGHT _____ feet _____ inches
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 - 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.

Patricia A Seibel 2-19-90
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 4/12/90

APPLICATION/PERMIT NO: 9003/60051 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

7. PHOTOGRAPHS. For all projects, include clear color or black and white photographs. For additions, alterations, porches, or decks, attach photographs of all existing elevations. For new construction, attach photographs of the proposed site, as well as neighboring structures. For other projects, such as fences, drives, tree removal, etc., attach photographs of the affected area.

8. ADDRESSES OF ADJACENT PROPERTY OWNERS. For all projects, provide an accurate list of adjacent and confronting property owners (not tenants), including names, addresses, and zip codes. This list should include the owners of all lots or parcels which adjoin the parcel in question, as well as the owner(s) of lot(s) or parcel(s) which lie directly across the street/highway from the parcel in question. If you need assistance obtaining this information, call the Department of Assessments and Taxation, at 279-1355.

1. Name Mitch & JAN THOMAS
Address #5 Church St
City/Zip BROOKEVILLE, MD. 20833

2. Name _____
Address _____
City/Zip _____

3. Name _____
Address _____
City/Zip _____

4. Name _____
Address _____
City/Zip _____

5. Name _____
Address _____
City/Zip _____