

35/23 Cabin John Hotel Gas House
35/23-89A

MEMORANDUM

DATE: 5/5/89

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

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

SUBJECT: Historic Area Work Permits

The Montgomery County Historic Preservation Commission at their meeting of 5/4/89 reviewed the attached application by MNPPC for an Historic Area Work Permit. The application was:

- Approved
- Denied
- With Conditions: _____

Attachments:

1. HAWP Application
2. letter from applicant
3. _____
4. _____
5. _____

HISTORIC PRESERVATION COMMISSION STAFF REPORT

PREPARED BY: Jared B. Cooper

DATE: April 26, 1989

CASE NUMBER: #35/23 - 89A

TYPE OF REVIEW: HAWP

SITE/DISTRICT NAME: Cabin John
Gas House

PROPERTY ADDRESS: 7401 McArthur Blvd

DISCUSSION:

Michael Dwyer, Park Historian for MNCPPC, has submitted a HAWP application for general restoration and a new roof at the Cabin John Gas House (MP#35/23). Much of the proposed work falls under the category of maintenance. The applicant is planning to attend the May 4 meeting in order to answer any questions.

RECOMMENDATION:

Staff recommends approval of the application. However, staff has requested the applicant to provide further details at the meeting.

ATTACHMENTS:

1. HAWP Application
2. MNCPPC Letter

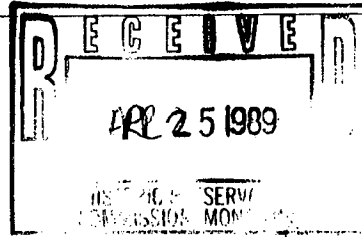
COMMISSION ACTION:

JBC:av
1078E



Historic Preservation Commission

51 Monroe Street
100 Maryland Avenue, Rockville, Maryland 20850
279-1827 279-8097



APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # _____

NAME OF PROPERTY OWNER MD PARK & PLANNING COMMISSION TELEPHONE NO. (301) 840-5848
 (Contract/Purchaser) (DEPT. OF PARKS) (Include Area Code)

ADDRESS 18400 MUNCASOKE RD ROCKVILLE, MD 20855
 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 7401 Street MCARTHR BLVD (CABIN JOHN LOCAL PARK)

Town/City CABIN JOHN Election District _____

Nearest Cross Street WILSON LA

Lot _____ Block _____ Subdivision _____

Liber _____ Folio _____ Parcel _____

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

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

1B. CONSTRUCTION COSTS ESTIMATE \$ 10,000.00

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

1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY _____

1E. IS THIS PROPERTY A HISTORICAL SITE? YES (# 35/23 "CABIN JOHN HOTEL GAS HOUSE")

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.

Michael F. Dwyer - MNCPPS Dept of Parks _____ 4/19/89
 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:)

RESTORATION OF SMALL BRICK GAS HOUSE TO ED. 1900 APPEARANCE
EMPHASIZING RETENTION AND REPAIR OF ORIGINAL FABRIC INCLUDING
WOODEN DOORS, WINDOWS + FRAMES + CORNICE. SOME MINOR RE-
POINTING OF BRICK WHERE NECESSARY. REPLACEMENT OF DETEIORATED
ASPHALT SHINGLE ROOF WITH STANDING SEAM METAL TO REPLICATE
ORIGINAL MATERIAL. PLACEMENT OF A SMALL PHOTO-ETCHED METAL
INTERPRETIVE PLAQUE ON EXTERIOR OF BUILDING

(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.

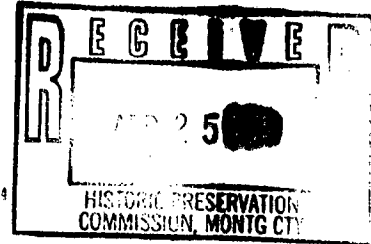
MAIL OR DELIVER THE APPLICATION AND ALL REQUIRED DOCUMENTS TO THE:
HISTORIC PRESERVATION COMMISSION
100 MARYLAND AVENUE
ROCKVILLE, MARYLAND 20850

THE MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION

Department of Parks, Montgomery County, Maryland
9500 Brunett Avenue • Silver Spring, Maryland 20901



19 April 1989



Mr. Jared Cooper
Montgomery County,
Historic Preservation Commission
51 Monroe St.
Rockville, MD 20850

Dear Jared:

The attached Historic Area Work Permit is for work scheduled at the Cabin John Hotel Gas House. The work will consist primarily of replacing the existing deteriorated asphalt shingle roof with a roof of standing seam metal and will be performed by Preservation Associates of Hagerstown. Our research for this project includes on-site examination of original material, paint research by Matthew Mosca and several interviews with the Bobinger family, former owners of the hotel. We would like to have this matter acted upon at the 4 May meeting and plan to attend in order to answer any questions that may arise.

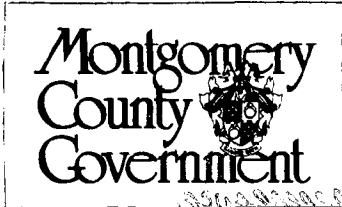
Sincerely,

Michael F. Dwyer

Michael F. Dwyer,
Historian, M-NCPPC

Yours for life

MONTGOMERY COUNTY PARKS



Historic Preservation Commission

51 Pearson Street
100 Maryland Avenue, Rockville, Maryland 20850
279-1327 272-8027

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # _____

NAME OF PROPERTY OWNER (Contract/Purchaser) _____ TELEPHONE NO. _____
(Include Area Code)

ADDRESS _____ STATE _____ ZIP _____

CONTRACTOR _____ TELEPHONE NO. _____
CONTRACTOR REGISTRATION NUMBER _____

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

REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE

House Number 4401 Street 100 Maryland Avenue

Town/City Rockville Election District _____

Nearest Cross Street Pearson St

Lot _____ Block _____ Subdivision _____

Liber _____ Folio _____ Parcel _____

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

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

1B. CONSTRUCTION COSTS ESTIMATE \$ 10,000

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 11/25/23

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) _____ Date _____

APPROVED X For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature _____ Date 5/15/24

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:)

RESTORATION OF SMALL BRICK GAS HOUSE TO ED. 1900 APPEARANCE
EMPHASIZING RETENTION AND REPAIR OF ORIGINAL FABRIC INCLUDING
WOODEN DOORS, WINDOWS + FRAMES + CORNICE. SOME MINOR RE-
POINTING OF BRICK WHERE NECESSARY. REPLACEMENT OF DEGRADATED
ASPHALT SHINGLE ROOF WITH STANDING SEAM METAL TO REPLICATE
ORIGINAL MATERIAL. PLACEMENT OF A SMALL PHOTO-ETCHED METAL
INTERPRETIVE PLAQUE ON EXTERIOR OF BUILDING

(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