

31/7 10019 Menlo Ave.

HAMP 13-86



Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850
279-1327

APPLICATION FOR HISTORIC AREA WORK PERMIT

✓ TAX ACCOUNT # 966-110

NAME OF PROPERTY OWNER Marion Edey TELEPHONE NO. 202-829-9556
(Contract/Purchaser) (Include Area Code)

ADDRESS 10019 Mento Avenue, Silver Spring, MD
CITY STATE ZIP

CONTRACTOR Harold Bennett TELEPHONE NO. (703) 780-7699

✓ PLANS PREPARED BY Paul Paylovich CONTRACTOR REGISTRATION NUMBER _____
(of contractor) TELEPHONE NO. (202) 337-6673
(Include Area Code)

REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE

House Number 10019 Street Mento Avenue

Town/City Silver Spring / Forest Glen ✓ Election District 18

Nearest Cross Street Leafy Ave.

Lot 3 Block 33 Subdivision Capitol View Park

✓ Liber _____ Folio _____ Parcel _____

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

Construct Extend Alter/Renovate Repair Circle One: A/C Slab Room Addition

Wreck/Raze Move Install Revocable Revision Fence/Wall (complete Section 4) Other Windows

I will be adding three windows identical in style to the older windows already there

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 PEPCO

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:

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.

Marion Edey _____ August 14, 1986
Signature of owner or authorized agent (agent must have signature notarized on back) Date

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CONDITION: Plans For new design must be approved by the CVPLAC

APPROVED For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature Robert Hall Date 9/19/86

APPLICATION/PERMIT NO: HAWP 13-86 criterion 24A-8(b)(1) FILING FEE: \$ _____

DATE FILED: _____ PERMIT FEE: \$ _____

DATE ISSUED: _____ BALANCE \$ _____

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

SEE REVERSE SIDE FOR INSTRUCTIONS