

31/7 10019 Menlo Ave.
OM 46-86



Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850
279-1327

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # tax ID, #996110 (lot 3) and #996121 (lot 4) (301) 589-0510 (in 3 weeks)
 NAME OF PROPERTY OWNER Marion Edey TELEPHONE NO. (202) 829-9556 (now)
 (Contract/Purchaser)
 ADDRESS 10019 Menlo Avenue, Silver Spring, MD 20910
 CITY STATE ZIP
 CONTRACTOR N.A. TELEPHONE NO. _____
 CONTRACTOR REGISTRATIDN NUMBER _____
 PLANS PREPARED BY _____ TELEPHONE NO. _____
 (Include Area Code)
 REGISTRATIDN NUMBER _____

LOCATION OF BUILDING/PREMISE

House Number 10019 Street Menlo Avenue
 Town/City Silver Spring (Capitol View Park) Election District Wheaton
 Nearest Cross Street Leafy
 Lot S 3+4 Block 33 Subdivision Capitol View Park
 Liber _____ Folio _____ Parcel _____

- 1A. TYPE OF PERMIT ACTION: (circle one)
 Construct Extend/Add Alter/Renovate Repair Circle One: A/C Slab Room Addition
 Wreck/Raze Move Install Revocable Revision Fence/Wall (complete Section 4) Other _____
 1B. CONSTRUCTION COSTS ESTIMATE \$ have not yet received estimate - should know by Oct. 20
 1C. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVE PERMIT SEE PERMIT # No
 1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY NA
 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 4 feet 0 inches for picket fence 6'0" inches small fence around garden
 4B. Indicate whether the fence or retaining wall is to be constructed on one of the following locations:
 1. On party line/Property line part of picket fence on property line (see map)
 2. Entirely on land of owner garden fence entirely on owners land, picket fence mostly on owners land
 3. On public right of way/easement No (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 October 18, 1986
 Signature of owner or authorized agent (agent must have signature notarized on back) Date

APPROVED X For Chairperson, Historic Preservation Commission
 DISAPPROVED _____ Signature Robert Helm Date 10/31/86

APPLICATION/PERMIT NO: OM 46-86 FILING FEE: \$ _____
 DATE FILED: _____ PERMIT FEE: \$ _____
 DATE ISSUED: _____ BALANCE \$ _____
 OWNERSHIP CODE: _____ RECEIPT NO: _____ FEE WAIVED: _____

SEE REVERSE SIDE FOR INSTRUCTIONS