

31/7 10023 Menlo Ave.
OM 48-87



Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850
279-1327

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # Carol S. Ireland

NAME OF PROPERTY OWNER C. Terrence Ireland TELEPHONE NO. (301) 588-4420
(Contract/Purchaser) (Include Area Code)

ADDRESS 10023 Menlo Avenue Silver Spring, MD CITY STATE ZIP
Jack's Roofing TELEPHONE NO. 657-1712

CONTRACTOR Jack's CONTRACTOR REGISTRATION NUMBER 6915 - MD Home Improvement TELEPHONE NO. _____
(Include Area Code)

REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE

House Number 10023 Street Menlo Avenue

Town/City Silver Spring, MD Election District 18

Nearest Cross Street Barker Street

Lot 12 Block 33 Subdivision Capitol View Park

Liber 4972 Folio 338 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	Porch	Deck	Fireplace
			Revision	Fence/Wall (complete Section 4)	Shed	Solar
				Other	Woodburning Stove	

\$900.00

1B. CONSTRUCTION COSTS ESTIMATE \$ _____

1C. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTION, 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	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.

Carol S. Ireland 5 Oct 87
Signature of owner or authorized agent (agent must have signature notarized on back) Date

APPROVED X For Chairperson, Historic Preservation Commission

OISAPPROVED _____ Signature Adrienne Hall Date 10/14/87

APPLICATION/PERMIT NO: OM 48-87 FILING FEE: \$ _____

DATE FILED: _____ PERMIT FEE: \$ _____

DATE ISSUED: _____ BALANCE \$ _____

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

SEE REVERSE SIDE FOR INSTRUCTIONS

