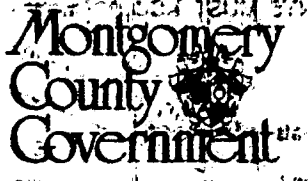


31/7 9909 Capitol View Ave.
OM 13-88

Mont Dist File



Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850
279-1327

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # 997114
 NAME OF PROPERTY OWNER William Amanda Neff TELEPHONE NO. 301-575-3417
(Contract/Purchaser)
 ADDRESS 9909 Capitol View Ave Silver Spring Md 20910
CITY STATE ZIP
 CONTRACTOR Browning Const. Co. Inc TELEPHONE NO. 301-972-3800
CONTRACTOR REGISTRATION NUMBER 1377
 PLANS PREPARED BY Browning Pools TELEPHONE NO. 301-972-3800
REGISTRATION NUMBER 1377-1

LOCATION OF BUILDING/PREMISE
 House Number 9909 Street Capitol View Ave
 Town/City Silver Spring Election District 18
 Nearest Cross Street Menlo Ave
 Block 32 Subdivision Capitol View Park
 Parcel 681 Folio 476

1. TYPE OF PERMIT ACTION: (circle one)
 Construct Extend/Add Alter/Renovate Repair Wreck/Raze Move **Install** Revocable Revision
 Circle One: A/C Slab Room Addition
 Porch Deck Fireplace Shed Solar Woodburning Stove
 Fence/Wall (complete Section 4) Other Pool-in-ground
 2. CONSTRUCTION COSTS ESTIMATE \$ 13,700.00
 3. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVE PERMIT SEE PERMIT # N/A
 4. INDICATE NAME OF ELECTRIC UTILITY COMPANY Peppo
 5. IS THIS PROPERTY A HISTORICAL SITE? no - In historical district

PART TWO: COMPLETE FOR NEW CONSTRUCTION AND EXTEND/ADDITIONS
 1. 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
 HEIGHT _____ feet _____ inches
 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 all laws 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 William F. Neff Date 2/27/08
(Agent must have signature notarized on back)

APPROVED _____ For Chairperson, Historic Preservation Commission
 Signature Adriana Hahn Date 3/10/08

APPLICATION/PERMIT NO: OM 13-88 FILING FEE: \$ _____
 DATE FILED: _____ PERMIT FEE: \$ _____
 DATE ISSUED: _____ BALANCE \$ _____
 MEMBERSHIP 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:)

15 X 31 Inground Pool (See Drawing - Plans)
concrete bottom, fiberglass sides w/ Blue vinyl
liner

(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



Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850
279-1327

APC - Date 3/14/88

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # 997114

NAME OF PROPERTY OWNER William Andrew Hill TELEPHONE NO. 301-972-9071
(Contract/Purchaser) (Include Area Code)

ADDRESS 4909 Capital View Ave. Spring CITY Spring STATE MD ZIP 20781

CONTRACTOR Browning Co. Inc. TELEPHONE NO. 301-972-9000
CONTRACTOR REGISTRATION NUMBER 1394

PLANS PREPARED BY Browning Co. Inc. TELEPHONE NO. 301-972-9000
(Include Area Code)

REGISTRATION NUMBER 1317

LOCATION OF BUILDING/PREMISE

House Number 4909 Street Capital View Ave.

Town/City Spring Election District 18

Nearest Cross Street North Ave.

Lot 5 Block 32 Subdivision Capital View Park

Liber 206 Folio 681 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	Revision	Porch	Deck	Fireplace	Shed	Solar	Woodburning Stove
		Revocable		Fence/Wall (complete Section 4)	Other				

1B. CONSTRUCTION COSTS ESTIMATE \$ 13,900.00

1C. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVE PERMIT SEE PERMIT # 1118

1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY Peoples

1E. IS THIS PROPERTY A HISTORICAL SITE? no on historical district

PART TWO: COMPLETE FOR NEW CONSTRUCTION AND EXTEND/ADDITIONS

2A. TYPE OF SEWAGE DISPOSAL

01 (X) WSSC	02 () Septic
03 () Other	

2B. TYPE OF WATER SUPPLY

01 (X) 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.

William A. Hill Signature of owner or authorized agent (agent must have signature notarized on back) 2/27/88 Date

APPROVED _____ For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature _____ Date _____

APPLICATION/PERMIT NO: 211-3-38 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:

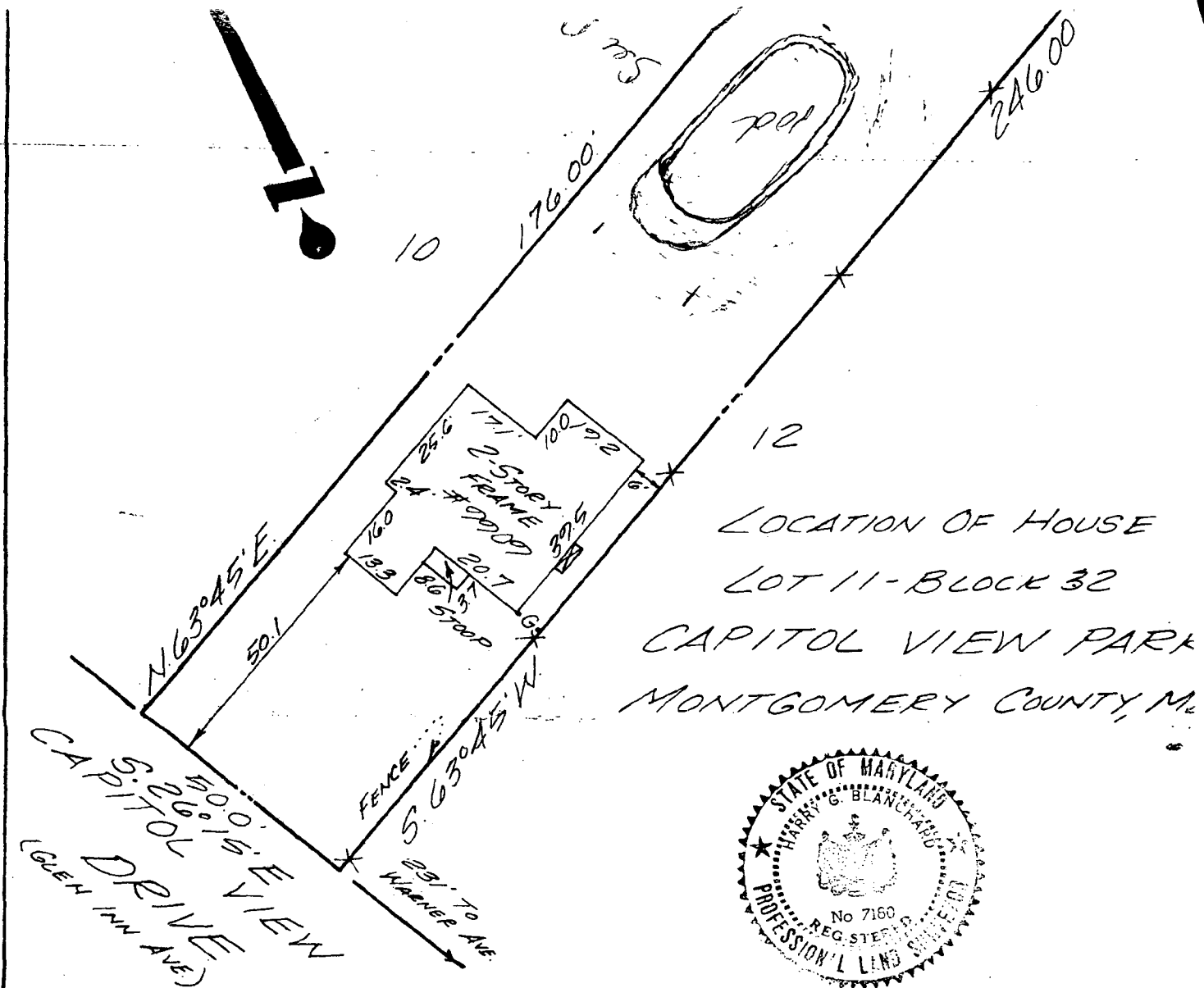
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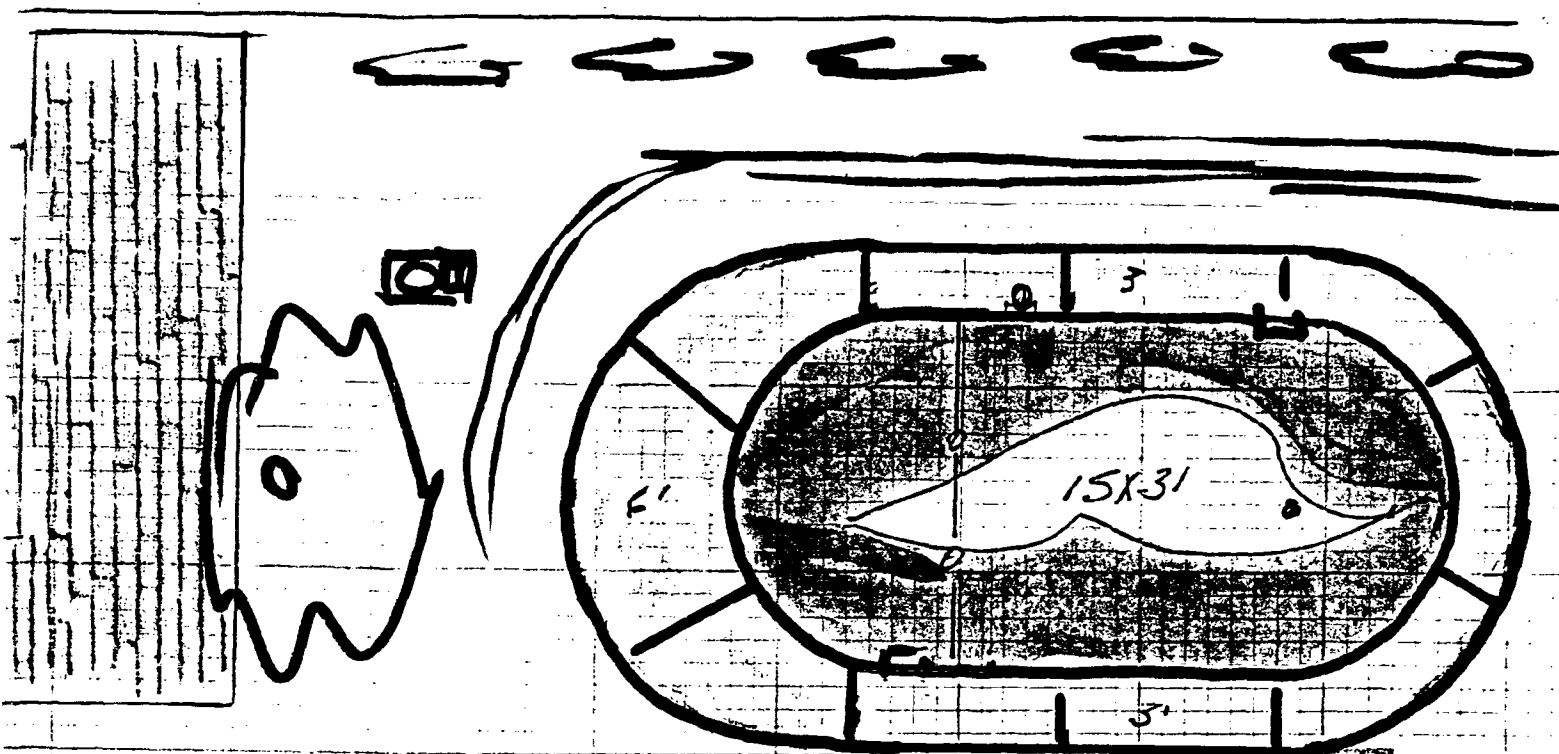
MAIL OR DELIVER THE APPLICATION AND ALL REQUIRED DOCUMENTS TO THE:
HISTORIC PRESERVATION COMMISSION
100 MARYLAND AVENUE
ROCKVILLE, MARYLAND 20850



12
 LOCATION OF HOUSE
 LOT 11-BLOCK 32
 CAPITOL VIEW PARK
 MONTGOMERY COUNTY, MD.



SURVEYOR'S CERTIFICATE I HEREBY CERTIFY THAT THE POSITION OF ALL THE EXISTING IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BEEN CAREFULLY ESTABLISHED BY A TRANSIT-TAPE SURVEY AND THAT UNLESS OTHERWISE SHOWN, THERE ARE NO ENCROACHMENTS. <i>Harry G. Blanchard</i> REGISTERED LAND SURVEYOR MD. # 7180	REFERENCES FLAT BK. <i>A</i> FLAT NO. <i>9</i>		ELDON E. SNIDER & ASSOCIATES LAND SURVEYORS LAND PLANNING CONSULTANTS 2 PROFESSIONAL DRIVE GAITHERSBURG, MD. SUITE 216 948 5100	
	LIBER		DATE OF SURVEYS	
	FOLIO		WALL CHECK:	
			HSE. LOC.: <i>1-28-76</i>	
		BOUNDARY:		SCALE: <i>1"=30'</i>
				DRAWN BY: <i>R.M.</i>
				JOB NO.: <i>76-106</i>

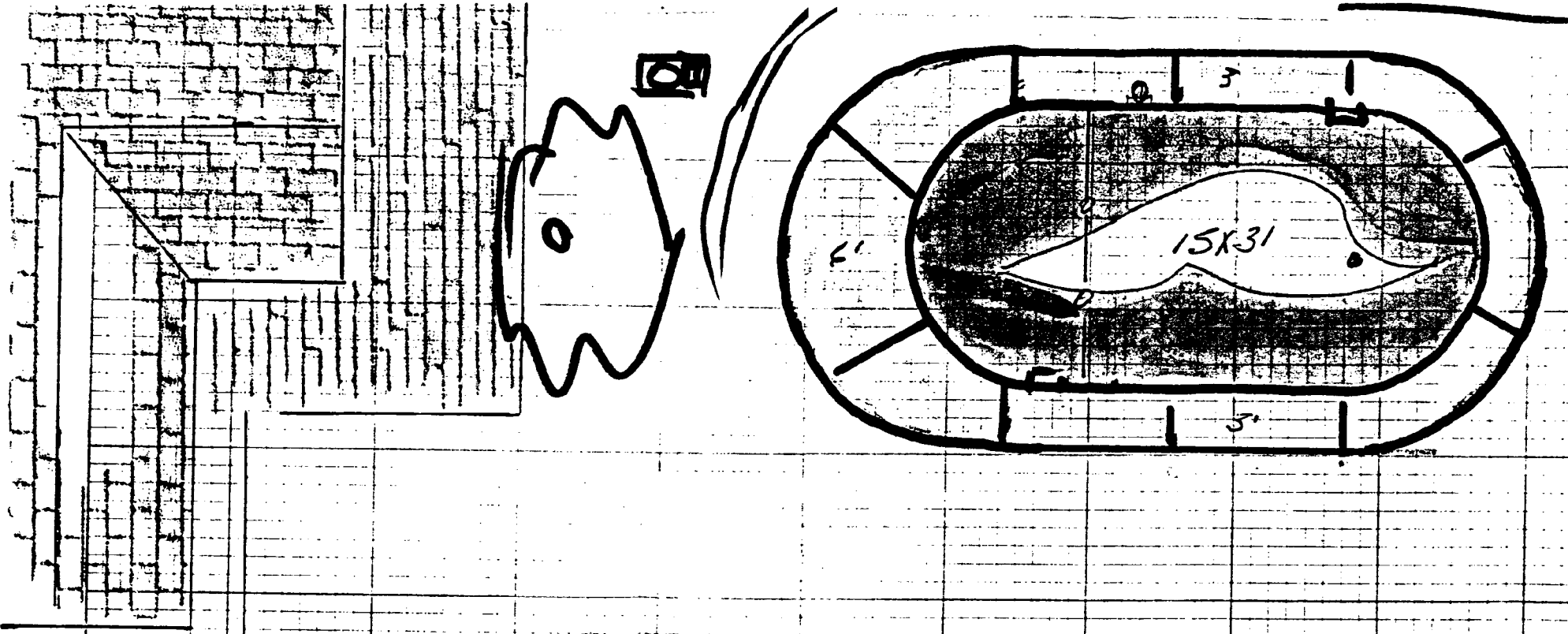


FEET _____ FEET
 SUCTION _____ HEAD _____ GPM
 TIME CLOCK _____ VOLTS, _____ POLE, _____ CYCLES
 SKIMMER(S) # _____ WITH # _____ VALVES
 PIPE CONNECTION _____
 MAIN DRAIN: _____
 RETURN FITTING(S): _____ FILL SPOUT _____
 UNDERWATER LIGHT(S), _____ VOLTS, _____ WATTS
 DECK BOX _____ x _____ x _____, BRASS CONDUIT _____ x _____ LONG
 HYDRO-AIR-INLET UNIT(S) # _____ AIRTUBE W/ 1/2" COUPLING
 RAILS, _____ TREAD LADDER, GRAB, _____ STEPS
 DIVING SUPPORT _____ TYPE, _____
 DIVING BOARD _____ FEET LONG, _____
 HEATER, _____ BTU INPUT, _____ FIRED
 VACUUM CLEANER COMPLETE WITH _____
 CHLORINATOR _____ TYPE, _____ G.P.D.
 BACKWASH WATER SAVER _____

CODE

<input type="checkbox"/> FILTER	<input type="checkbox"/> SKIMMER	<input type="checkbox"/> LADDER
<input type="checkbox"/> HEATER	<input type="checkbox"/> PUMP AND MOTOR	<input type="checkbox"/> GAS METER
<input type="checkbox"/> NEAREST HOSE BIB	<input type="checkbox"/> LIGHT	<input type="checkbox"/> ELEVATION POINT
	<input type="checkbox"/> ELECTRIC METER	

Browning Pools SCALE 1/8" = 1 FOOT
 LOT _____
 TRACT _____



TIME CLOCK _____
 SKIMMER(S) # _____
 PIPE CONNECTION _____
 MAIN DRAIN: _____
 RETURN FITTING(S): _____
 UNDERWATER LIGHT(S): _____
 DECK BOX _____ x _____ x _____
 HYDRO-AIR-INLET UNIT(S) # _____
 RAILS, _____ TREAD LADGE _____
 DIVING SUPPORT _____
 DIVING BOARD _____
 HEATER, _____
 VACUUM CLEANER COMPLETE _____
 CHLORINATOR _____
 BACKWASH WATER SAVER _____

C C
 [F] FILTER [S] SKIMMER
 [H] HEATER [P] PUMP
 [Δ] NEAREST HOSE BIB [L] LADDER
 [□] EL

B Brown Pools

P L O T P L A N

LOT SIZE _____
 ALL STRUCTURES SHOWN _____
 ACCESS SHOWN _____
 SERVICE METERS SHOWN _____
 FILTER, PUMP AND HEATER, _____
 LADDER, STEPS AND LIGHT _____
 OWNER _____
 SALESMAN _____

OWNER William & Amanda Neff PHONE 565-3417
 ADDRESS 9909 Capital View Ave S.S.



Montgomery County Government

Department of Housing and Community Development
Division of Community Planning and Development
51 Monroe Street
Rockville, Maryland 20850

Mrs. *Krahnke*
~~Betty Ann Kranke~~
~~4700 Morgan Drive~~
~~Chevy Chase, MD~~



MONTGOMERY COUNTY HISTORIC PRESERVATION COMMISSION

LOCAL ADVISORY COMMITTEE REVIEW FORM

EXTERIOR ALTERATIONS

I. Location of property

a. Located within the Capitol View Park historic district.

b. This is a Master Plan/Atlas historic district (circle one).

c. Address of Property: 9909 Capitol View Ave.
Silver Spring, MD 20910

d. Property owner's name, address and phone number:

Mr. and Mrs. William Neff
9909 Capitol View Ave.
Silver Spring, MD 20910

565-3417
(h) ~~972-3888~~ (w) _____

e. Is this property a contributing resource within the historic district? Yes _____ No x

f. On a map of the district locate this property and any adjacent historic resources. Will this work impact other contributing historic resources? Yes _____ No x

II. Description of work proposed

a. Briefly describe proposed work:

Construction of in-ground swimming in fences back yard.

b. Is this work on the front, rear, or side of the structure?

Rear

c. Is the work visible from the street?

No

d. What are the materials to be used?

Concrete

e. Are these materials compatible with existing materials? How? If not, why?

Yes

III. Recommendation of the Local Advisory Committee

a. Approval of Work

1. Which criteria found in the Ordinance for Historic Preservation (Sec. 24A-8-b of the Montgomery County Code) does this work meet?

2

2. What conditions, if any, must be met in order for the proposed work to meet the above criteria? (example: the proposed windows should be double hung to conform with existing windows)

Pool is to be an inground pool

b. Disapproval of Work

1. On what grounds is disapproval recommended? Refer to Sec. 24A-8.

2. How could this proposal be altered so as to be approved?

IV. Additional comments

Date on which application received: 1 March 1988

Date of LAC meeting at which application was reviewed: 7 March 1988

Form completed by: Carol Ireland Title: Secretary

Member of: Capitol View Park LAC

Date: 9 March 1988

0465E