

31/7 9909 Capitol View Ave.
OM 15-86



Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850
279-1327

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # N/A

NAME OF PROPERTY OWNER William & Amanda Neff TELEPHONE NO. 301-565-3417
(Contract/Purchaser) (Include Area Code)

ADDRESS 9909 Capitol View Ave Silver Spring MD 20910
CITY STATE ZIP

CONTRACTOR Tri-State Builders TELEPHONE NO. 301-493-6722

PLANS PREPARED BY Owners (Amanda Neff) CONTRACTOR REGISTRATION NUMBER _____ TELEPHONE NO. _____
(Include Area Code)

REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE

House Number 9909 Street Capitol View Ave

Town/City Silver Spring Election District 13

Nearest Cross Street Forest Glen Rd

Lot 11 Block 32 Subdivision Capitol View Park

Liber _____ Folio _____ Parcel _____

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

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

1B. CONSTRUCTION COSTS ESTIMATE \$ 5000.00

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

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:

- 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.

Amanda B. Neff William F. Neff 5/6/86
 Signature of owner or authorized agent (agent must have signature notarized on back) Date

APPROVED X For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature Kathleen Hahn Date 5/9/86

APPLICATION/PERMIT NO: OM 15-86 FILING FEE: \$ _____

DATE FILED: _____ PERMIT FEE: \$ _____

DATE ISSUED: _____ BALANCE \$ _____

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

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.)

Renovate 2nd story porch

1. New floor - water damaged where porch is pulling away from side of house
2. New roof - installing black roof shingles replacing corrugated tin roof, also water damaged
3. Installing Andersen Windows
 - a. 1 C35 white/SCRS/regular glass
 - b. 2 C34 " "
 - c. 2 C24 " "

(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