

31/7 9912 Capitol View Ave.
OM 24-85



Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850
279-1327

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # 996096

NAME OF PROPERTY OWNER DUNCAN & MARTHA KRIEGER TELEPHONE NO. 301-585-2196
(Contract/Purchaser) (Include Area Code)

ADDRESS 9912 CAPITOL VIEW AVENUE SILVER SPRING, MARYLAND 20910
CITY STATE ZIP

CONTRACTOR SELF TELEPHONE NO. SAA

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

REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE

House Number 9912 Street CAPITOL VIEW AVENUE

Town/City SILVER SPRING Election District PRECINCT 13-58 (Cong. Dist. 8; Legis. Dist. 18)

Nearest Cross Street Btw Leafy St. & Grant Ave.

Lot 5 Block 31 Subdivision CAPITOL VIEW PARK

Liber 3025 Folio 13 Parcel _____

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

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

1B. CONSTRUCTION COSTS ESTIMATE \$ 100.00(?)

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? It is in an historic district

PART TWO: COMPLETE FOR NEW CONSTRUCTION AND EXTEND/ADDITIONS

2A. TYPE OF SEWAGE DISPOSAL

01 <input checked="" type="checkbox"/> WSSC	02 <input type="checkbox"/> Septic
03 <input type="checkbox"/> Other _____	

2B. TYPE OF WATER SUPPLY

01 <input checked="" type="checkbox"/> WSSC	02 <input type="checkbox"/> Well
03 <input type="checkbox"/> Other _____	

PART THREE: COMPLETE ONLY FOR FENCE/RETAINING WALL

4A. HEIGHT 4 feet 0 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 Yes. See copy of survey.
- 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.

Nov. 2, 1985

Signature of owner or authorized agent (agent must have signature notarized on back)

Date

APPROVED For Chairperson, Historic Preservation Commission

DISAPPROVED _____

Signature

Date 11/15/85

APPLICATION/PERMIT NO: OM-24-85 FILING FEE: \$ _____

DATE FILED: 11/15/85 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

DESCRIPTION OF PROPOSED WORK: (including composition, color and texture of materials to be used:)

We would like to put up a basic white picket fence, three feet high, with a swinging gate at the front walk. Facing the house, the fence would run from the right of the stoop, 21½ feet to the line of the front of the lawn, and left across the front of the lawn to the property line btw 9912 and 9910, with a gate at the walk. (See outline on copy of survey and photo)

(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

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: 9912 Capitol View Ave.
Silver Spring MD 20910

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

Alicia + Michael Kruger
9912 Capitol View Ave Silver Spring MD 20910
(h) 301 585 7196 (w) _____

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

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 ✓.

II. Description of work proposed

a. Briefly describe proposed work:

Construct 4' picket style fence

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

c. Is the work visible from the street? yes

d. What are the materials to be used? wood

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

Compatible as have historical siding

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?

2,3

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)

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: 2 Nov 85
Date of LAC meeting at which application was reviewed: 10 Nov 85
Form completed by: Carol J. [Signature] Title: Chairman
Member of: Capital View Park LAC
Date: 14 Nov 85