

31/7 9920 Capitol View Ave. 1988
No #

Gwen

~~Day~~

Can you get me a
date of HPC approval?

Lucia

NO SIGN OF THIS CASE
ON HPC AGENDA IN
OCT, NOV., OR DEC. 1988
OR IN 1989 - DELETE

FROM DATA BASE

HISTORIC PRESERVATION COMMISSION

Staff Review Form

Applicant: Kathleen Waters

Applicant's Address: 9920 Capitol View Ave Silver Spring

Type of Review:

HAWP ✓ Substantial Alteration _____
Maintenance _____ Demolition _____
Subdivision _____ Other _____

Site No. (Atlas): 31/7 Capitol View Historic District

Site Address: _____
(if different from applicant)

Advertised: Yes ✓ No _____

Proposed: (describe action to be taken)

replace existing wood windows w/ vinyl replacement windows,
install 1 5 section box window, install 1 bay window
LAC recommended disapproval for bay & box windows,
wanting more detailed plans. House is located in area of
district noted as nominal on historic district map.

Staff recommendations and comments:

Applicant contacted by staff to provide photos for H.P.C.
replacement of existing windows w/ similar type vinyl windows recommended
for approval. Use of box window & bay window to replace picture windows
should be based on review of photos at meeting.
Date: 10/17/89 Staff: _____

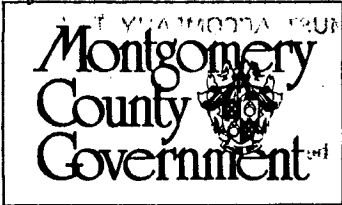
Signature: [Signature]

HPC Action:

To replace existing windows w/ vinyl windows
& leave record open for the Bay Windows until applicant
submit accurate elevation for the impact on the

Date: _____

exterior & repl approve if
re plac w/ like to design
will not need to contact.



Historic Preservation Commission
 -100 Maryland Avenue, Rockville, Maryland-20850-
~~279-1327~~
 279-8097

51 Monroe Street, Rm. 1009 #3117
 Rockville, MD 20850

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # _____
 NAME OF PROPERTY OWNER KATHLEEN WATERS TELEPHONE NO. 5894857
(Contract/Purchaser) (Include Area Code)
 ADDRESS 9920 CAPITOL VIEW AVE SILVER SPRING Md. 20910
CITY STATE ZIP
 CONTRACTOR CREATIVE ENERGY CORP. TELEPHONE NO. 277-7000
CONTRACTOR REGISTRATION NUMBER LICENSE # 28433
 PLANS PREPARED BY SAME - HENRY HENTZMAN TELEPHONE NO. _____
(Include Area Code)
 REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE
 House Number 9920 Street CAPITOL VIEW AVE
 Town/City SILVER SPRING Md. Election District 13
 Nearest Cross Street GRANT AVE
 Lot 1 Block 31 Subdivision CAPITOL VIEW PARK #5
 Libe 443 Folio 634 Parcel ACRES/FEET 8/164 F LAND 6900
5344

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 Porch Deck Fireplace Shed Solar Woodburning Stove
 Fence/Wall (complete Section 4) Other VINYL REPLACEMENT
WINDOWS-INCL.
BOW-BAY WINDOW
 1B. CONSTRUCTION COSTS ESTIMATE \$ 8000-8500
 1C. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVE PERMIT SEE PERMIT # _____
 1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY _____
 1E. IS THIS PROPERTY A HISTORICAL SITE? LOCATED IN HISTORICAL DISTRICT

PART TWO: COMPLETE FOR NEW CONSTRUCTION AND EXTEND/ADDITIONS
 2A. TYPE OF SEWAGE DISPOSAL 2B. TYPE OF WATER SUPPLY
 01 WSSC 02 Septic 01 WSSC 02 Well
 03 Other _____ 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:
 1. On party line/Property line _____
 2. Entirely on land of owner _____
 3. On public right of way/easement _____ (Revocable Letter Required).

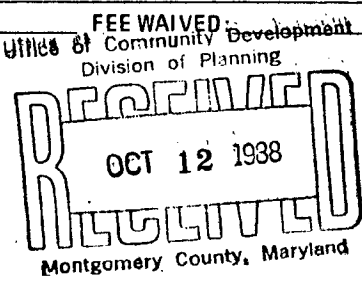
I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will comply with plans approved by all agencies listed and I hereby acknowledge and accept this to be a condition for the issuance of this permit.

Kathleen Waters October 10, 1988
 Signature of owner or authorized agent (agent must have signature notarized on back) Date

APPROVED _____ For Chairperson, Historic Preservation Commission
 DISAPPROVED _____ Signature _____ Date _____

APPLICATION/PERMIT NO: _____ FILING FEE: \$ _____
 DATE FILED: _____ PERMIT FEE: \$ _____
 DATE ISSUED: _____ BALANCE \$ _____
 OWNERSHIP CODE: _____ RECEIPT NO: _____

SEE REVERSE SIDE FOR INSTRUCTIONS



THE FOLLOWING ITEMS MUST BE COMPLETED AND THE REQUIRED DOCUMENTS MUST ACCOMPANY THIS APPLICATION

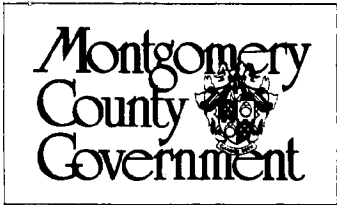
DESCRIPTION OF PROPOSED WORK: (including composition, color and texture of materials to be used:)

- 1) TEAR OUT & HAUL AWAY (21) EXISTING WOOD WINDOWS
- 2) FURNISH & INSTALL (15) THERMAX VINYL REPLACEMENT WINDOWS WITH EXTERIOR CAPPING
- 3) FURNISH & INSTALL (1) 5'-SECTION BOW WINDOW WITH COLONIAL GRID ON ALL SECTIONS - FRONT OF HOUSE - LIVING ROOM
- 4) FURNISH & INSTALL (1) BAY WINDOW WITH COLONIAL GRIDS IN ALL SECTIONS - FRONT OF HOUSE - DINING ROOM

(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
279-8097

51 Monroe Street, Rm. 1009
Rockville, MD 20850

#3117

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PLANS PREPARED BY SAME HENRY WENTZMAN CONTRACTOR REGISTRATION NUMBER LICENSE # 28433

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Town/City SILVER SPRING MD. Election District 13
Nearest Cross Street GRANT AVE
Lot 1 Block 31 Subdivision CAPITOL VIEW PARK #5
Parcel ACRES/FEET 9/164 F LAND 6900

1A. TYPE OF PERMIT ACTION: (circle one) Alter/Renovate
1B. CONSTRUCTION COSTS ESTIMATE \$ 8000 - 8500
1C. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVE PERMIT SEE PERMIT #
1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY
1E. IS THIS PROPERTY A HISTORICAL SITE? LOCATED IN HISTORICAL DISTRICT

PART TWO: COMPLETE FOR NEW CONSTRUCTION AND EXTEND/ADDITIONS
2A. TYPE OF SEWAGE DISPOSAL 01 (x) WSSC
2B. TYPE OF WATER SUPPLY 01 (x) WSSC

PART THREE: COMPLETE ONLY FOR FENCE/RETAINING WALL
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4B. Indicate whether the fence or retaining wall is to be constructed on one of the following locations:

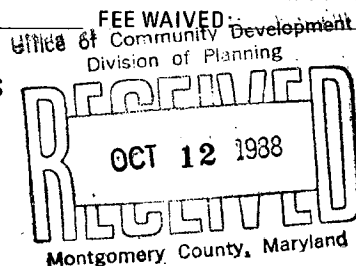
I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will comply with plans approved by all agencies listed and I hereby acknowledge and accept this to be a condition for the issuance of this permit.

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

APPROVED For Chairperson, Historic Preservation Commission
DISAPPROVED Signature Date

APPLICATION/PERMIT NO: FILING FEE: \$
DATE FILED: PERMIT FEE: \$
DATE ISSUED: BALANCE \$
OWNERSHIP CODE: RECEIPT NO:

SEE REVERSE SIDE FOR INSTRUCTIONS



THE FOLLOWING ITEMS MUST BE COMPLETED AND THE REQUIRED DOCUMENTS MUST ACCOMPANY THIS APPLICATION

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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 Capital View Park historic district.

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

c. Address of Property: 9920 Capital View Ave
Silver Spring MD 20910

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

Kathleen Waters
9920 Capital View Ave.
(h) 589 4857 (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:

1. Installation of triple track windows
2. Installation of 1 bow + 1 bay window in place of existing picture windows

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

Front, rear & side

c. Is the work visible from the street?

Yes

d. What are the materials to be used?

Vinyl & glass

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?

1, 2 for non-bay + bow windows

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.

The bay + bow windows were not presented in detail & the LAC recommends that the property owner present more detailed plans

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

Presentation of more detailed plans to show how replacement of flat windows by the bay + bow windows.

IV. Additional comments

Date on which application received: 10/10/88
Date of LAC meeting at which application was reviewed: 10/10/88
Form completed by: Carol Ireland Title: Secretary
Member of: Capitol View Park LAC
Date: 10/10/88

31/7 9920



post 1935 bldgs

post election

4/14/86

31/7
Capitol View
Park H.O.

9918 + 9920
Capitol View
Ave