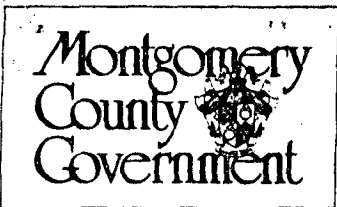


18/8 16112 Barnesville Rd.
OM 26-85



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

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # _____
 NAME OF PROPERTY OWNER JAMES S. & MARGARET M. COLEMAN TELEPHONE NO. 301-972-3452
(Contract/Purchaser) (Include Area Code)
 ADDRESS 16112 BARNESVILLE RD. BOYDS, MD 20841
CITY STATE ZIP
 CONTRACTOR OAK GROVE DESIGNS TELEPHONE NO. 774-0485
CONTRACTOR REGISTRATION NUMBER
 PLANS PREPARED BY M. COLEMAN TELEPHONE NO. 301-972-3452
(Include Area Code)
 REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE
 House Number 16112 Street BARNESVILLE RD
 Town/City BOYDS Election District 11
 Nearest Cross Street SLIDELL / BUCK LODGE
 Lot _____ Block _____ Subdivision _____
 Liber _____ Folio _____ 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 Revision Porch Deck Fireplace Shed Solar Woodburning Stove
 Fence/Wall (complete Section 4) Other REPAIR
FOUNDATION; REPLACE ROOF
 1B. CONSTRUCTION COSTS ESTIMATE \$ 10,000
 1C. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVE PERMIT SEE PERMIT # _____
 1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY POTOMAC EDISON
 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:
 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.

Margaret M Coleman December 3, 1985
 Signature of owner or authorized agent (agent must have signature notarized on back) Date

APPROVED X For Chairperson, Historic Preservation Commission
 DISAPPROVED _____ Signature Robert Helm Date 12/3/85

APPLICATION/PERMIT NO: OM 26-85 FILING FEE: \$ _____
 DATE FILED: 12/2/85 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:)

HOUSE JACKED UP, SILL PLATE REPLACED; IT HAS
ROTTED. FOUNDATION STONES REPLACED AS ORIGINAL.
ROOF: OLD CORRUGATED METAL WITH MULTIPLE
HOLES REMOVED. BEAMS & FASCIA REPAIRED.
STANDING SEAM METAL ROOF INSTALLED.

(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

