

18/8 19920 White Ground Rd.  
OM 6-86



# Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850  
279-1327

## APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # \_\_\_\_\_

NAME OF PROPERTY OWNER GARY LOWENTHAL TELEPHONE NO. 301 972-9405  
 (Contract/Purchaser) 19920 WHITE GR RD (Include Area Code) \_\_\_\_\_  
 ADDRESS BR405 MD 20841  
 CONTRACTOR STORBY BUILT CLARKSBURG MD STATE \_\_\_\_\_ TELEPHONE NO. 301-428-9080  
 CONTRACTOR REGISTRATION NUMBER \_\_\_\_\_  
 PLANS PREPARED BY JUSTINA LOWENTHAL TELEPHONE NO. 301 972-1618  
 (Include Area Code) \_\_\_\_\_  
 REGISTRATION NUMBER \_\_\_\_\_

LOCATION OF BUILDING/PREMISE SEE ATTACHED

House Number \_\_\_\_\_ Street \_\_\_\_\_

Town/City \_\_\_\_\_ Election District \_\_\_\_\_

Nearest Cross Street \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Liber \_\_\_\_\_ Folio \_\_\_\_\_ 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: A/C	<input type="checkbox"/> Slab	<input type="checkbox"/> Room Addition
<input type="checkbox"/> Wreck/Raze	<input type="checkbox"/> Move	<input checked="" type="checkbox"/> Install	<input type="checkbox"/> Revocable	<input type="checkbox"/> Porch	<input type="checkbox"/> Deck	<input type="checkbox"/> Fireplace
			<input type="checkbox"/> Revision	<input type="checkbox"/> Fence/Wall (complete Section 4)	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Shed
						<input type="checkbox"/> Solar
						<input type="checkbox"/> Woodburning Stove

1B. CONSTRUCTION COSTS ESTIMATE \$ 8000

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

1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY NO ELECTRIC WORK

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.

G. Lowenthal \_\_\_\_\_ Date 3-20-86  
 Signature of owner or authorized agent (agent must have signature notarized on back)

APPROVED X For Chairperson, Historic Preservation Commission  
 Signature White Hall Date 3/27/86

APPLICATION/PERMIT NO: OM 6-86 FILING FEE: \$ \_\_\_\_\_  
 DATE FILED: 3/24/86 PERMIT FEE: \$ \_\_\_\_\_  
 DATE ISSUED: \_\_\_\_\_ BALANCE \$ \_\_\_\_\_  
 OWNERSHIP CODE: \_\_\_\_\_ RECEIPT NO: \_\_\_\_\_ FEE WAIVED: \_\_\_\_\_