

31/6 3926 Prospect St.
HAWP 26-88

II. 4.



Historic Preservation Commission #31/6

100 Maryland Avenue, Rockville, Maryland 20850
279-1327

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # _____

NAME OF PROPERTY OWNER Raymond L. Weisman TELEPHONE NO. 301-949-6257
(Contract/Purchaser) (Include Area Code)

ADDRESS 3926 Prospect St. Kensington, Maryland 20895
CITY STATE ZIP

CONTRACTOR Bob Whites Tree Service TELEPHONE NO. 445-9448

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

REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE

House Number 3926 Street Prospect Street

Town/City Kensington MD 20895 Election District _____

Nearest Cross Street Conn. Avenue

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	Porch	Deck	Fireplace
			Revision	Fence/Wall (complete Section 4)	Shed	Solar
						Woodburning Stove
						Other <u>Remove Tree</u>

1B. CONSTRUCTION COSTS ESTIMATE \$ _____

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? _____

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.

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

APPROVED [Signature] For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature Christina A. Miller Date 10-11-88

APPLICATION/PERMIT NO: HAWP-26 FILING FEE: \$ _____

DATE FILED: _____ 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:)

Removal of elm tree desired with
"Dutch Elm" disease

(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

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCDUNT # _____

NAME OF PROPERTY OWNER _____ TELEPHONE NO. _____
(Contract/Purchaser) (Include Area Code)

ADDRESS _____

CONTRACTOR Rob White Tree Service CITY Rockville STATE MD TELEPHONE NO. 443-4448 ZIP 20850

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

REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE

House Number _____ Street 2700 Rockville Pike

Town/City Rockville Election District _____

Nearest Cross Street Rockville Pike

Lot _____ Block _____ Subdivision _____

Liber _____ Folio _____ Parcel _____

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

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

APPROVED _____ For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature [Signature] Date 10-11-88

APPLICATION/PERMIT NO: 1118 FILING FEE: \$ _____

DATE FILED: _____ PERMIT FEE: \$ _____

DATE ISSUED: _____ BALANCE \$ _____

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

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ROCKVILLE, MARYLAND 20850

