

31/7 2801 Barker St.

OM 25-85



# Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850  
279-1327

## APPLICATION FOR HISTORIC AREA WORK PERMIT

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

NAME OF PROPERTY OWNER Roberta Hahn TELEPHONE NO. (301) 495-7340  
(Contract/Purchaser) (Include Area Code)

ADDRESS 2801 Barker St, Silver Spring STATE MD ZIP 20910  
CITY

CONTRACTOR Sommer Tree Service TELEPHONE NO. 949-8194

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

REGISTRATION NUMBER \_\_\_\_\_

LOCATION OF BUILDING/PREMISE

House Number 2801 Street Barker St.

Town/City Silver Spring Election District \_\_\_\_\_

Nearest Cross Street Menlo Ave.

Lot \_\_\_\_\_ Block 25 Subdivision Capitol View Park

Liber \_\_\_\_\_ Folio \_\_\_\_\_ Parcel P963

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
					Other	Woodburning Stove

1B. CONSTRUCTION COSTS ESTIMATE \$ 900

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? 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.

Roberta Hahn \_\_\_\_\_ 10/5/85  
Signature of owner or authorized agent (agent must have signature notarized on back) Date

APPROVED X For Chairperson, Historic Preservation Commission

DISAPPROVED \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

APPLICATION/PERMIT NO: OM #25-85 FILING FEE: \$ \_\_\_\_\_

DATE FILED: 11/15/85 PERMIT FEE: \$ \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_ BALANCE \$ \_\_\_\_\_

OWNERSHIP CODE: \_\_\_\_\_ RECEIPT NO: \_\_\_\_\_ FEE WAIVED: \_\_\_\_\_

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:)

Large tulip poplar was severely damaged  
by lightning strike and it must be  
removed before it endangers the house.

(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: 2801 Baker Street  
Silver Spring MD 20910

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

Roberta Hahn  
2801 Baker Street Silver Spring MD 20910  
(h) (301) 495-7340 (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:

Removal of tree

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?

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

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?

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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: 5 Oct 85  
Date of LAC meeting at which application was reviewed: 12 Oct 85  
Form completed by: David J. Ireland Title: Chairman  
Member of: Capital View Park LAC  
Date: 30 Oct 85