

31/7 2901 Barker St.
OM 17-87



Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850
279-1327

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # 02610473

NAME OF PROPERTY OWNER CONSTRUCTIVE ALTERNATIVES, INC. TELEPHONE NO. (301) 891-2880
 (Contract/Purchaser) MR. & MRS. BLAIR TURNER (Include Area Code)

ADDRESS 7334 CARROLL AVE, TAKOMA PARK, MD. CITY TAKOMA PARK STATE MD ZIP 20912

CONTRACTOR CONSTRUCTIVE ALTERNATIVES, INC. TELEPHONE NO. (301) 891-2880
 CONTRACTOR REGISTRATION NUMBER 2236

PLANS PREPARED BY PAUL TRESLER TELEPHONE NO. (301) 891-2880
 (Include Area Code)

REGISTRATION NUMBER 6283-R

LOCATION OF BUILDING/PREMISE

House Number 2901 Street BARKER ST.

Town/City SILVER SPRING Election District 13

Nearest Cross Street MENLO

Lot 16 Block 18 Subdivision CAPITOL VIEW PARK

Liber _____ Folio _____ Parcel _____

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

<input checked="" type="radio"/> Construct	<input type="radio"/> Extend/Add	<input type="radio"/> Alter/Renovate	<input type="radio"/> Repair	Circle One: A/C	Slab	Room Addition
<input type="radio"/> Wreck/Raze	<input type="radio"/> Move	<input type="radio"/> Install	<input type="radio"/> Revocable	<input type="radio"/> Porch	<input type="radio"/> Deck	<input type="radio"/> Fireplace
			<input type="radio"/> Revision	<input type="radio"/> Shed	<input type="radio"/> Solar	<input type="radio"/> Woodburning Stove
				<input checked="" type="radio"/> Other: <u>GARAGE, DETACHED</u>		

1B. CONSTRUCTION COSTS ESTIMATE \$ 10,000.00

1C. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVE PERMIT SEE PERMIT # 860930038

1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY PEPCO

1E. IS THIS PROPERTY A HISTORICAL SITE? YES

PART TWO: COMPLETE FOR NEW CONSTRUCTION AND EXTENS/OADITIONS

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 April 23, 1987

APPROVED X For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature Rhonda Hahn Date 5/1/87

APPLICATION/PERMIT NO: OM 17-87 FILING FEE: \$ _____

DATE FILED: _____ PERMIT FEE: \$ _____

DATE ISSUED: _____ BALANCE \$ _____

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

SEE REVERSE SIDE FOR INSTRUCTIONS



Historic Preservation Commission

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279-1327

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # 02610473

NAME OF PROPERTY OWNER CONSTRUCTIVE ALTERNATIVES, INC. TELEPHONE NO. (301) 891-2880
 (Contract/Purchaser) MRS. BLAIR TURNER (Include Area Code)

ADDRESS 7334 CARROLL AVE, TAKOMA PARK, MD. 20912
CITY STATE ZIP

CONTRACTOR CONSTRUCTIVE ALTERNATIVES, INC. TELEPHONE NO. (301) 891-2880
 CONTRACTOR REGISTRATION NUMBER 2736

PLANS PREPARED BY PAUL TRESIEDER TELEPHONE NO. (301) 891-2880
 (Include Area Code)

REGISTRATION NUMBER 6283-R

LOCATION OF BUILDING/PREMISE

House Number 2901 Street BARKER ST.

Town/City SILVER SPRING Election District 13

Nearest Cross Street MENLO

Lot 16 Block 18 Subdivision CAPITOL VIEW PARK

Liber _____ Folio _____ Parcel _____

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<input type="radio"/> Wreck/Raze	<input type="radio"/> Move	<input type="radio"/> Install	<input type="radio"/> Revocable	Porch	Deck	Fireplace
			<input type="radio"/> Revision	Fence/Wall (complete Section 4)	<input checked="" type="radio"/> Other	Solar
						Woodburning Stove

1B. CONSTRUCTION COSTS ESTIMATE \$ 10,000.00

1C. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVE PERMIT? SEE PERMIT # 860930038

1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY PEPCO

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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) [Signature] Date APRIL 23, 1987

APPROVED X For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature [Signature] Date 5/1/87

APPLICATION/PERMIT NO: OM 17-87 FILING FEE: \$ _____

DATE FILED: _____ PERMIT FEE: \$ _____

DATE ISSUED: _____ BALANCE \$ _____

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

SEE REVERSE SIDE FOR INSTRUCTIONS

MONTGOMERY COUNTY HISTORIC PRESERVATION COMMISSION

LOCAL ADVISORY COMMITTEE REVIEW FORM

EXTERIOR ALTERATIONS

I. Location of property

a. Located within the Capital View historic district.

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

c. Address of Property: 2901 Barker St.
Silver Spring Md.

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

Constructive Alternatives Inc.
7334 Carrall Ave Takoma Park Md

(h) _____ (w) 891-2880

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 X No _____.

II. Description of work proposed

a. Briefly describe proposed work:

Build a two car Garage Detached

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

REAR side

c. Is the work visible from the street? yes

d. What are the materials to be used? vinyl siding

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

III. Recommendation of the Local Advisory Committee

a. Approval of Work

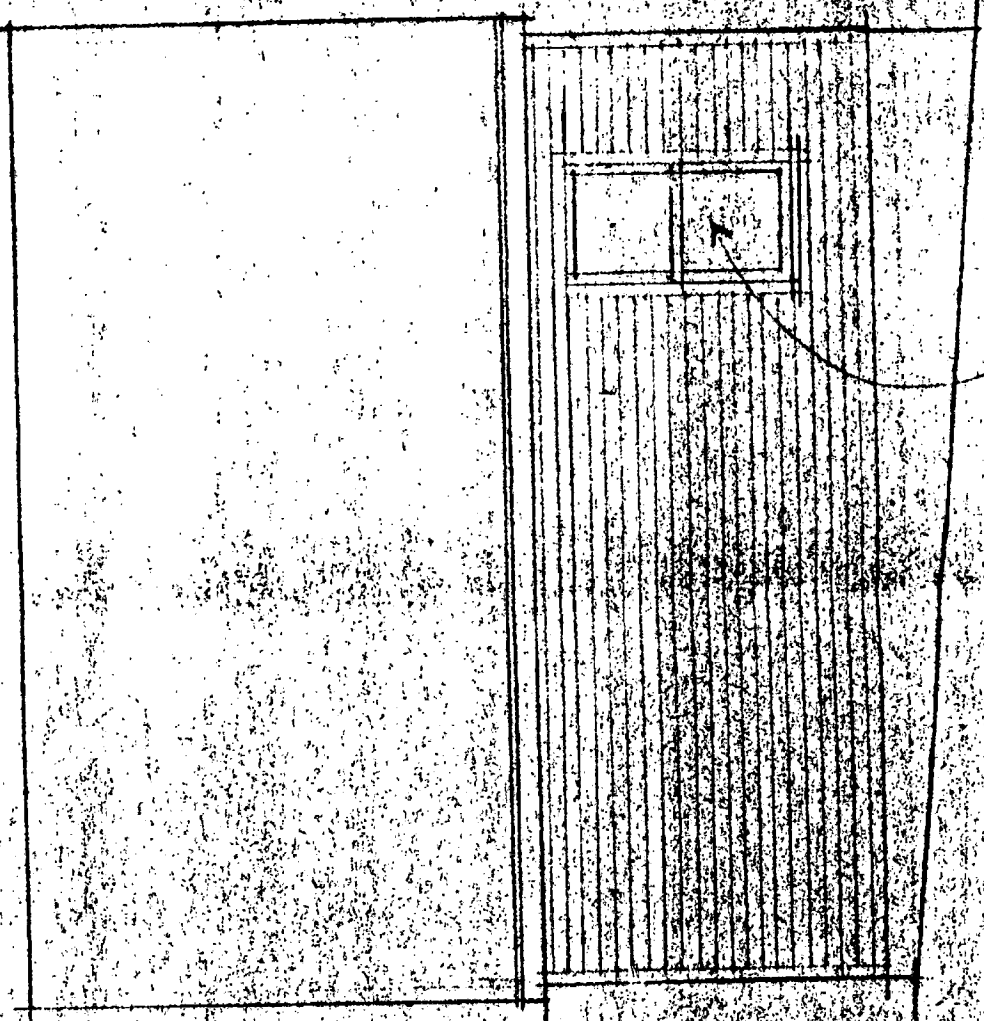
1. Which criteria found in the Ordinance for Historic Preservation (Sec. 24A-8-b of the Montgomery County Code) does this work meet?
8-2
8-6
2. What conditions, if any, must be met in order for the proposed work to meet the above criteria? (example: the proposed windows should be double hung to conform 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?

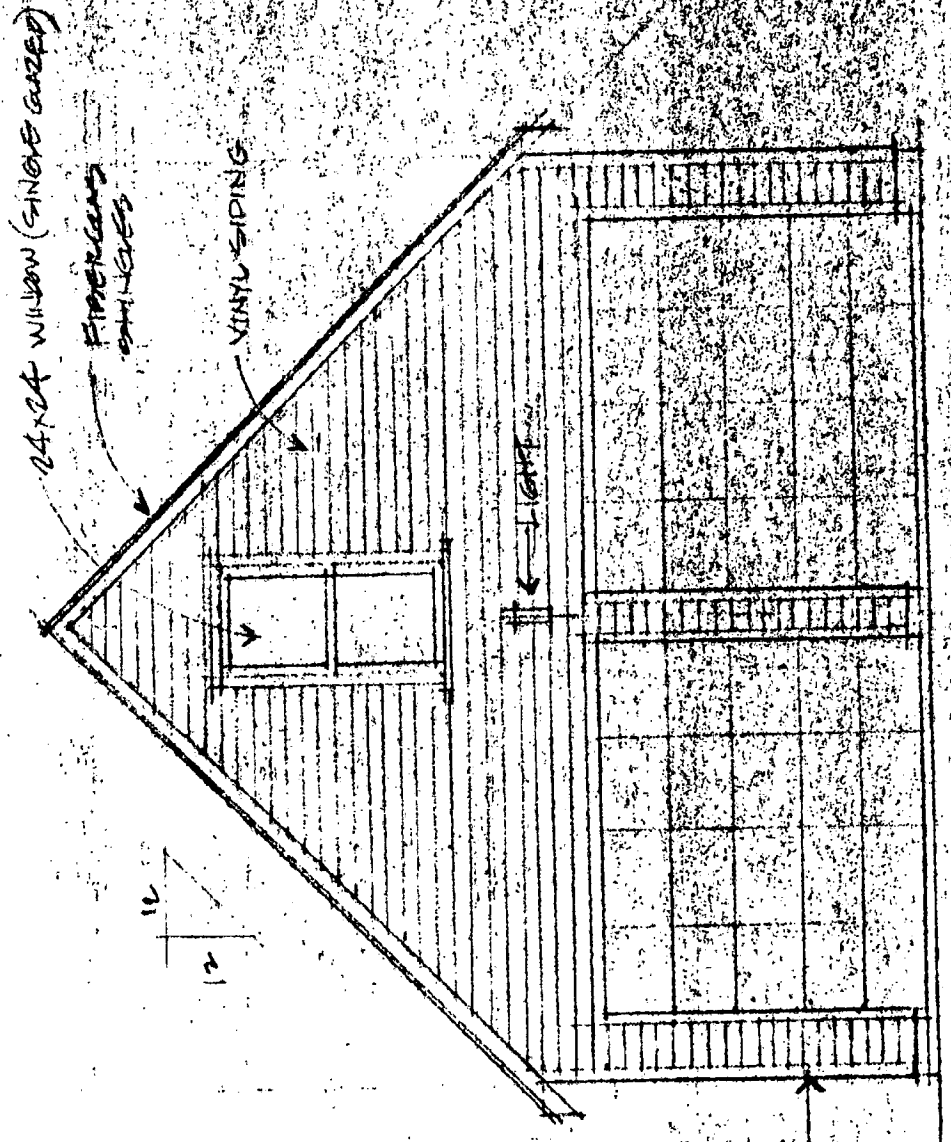
IV. Additional comments

Date on which application received: 4/20/87
Date of LAC meeting at which application was reviewed: 4/27/87
Form completed by: Peter Wilson Title: Chairman
Member of: Capitol View LAC
Date: 4/30/87



28x28 WILLOW
(FROM LOFT)

SIDE ELEVATION



24x24 WILLOW (SINERE GABLE)

FIBERGLASS SHINGLES

VINYL SIDING

12

14
CORNER
BRICKS

FRONT ELEVATION

