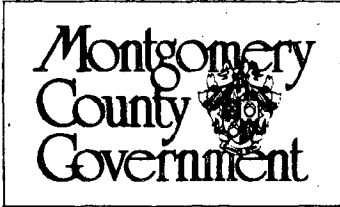


31/7, 2903 Barker St.
OM 42-87



Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850
279-1327

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # 7-21-480358

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

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

CONTRACTOR SAUE TELEPHONE NO. _____

CONTRACTOR REGISTRATION NUMBER 2236

PLANS PREPARED BY PAUL TRESEDER, AIA. TELEPHONE NO. 301-891-2911
(Include Area Code)

REGISTRATION NUMBER 62-83-R

LOCATION OF BUILDING/PREMISE

House Number 2903 Street BARNER ST.

Town/City WHEATON Election District 13TH

Nearst Cross Street CAPITOL VIEW

Lot 15 Block 18 Subdivision CAPITOL VIEW PARK

Liber 7170 Folio 424 Parcel _____

1A. TYPE OF PERMIT ACTION: (circle one)
 Construct Extend/Add Alter/Renovate Repair
 Wreck/Raze Move Install Revocable Revision
Circle One: A/C Slab Room Addition
Porch Deck Fireplace Shed Solar Woodburning Stove
Fence/Wall (complete Section 4) Other GARAGE

1B. CONSTRUCTION COSTS ESTIMATE \$ 12,500

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 EXTENSO/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.

Signature of owner or authorized agent (agent must have signature notarized on back) _____ Date 8/17/87

APPROVED For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature Robert Falk Date 8/18/87

APPLICATION/PERMIT NO: DM 42-87 FILING FEE: \$ _____

DATE FILED: _____ PERMIT FEE: \$ _____

DATE ISSUED: _____ BALANCE \$ _____

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

SEE REVERSE SIDE FOR INSTRUCTIONS