

31/7 2903 Barker St.

HAWP 10-86



Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850

279-1327

APPLICATION FOR HISTORIC AREA WORK PERMIT

15 = 13-5-2610462

TAX ACCOUNT # 16 = 13-5-2610473

NAME OF PROPERTY OWNER CONSTRUCTIVE ALTERNATIVES TELEPHONE NO. 301-891-2880
 (Contract/Purchaser) SAME (Include Area Code)
 ADDRESS 14334 CARROLL AVE, TKMA PK, MD, 20912
 CITY STATE ZIP
 CONTRACTOR CONSTRUCTIVE ALTERNATIVES TELEPHONE NO. SAME
 CONTRACTOR REGISTRATION NUMBER CONTRACTOR MC # 2236
 PLANS PREPARED BY PAUL TRESEDER TELEPHONE NO. 301-891-2880
 (Include Area Code)
 REGISTRATION NUMBER MD # 6283

LOCATION OF BUILDING/PREMISE

House Number 2903 Street PARKER ST.
 Town/City SILVER SPRING Election District _____
 Nearest Cross Street MENLO
 Lot(s) 15 Block 18 Subdivision CAPITAL VIEW PARK
BOOK 137 AT PLAT 15856
LIBER 7170 FOLIO 424 Parcel # 13.05.2610462 2610473

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 _____
 1B. CONSTRUCTION COSTS ESTIMATE \$ 150,000
 1C. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVE PERMIT SEE PERMIT # N/A
 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:
 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 9/16/86

APPROVED critterion 24A-8(b)(2) For Chairperson Historic Preservation Commission

DISAPPROVED _____ Signature Robert Halan Date 9/19/86

APPLICATION/PERMIT NO: HAWP 10-86 FILING FEE: \$ _____
 DATE FILED: _____ PERMIT FEE: \$ _____
 DATE ISSUED: _____ BALANCE \$ _____
 OWNERSHIP CODE: _____ RECEIPT NO: _____ FEE WAIVED: _____

SEE REVERSE SIDE FOR INSTRUCTIONS