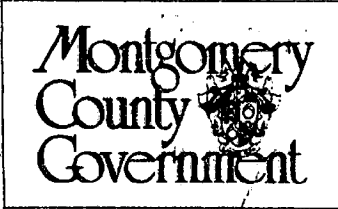


31/7 2907 Barker St.
OM 57-87



Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850
279-1327

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # _____

NAME OF PROPERTY OWNER Joseph A. Podlesny TELEPHONE NO. 301-588-8654
(Contract/Purchaser) (Include Area Code)

ADDRESS 2907 Barker St., Silver Spring CITY STATE ZIP
MD 20910

CONTRACTOR Unknown at this time TELEPHONE NO. _____
CONTRACTOR REGISTRATION NUMBER _____

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

REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE

House Number 2907 Street Barker

Town/City Silver Spring Election District 18

Nearest Cross Street Menlo Ave

Lot 21 Block 25 Subdivision Capital View Park

Liber 2479 Folio 423 Parcel _____

1A. TYPE OF PERMIT ACTION: (circle one) Tree Removal *See reverse side*

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

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? NO

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 ^{tree removal} 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.

Joseph A. Podlesny Oct. 29, 1987
Signature of owner or authorized agent (agent must have signature notarized on back) Date

APPROVED X For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature Robert W. Hahn Date 11/5/87

APPLICATION/PERMIT NO: OM 57-87 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

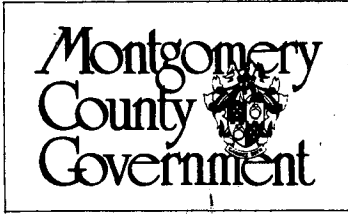
DESCRIPTION OF PROPOSED WORK: (including composition, color and texture of materials to be used:)

1. Remove two (2) shallow rooted trees which are leaning and may cause property damage.
2. Remove one (1) half rotted tree

(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 ACCOUNT # _____

NAME OF PROPERTY OWNER Joseph A. Podlesny TELEPHONE NO. 301-593-1104
(Contract/Purchaser) (Include Area Code)

ADDRESS 2907 Barker St, Silver Spring STATE MD CITY Silver Spring ZIP 20910

CONTRACTOR Unknown at this Time TELEPHONE NO. _____
CONTRACTOR REGISTRATION NUMBER _____

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

REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE

House Number 2907 Street Barker

Town/City Silver Spring Election District 18

Nearest Cross Street Menlo Ave

Lot 21 Block 25 Subdivision Capital View Park

Liber 2479 Folio 423 Parcel _____

- 1A. TYPE OF PERMIT ACTION: (circle one) Tree Removal → See reverse side
- | | | | | | | | | | |
|------------|------------|----------------|-----------|---|------|---------------|------|-------|-------------------|
| Construct | Extend/Add | Alter/Renovate | Repair | Circle One: A/C | Slab | Room Addition | | | |
| Wreck/Raze | Move | Install | Revocable | Porch | Deck | Fireplace | Shed | Solar | Woodburning Stove |
| | | | Revision | Fence/Wall (complete Section 4) Other _____ | | | | | |
- 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? No

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:
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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) Joseph A. Podlesny Date Oct 29, 1987

APPROVED X For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature Walter W. Hahn Date 11/1/87

APPLICATION/PERMIT NO: OM 57-87 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:)

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2. Remove one (1) half rotted tree.

(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: 2907 Barker Street
Silver Spring, MD 20910

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

Joseph Podlesny
2907 Barker Street

(h) 588-8654 (w) _____

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 _____ No x

II. Description of work proposed

a. Briefly describe proposed work:

Removal of shallow rooted trees and removal half rotted tree
abandoned driveway and utility lines

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

side

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?
2,3

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

Applicant will replace trees with dogwoods

Date on which application received: 30 October 1987

Date of LAC meeting at which application was reviewed: 3 Nov 87

Form completed by: Carol Ireland Title: Secretary

Member of: Capitol View LAC

Date: 3 Nov 87 reviewed from earlier meeting

0465E

committee approved 11/2/87

per O'Brien, chairman LAC