

31/7 9829 Capitol View Ave.  
6-86

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # 994907
NAME OF PROPERTY OWNER MICHAEL P. GODDERS TELEPHONE NO. (301) 495-5706
ADDRESS 9829 CAPITOL VIEW AVENUE, SILVER SPRING, MD 20910
CONTRACTOR N/A TELEPHONE NO. N/A
PLANS PREPARED BY N/A CONTRACTOR REGISTRATION NUMBER N/A TELEPHONE NO. N/A
REGISTRATION NUMBER N/A

LOCATION OF BUILDING/PREMISE
House Number 9829 Street CAPITOL VIEW AVENUE
Town/City SILVER SPRING Election District 13
Nearest Cross Street LEAFY AVENUE
Lot 2 Block 35 Subdivision CAPITOL VIEW PARK
Liber Folio Parcel

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 Revision Fence/Wall (complete Section 4) Other TREES
1B. CONSTRUCTION COSTS ESTIMATE \$ 1200.00
1C. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVE PERMIT SEE PERMIT # N/A
1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY PEPSCO
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/assessment (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 except 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 5/6/06

APPROVED X 24A-8(b)(1) + (3) For Chairperson, Historic Preservation Commission

DISAPPROVED Signature Robert Hale Date 5/16/06

APPLICATION/PERMIT NO: 6-86 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)

REMOVAL OF THREE PINE TREES ON SOUTHWEST (FRONT) SIDE OF MAIN HOUSE. THE THREE TREES ARE THE LEFT-MOST TREES WHEN VIEWING THE FRONT OF THE HOUSE FROM CAPITOL VIEW AVENUE.

NAME OF PROPERTY OWNER: ... ADDRESS: ... LOCATION OF BUILDING: ...

(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

APPROVED: [Signature] DATE: ... RECEIVED: [Stamp]

SEE REVERSE SIDE FOR INSTRUCTIONS