

31/7 9829 Capitol View Ave.
5-86



Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850

279-1327

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # 994907

NAME OF PROPERTY OWNER MICHAEL P. ENDERS TELEPHONE NO. (301) 495-5706
 (Contract/Purchaser) (Include Area Code)

ADDRESS 9029 CAPITOL VIEW AVENUE, SILVER SPRING, MD 20910
 CITY STATE ZIP

CONTRACTOR N/A TELEPHONE NO. N/A

PLANS PREPARED BY N/A CONTRACTOR REGISTRATION NUMBER N/A TELEPHONE NO. N/A
 (Include Area Code)

REGISTRATION NUMBER N/A

LOCATION OF BUILDING/PREMISE

House Number 9029 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
<u>Wreck/Raze</u>	Move	Install	Revocable	Porch	Deck	Fireplace
			Revision	Fence/Wall (complete Section 4)	Shed	Solar
				Other	Woodburning Stove	<u>TREE</u>

1B. CONSTRUCTION COSTS ESTIMATE \$ 500.00

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:

- 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] 5/6/86
 Signature of owner or authorized agent (agent must have signature notarized on back) Date

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

DISAPPROVED _____ Signature [Signature] Date 5/16/86

APPLICATION/PERMIT NO: 5-86 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 PINE TREE ON SOUTHWEST (FRONT) SIDE OF MAIN HOUSE. THIS TREE IS THE RIGHT-MOST TREE WHEN VIEWING THE FRONT OF THE HOUSE FROM CAPITOL VIEW AVENUE.

(If more space is needed, attach

ATTACH TO THIS APPLICATION drives, walks, fences, patios, etc. or PHOTOGRAPHS OF THE AREA AFFECTED

MAIL OR DELIVER THE APPLICATION TO: HISTORIC PRESERVATION COMMISSION, 100 MARYLAND AVENUE, ROCKVILLE, MARYLAND 20850



Indicate location with dimensions, (floor plans, elevations, etc.).

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Enders 9829 Cap. View Ave.