30/13 10700 Kenilworth Ave. SA 9-87 KEVISION



Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850 270-1327

APPLICATION FOR HISTORIC AREA WORK PERMIT

HISTORIC PRESERVATION COMMISSION 51 Monroe Street Room 1009 Rockville, Md. 20850 279-8097

TAX ACCOUNT # 61532	
NAME OF PROPERTY DWNER KANTOR-MELAT PARTNERSH	(Include Area Code)
ADDRESS 10702 KENILWORTH AVE., GARRETT PI	ARK MD 20896 ZIP
CONTRACTOR UNKNOWN	TELEPHONE ND.
CONTRACTOR REGISTRATI	ON NUMBER
PLANSPREPARED BY COLUMBIA DESIGN	TELEPHDNE ND. (Include Area Code)
REGISTRATION NUMBER	(Include Alea Code)
LOCATION OF BUILDING/PREMISE	
House Number 10700 Street KENILIVORTH	A \^S
	·
Town/City GARRETT PARK Ele	
Nearest Cross Street OXFORD	
Lot 17 Block 50 Subdivision	
Liber 134-2 Folio 119 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
18. CONSTRUCTION COSTS ESTIMATE \$ 125,000.00 10. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVE 10. INDICATE NAME OF ELECTRIC UTILITY COMPANY 11. IS THIS PROPERTY A HISTORICAL SITE? YES	PERMIT SEE PERMIT #
PART TWO: COMPLETE FOR NEW CONSTRUCTION AND EXTEND/A001 2A. TYPE OF SEWAGE DISPOSAL 01 (*) WSSC 02 () Septic 03 () Other	TTIONS 2B. TYPE DF 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 on 1. On party line/Property line 2. Entirely on land of owner 3. On public right of way/easement	
I hereby certify that I have the authority to make the foregoing application plans appraved by all aparcies listed and thereby acknowledge and accept this signature of owner or authorized agent must have signature notarized	10 MARCH, 1987 on back) Date
APPROVED For Chairperson, Historic Prese	ervation Commission Date 3/20/87
DISAPPROVEO Signature Multi-	Date
APPLICATION/PERMIT NO: SA 9-87	
OATE FILEO:	
OATE ISSUEO:OWNERSHIP CODE:	
	TEC WATER

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:)
THIS WORK CONSISTS OF A NEW SINGLE FAMILY RESIDENCE,
TWO STORY BUILDING AND BASEMENT. THE HOUSE CONSTRUCTED
OF BRICK VENISER AT THE FOUNDATION AND FIRST FLOOR AND
CLAPBOARD (ALUM) SIDING. THE POOF MATERIAL IS APPHALT
SHINGLES, THE DESIGN IS AN ATTEMPT TO BLEND IN WITH
THE MASONRY HOUSE NEXT DOOR AND THE BRICK APARTMENTS
IN PARKSIDE ADJACENT TO THIS PROPERTY.

(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

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APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT #			
NAME OF PROPERTY OWNER			
(Contract/Purchaser)			
ADDRESSCITY	STATE		
CONTRACTOR	TELEPHONE NO		
PLANS PREPARED BY			
I LANGI II LI AILLO DI	(Include Area Code)		
REGISTRATION NUMBER			
LOCATION OF BUILDING/PREMISE			
House Number Street			
Town/CityEI	ection District		
Nearest Cross Street			
Lot Block Subdivision			
Liber Folio Parcel			
1A. TYPE OF PERMIT ACTION: (circle one)	Circle One: A/C Slab Room Addition		
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Wreck/Raze Move Install Revocable Revision	Fence/Wall (complete Section 4) Other		
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01 () WSSC 02 () Septic	01 () WSSC 02 () Well		
03 () Other	03 () Other		
PART THREE: COMPLETE ONLY FOR FENCE/RETAINING WALL			
4A. HEIGHTfeetinches			
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1. Dn party line/Property line			
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5. On public right of way/easement	{ileaucane Letter rieduned).		
! hereby certify that I have the authority to make the foregoing application	on, 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			
.*			
Signature of owner or authorized agent (agent must have signature notarized	d on back) Date		
**********	*****************		
APPROVED For Chairperson, Historic Pres	servation Commission		
DISAPPROVED Signature	Date		
ADDLICATION/DE DMIT NO.	FILING FEE:\$		
DATE FILED:			
DATE ISSUED:			
OWNERSHIP CODE:			

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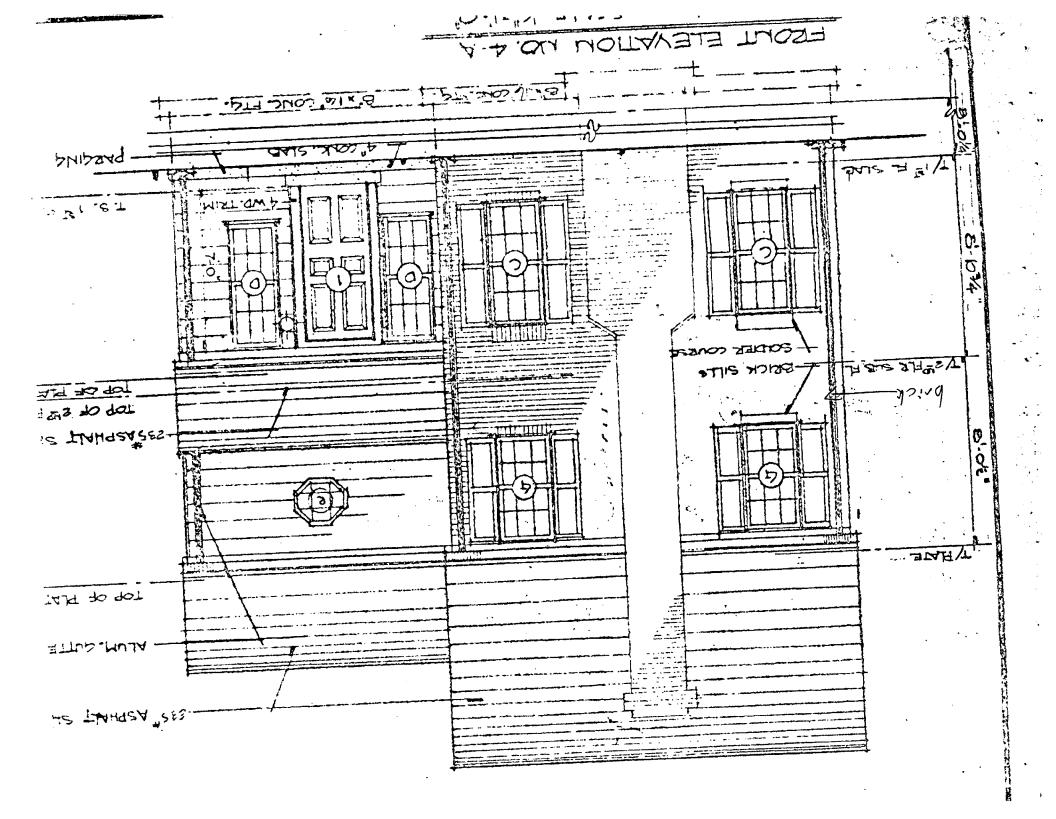
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ROCKVILLE, MARYLAND 20850

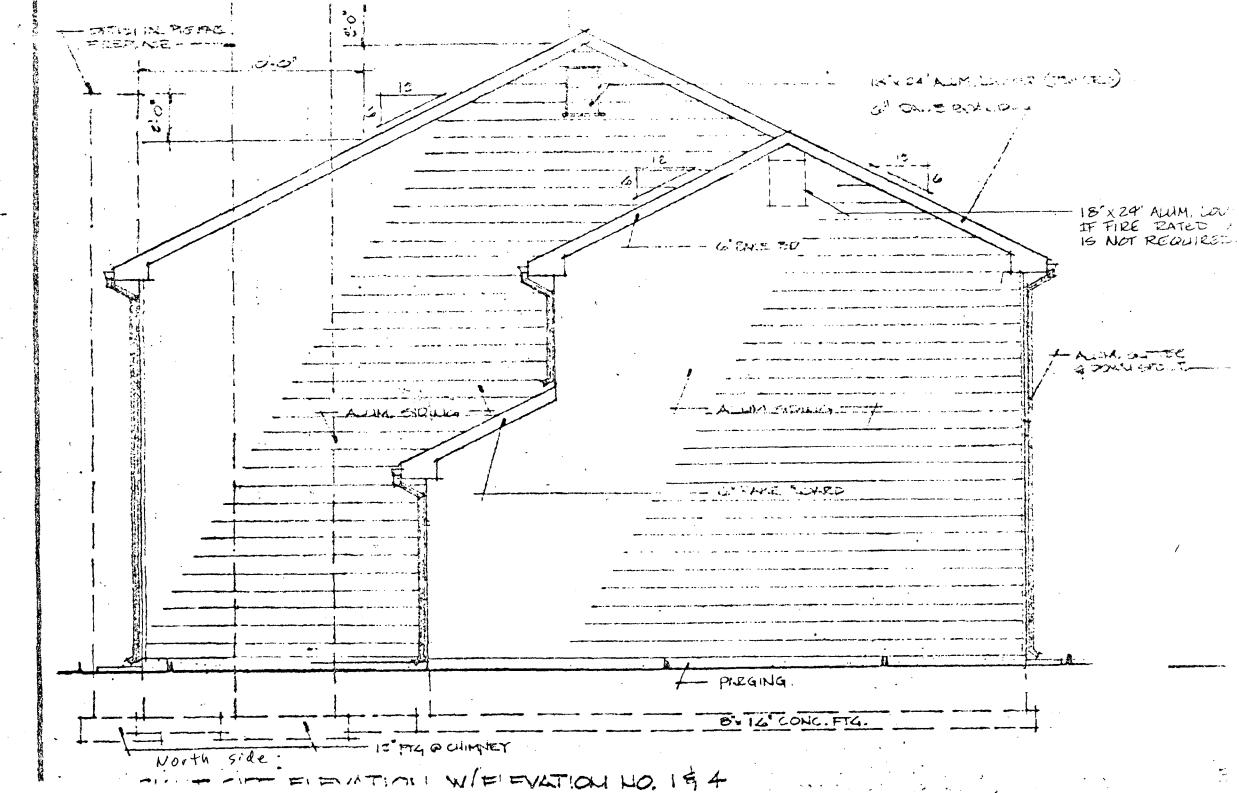
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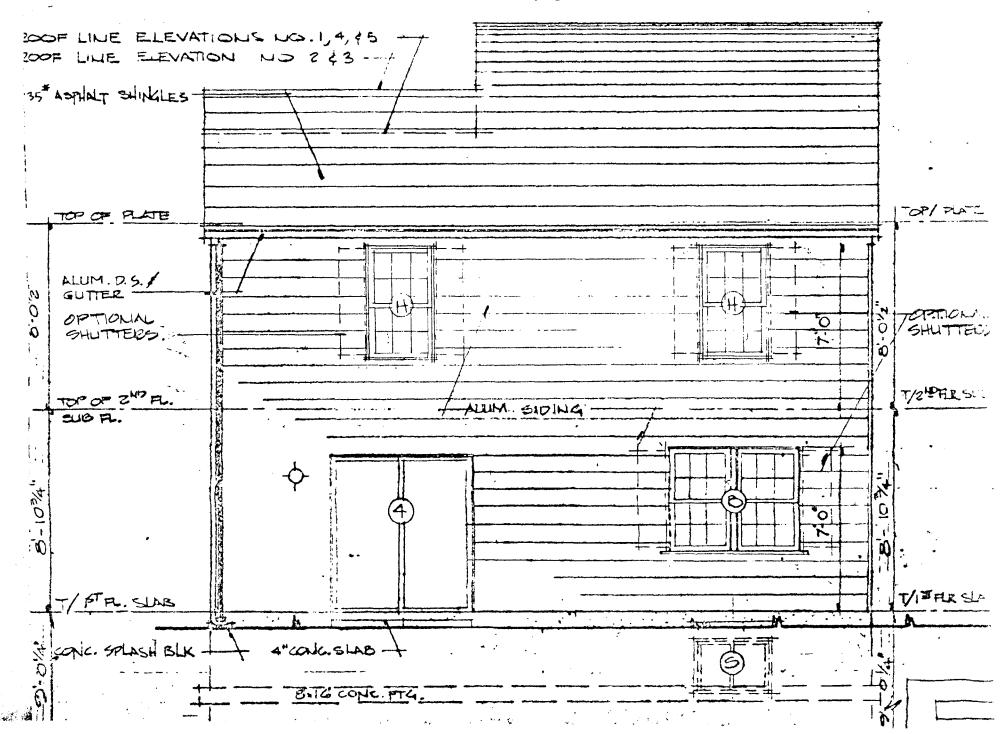
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