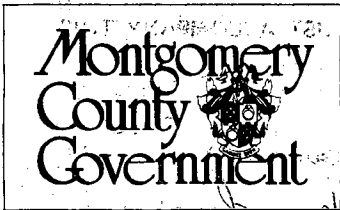


37/3 4 Hickory Ave.
OM 7-88



Historic Preservation Commission
 100 Maryland Avenue, Rockville, Maryland 20850
 279-1327

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # _____

NAME OF PROPERTY OWNER William Samuel TELEPHONE NO. 301-270-9128
 (Contract/Purchaser) (Include Area Code)

ADDRESS 4 Hickory Ave Takoma Park Md. 20912
CITY STATE ZIP

CONTRACTOR Sawdust Inc. TELEPHONE NO. 949-2333

PLANS PREPARED BY Lipman Davis Architects TELEPHONE NO. 723-1300
 (Include Area Code)

CONTRACTOR REGISTRATION NUMBER _____

REGISTRATION NUMBER _____

LOCATION OF BUILDING/PREMISE

House Number: 4 Street Hickory Ave

Town/City Takoma Park, Md. Election District _____

Nearest Cross Street Columbia Ave

Lot 1 & 2 Block 20 Subdivision B. F. Gilberts Addition

Liber _____ Folio _____ Parcel _____

- 1A. TYPE OF PERMIT ACTION: (circle one)
- | | | | | | | | | | |
|------------|------------|-----------------------|----------|---------------------------------|-------|---------------|------|-------|-------------------|
| Construct | Extend/Add | <u>Alter/Renovate</u> | Repair | Circle One: A/C | Slab | Room Addition | | | |
| Wreck/Raze | Move | Install | Revision | Porch | Deck | Fireplace | Shed | Solar | Woodburning Stove |
| | | Revocable | | 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? _____

PART TWO: COMPLETE FOR NEW CONSTRUCTION AND EXTEND/ADDITIONS

- 2A. TYPE OF SEWAGE DISPOSAL
- | | |
|--------------------|---|
| 01 () WSSC | 02 (<input checked="" type="checkbox"/>) 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 of owner or authorized agent (agent must have signature notarized on back) _____ Date _____

APPROVED X For Chairperson, Historic Preservation Commission

DISAPPROVED _____ Signature K. White Hill Date 2/22/88

APPLICATION/PERMIT NO: OM 7-88 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:)

Replace window - like materials, like design

(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