

37/3 512 New York Ave.
SA 3-87



Historic Preservation Commission

100 Maryland Avenue, Rockville, Maryland 20850
279-1327

APPLICATION FOR HISTORIC AREA WORK PERMIT

TAX ACCOUNT # _____

NAME OF PROPERTY OWNER Diane + Mark Jensen TELEPHONE NO. 301-585-1032
(Contract/Purchaser) BOB + JANE MCKENNA (Include Area Code) 301-585-1032

ADDRESS 512 NEW YORK AVE TAKOMA PARK MD 20912 STATE MARYLAND ZIP 20912

CONTRACTOR WALTER BUILDING CONTRACTORS TELEPHONE NO. _____

PLANS PREPARED BY HUGO WILKINS TELEPHONE NO. _____

CONTRACTOR REGISTRATION NUMBER _____ (Include Area Code) _____

REGISTRATION NUMBER 0232-R

LOCATION OF BUILDING/PREMISE HUNN WINDOW NO WINDOW ON NORTH LEVEL W NARROWS

House Number _____ Street W NARROWS

Town/City TAKOMA PARK Election District _____

Nearest Cross Street TAKOMA AVE

Lot _____ Block _____ Subdivision _____

Liber _____ Folio _____ Parcel _____

1A. TYPE OF PERMIT ACTION: (circle one)

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

1B. CONSTRUCTION COSTS ESTIMATE \$ 52000

1C. IF THIS IS A REVISION OF A PREVIOUSLY APPROVED ACTIVE PERMIT SEE PERMIT # _____

1D. INDICATE NAME OF ELECTRIC UTILITY COMPANY PECO

1E. IS THIS PROPERTY A HISTORICAL SITE? NO

PART TWO: COMPLETE FOR NEW CONSTRUCTION AND EXTEND/ADDITIONS

2A. TYPE OF SEWAGE DISPOSAL

01 <input checked="" type="checkbox"/> WSSC	02 <input type="checkbox"/> Septic
03 <input type="checkbox"/> Other _____	

2B. TYPE OF WATER SUPPLY

01 <input checked="" type="checkbox"/> WSSC	02 <input type="checkbox"/> Well
03 <input type="checkbox"/> 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 Harold Hill Date 3/6/87

APPLICATION/PERMIT NO: SA 3-87 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:)

- STEEPEN ROOF PITCH TO ALLOW FOR 2ND FLOOR SPACE.
 - REVISE FRONT DORMER TO ACCOMMODATE BEDROOM
 - ADD REAR DORMER TO ACCOMMODATE BEDROOM
 - ADD BAY EXTENSION ON NORTH WALL TO HOUSE STAIRWELL.
- ROOF SHINGLES WILL BE FIBERGLASS, SLATE GREY, SIMILAR TO ROOF ALREADY ON HOUSE; ROOF OVERHANGES + BRACKETS + DETAILING WILL MATCH EXISTING. CEDAR SIDEWALL SHINGLES WILL MATCH EXISTING. DOUBLE-HUNG WINDOWS AND TRIM WILL MATCH EXISTING. REPLACE 1 DOUBLE HUNG WINDOW ON NORTH ELEV. W/ NARROWER CASEMENT TO MAKE ROOM FOR BUMP OUT.

(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

SEE REVERSE SIDE FOR INSTRUCTIONS



Montgomery County Government

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 TAKOMA PARK historic district.

b. This is a Master Plan/Atlas historic district (circle one).

c. Address of Property: 512 NEW YORK AVENUE
TAKOMA PARK, MARYLAND 20912

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

DIANE & MARK SVENDSEN
512 NEW YORK AVENUE, TAKOMA PARK, MD 20912
(h) (301) 585-5034 (w) _____

e. Is this property a contributing resource within the historic district? Yes No _____

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

II. Description of work proposed

a. Briefly describe proposed work:

REMOVE EXISTING ROOF AND FRONT DORMER AND REPLACE WITH NEW ROOF APPROXIMATELY 4 FEET HIGHER. ENLARGE THE SIZE OF FRONT DORMER; ADD NEW REAR SHED DORMER. ADD NEW 1STORY BAY ON NORTH ELEVATION FOR NEW INTERIOR STAIRWAY TO ATTIC

b. Is this work on the front, rear, or side of the structure? REPLACE EXISTING 1ST FLOOR NORTH ELEVATION WINDOW WITH NEW NARROW CASEMENT WINDOW
NORTH SIDE ON 1ST FLOOR, ALL SIDES AT ROOF LEVEL

c. Is the work visible from the street?

YES

d. What are the materials to be used?

CEDAR SHINGLES TO MATCH EXISTING; EXTERIOR WOOD TRIM TO MATCH EXISTING

e. Are these materials compatible with existing materials? How? If not, why?

YES

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

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)

NEW CEDAR SHINGLES MUST MATCH EXISTING SHINGLES

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

Date on which application received: _____

Date of LAC meeting at which application was reviewed: FEBRUARY 10, 1987

Form completed by: EDMUND KIRBY-SMITH Title: _____

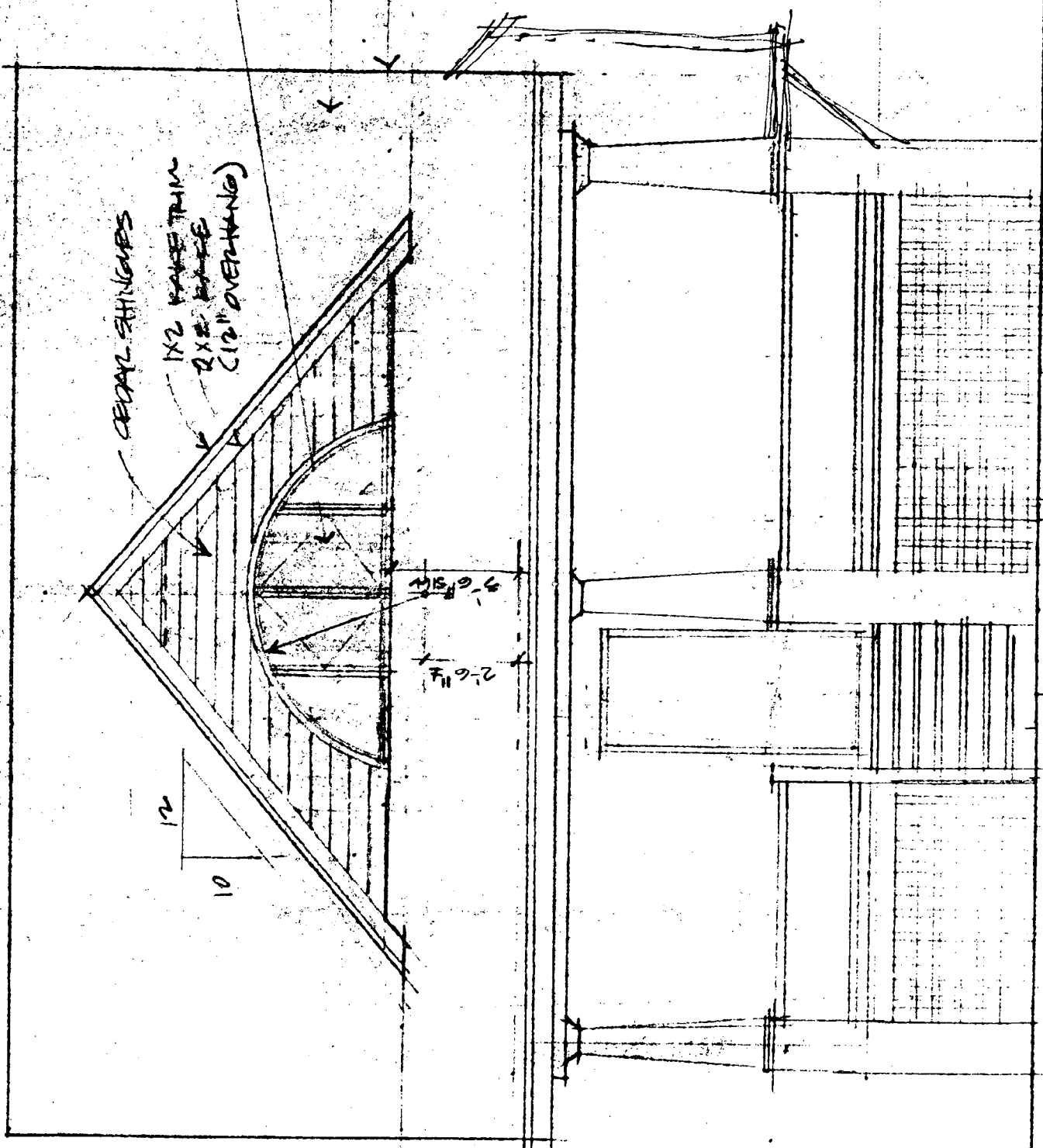
Member of: TAKOMA PARK LOCAL ADVISORY COMMITTEE

Date: FEBRUARY 13, 1987

C21 24x41
"EYEBROW" CA
W/ FLANKING
NEW FIRE
NOTE: NEW
MAD

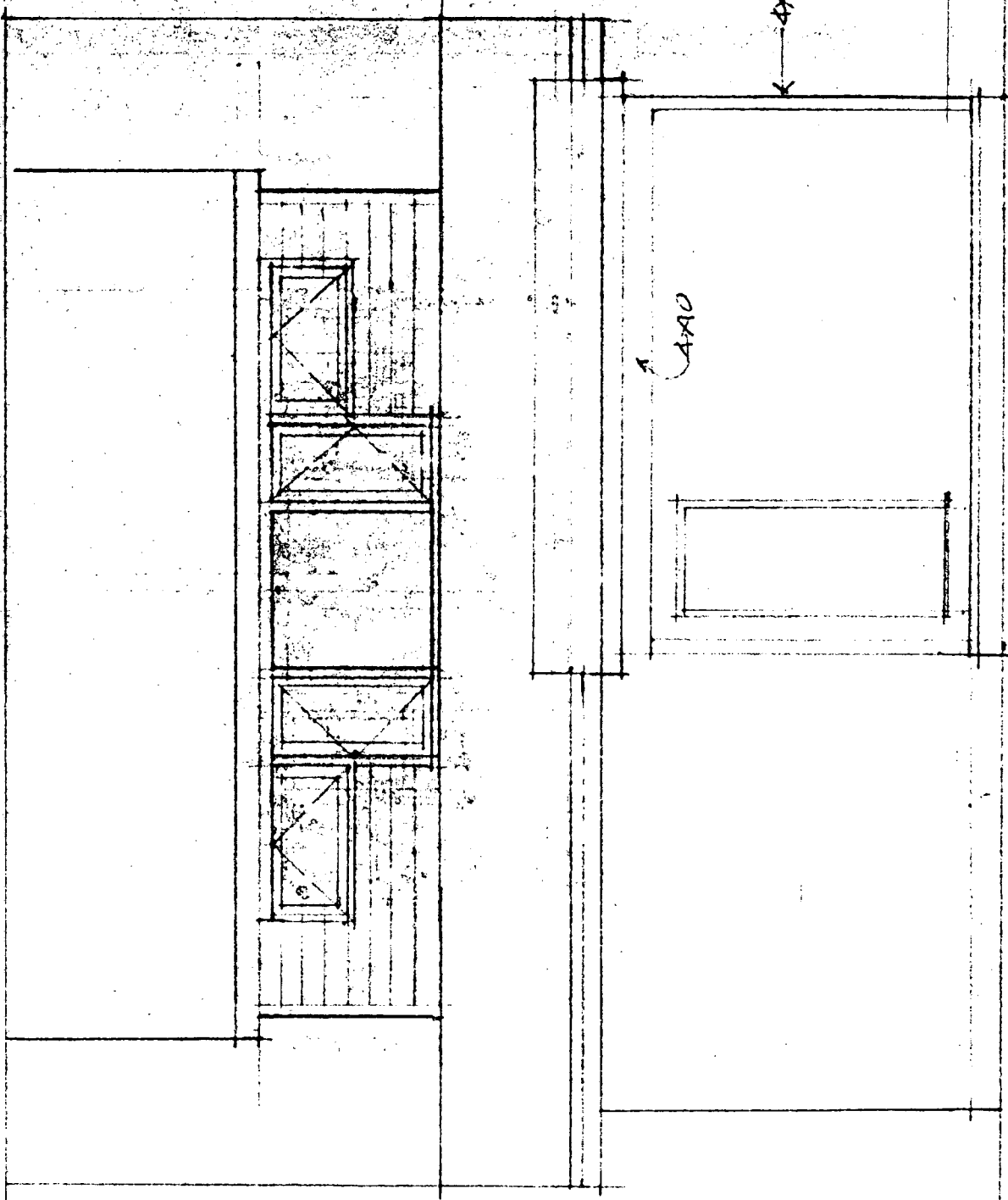
CECAYL SHINGLES

1x2 PINE TRIM
2x2 PINE
(12" OVERHANG)



TOP OF RIDGE

11



WEST

EXTEND CHIMNEY
W/ STUCCO + BRICK

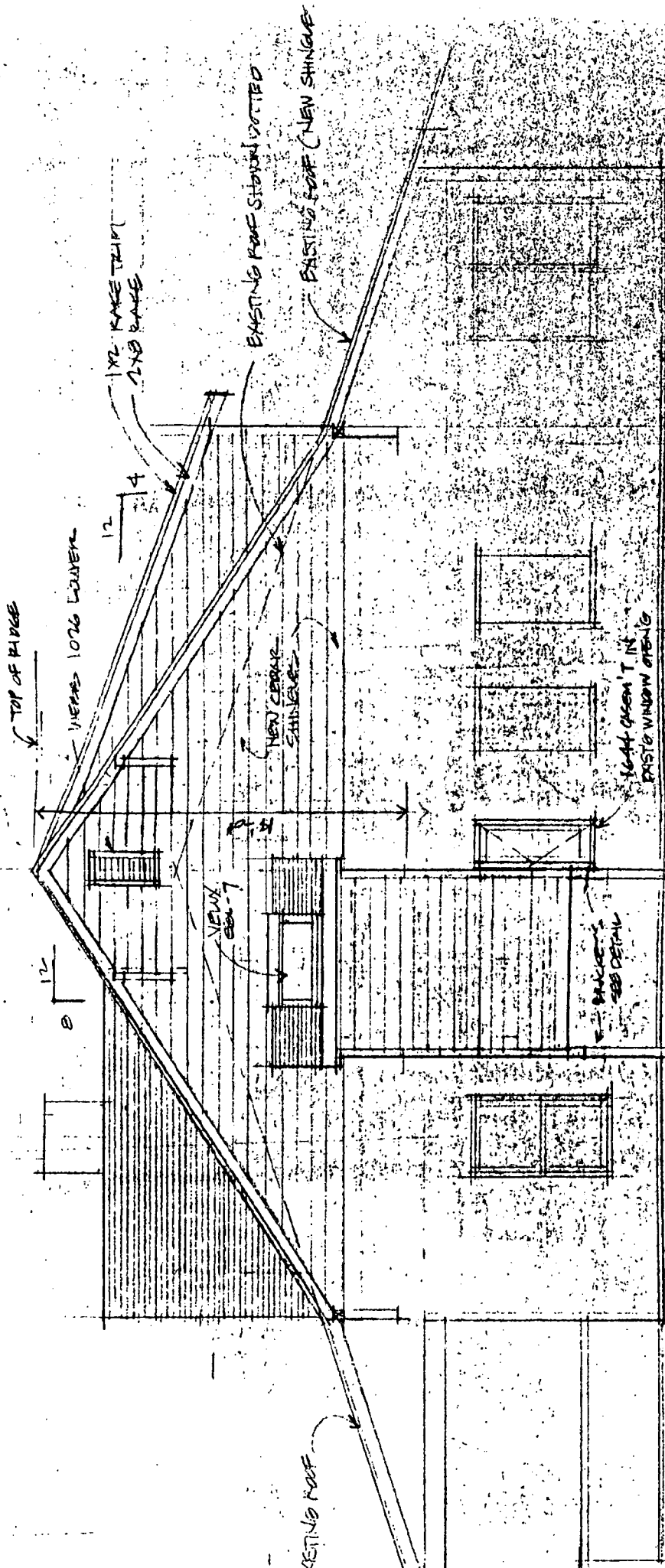


12

1/16" = 1'-0"

EAST

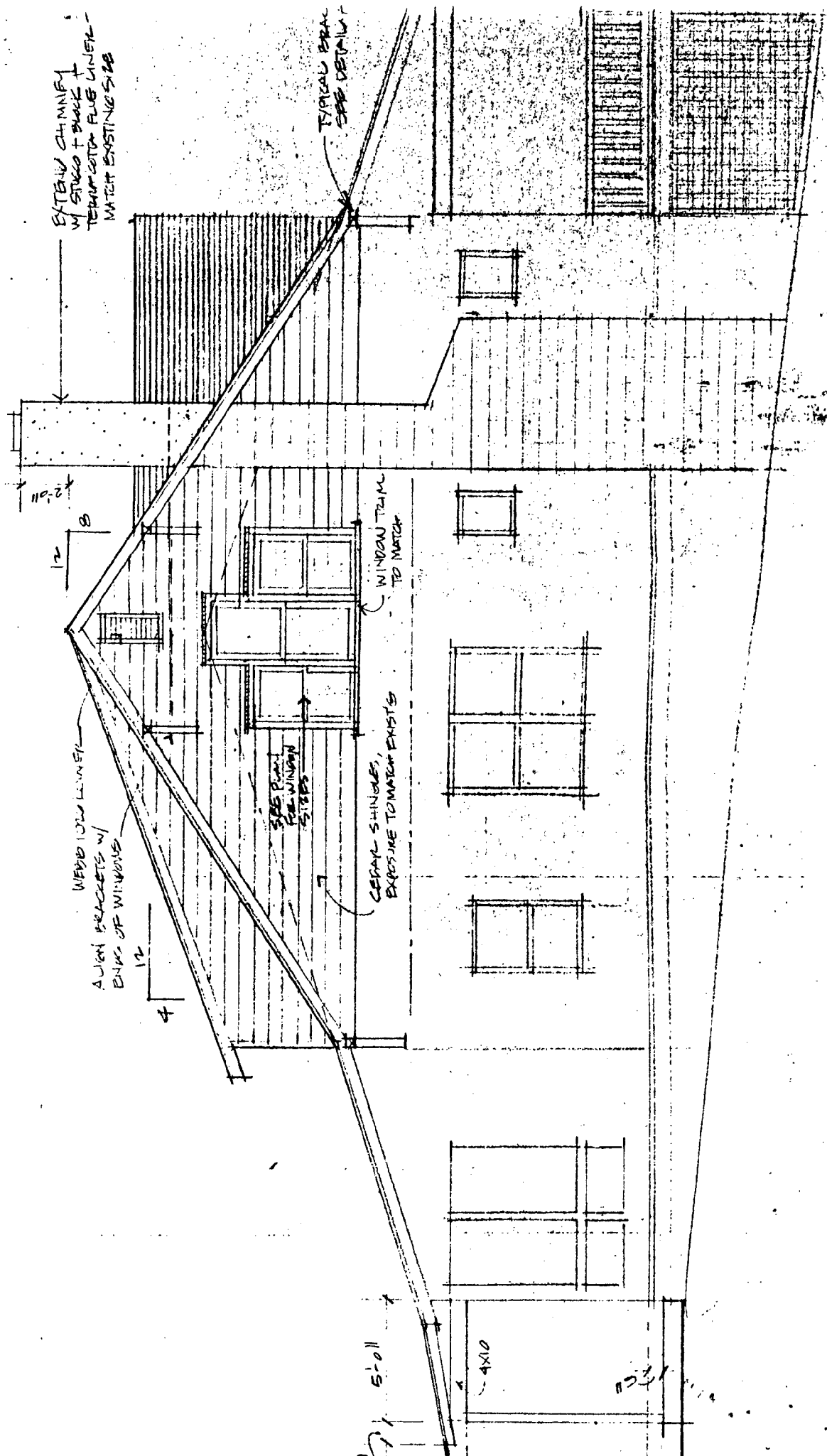
NORTH

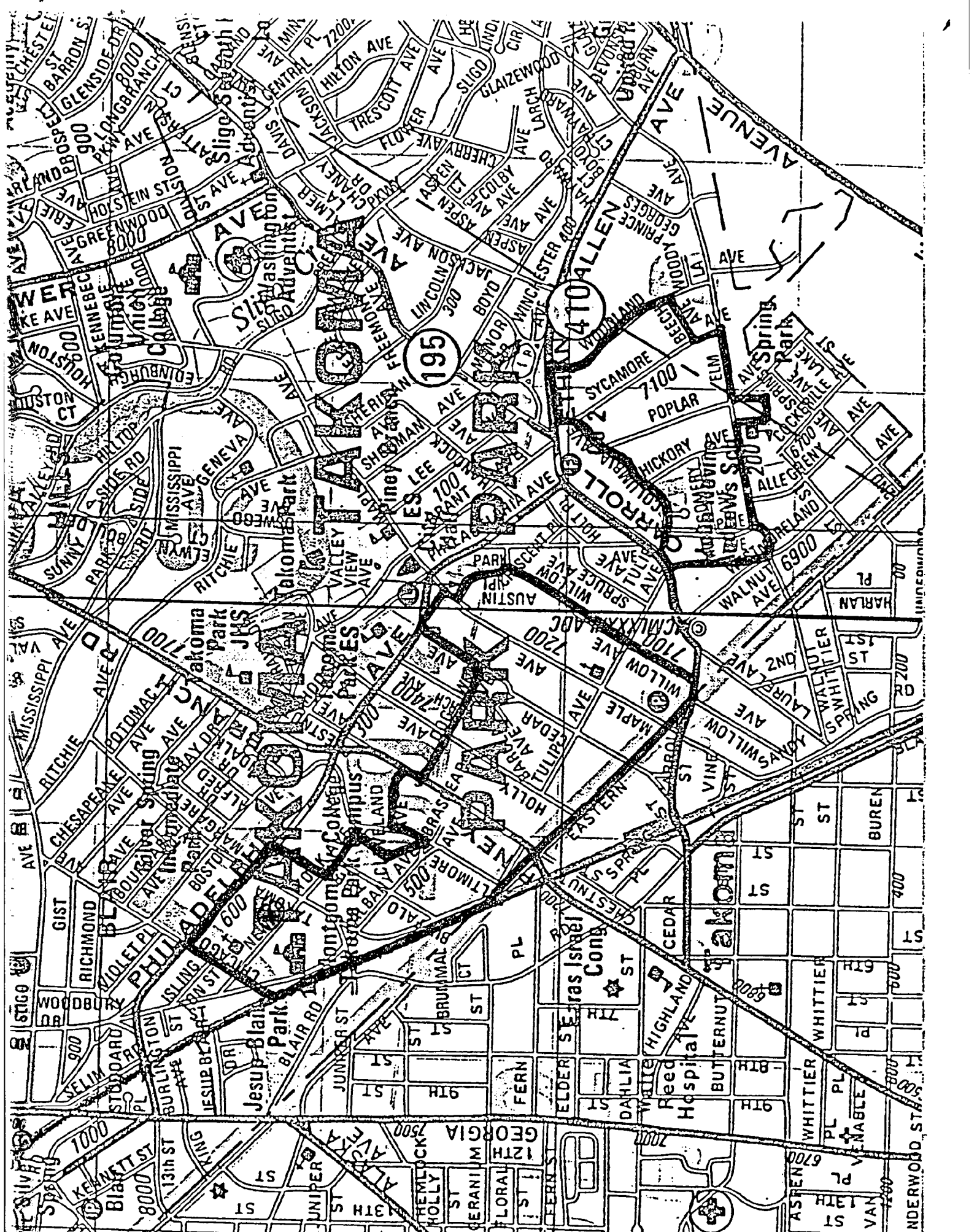


WEST

EXTEND CHIMNEY
W/ STUDS + BRACKETS
TERMINATE FLUE LINER
MATCH EXISTING SIDE

TYPICAL BRACK
SEE DETAIL





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Member of: TAKOMA PARK LOCAL ADVISORY COMMITTEE

Date: FEBRUARY 13, 1987