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. A **25/65**-05**A** 1 North Street Brookeville Historic District

THE MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION

8787 Georgia Avenue • Silver Spring, Maryland 20910-3760



Date: February 13, 2006

MEMORANDUM

TO: Robert Hubbard, Director Department of Permitting Services

FROM: Michele Oaks, Senior Planner Historic Preservation Section, M-NCPPC

SUBJECT: Historic Area Work Permit # 364841 for construction of two, single-family homes

The Montgomery County Historic Preservation Commission (HPC) reviewed the attached application for a Historic Area Work Permit (HAWP) at its public hearing on <u>February 9, 2005</u>. This application was <u>APPROVED</u> with conditions. The conditions of approval were:

- 1. The driveway width on Lot 2 will taper from 12' wide to 10' wide. The parking pad at the rear will be reduced its size to be reviewed and approved by staff.
- 2. The house, garage and gravel driveway on Lot 2 will be shifted 10' back from the front property line (35' setback from gravel road to front porch) to provide a better sight line from the gravel drive to the historic house. As a result of this change, a 8" Cherry tree requires removal, which is approved.
- 3. The applicant will provide staff with specifications/cut sheets for the proposed lighting fixtures to be installed along the private road.
- 4. Final plans and materials to be approved by staff.

THE BUILDING PERMIT FOR THIS PROJECT SHALL BE ISSUED AND CONDITIONAL UPON ADHERENCE TO THE ABOVE APPROVED HISTORIC AREA WORK PERMIT (HAWP) CONDITIONS.

Applicant: Richard Kirby

Address: Lots 1 and 2 on North Street (Brookeville Historic District)

This HAWP approval is subject to the general condition that, after issuance of the Montgomery County Department of Permitting Services (DPS) permit, the applicant will contact the Historic Preservation Office if any alterations to the approve plans.

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| RETURN TO: DEPARTMENT OF PERMITTING SERVICES 255 ROCKVILLE PIKE. 2nd FLOOR. ROCKVILLE, MD 20850 240/277-0370 DPS - #8 | Ren i-1# |
| 301/563-3400 | |
| APPLICATION FOR | 364841 |
| | 001011 |
| HISTORIC AREA WORK PERMIT | |
| Contact Person: PICHARD KIRBY | |
| Bartime Phone No. 301-310.0660 | |
| Tax Account the SEE BILLOW) | |
| Name of Property Owner: P16HAND KINST / 5K-2 INVESTM T Daysine Phone No.: 301-946-2919 | |
| Address: # NONTA ST DRODICKNILLE MD 20933 | |
| Contractor: 01800×ENT HOMES WC. Phone No.: 30 -943-2919 | |
| Contractor Registration No: BC3604 | |
| Agent tor Owner: RIMAND KINSY Daytime Phone Na.: 301-370-0660 | |
| | |
| HOUSE NUMBER: 150 Street: NOV TA ST, | |
| A calendaria international and the second se | |
| Town/City: Diport Nearest Cross Street: MANER 7 Lot: Block: Subrivision: | |
| Liker: 9561 Folio: 662 Parcel: 320 1A7 \$08 02595913 | |
| PART ONE: TYPE OF PERMIT ACTION AND USE | |
| 1A. CHECK ALL APPLICABLE: CHECK ALL APPLICABLE: | |
| Construct D Extend D Alter/Renovate D AC D Slab D Acom Addition D Porch D Deck D Shed | |
| Move I Install I Wreck/Raze I Solar I Fireplace I Woodburning Stove I Single Family | 2) |
| Revision Repair Revocable Fence/Well(complete Section 4) Dither: | |
| 1B. Construction cost estimate: \$ 500, 500 | |
| 1C, If this is a revision of a previously approved active permit, see Permit # | × |
| PART TWO: COMPLETE FOR NEW CONSTRUCTION AND EXTEND/ADDITIONS | |
| 2A Type of sewage disposal: 01 🖉 WSSC 02 🗋 Septic 03 🗔 Other; | |
| 26. Type of water supply: 01 WSSC 02 🗇 Well 03 🗇 Other: | |
| PART THREE: COMPLETE ONLY FOR FENCE/RETAINING WALL | |
| 3A. Heightfeetinches | |
| 38 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 | |
| I hereby certify that I have the outbority to make the oregoing application, that the application is correct, and that the construction will comply with plans | |
| approved by all agencies lister and hereby acknowledge and accept this to be a condition for the issuance of this permit. | |
| All A This of | |
| Signatura of owner or authorized agent | |
| | |
| Appressed: X. W/CONDITIONS For Chairparcon, Historic Programmission | |
| Disapproved:Signature:Lear Of aller Date: 02/0/05 | |
| Application/Permit No Date Filed: Date Filed: Date Issued: | |
| Edit 6/21/99 SEE REVERSE SIDE FOR INSTRUCTIONS | |
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THE FOLLOWING ITEMS MUST BE COMPLETED AND THE REQUIRED DOCUMENTS MUST ACCOMPANY THIS APPLICATION.

1. WRITTEN DESCRIPTION OF PROJECT

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a. Description of existing structure(s) and environmental setting, including their historical featuras and significance:

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b. General description of project and its effect on the historic resource(s), the environmental setting, and, where applicable, the historic district:

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2. SITE PLAN

Site and environmental setting, drawn to scale. You may use your plat. Your site plan must include:

- B. the scale, north arrow, and date;
- b. dimensions of all existing and proposed structures; and
- c. site leatures such as walkways, driveways, fences, ponds, streams, trash dumpsters, mechanical equipment, and landscaping.

3. PLANS AND ELEVATIONS

You must submit 2 copies of plans and elevations in a format no larger than 11" x 17". Plans on 8 1/2" x 11" paper are preferred.

- a. Schematic construction plans, with marked dimensions, indicating location, size and general type of walls, window and door openings, and other fixed features of both the existing resource(s) and the proposed work.
- b. Elevations (facades), with marked dimensions, clearly indicating proposed work in relation to existing construction and, when appropriate, contaxt. All materials and fixtures proposed for the exterior must be noted on the elevations drawings. An existing and a proposed elevation drawing of each facade affected by the proposed work is required.

4. MATERIALS SPECIFICATIONS

General description of materials and manufactured items proposed for incorporation in the work of the project. This information may be included on your design drawings.

5. PHOTOGRAPHS

- a. Clearly labeled photographic prints of each lacade of existing resource, including details of the affected portions. All labels should be placed on the front of photographs.
- b. Clearly label photographic prints of the resource as viewed from the public right-of-way and of the adjoining properties. All labels should be placed on the front of photographs.

6. TREE SURVEY

If you are proposing construction adjacent to or within the proceed of any tree 6" or larger in diameter (at approximately 4 feet above the ground), you must file an accurate tree survey identifying the size, location, and species of each tree of at least that dimension.

AODRESSES OF ADJACENT AND CONFRONTING PROPERTY OWNERS

For <u>ALL</u> projects, provide an accurate list of adjacent and confronting property owners (not tenants), including names, addresses, and zip codes. This list should include the owners of all lots or parcels which adjoin the carcel in question, as well as the owner(s) of lot(s) or parcel(s) which the directly across the street/highway from the parcel in question. You can obtain this information from the Department of Assessments and Taxation, 51 Monroe Street, Rockville, (301/279-1355).

PLEASE PRINT (IN BLUE OR BLACK INK) OR TYPE THIS INFORMATION DN THE FOLLOWING PAGE. PLEASE STAY WITHIN THE GUIDES OF THE TEMPLATE. AS THIS WILL BE PHOTOCOPIED DIRECTLY ONTO MAILING LABELS.

| A LOPACHY CO | RETURN TO. DEPARTMENT OF PERMITTING SERVICES 255 ROCKVILLE PIKE. 2nd FLOOR. ROCKVILLE. MD 20850 240/777-6370 DPS - #8 | Remit |
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| | HISTORIC PRESERVATION COMMISSION | , Ti |
| ARYLAT | 301/563-3400 | 364841 |
| | APPLICATION FOR | 364841 |
| HISTO | DRIC AREA WORK PERMIT | · |
| | | |
| | Contect Person: PICHAPN RIPST | |
| len | Daytime Phone No.: 301-370.0660 | |
| Tax Account No.: SKE | BROW) | |
| Name of Property Owner: PLENA Address: H No | MAST DRODIC FULLE MD 20333 | |
| Conductor: DIGEONEN. | Y HOMES W. Phone No.: 30 -940-2919 | |
| Contractor Registration No.: | BC3604 | |
| Agent for Owner:R_A | 12-12 1211-137 Daytime Phone No.: 301-370-0660 | |
| LOCATION OF BUILDING/PREMI | | |
| House Number: 50 | street NOV TA ST, | |
| Town/City: <u>5600KEN</u> | LLE Nearest Cross Street:MAKEET_ 57. | |
| Lot: Block: | Subdivision: | |
| Liber: <u>156</u> Folio: <u>bl</u> 9661 6 | 65 P 265 Thx 408 00732192 | |
| PART ONE: TYPE OF PERMIT A | CTION AND USE | |
| 1A. CHECK ALL APPLICABLE: | CHECK ALL APPLICABLE: | |
| Construct CExtend | Alter/Renovate A/C Slab Room Addition Porch Deck Shed | |
| 🗋 Move 🗋 Instati | □ Wreck/Raze □ Solar □ Fireplace □ Woodburning Stove ☑ Single Family 0 | 2) |
| C Revision C Repair | Revocable Fence/Well (complete Section 4) Other: | |
| 1B. Construction cost estimate: \$ | | |
| | y approved active permit, see Permit # | |
| PART TWO: COMPLETE FOR NE | W CONSTRUCTION AND EXTEND/ADDITIONS | |
| 2A Type of sewage disposal: | 01 @WSSC 02 [] Segnic 03 [] Other: | |
| 28. Type of water supply: | 01 🖉 WSSC 02 🗋 Well 03 🗆 Other: | |
| PART THREE: COMPLETE ONLY | FOR FENCE/RETAINING WALL | |
| 3A. Heightfeet | inches | |
| 38. Indicate whether the fence or r | etaining 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 | |
| I hereby certify that I have the author approved by all agencies listernand | with to make the foregoing application, that the application is correct, and that the construction will comply with plans I hereby acknowledge and accept this to be a condition for the issuance of this permit. | |
| /hld | 1.1n.04 | |
| Signature of ov | ner or authorized agent Date | |
| Vale | | |
| Approved: X W/CON | For Chairporon, Historic Propentation Commission | |
| Disapproved: | signature: Julia Of Cally Date: 04/0/05 | |
| Application/Permit No.: | 484 Date Filed: Date Filed: | |
| Édit 6/21/99 | SEE REVERSE SIDE FOR INSTRUCTIONS | e e |
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THE FOLLOWING ITEMS MUST BE COMPLETED AND THE REQUIRED DOCUMENTS MUST ACCOMPANY THIS APPLICATION.

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b. General description of project and its effect on the historic resource(s), the environmental setting, and, where applicable, the historic district:

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| THE HISTORYE SCHOOL HOUSE & NESTLED IN | THE WOODS |

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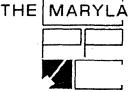
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8787 Georgia Avenue • Silver Spring, Maryland 20910-3760



Date: February 13, 2006

MEMORANDUM

TO: Robert Hubbard, Director Department of Permitting Services

FROM: Michele Oaks, Senior Planner (M) Historic Preservation Section, M-KCPPC

SUBJECT: Historic Area Work Permit # 364841 for construction of two, single-family homes

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Applicant: Richard Kirby

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| HISTORIC PRESERVATION COMMISSION | ** Keim, 1# |
| 301/563-3400 | |
| | 21-129121 |
| APPLICATION FOR | 107071 |
| HISTORIC AREA WORK PERMIT | |
| Contact Person: PICHARD KIRBY | |
| Daytime Phone No. 301-370.0660 | |
| Tax Account No. (SEVE BEROW) | |
| Name of Property Owner: PIENAND KIND /3K2 INVESTM Davime Phone No. 301948-2919 | |
| Address # NONTA ST PRODICK/UE MD 20833 | · · · · |
| CONTRACTOR: DISCONENT HOMES NO. Phone No.: 30 -943-2919 | NGT-LLLE I |
| Contractor Registration No.: BC3604 | |
| Agent for Owner: RIVAARD KINBY Daytime Phone No.: 301-370-0660 | |
| LOCATION OF BUILDING/PREMISE | · · · |
| House Number: 160 Street Nov TA ST, | <u> </u> |
| Town/City: <u>MOOKENILLE</u> Nearest Cross Street: <u>MAKET ST</u> . | |
| Lot: Block: Subdivision: TAL \$ 0% D15909 13 | · · · |
| Liber: 9561 Folio: 667 Parcel: 320 187 408 02395913 9561 665 P 265 TAX 408 00732192 | ο τηματική τ |
| PART ONE: TYPE OF PERMIT ACTION AND USE | |
| 1A. CHECK ALL APPLICABLE: CHECK ALL APPLICABLE: | _ |
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| 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 plu | 875 |
| approved by ell-agencies listed and) hereby acknowledge and accept its to be a condition for the issuance of this permit. | • |
| Mul 2. 1.10.04 | |
| Signature of owner or authorized agent | |
| Approved: X W/CONDITIONS For Chairpage M. Historic Proceedation Commission | |
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(FACING MNOP & PG PROPERTY)

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