



**APPLICATION FOR
HISTORIC AREA WORK PERMIT**
HISTORIC PRESERVATION COMMISSION
301.563.3400

FOR STAFF ONLY:
HAWP# _____
DATE ASSIGNED _____

APPLICANT:

Name: _____ E-mail: _____
Address: _____ City: _____ Zip: _____
Daytime Phone: _____ Tax Account No.: _____

AGENT/CONTACT (if applicable):

Name: _____ E-mail: _____
Address: _____ City: _____ Zip: _____
Daytime Phone: _____ Contractor Registration No.: _____

LOCATION OF BUILDING/PREMISE: MIHP # of Historic Property _____

Is the Property Located within an Historic District? Yes/District Name _____
 No/Individual Site Name _____

Is there an Historic Preservation/Land Trust/Environmental Easement on the Property? If YES, include a map of the easement, and documentation from the Easement Holder supporting this application.

Are other Planning and/or Hearing Examiner Approvals /Reviews Required as part of this Application? (Conditional Use, Variance, Record Plat, etc.?) If YES, include information on these reviews as supplemental information.

Building Number: _____ Street: _____

Town/City: _____ Nearest Cross Street: _____

Lot: _____ Block: _____ Subdivision: _____ Parcel: _____

TYPE OF WORK PROPOSED: See the checklist on Page 4 to verify that all supporting items for proposed work are submitted with this application. Incomplete Applications will not be accepted for review. Check all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Deck/Porch | <input type="checkbox"/> Shed/Garage/Accessory Structure |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Fence | <input type="checkbox"/> Solar |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Hardscape/Landscape | <input type="checkbox"/> Tree removal/planting |
| <input type="checkbox"/> Grading/Excavation | <input type="checkbox"/> Roof | <input type="checkbox"/> Window/Door |
| | | <input type="checkbox"/> Other: _____ |

I hereby certify that I have the authority to make the foregoing application, that the application is correct and accurate and that the construction will comply with plans reviewed and approved by all necessary agencies and hereby acknowledge and accept this to be a condition for the issuance of this permit.

Signature of owner or authorized agent *Andra Paul* _____ Date

HAWP APPLICATION: MAILING ADDRESSES FOR NOTIFYING
[Owner, Owner's Agent, Adjacent and Confronting Property Owners]

Owner's mailing address	Owner's Agent's mailing address
Adjacent and confronting Property Owners mailing addresses	

Description of Property: Please describe the building and surrounding environment. Include information on significant structures, landscape features, or other significant features of the property:

Description of Work Proposed: Please give an overview of the work to be undertaken:

Work Item 1: _____	
Description of Current Condition:	Proposed Work:

Work Item 2: _____	
Description of Current Condition:	Proposed Work:

Work Item 3: _____	
Description of Current Condition:	Proposed Work:



North Street Right-of-Way Tree Removal
Town of Brookville
01/16/2025



209 Market St





TREE EXPERTS

17328 Georgia Ave. Olney, MD 20832
Phone: 301-774-2968 Fax: 301-774-1682

January 15, 2025

Andrea Scanlon
Town of Brookeville
5 High St.
Brookeville MD 20833

To Whom it May Concern:

Site: 209 Market St., Brookeville, MD 20833

2 Maple trees

While it is my opinion that these trees are in a state of decline (evidenced by deadwood, multiple cavities, included the bark and recent limb failure), these trees are not dead and could be pruned "hard" and last another 5-10 years.

However, if this course of action is pursued, the trees should be reexamined annually and treated as needed. * because trees may continue to drop limbs

Thank you,

Pogo Sherwood
MD Tree Expert License #520
ISA Certified Arborist #MA0151