



FOR STAFF ONLY:
HAWP# 1722762
DATE ASSIGNED _____

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

APPLICANT:

Name: Fawzia Ahmed and Steven Teles

E-mail: fawziaahmed@gmail.com steveteles@gmail.com

Address: 7221 Cedar Avenue

City: Takoma Park Zip: 20912

Daytime Phone: 202-457-1465

Tax Account No.: 01067660

AGENT/CONTACT (if applicable):

Name: Eric Saul

E-mail: info@saularchitects.com

Address: 8114 Carroll Avenue

City: Takoma Park Zip: 20912

Daytime Phone: 301-270-0395

Contractor Registration No.: _____

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

Is the Property Located within an Historic District? ☒ Yes/District Name Takoma Park
☐ 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: 7221 Street: Cedar Avenue

Town/City: Takoma Park Nearest Cross Street: Birch Avenue

Lot: 11 Block: 5 Subdivision: 0025 Parcel: 0000

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 checked="" type="checkbox"/> Window/Door |
| | | <input checked="" type="checkbox"/> Other: <u>Skylight</u> |

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.

Eric Saul

6/30/25

Signature of owner or authorized agent

Date

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

Owner's mailing address

7221 CEDAR AVE
TAKOMA PARK MD 20912

Owner's Agent's mailing address

8114 Carroll Avenue
Takoma Park MD 20912

Adjacent and confronting Property Owners mailing addresses

Grace Roberts

7301 CEDAR AVE
TAKOMA PARK MD 20912-4247

Mark Ikceovich

7218 MAPLE AVE
TAKOMA PARK MD 20912-4300

Robert Englehart

7217 CEDAR AVE
TAKOMA PARK MD 20912-4249

Daniel Walker

7216 MAPLE AVE
TAKOMA PARK MD 20912-4320

BROOKES LAURENCE FAMILY TRUST

7218 CEDAR AVE
TAKOMA PARK MD 20912

Thomas Nephew

7300 BIRCH AVE
TAKOMA PARK MD 20912-4256

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

Existing historic house located in Takoma Park historic district. Existing house had a rear addition completed in the past.

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

Skylight and seven new windows

Work Item 1: Skylight

Description of Current Condition:
N/A

Proposed Work:
Adding a new skylight on the roof of the addition.

Work Item 2: Windows

Description of Current Condition:
N/A

Proposed Work:
Addition to have three new windows replace a french door in the master bedroom.
Kitchen to have four new windows; two replacement windows on the rear elevation, and two new windows facing the driveway.

Work Item 3: _____

Description of Current Condition:

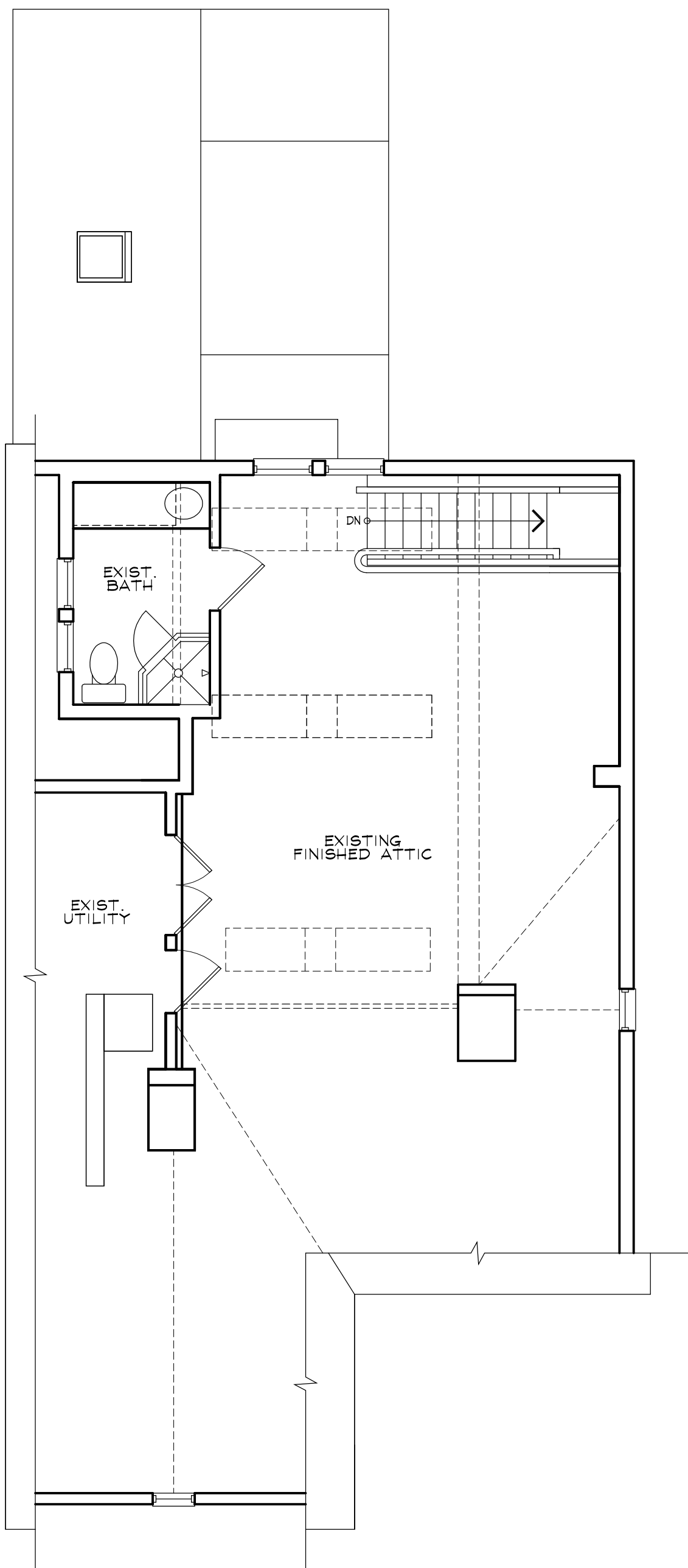
Proposed Work:

HISTORIC AREA WORK PERMIT CHECKLIST OF APPLICATION REQUIREMENTS

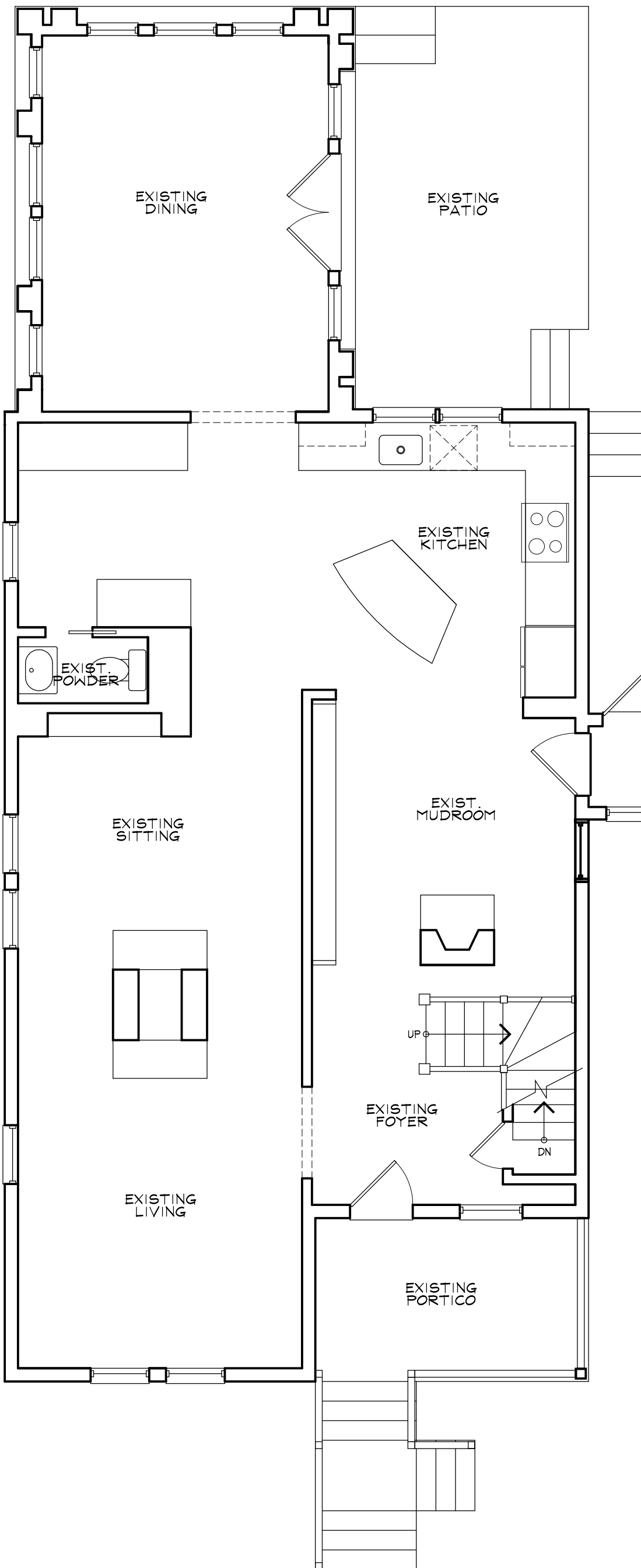
	Required Attachments						
Proposed Work	I. Written Description	2. Site Plan	3. Plans/ Elevations	4. Material Specifications	5. Photographs	6. Tree Survey	7. Property Owner Addresses
New Construction	*	*	*	*	*	*	*
Additions/ Alterations	*	*	*	*	*	*	*
Demolition	*	*	*		*		*
Deck/Porch	*	*	*	*	*	*	*
Fence/Wall	*	*	*	*	*	*	*
Driveway/ Parking Area	*	*		*	*	*	*
Grading/Excavation/ Landscaping	*	*		*	*	*	*
Tree Removal	*	*		*	*	*	*
Siding/ Roof Changes	*	*	*	*	*		*
Window/ Door Changes	*	*	*	*	*		*
Masonry Repair/ Repoint	*	*	*	*	*		*
Signs	*	*	*	*	*		*

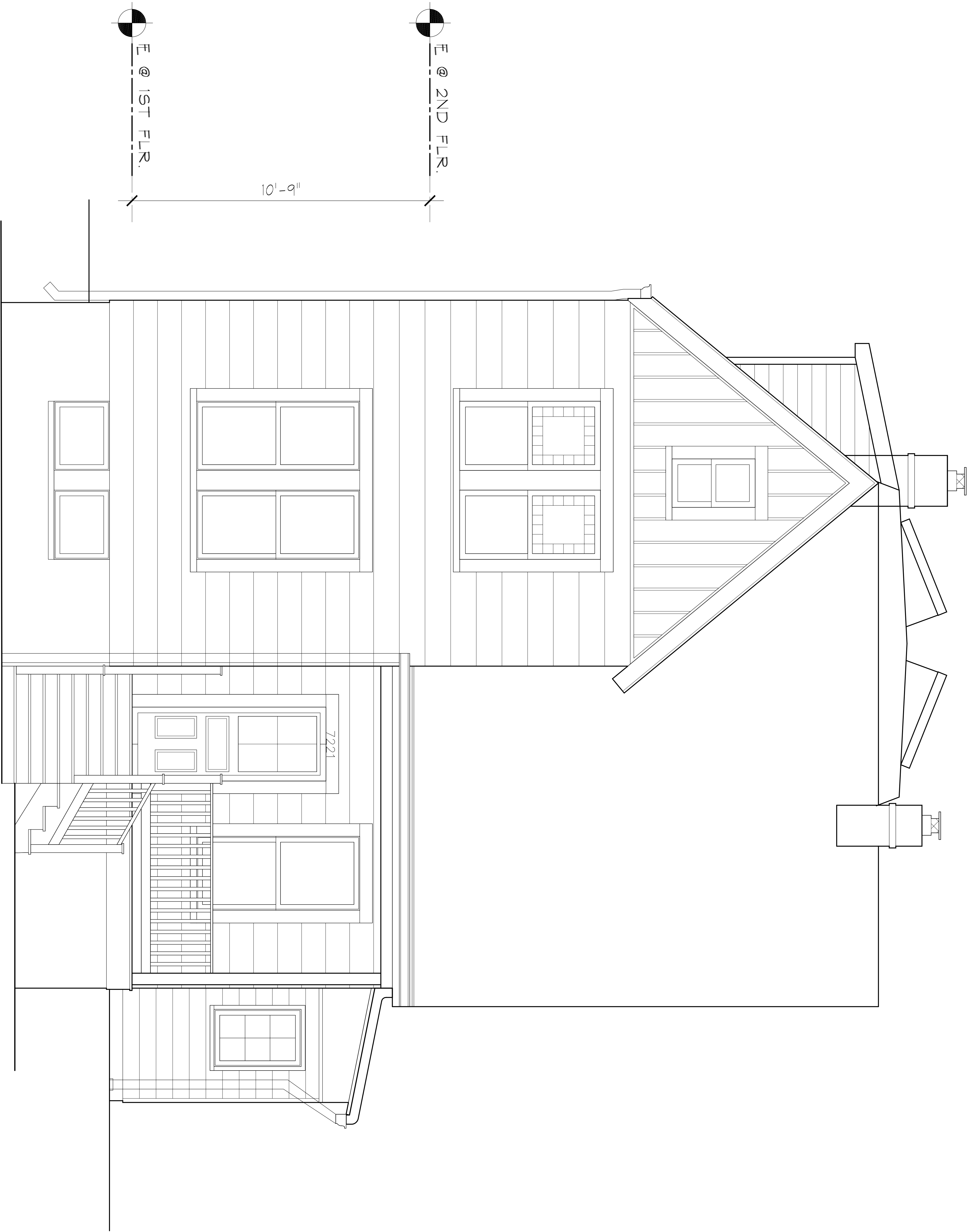












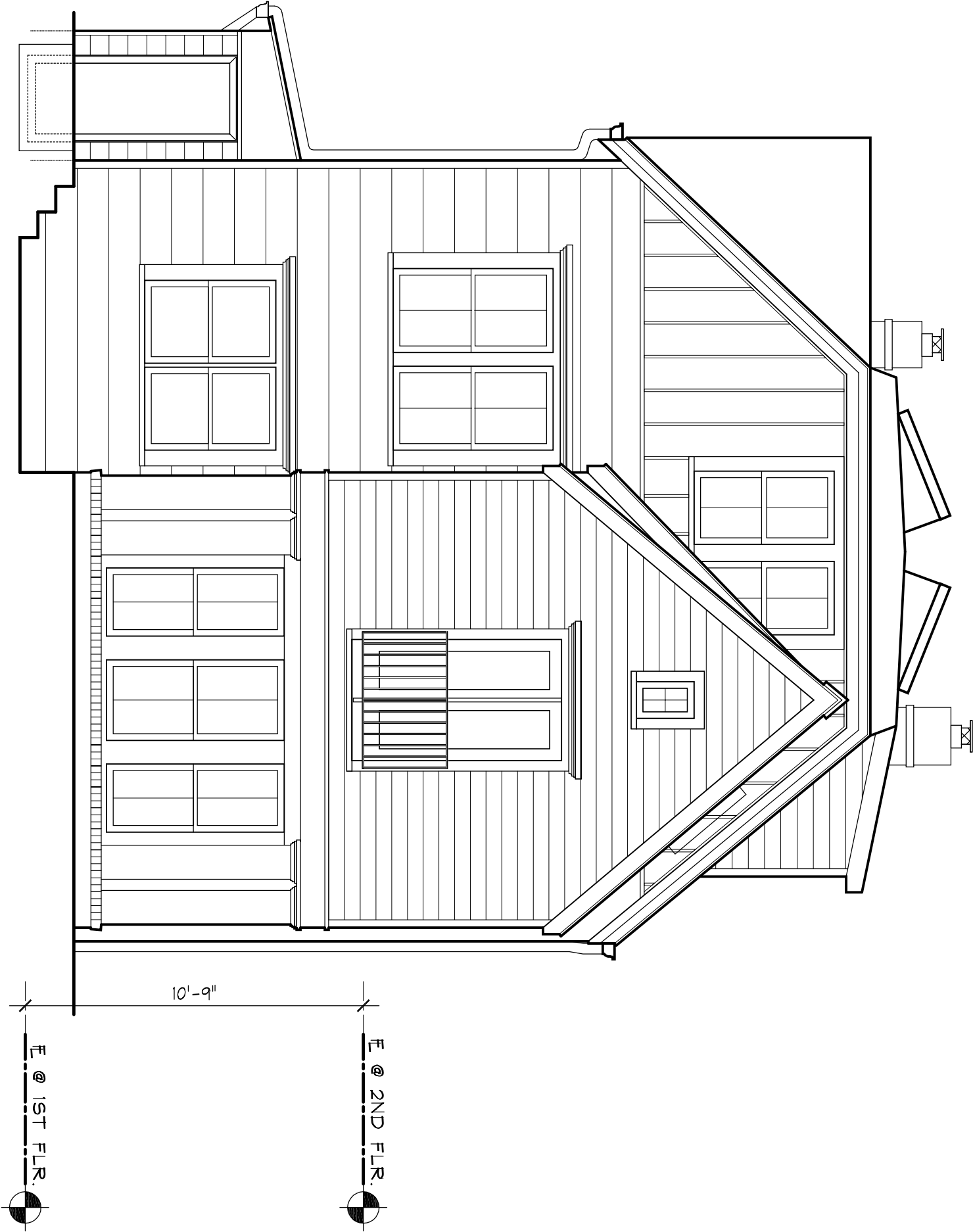
F @ 2ND FLR.

F @ 1ST FLR.

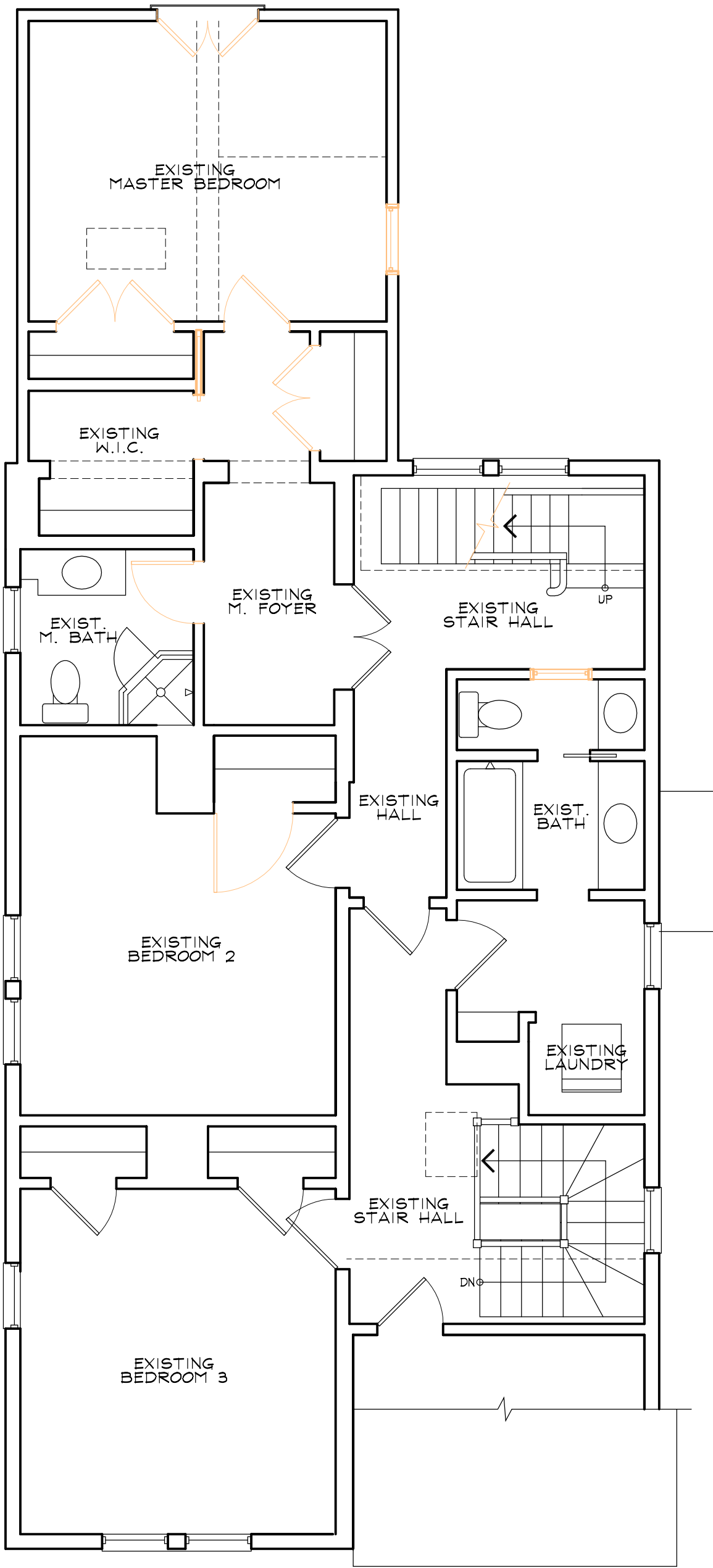
10'-9"

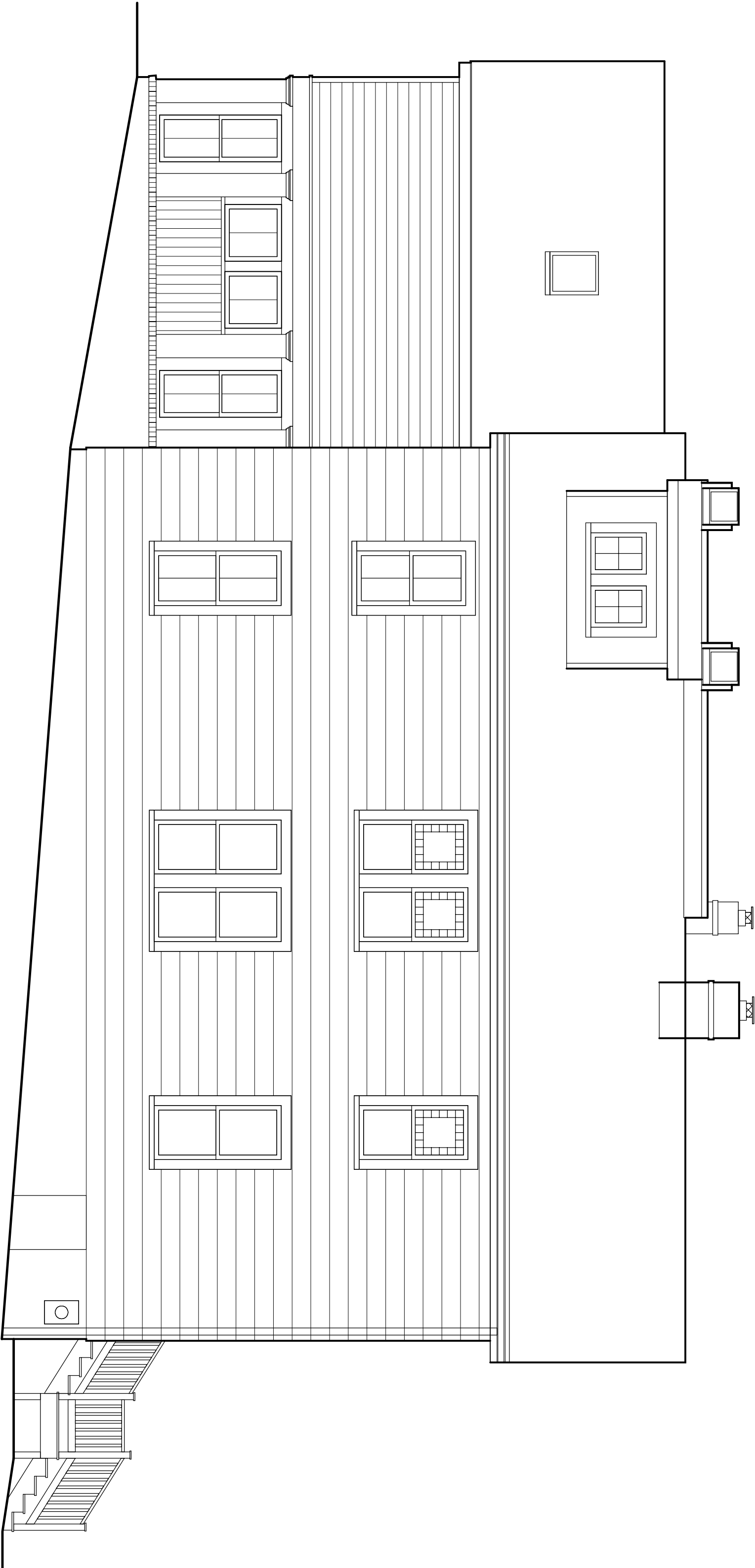
2
A2

EXISTING FRONT ELEVATION
1/4" = 1'-0"

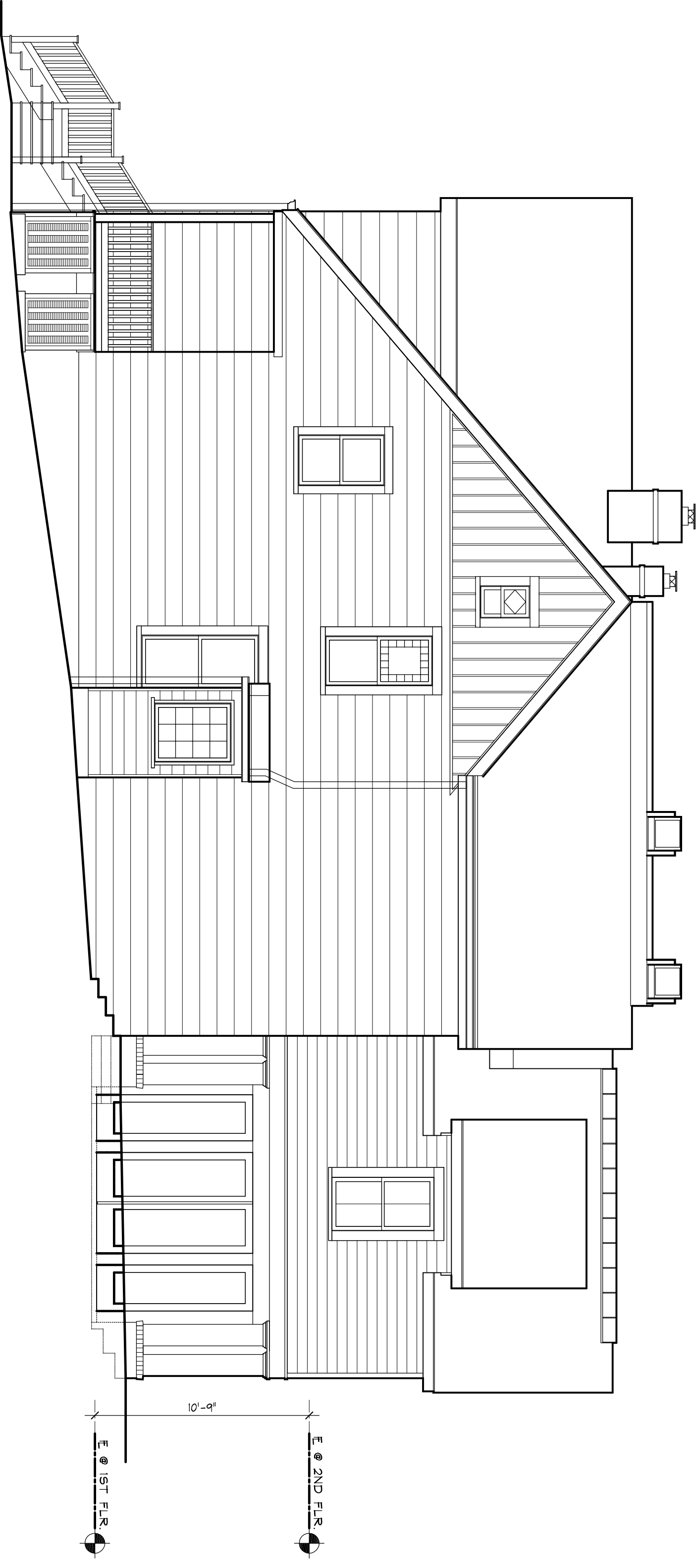


3 EXISTING REAR ELEVATION
A2 1/4" = 1'-0"





4
A2
EXISTING SIDE (NORTH) ELEVATION
1/4" = 1'-0"



E @ 2ND FLR.

10'-0"

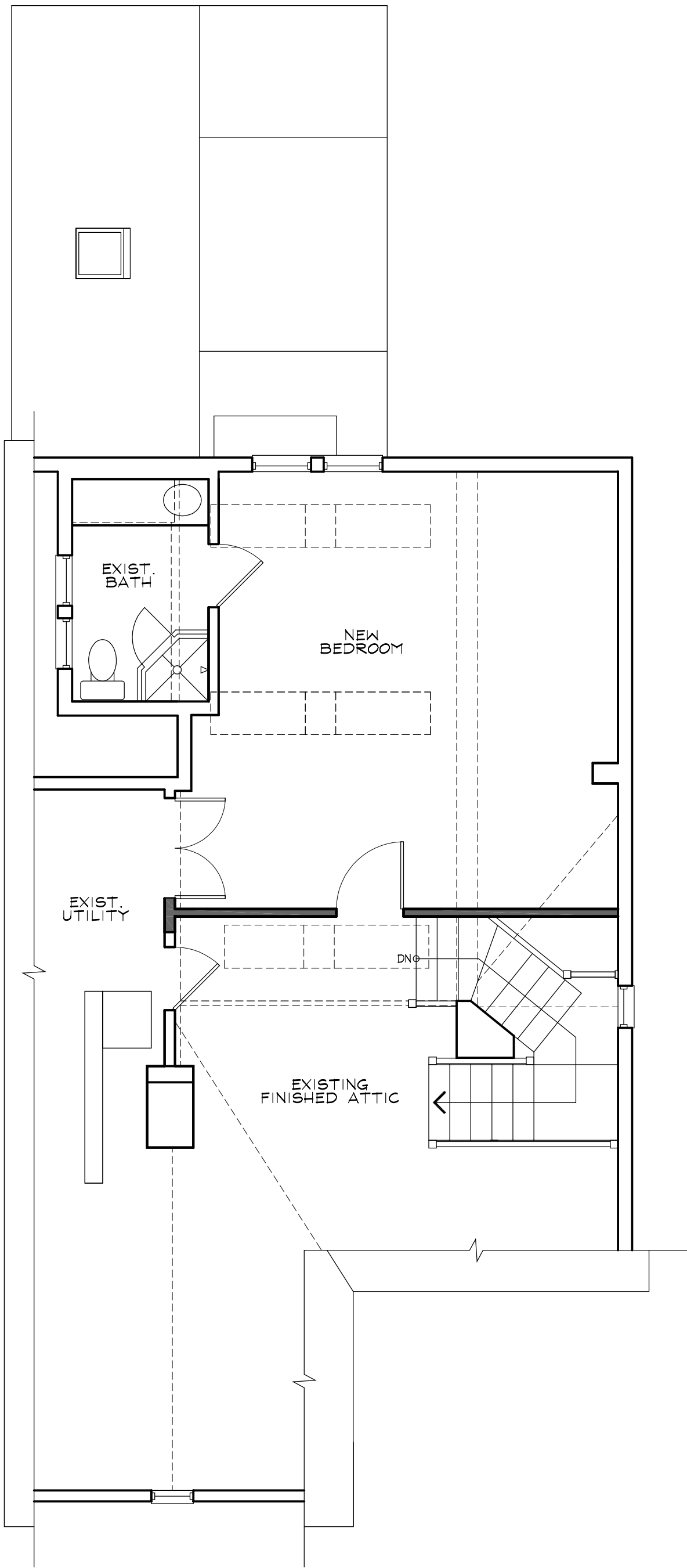
E @ 1ST FLR.

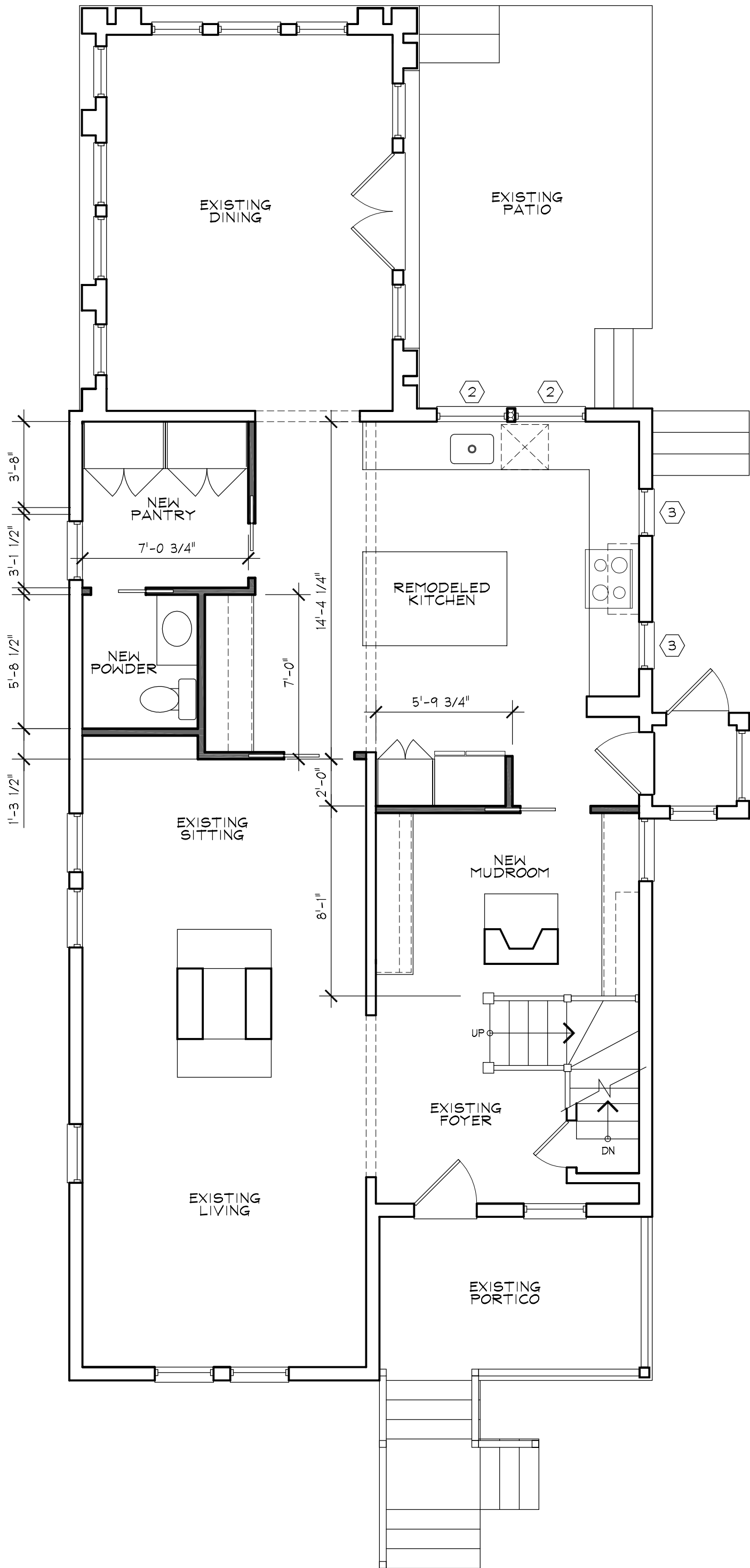
1 EXISTING SIDE (SOUTH) ELEVATION

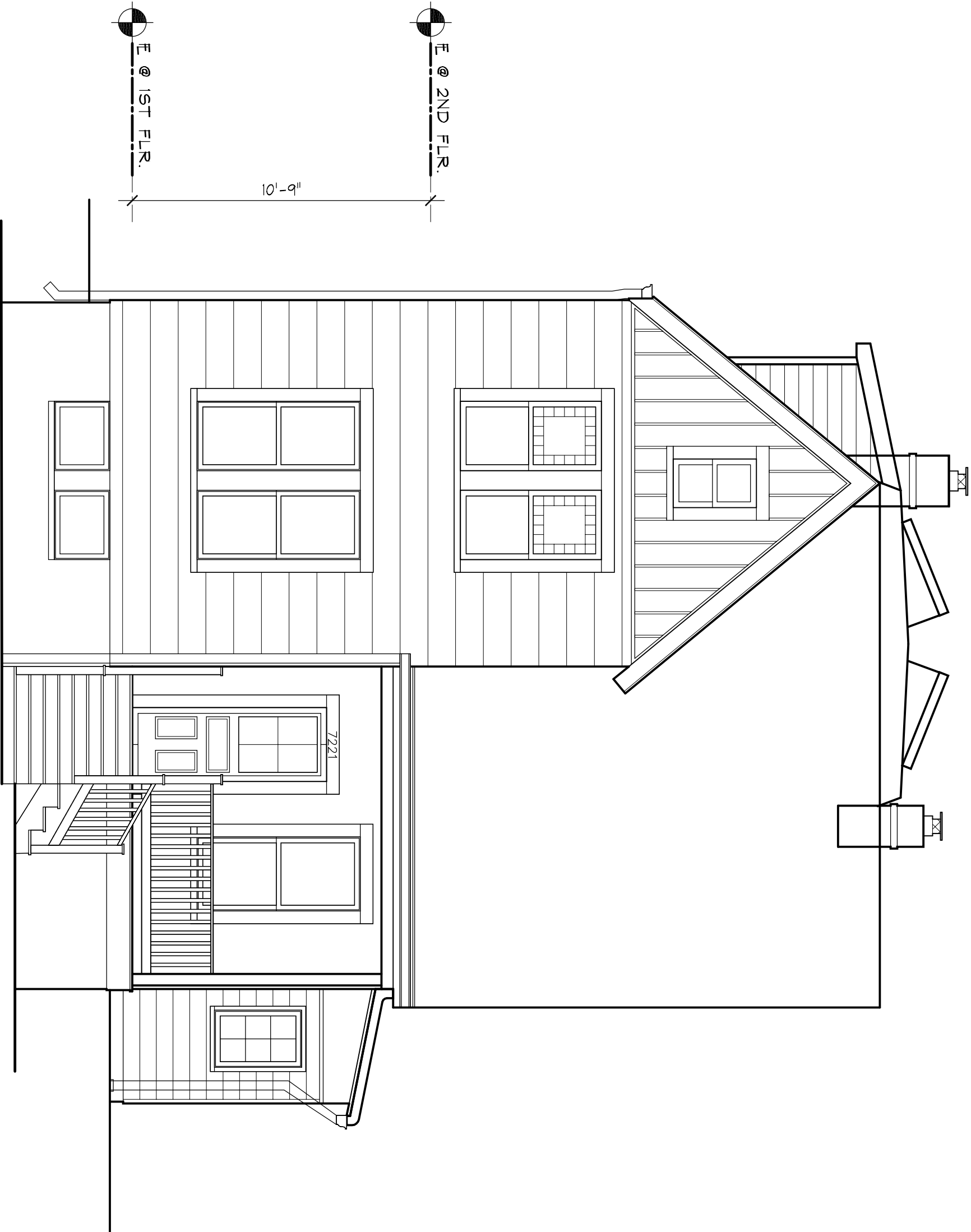
A2 1/4" = 1'-0"







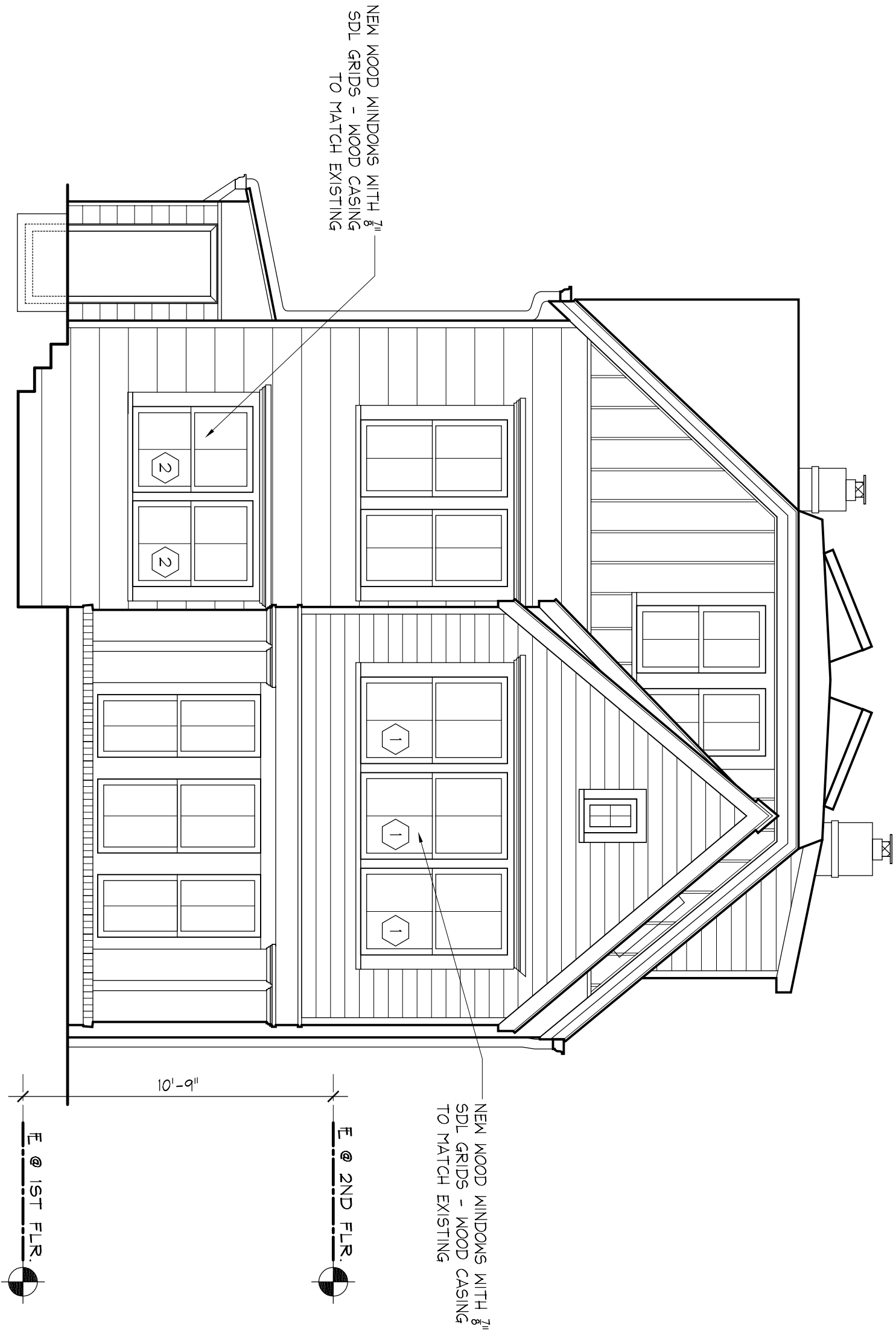


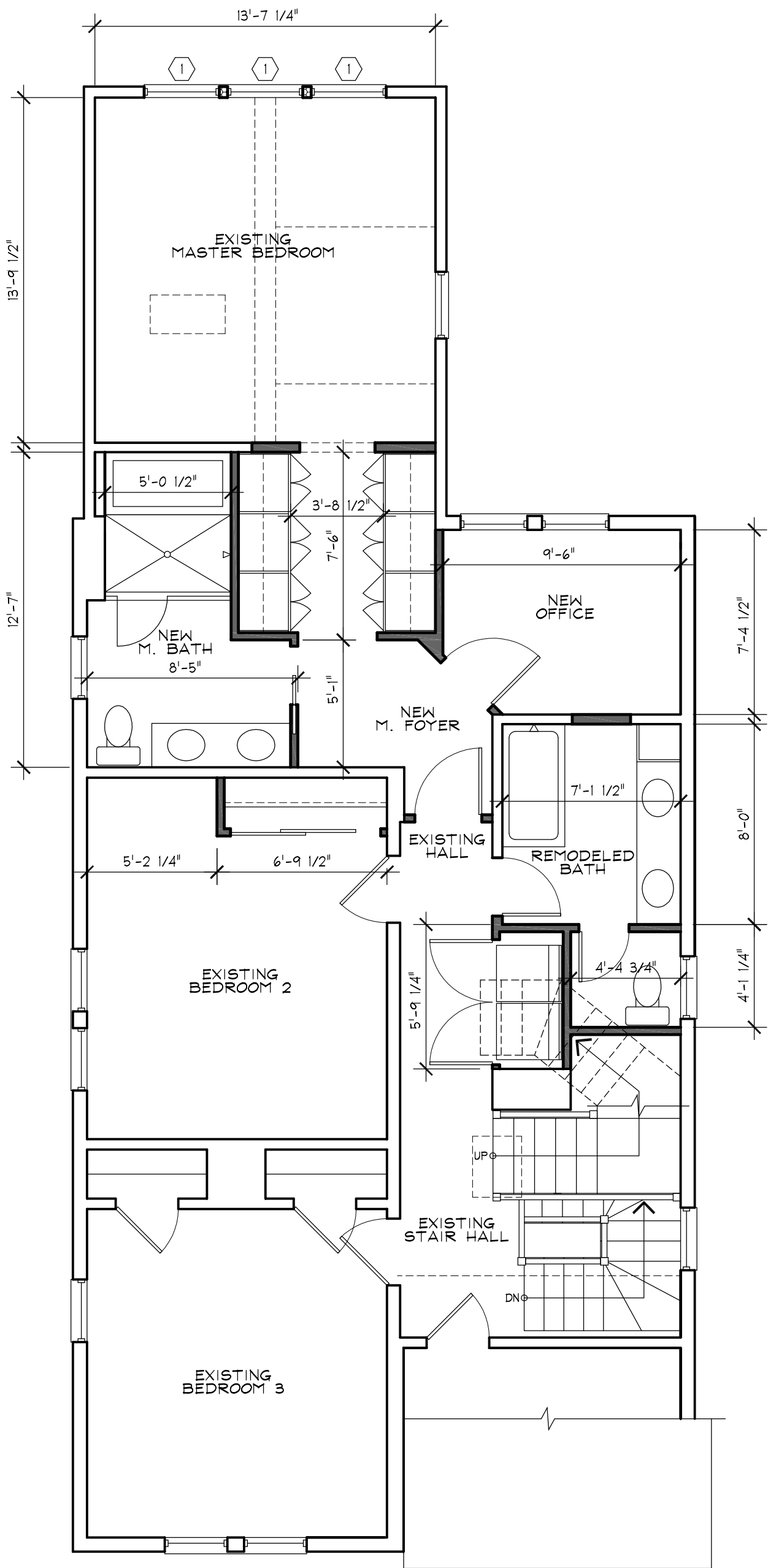


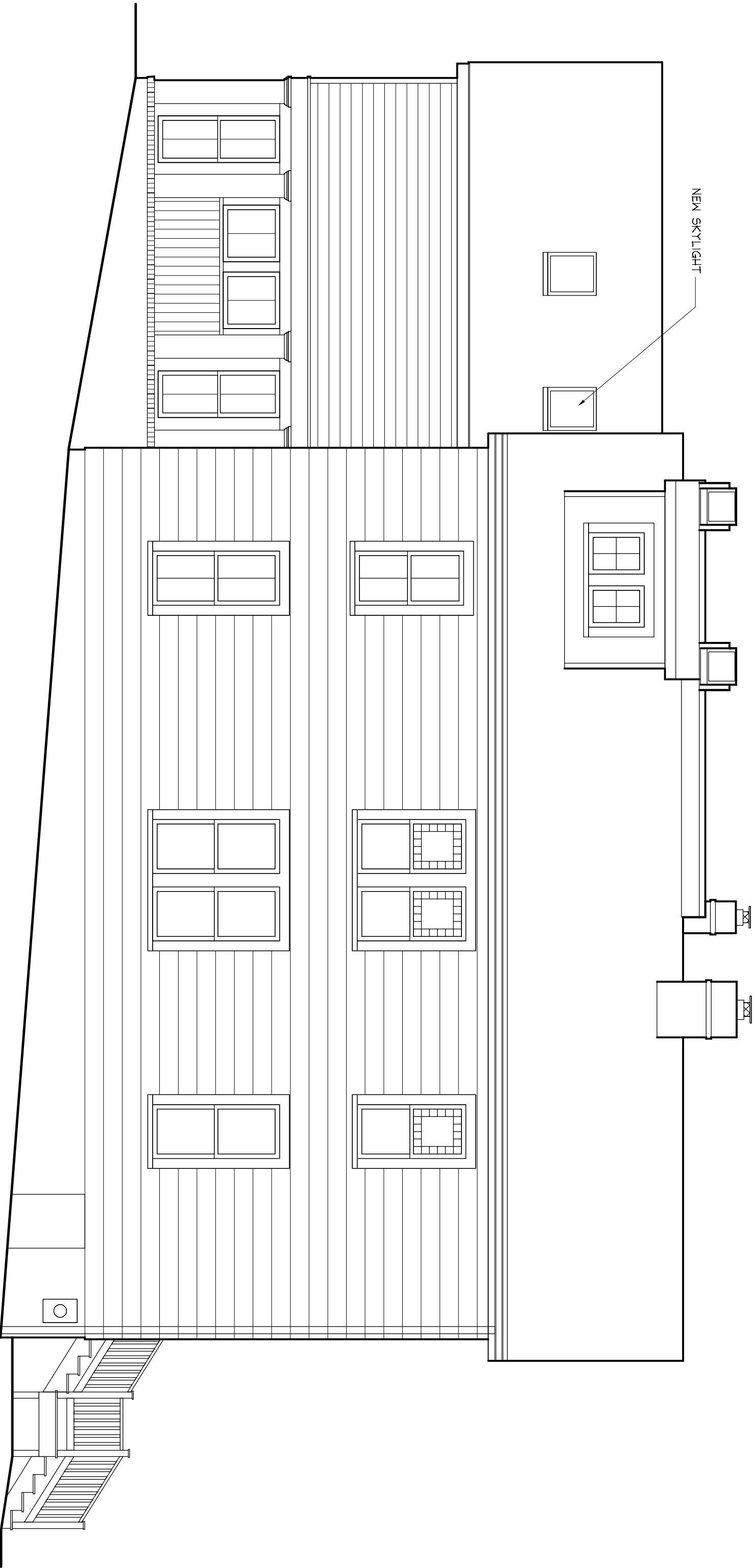
F @ 2ND FLR.

F @ 1ST FLR.

10'-0"





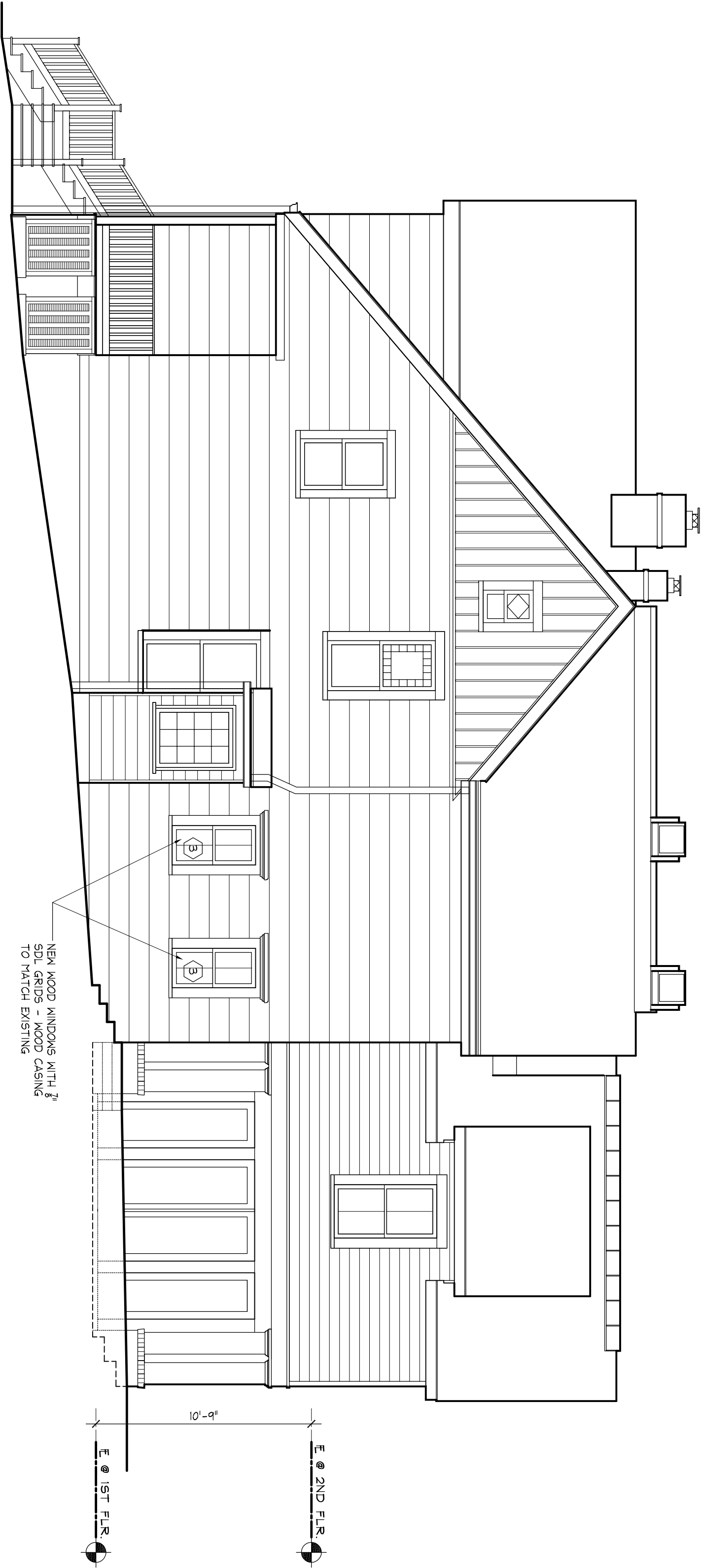


4

A2

PROPOSED SIDE (NORTH) ELEVATION

1/4" = 1'-0"



PROPOSED SIDE (SOUTH) ELEVATION

1
A2

1/4" = 1'-0"

