



Date: August 18-16

**HISTORIC PRESERVATION  
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, Article IX of the Portland City Code), application is hereby made for a Certificate of Appropriateness for the following work on the specified historic property:

**PROJECT ADDRESS:**

120 Pleasant Street

**CHART/BLOCK/LOT:** \_\_\_\_\_ (for staff use only)

**PROJECT DESCRIPTION:** Describe below each major component of your project. Describe how the proposed work will impact existing architectural features and/or building materials. If more space is needed, continue on a separate page. Attach drawings, photographs and/or specifications as necessary to fully illustrate your project—see following page for suggested attachments.

Replace failing brick wall  
with matching bricks and  
repoint remaining mortar joints

CONTACT INFORMATION:

APPLICANT

Name: Kevin Tacka  
Address: 73 Emery Street  
Putnam  
Zip Code: 04102  
Work #: \_\_\_\_\_  
Cell #: 318-8050  
Fax #: \_\_\_\_\_  
Home: \_\_\_\_\_  
E-mail: \_\_\_\_\_

PROPERTY OWNER

Name: Pari Kharavi  
Address: 49 Harrison Ave  
Portsmouth - NH  
Zip Code: \_\_\_\_\_  
Work #: \_\_\_\_\_  
Cell #: 603-812-8540  
Fax #: \_\_\_\_\_  
Home: \_\_\_\_\_  
E-mail: \_\_\_\_\_

PLUMBING ADDRESS

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Work #: \_\_\_\_\_  
Cell #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Home: \_\_\_\_\_  
E-mail: \_\_\_\_\_

ARCHITECT

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Work #: \_\_\_\_\_  
Cell #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Home: \_\_\_\_\_  
E-mail: \_\_\_\_\_

CONTRACTOR

Name: P + G Masonry  
Address: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Work #: \_\_\_\_\_  
Cell #: 207-468-1873  
Fax #: \_\_\_\_\_  
Home: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Kevin Tacka

Applicant's Signature

Owner's Signature (if different)