



Jeff Levine, AICP, Director
Planning & Urban Development Department

Ann Machado
Zoning Administrator

CITY OF PORTLAND ZONING BOARD OF APPEALS
Conditional Use Appeal Application

Applicant Information:

NAME NATHAN F UNDERWOOD

BUSINESS NAME _____

BUSINESS ADDRESS _____

603.234.1567

BUSINESS TELEPHONE & E-MAIL _____

CELL TENANT

APPLICANT'S RIGHT/TITLE/INTEREST _____

R-6

CURRENT ZONING DESIGNATION _____

Subject Property Information:

PROPERTY ADDRESS 159 STATE STREET

45A-026
CHART/BLOCK/LOT (CBL) _____

STATE STREET CHURCH
PROPERTY OWNER (If Different) _____

ADDRESS (If Different) _____

207-712-3606
PHONE # AND E-MAIL _____

PROFESSIONAL OFFICE
CONDITIONAL USE AUTHORIZED BY
SECTION 14- 137(c)2

EXISTING USE OF THE PROPERTY:

CHURCH

RECEIVED

TYPE OF CONDITIONAL USE PROPOSED:

SEP 28 2015

PROFESSIONAL OFFICE - HEALTH CARE
Dept. of Building Inspections
City of Portland Maine

STANDARDS: Upon a showing that a proposed use is a conditional use under this article, a conditional use permit shall be granted unless the Board determines that:

1. The volume and type of vehicle traffic to be generated, hours of operation, expanse of pavement, and the number of parking spaces required are not substantially greater than would normally occur at surrounding uses or other allowable uses in the same zone; and
2. The proposed use will not create unsanitary or harmful conditions by reason of noise, glare, dust, sewage disposal, emissions to the air, odor, lighting, or litter; and
3. The design and operation of the proposed use, including but not limited to landscaping, screening, signs, loading deliveries, trash or waste generation, arrangement of structures, and materials storage will not have a substantially greater effect/impact on surrounding properties than those associated with surrounding uses of other allowable uses in the zone.

NOTE: If site plan approval is required, attach preliminary or final site plan.

The undersigned hereby makes application for a conditional use permit as described above, and certifies that the information herein is true and correct to the best of his OR her knowledge and belief.

[Signature]
SIGNATURE OF APPLICANT

9/26/2015
DATE