



Date: 3-27-17

**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:

208 VAUGHAN ST.

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 LATTICE + TRIM UNDER FRONT PORCH.

NEW LATTICE TO BE CONSTRUCTED OF $\frac{5}{8}$ " PRESSURE TREATED
DECKING^{LUMBER}, PAINTED WITH OIL BASE PRIMER AND TOP COATED WITH ACRYLIC
LATEX SAME COLOR AS CURRENTLY. THE LATTICE WILL BE CONSTRUCTED
SIMILAR TO THAT SHOWN ON PAGE A-6 IN "GUIDELINES FOR PORCH
REPAIRS + REPLACEMENT" WITH 3" x 3" OPEN SQUARES AND $\frac{1}{2}$ " WIDE
LATTICE. THESE DIMENSIONS WERE DETERMINED AFTER INSPECTING
THE 1924 TAX PHOTO (ATTACHED). THE LATTICE TRIM TO MATCH AS CLOSELY
AS POSSIBLE TO THAT SHOWN IN ORIGINAL HOUSE PLAN BY JOHN CALVERT
STEVENS (PHOTO COPY ATTACHED). ALSO, REPLACE AS NEEDED SEVERAL
PORCH FLOOR BOARDS WITH MATCHING ONES + REPAIR. REPAIR
STEPS AS NEEDED WHILE REPLACING LATTICE.

CONTACT INFORMATION:

APPLICANT

Name: MICHAEL CARTER
Address: 81 COUSINS RD.
BUXTON, ME. 04093
Zip Code: 04093
Work #: N/A
Cell #: 207-318-3817
Fax #: _____
Home: 207-929-3897
E-mail: MCARTER@SALONIVER.NET

PROPERTY OWNER

Name: 210 VAUGHAN STREET LLC
Address: 81 COUSINS RD.
BUXTON, ME.
Zip Code: 04093
Work #: N/A
Cell #: 207-318-3817
Fax #: _____
Home: 207-929-3897
E-mail: MCARTER@SALONIVER.NET

BILLING ADDRESS

Name: SAME
Address: _____

Zip: _____
Work #: _____
Cell #: _____
Fax #: _____
Home: _____
E-mail: _____

ARCHITECT

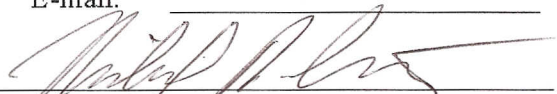
Name: SELF
Address: _____

Zip: _____
Work #: _____
Cell #: _____
Fax #: _____
Home: _____
E-mail: _____

CONTRACTOR

Name: SELF
Address: _____

Zip Code: _____
Work #: _____
Cell #: _____
Fax #: _____
Home: _____
E-mail: _____


Applicant's Signature

Owner's Signature (if different)