Date: 3-27-

HISTORIC PRESERVATION
APPLICATION FOR CERTIFICATE OF APPROPRI

Approved for Historic Preservation
Certificate of Appropriateness
Date: 07/12/17

Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, the Portland City Code), application is hereby made for a Certificate of Appropriateness for the 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 5/4" 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"x3" OPEN SQUARES AND 1½" 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 CALVIN STEVENS (PHOTO COPY ATTACHED). ALSO, REPLACE AS NEEDED SEVERAL PORCH FLOOR BOARDS WITH MATCHING ONES + REPAINT. 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@SACORIVER.NET

PROPERTY OWNER

Name: 210 VAUGHA

Address: 81 COUSZ
BUXTON,

Zip Code: 04093

Work #: N/A

Cell #: 207-318-

Fax #:

Home: 207-929-3897

E-mail: MCARTER@SACORIVER.NET

RESURGAM. CITY OF PORTLAND, MAINE

Approved for Historic Preservati
Certificate of Appropriatenes

Date: 07/12/17

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)