



Date: 6/20/17

**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:

191 Pine 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.

Rebuild East chimney (near corner of Pine & Chadwick) and repair/modify west chimney.

~~East chimney: The east chimney is to be rebuilt from attic floor up. Existing chimney is approx. 15 feet above roof level. Re-built chimney will be approx. 10 feet above roof level. The rebuilt chimney will eliminate the stucco and concrete band located directly above the roof line. Existing brick will be reused on all exposed surfaces. The rebuilt chimney will have a 3" cement wash cap, a brick crown to match the existing and a granite cap with 3 brick cheeks.~~

~~West chimney: The west chimney shall be reduced in height by approximately 5 feet to match the height of the rebuilt east chimney. A new wash cap, brick crown and a granite cap with brick cheeks will be installed. The chimney will be repointed.~~

CONTACT INFORMATION:

APPLICANT

Name: Jason Vickery
Address: 255 Western Promenade
Portland, ME
Zip Code: 04102
Work #: _____
Cell #: 617-877-0697
Fax #: _____
Home: _____
E-mail: jvickery@vickeryinvestments.com

PROPERTY OWNER

Name: Vickery Pine LLC
Address: same as applicant
Zip Code: _____
Work #: _____
Cell #: _____
Fax #: _____
Home: _____
E-mail: _____

BILLING ADDRESS

Name: same as property owner
Address: _____
Zip: _____
Work #: _____
Cell #: _____
Fax #: _____
Home: _____
E-mail: _____

ARCHITECT

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

CONTRACTOR

Name: David Peoples
Address: _____
Zip Code: _____
Work #: 207-712-3337
Cell #: _____
Fax #: _____
Home: _____
E-mail: _____

Applicant's Signature

Owner's Signature (if different)