



Jeff Levine, AICP, Director  
Planning & Urban Development Department

Ann Machado  
Zoning Administrator

### CITY OF PORTLAND ZONING BOARD OF APPEALS Disability Variance Application

Applicant Information:  
NAME Stewart Moss

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS TELEPHONE & EMAIL \_\_\_\_\_

OWNER  
APPLICANT'S RIGHT/TITLE/INTEREST

IRII  
CURRENT ZONING DESIGNATION

EXISTING USE OF THE PROPERTY:  
This property is my primary residence + it has a handicapped unit for family members,

Subject Property Information:  
PROPERTY ADDRESS 224 Island Avenue, Peaks Island

087 / 007 / 001  
CHART/BLOCK/LOT (CBL)

PROPERTY OWNER (If Different) \_\_\_\_\_

ADDRESS (If Different)  
207-252-4072 Stew. Masse yahn. com  
PHONE # AND E-MAIL

VARIANCE FROM SECTION 14 \_\_\_\_\_

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.

Stewart Moss \_\_\_\_\_  
SIGNATURE OF APPLICANT  
9/14/15 \_\_\_\_\_  
DATE