

CITY OF PORTLAND, MAINE
ZONING BOARD OF APPEALS



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MICHAEL E. WESTFORD
CHRISTOPHER DINAN

5 Oceanview Terrace
(85-O-10 & 12)

June 27, 1989

Ms. Marianna Rowe
5 Oceanview Terrace
Peaks Island, Maine 04108

Dear Ms. Rowe:

This is in reference to your recent application for a building permit for a change of use from single family to single family, with bed and breakfast (two rooms) for your residence at 5 Oceanview Terrace in the IR-2 Island Residence 2 Zone. This must have the approval of the Board of Appeals as a conditional use under Section 14-410 of the City Zoning Ordinance, a copy of which is enclosed for your information.

I am enclosing application forms for your use in making application for approval of this conditional use appeal for a bed and breakfast and the rental of not more than two rooms to not more than four people.

Please complete these forms and submit them with a fee of \$50.00 for consideration of this conditional use appeal by the Board of Appeals.

Sincerely,

WDF
William D. Giroux
Zoning Enforcement Officer

cc: Merrill S. Seltzer, Chairman, Board of Appeals
Joseph E. Gray, Jr., Director, Planning & Urban Development
P. Samuel Hoffses, Chief, Inspections Services
Arthur Addato, Code Enforcement Officer
Charles A. Lane, Associate Corporation Counsel
Warren J. Turner, Administrative Assistant

PERMIT # _____ TOWN OF Fortland BUILDING PERMIT APPLICATION MAP # _____ LCT# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Marisana H. Rowe 766-2567

Address: 5 Oceanview Terrace, Peaks Island 04108

LOCATION OF CONSTRUCTION 5 Oceanview Terrace - Peaks Isl

CONTRACTOR: n/a SUBCONTRACTORS: _____

ADDRESS: _____

Est. Construction Cost: _____ Type of Use: single family

Past Use: _____

Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories: _____ Lot Size: _____

Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain change use to single family with led and

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE (2 rooms). 1 plan submitted

Residential Buildings Only: _____ no renovations

Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation: _____

1. Type of Soil: 85-0-10-12

2. Soil Backs - Front _____ Rear _____ Side(s) _____

3. Footings Size: _____

4. Foundation Size: _____

5. Other _____

Floor: 12-22-92

1. Sills Size: _____ Sills must be anchored.

2. Girder Size: permit not issued

3. Lally Column Spacing: _____ Size: _____

4. Joists Size: _____ Spacing 16" O.C.

5. Liridging Type: _____ Size: _____

6. Floor Sheathing Type: _____ Size: _____

7. Other Material _____

Exterior Walls: _____

1. Studding Size: _____ Spacing _____

2. No. windows _____

3. No. Doors X

4. Header Sizes _____ Span(s) _____

5. Bracing: Yes No _____

6. Corner Posts Size _____

7. Insulation Type _____ Size _____

8. Sheathing Type _____ Size _____

9. Siding Type _____ Weather Exposure _____

10. Masonry Materials _____

11. Metal Materials _____

Interior Walls: _____

1. Studding Size _____ Spacing _____

2. Header Size _____ Span(s) _____

3. Wall Covering Type _____

4. Fire Wall if required _____

5. Other Materials _____

For Official Use Only

Date: June 26, 1989 Subdivision: Yes No

Inside Fire Limits _____ Name _____

Bldg Code _____ Lot _____

Tire Liquid _____ Block _____

Estimated Cost _____ Permit Expiration: _____

Value/Structure _____ Ownership: _____ Public _____ Private _____

Fee: \$25.00

Ceiling:

1. Ceiling Joists Size: _____

2. Ceiling Strapping Size _____ Spacing _____

3. Type Cel. _____

4. Insulation Type _____ Size _____

5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span _____

2. Sheathing Type _____ Size _____

3. Roof Covering Type _____

4. Other _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes No

Plumbing:

1. Approval of soil test if required Yes 25 / No

2. No. of Tubs or Showers _____

3. No. of Flushes _____

4. No. of Lavatories _____

5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____

2. Pool Size: _____ x _____ Square Footage _____

3. Must conform to National Electrical Code and State Law.

Zoning:

District: IR-2 Street Frontage Req. _____ Provided _____

Required Setbacks: Front _____ Back _____ Side _____

Review Required:

Planning Board Approval: Yes No Date: _____

Conditional Use: _____ Variance: _____ Site Plan: _____ Subdivision: _____

Show and Explain Mgmt. _____ Special Exception: _____

Other (Explain): _____

Date Approved: _____

Permit Received By Nancy Grossman

Signature of Applicant Marisana H. Rowe Date 6/26/89

Signature of CEO _____ Date _____

Expiration Dates _____

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