

CITY OF PORTLAND, MAINE
MEMORANDUM

TO Warren Turner, Planning/Urban Development
FROM William S. Boothby, Parks/Public Works Department *W.S.B.*
SUBJECT Peaks Island Right of Way

DATE: 5-19-86

The right of way which runs just south of Mariner Court on Peaks Island is not a City street.

It shows on a plan recorded in the Cumberland County Registry of Deeds in Plan Book 12, page 91 and is designated on the plan as "Road".

It has never been improved as far as I can tell and so very probably has lapsed as far as its dedication as a public way is concerned.

At any rate, the City has no plans to ever construct and accept this "Road" and as far as this department is concerned it has the status of a private right of way.

WSB/pap

pc: Dick Reed
94 Commercial Street
Portland, Maine 04101

This shows that the Right of Way southwily of Mariner Court will never become an accepted street according to Public Works 4/27

930446

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee 60.00 Zone _____ Map # _____

Please fill out any part which applies to job. Proper plans must accompany form.

PERMIT ISSUED

Owner: Bruce Astarita - CT. Phone # 766-5746
Mail To: 32 Brookhaven Dr. Windham, Me. 04062 Tim Blackie
Address: 32 Brookhaven Dr. Windham, Me. 04062 Tim Blackie

LOCATION OF CONSTRUCTION Marriners Court P.J. (off Island Ave)

Contractor: Tim Blackie Sub: _____

Address: 32 Brookhaven Dr. Windham Phone # 892-3926

Est. Construction Cost: 8,000. Proposed Use: single family

Past Use: single family

of Existing Res. Units _____ # of New Res Units _____

Building Dimensions L _____ W _____ Total Sq Ft. _____

Stories: _____ # Bedrooms: _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion adding two bathrooms - extend bedroom onto existing porch

For Official Use Only MAY 28 1993

Date 5/25/93 Subdivision _____

Inside Fire Units _____ Name _____

Bldg Code _____ CITY OF PORTLAND

Time Limit _____

Estimated Cost 8,000.00 Private

Zoning: Street Frontage Provided: _____
Provided Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required: Zoning Board Approval: Yes _____ No _____ Date: _____
Planning Board Approval: Yes _____ No _____ Date: _____
Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
Shoreland Zoning Yes _____ No _____ Floorplan Yes _____ No _____
Special Exception _____
Other (Explain) _____

10-2-25-28-93

Foundation:

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Floors:

1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No _____
6. Corner Posts _____
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 Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Ceiling:

1. Ceiling Joists Size _____ HISTORIC PRESERVATION
2. Ceiling Strapping Size _____ Spacing _____ Note: Mark for Landmark.
3. Type Ceilings: _____ Note: Not require review.
4. Insulation Type _____ Size _____
5. Ceiling Height: _____ Require Review.

Roof:

1. Truss or Rafter Size _____ Span _____ Action Approved.
2. Sheathing Type _____ Size _____ Action Approved with Conditions.
3. Roof Covering Type _____

Chimneys:

Type _____ Number of Fire Places _____ Date: 5/25/93
Signature: [Signature]

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

Pool Size: _____ x _____ Square Footage _____

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

Permit Received By D. Marquis

Signature of Applicant _____ Date _____

Signature of CEO _____ Date _____

Inspection Dates _____

White-Tax Assesor Yellow-GPCOG

White Tag -CEO

16 Copyright GPCOG 1988
M.A. Rowe

PERMIT ISSUED WITH REQUIREMENTS

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 2 Marriner Ct Peaks, Isl		Owner: Michelle Mazur		Phone:		Permit No: 550440	
Owner Address:		Lessee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Andrew Doukas P.O. Box 485 Portland, ME 04101		Address:		Phone: 871-7232		Permit Issued: MAY 11 1995	
Past Use: 1-fam (considered seasonal per assessors)		Proposed Use: Same w/int-ext reno		COST OF WORK: \$ 8,000.00		PERMIT FEE: \$ 60.00	
Proposed Project Description: Renovations - Rebuild portion of roof replace walls		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:		CITY OF PORTLAND	
Permit Taken By: Mary Gresik		Date Applied For: 05 May 1995		Signature:		Date:	

Zone: **IR-2** CBL: 090-S-003
 Zoning Approval: *on exist*
 Special Zone or Reviews: *for open porch*
 Shoreland *NO*
 Wetland *5/10/95*
 Flood Zone
 Subdivision
 Site Plan major minor mm

- This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
 - Building permits do not include plumbing, septic or electrical work
 - Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.
- No debris removal necessary

Issued with conditions on Bldg Permit Report

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT: *Andrew Doukas* ADDRESS: *673 Congress St* DATE: 05 May 1995 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK: *Same* TITLE: PHONE:

Action:
 Approved
 Approved with Conditions
 Denied
 Date: *5/5/95*
D. Andrews
 GEO DISTRICT **6**
A. Rowle

White-Permit Desk Green-Assessor's Canry-D.P.W. Pink-Public File Ivory Card-Inspector



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 4/21/93, 19
 Receipt and Permit number 5790

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 7 Mariner Ct- Peaks Island -
 OWNER'S NAME: Bruce Astarita ADDRESS: _____

OUTLETS:		FEES
Receptacles <u>60</u> Switches <u>12</u> Plugmold _____ f. TOTAL <u>72</u>		<u>14.40</u>
FIXTURES: (number of)		
Incandescent <u>9</u> Fluorescent _____ (not strip) TOTAL <u>9</u>		<u>1.80</u>
Strip Fluorescent _____ ft.		
SERVICES:		
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____ ..		
METERS: (number of) _____		
MOTORS: (number of)		
Fractional _____		
1 HP or over _____		
RESIDENTIAL HEATING:		
Oil or Gas (number of units) _____ ..		
Electric (number of rooms) _____		
COMMERCIAL OR INDUSTRIAL HEATING		
Oil or Gas (by a main boiler) _____ ..		
Oil or Gas (by separate units) _____ ..		
Electric Under 20 kws _____ Over 20 kws _____ ..		
APPLIANCES: (number of)		
Ranges _____ Water Heaters _____		
Cook Tops _____ Disposals _____		
Wall Ovens _____ Dishwashers _____		
Dryers <u>1</u> _____ Compactors _____		
Fans _____ Others (denote) <u>SUMP PUMP</u>		
TOTAL <u>2</u>		<u>4.00</u>
MISCELLANEOUS: (number of)		
Branch Panels _____		
Transformers _____		
Air Conditioners Central Unit _____		
Separate Units (windows) _____		
Signs 20 sq. ft. and under _____		
Over 20 sq. ft. _____		
Swimming Pools Above Ground _____		
In Ground _____		
Fire/Burglar Alarms Residential _____		
Commercial _____		
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____ ..		
over 30 amps _____		
Circus, Fairs, etc. _____		
Alterations to wires _____		
Repairs after fire _____		
Emergency Lights, battery _____		
Emergency Generators _____		

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT _____
 FOR REMOVAL OF A "STOP ORDER" (304-16b) _____

INSTALLATION FEE DUE _____
 DOUBLE FEE DUE _____
 TOTAL AMOUNT DUE 20.20

INSPECTION:
 Will be ready on _____, 19____; or Will Call X
 CONTRACTOR'S NAME: Jay C. Perruzzi
 ADDRESS: 5 Puritan Dr- Scarborough
 TEL.: 883-1095
 MASTER LICENSE NO. #157890 SIGNATURE OF CONTRACTOR: _____
 LIMITED LICENSE NO.: _____ 4/21/93

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN

