

CITY OF PORTLAND, MAINE
ZONING BOARD OF APPEALS



MERRILL S. SELTZER
Chairman

JOHN C. KNOX
Secretary

ROBERT J. GAUDREAU
THOMAS F. JEWELL
DAVID L. SILVERNAIL
MICHAEL E. WESTORY
CHRISTOPHER DINAN

Kathleen

ADDENDUM TO
APPEAL AGENDA

Please add the following item under Paragraph 3, Variances, Space and Bulk, on the agenda for Thursday evening, May 28, 1987, at 7 P.M. in Room 209, City Hall, Portland, Maine:

*Approved
7 to 0*

6 Braintree Street, William J. Dowd, Owner - Mr. Dowd is seeking approval by the Board of Appeals for a space and bulk variance to permit a front yard setback for 19 feet instead of the 25 feet usually required for front yard setback in the R-3 Residence Zone, as required by Section 14-90(4)a of the City Zoning Ordinance. This is a newly constructed single family structure which does not meet the front yard setback requirements. This variance is needed in order to complete the sale of the subject property to new owners.

The above item has been added by special request of the Chairman, Mr. Merrill Seltzer, due to a critical time element.

lel

773-6250

This building owner wants to obtain a cert of occupancy today, in AM early if possible

M. J. Turner

There's a closing today on this home, May 29th

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APPEAL AGENDA

The Board of Appeals will hold a public hearing in Room 209, City Hall, Portland, Maine on Thursday evening, May 28, 1987 at 7:00 P.M. to hear the following appeals:

1. Unfinished Business: None
2. New Business

Conditional Use Appeal:

796 Brighton Avenue - Theresa Botto, Future Owner

Theresa Botto, future owner of this property, is petitioning the Board of Appeals to permit a change of use of this single family dwelling at the above address to a 2 family dwelling not allowed in the R-3 Residential Zone unless approved as a conditional use by the Board of Appeals under Section 14-88(1)b., and Section 14-474(c)2 of the Zoning Ordinance.

3. Variances:

Space and Bulk (Section 14-473(c)1 of the Ordinance must be met by the following requests:

19-25 Morse Street - Mr. Paul T. Kendrick, Owner

Paul Kendrick, owner, is seeking permission to convert this property from a two family to a three family dwelling not allowed in the R-5 Residence Zone unless approved by the Board of Appeals as meeting the criteria in Section 14-473(3)f of the Ordinance.

64 Brentwood Street - Jeffrey E. Boxer, Owner

Mr. Jeffrey Boxer, owner of the property, is seeking a variance thereby allowing a 9 foot setback on either side of his proposed swimming pool. According to Section 14-432 Sub-section 3(b) of the Zoning Ordinance, 10 feet is required for setbacks on all four sides of a swimming pool. The subject lot is 50' wide by 100' in depth.

4. Adjournment



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

June 5, 1987

*First Portland Mortgage Co.
22 Free Street
Portland, ME 04101
Attn: Betsy Forbes*

RE: 6 Braintree Street (Assessor's #336-J-17 & 18)

Dear Ms. Forbes:

Concerning the above-referenced property, please note that the City of Portland denotes this property from the Tax Assessor's maps as Map 336, Block J, Lots 17 & 18, with a street address of 6 Braintree Street.

The lot numbers of 135 and 136 which appear on the site plan submitted with the building permit refer to the original lot numbers from the Plan of Woodford Gardens in 1916. They are the same lots.

Sincerely,

*Kathleen A. Taylor
Code Enforcement Officer*

PERMIT # 1760 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Kathy and Greg L'Heureux

Address: 6 Braintree Avenue, Portland

LOCATION OF CONSTRUCTION 6 Braintree Avenue

CONTRACTOR: David Clon SUBCONTRACTORS: 767-4226

ADDRESS: 19 Arlington Rd, S. Portland, 04106

Est. Construction Cost: \$16,000 Type of Use: single family

Past Use: _____

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain Constructing new dormer, 1 set of construction plans submitted.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings: _____ # Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation:

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

Floor:

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 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 Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

| For Official Use Only | |
|---------------------------------|---------------------------------------------|
| Date: <u>March 10, 1989</u> | Subdivision: Yes / No _____ |
| Inside Fire Limits _____ | Name _____ |
| Adg Code _____ | Loc _____ |
| Time Limit _____ | Block _____ |
| Estimated Cost: <u>\$16,000</u> | Permit Expiration: _____ |
| Value Structure _____ | Ownership: _____ Public _____ Private _____ |
| Fee: <u>\$100.00</u> | |

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
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 00 Yes No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures 00 25

Swimming Pools:

1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Zoning:

District R-2 Street Frontage Req. _____ Provided _____

Required Setbacks: Front _____ Back _____ Side _____

Review Required:

Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shore and Floodplain Mgmt _____ Special Exception _____
 Other (Explain) _____
 Date Approved OK W.D.M. 5-15-89

Permit Received By Nancy Grossman

Signature of Applicant _____ Date 7/10/9

Signature of CEO _____

Inspection Dates _____

PERMIT ISSUED
 WITH LETTER

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ 25.00 _____
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ 75.00 _____
 (Explain) _____
 Late Fee \$ _____

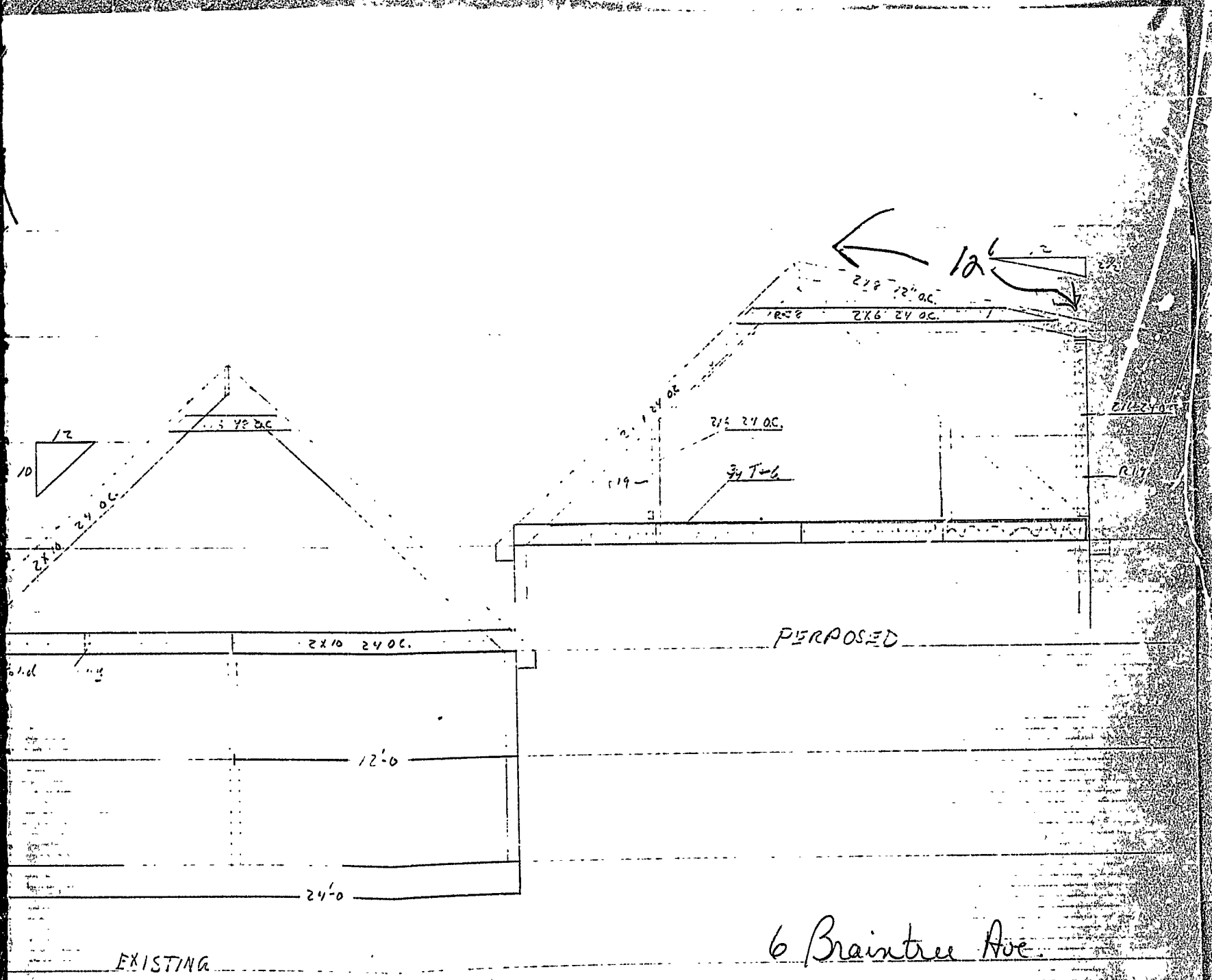
Inspection Record

| Type | Date |
|-------|----------------|
| _____ | ____/____/____ |
| _____ | ____/____/____ |
| _____ | ____/____/____ |
| _____ | ____/____/____ |
| _____ | ____/____/____ |

COMMENTS 3-16-89, 3rd pay

3-31-89 All set to close in Croyther, checks out O.K.

Signature of Applicant Stil Olson agent of owner Date 3/10/89

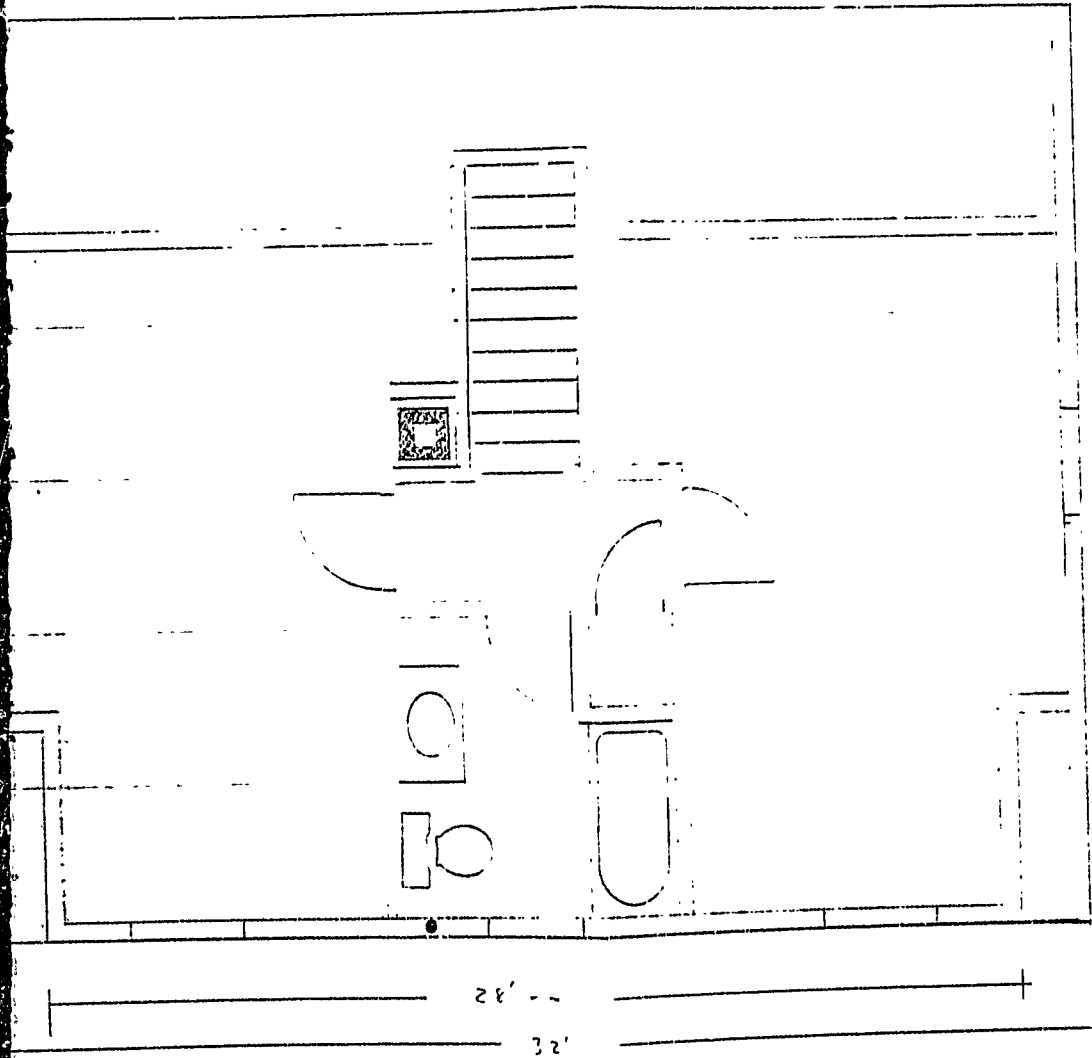


RECEIVED

MAR 10 1989

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

1/4" = 1'-0"



6 Brain Tree Ave

1/4" = 1'-0"

RECEIVED

MAR 10 1989

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND

BUILDING PERMIT REPORT

ADDRESS: G Braintree DATE: 15/mar/89

REASON FOR PERMIT: dormer

BUILDING OWNER: L'Heureux

CONTRACTOR: David Okse

PERMIT APPLICANT: n

APPROVED: *6*7*11 DENIED: _____

CONDITION OF APPROVAL OR DENIAL:

- 1.) Before concrete for foundation is placed, approvals from Public Works and Inspection Services must be obtained.
- 2.) Precaution must be taken to protect concrete from freezing.
- 3.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- 4.) Each apartment shall have access to two(2) separate, remote and approved means of egress. A single e. it is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
- 5.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by placing over the boiler, two(2) residential sprinkler heads supplied from the domestic water.
- *6.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m²). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- *7.) In addition to any automatic fire alarm system required by Sections 1018.3.5, a minimum of one single station smoke detector shall be installed in each guest room, suite of sleeping area in buildings of Use Groups R-1 and I-1 and in dwelling units in the immediate vicinity of the bedrooms in buildings of Use Group R-2 or R-3. When actuated, the detector shall provide an alarm suitable to warn the occupants within the individual unit (see Section 1717.3.1).

PERMIT # _____ **CITY OF** Portland **BUILDING PERMIT APPLICATION** **MAP #** _____ **LOT#** _____

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

Owner: Kathy and Greg L'Heureuz

Address: 6 Braintree Avenue, Portland

LOCATION OF CONSTRUCTION 6 Braintree Avenue

CONTRACTOR: David Olsen SUBCONTRACTORS: 767-4226

ADDRESS: 19 Arlington Rd, S. Portland, 04106

Est. Construction Cost: \$16,000 Type of Use: single family

Past Use: _____

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain Constructing new dormer, 1 set of construction

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE plans submitted.

Residential Buildings Only: _____

Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation:

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

Floor:

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 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 Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

| For Official Use Only | |
|---------------------------------|---------------------------------------------|
| Date: <u>March 10, 1989</u> | Subdivision: Yes / No _____ |
| Inside Fire Limit: _____ | Name: _____ |
| Blag Code: _____ | Lot: _____ |
| Time Limit: _____ | Block: _____ |
| Estimated Cost: <u>\$16,000</u> | Permit Expiration: _____ |
| Value/Structure: _____ | Ownership: _____ Public _____ Private _____ |
| Fee: <u>\$100.00</u> | |

Ceiling:

1. Ceiling Joists size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____
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 _____ 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: _____ Street Frontage Req: _____ Provided _____

Required 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 _____

Shore and Floodplain Mgmt _____ Special Exception _____

Other (Explain) _____

Date Approved: _____

Permit Received By Narcy Grossman

Signature of Applicant [Signature] Date 3/10/89

Signature of CEO _____ Date _____

Inspection Dates [Signature]

PLUMBING PERMIT

Project Name: _____
 Address: _____

Proprietor Name: _____
 Signature: _____
 Date: _____

Caution: Permit Required

Work of this nature requires a permit issued by the Building Department. Failure to obtain the permit is a violation of the Building Code and is subject to a fine of \$100.00 per day for each day of non-compliance with this section.

Owner/Installer's Statement: _____
 I hereby certify that the work to be performed is as described above and that I am a duly licensed plumber.

Caution: Instruction Required

The work to be performed shall be done in accordance with the Building Code and the rules and regulations of the Building Department.

| | | |
|-----------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. NEW PLUMBING</p> <p>2. RELOCATED PLUMBING</p> | <p>3. REPAIR OR REPLACE</p> <p>4. ADDITIONAL CONNECTIONS</p> <p>5. OTHER SPECIF.</p> | <p>6. WASTE PLUMBING</p> <p>7. GAS PLUMBING</p> <p>8. SPECIALTY PLUMBING</p> <p>9. CITY OWNED</p> <p>10. COUNTY OWNED</p> <p>11. FEDERAL</p> <p>12. STATE</p> |
|-----------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Hook-Up & Piping Details in Maximum of Hook-Ups | Number of Hook-Ups | Notes |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------|
| <p>1. NEW or RELOCATED PLUMBING</p> <p>2. REPAIR OR REPLACE PLUMBING</p> <p>3. ADDITIONAL CONNECTIONS</p> <p>4. OTHER SPECIF.</p> | | |
| OR | | |
| <p>1. GAS PLUMBING</p> <p>2. SPECIALTY PLUMBING</p> <p>3. CITY OWNED</p> <p>4. COUNTY OWNED</p> <p>5. FEDERAL</p> <p>6. STATE</p> | | |
| <p>Number of Hook-Ups & Piping</p> <p>Hook-Ups & Piping Fee</p> | | <p>Fixed Fee (Suggested) \$ _____</p> <p>Volume Fee \$ _____</p> |

SEE PERMIT FEE SCHEDULE FOR CALCULATION FEE

TOWNSHIP

PLUMBING APPLICATION

Department of Human Services
 Division of Health Engineering
 (207) 289-3826

PROPERTY ADDRESS

Town Or Plantation: Portland

Street Subdivision Lot #: 6 Bramble St

PROPERTY OWNERS NAME

Last: Kearney First: _____

Applicant Name: MARK Baker

Mailing Address of Owner/Applicant (If Different): Raymond Mt. Rd. Box 370P ME

PORTLAND PERMIT # 3,352 TOWN COPY

Date Permitted: 12.30.89 \$ 91 FEE

Donald R. Woodruff L.P.I. # _____
 Local Plumbing Inspector Signature

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a permit.

Mark Baker Signature of Owner/Applicant Date _____

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

APR 2 1989 Date Approved

 Local Plumbing Inspector Signature

PERMIT INFORMATION

This Application is for: NEW PLUMBING

Type Of Structure To Be Served:

1. SINGLE FAMILY DWELLING
 2. MODULAR OR MOBILE HOME
 3. MULTIPLE FAMILY DWELLING
 4. OTHER - SPECIFY _____

Plumbing To Be Installed By:

1. MASTER PLUMBER
 2. OIL BURNERMAN
 3. F.G'D. HOUSING DEALER/MECHANIC
 4. PUBLIC UTILITY EMPLOYEE
 5. PROPERTY OWNER

LICENSE # 025115

| Hook-Up & Piping Relocation Maximum of 1 Hook-Up | Number | Column 2 Type of Fixture | Number | Column 1 Type of Fixture |
|-----------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------|--------|------------------------------|
| HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. | | Hosebibb / Sillcock | 1 | Bathtub (and Shower) |
| | | Floor Drain | | Shower (Separate) |
| | | Urinal | | Sink |
| OR HOOK-UP: to an existing subsurface wastewater disposal system. | | Drinking Fountain | 1 | Wash Basin |
| | | Indirect Waste | 1 | Water Closet (Toilet) |
| | | Water Treatment Softener, Filter, etc. | | Clothes Washer |
| PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | | Grease/Oil Separator | | Dish Washer |
| | | Dental Cuspidor | | Garbage Disposal |
| | | Bidet | | Laundry Tub |
| Number of Hook-Ups & Relocations | | Other: _____ | | Water Heater |
| Hook-Up & Relocation Fee | | Fixtures (Subtotal) Column 2 | 3 | Fixtures (Subtotal) Column 1 |
| SEE PERMIT FEE SCHEDULE OR CALCULATING FEE | | | | Fixtures (Subtotal) Column 2 |
| | | | | Total Fixtures |
| | | | | Permit Fee |
| | | | | Permit Fee (Total) |

Page 1 of 1
 HHE-217 Rev. 3/81

TOWN COPY



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date March 27, 1989
 Receipt and Permit number 0271

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: 6 Braintree Street
 OWNER'S NAME: Greg L'Heureux ADDRESS: same

OUTLETS: _____

Receptacles X Switches X Plugmold _____ ft. TOTAL 1-30 _____

FIXTURES: (number of) _____

Incandescent X Fluorescent _____ (not strip) TOTAL 1-10 _____

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 _____ | Compactors _____ |
| Fans _____ | Others (denote) _____ |
| TOTAL _____ | |

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 INSTALLATION FEE DUE: _____

FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE: _____

TOTAL AMOUNT DUE: 6.00

INSPECTION: Will be ready on _____, 19__; or Will Call x

CONTRACTOR'S NAME: owner

ADDRESS: _____

TEL.: 797-0700

MASTER LICENSE NO.: _____ SIGNATURE OF CONTRACTOR: Greg L'Heureux

LIMITED LICENSE NO.: _____

