

33

SHERIDAN STREET

MUNISO

178
June 7, 1962

Mr. Moriel Amoroso
58 Rowa Avenue
Portland, Maine

Dear Mr. Amoroso:

Re: 33 Sheridan Street

We recently made an inspection of 33 Sheridan Street, Portland, Maine. As a result of the inspection, the following conditions were found to be substandard:

STRUCTURAL

Repair and put in good order all dilapidated and hazardous parts of the structure as follows:

- a. Patch the stone wall and cement steps.
- b. Repair or replace the worn rear hall stair treads.

PLUMBING:

- a. Install a lavatory within the bathroom of the 1st floor apt.

The above mentioned conditions are in violation of Chapter 307 of the Municipal Code of the City of Portland, and must be corrected before this property can be classified as standard.

We suggest that you repair or remove the television antenna from the roof as it is now in a dangerous condition and may cause damage to the roof.

Sincerely,

Zoris A. Vanadzian, M.D.
Health Director

By:

Gordon E. Martin
Housing Supervisor

GEN:ag

PORTLAND
RENEWAL
AUTHORITY

June 7, 1962

To: Gordon Martin, Housing Supervisor
From: Howard U. Heller, ^{Trust} Executive Director
Re: 33 Sheridan Street

Because 33 Sheridan Street is slated for acquisition, I intend to hold a conference with Mrs. Amoroso. On that basis I am not sending out your letter of June 7th which you sent up to us. I think the family is quite uncertain what they want to do about the property.

9/21/62

Mrs. Amoroso came into the office and did not know whether or not to keep it or sell it to SCRA. She said she would wait to see how much they offer.

Photos yes no

Proj. No. C.I. M... Ass'ts Zone Zone Viol

Stories 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

Date 6-6-62

LOCATION 33 ...
 OWNER Marcel Amo 50
 UNIT #
 OWNER A.I.N. #
 OWNER A.N. #
 VTS

Occupants	Information				Occupancy				Facilities				Violations				
	LOC	RENT	FURN	WK 1	RMS	PER	ALL	IGRS	HEAT	BATH	FLSH	K		SK	H	W	CK'G
1. <u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
2. <u>Robert L...</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
3																	
4																	
5																	
6																	
7																	
8																	

STRUCTURE RATING

STRUCTURE SCHEDULE

YARD

BARRAGE & RUBBISH

CONTAINMENT COMPLY

DRAINAGE

ZONE VIOL

STRUCTURE EXTERIOR

STEPS, STAIRS, PORCHES Front cement steps and base wall need painting

FOUNDATION

WALLS

WINDOWS, DOORS

ROOF, DRAINS

OUT BUILDINGS

INFESTATION

RAIS R. O. I.

OTHER (SPECIFY)

EGRESS

EQUAL YES. NO

OBST'N

STRUCTURE INTERIOR

HALL OBST'N

HALL LIGHTING

HALL, FLOOR WALLS CEILING

STAIRWAYS Rear hall stair leads replaced

WINDOWS, AIRSHAFT

ELECT WIRING

HEATING CENTRAL YES: NO:

STACKS FLUES VENTS

CHIMNEY

EQUIPMENT REPAIR

PLUMBING

SUPPLY LINE

WASTE LINE

BASEMENT

GEN'L SANIT'N

DAMPNSS - R1 - 0

STAIRS

LIGHTING

BASE DWL UNIT

MIN 7' 3"

DAMPNSS I O

WINDOW 1/12 X 6

DIAL EGRESS YES NO

PROHIBITED COMB'N USE

SOC. USE HAZARD

HAZARDOUS VENTS

Remarks T.V. on Roof fallen down should be fixed or TAKEN down - could cause damage to roof

Inspector

Portland Health Dept.
H I I

DWELLING UNIT SCHEDULE

Manjey South.

Date 6-6-62

COORDINATOR NAME	IDEAL #	33 Sheridan	COMP.
PROJECT	NO. OF UNITS	1st Floor	PERM.
OWNER'S NAME	OWNER'S ADDRESS	Florence Davies	
OWNER'S PHONE NO.	OWNER'S PHONE NO.	Marcel Amoroso	
OWNER'S ADDRESS	OWNER'S ADDRESS	38 Rowe Ave	

Occupants

Information

Occupancy

Facilities

Violations

No.	Occupants	Information	Occupancy	Facilities	Violations												
						LOC.	RENT	FURN.	NO. OF UNITS	REMS.	PER	ALL'D	LONG	HEAT	BATH	FLSH	K. SH.
1.	Florence Davies	3	1st Floor	4	3	6	5	0	0	0	0	0	0	0	0	0	0
2.																	
3.																	
4.																	

OVERCROWDING BS' 7	KITCHEN	BATH	TOILET	DINETTE	LIV F R			BED	BED	BED	OTHER	TOTAL
					BED	BED	BED					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
PLB'G	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
WY'NG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
DRY'RN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
WALLS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
CEILING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
WINDOWS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
DOORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
FLOORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				

KITCHEN SINK & WATER

SINK

SUPPLY & WASTE

PLB'G

HEATING

CRACKS, FLUES, VENTS

UN'ED VENTED, REP'N

BATHING FACILITIES

SHARED MAX. 6DU

ONE W. 1 PER 10

MIN. 7' STDB HT.

VENT'LN

PROPER ACCESS

PLB'G No Lav.

SANIT'N

TOILET FACILITIES

SHARED MAX. 2 DU

ONE W. FLSH & LAV 1 PER 10

VENT'LN

PROPER ACCESS

PLB'G

SANIT'N

INFESTATION

RATS RI D: E

OTHER (SPECIFY)

EGRESS

DUAL YES NO

OBST'N

Remarks

Portland Health Dept.

6-7

Inspector Bob Crand

Photos yes no

Proj. No.

Manooy South

Date 6-7-102

DWELLING UNIT SCHEDULE

CROWDING	LOCATION <u>33 Sherman</u>	COMP.
SANIT.	D U LOC <u>2nd Floor</u>	PEND.
INFEST.	CCCPRT <u>Robert Davis</u>	
BASE D U	OWNER <u>Marcel Ampere</u>	
DET BR	ADDRESS <u>58 River St</u>	VTS

Occupants

Information

Occupancy

Facilities

Violations

	LOC.	RENT	FURN	WK	I	RMS	PER	ALL'D	LGHS	HEAT	BATH	FLSH	K	TK	P	W	CR	G	
1	<u>Robert Davis</u>																		
2.																			
3.																			
4.																			

	KITCHEN	BATH	TOILET	SMALL	BE'	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 85' x 7'	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
50 SLEEP'G	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
VENTILATION 1 1/2 x 1 1/2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
LIGHTING WIRING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
DET'N WALL'S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
CEILING'S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
WINDOWS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
DOORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
FLOOR'S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					

Remarks

- KITCHEN SINK & WATER**
- SINK
 - SUPPLY & WASTE
 - PLB'S GEN'L
- HEATING**
- STACKS, FLUES, VENTS
 - INT'RS VENTED, REP'N
- BATHING FACILITIES**
- SHARED MAX. 4DU
 - RMS U. 1 PER 10
 - MIN. 7' STOD HT.
 - VENT'LN
 - PROPER ACCESS
 - PLB'S
 - SANIT'N
- TOILET FACILITIES**
- SHARED MAX. 2 DU
 - RMS U. FLSH & LAV 1 PER 10
 - VENT'LN
 - PROPER ACCESS
 - PLB'S
 - SANIT'N
- INFESTATION**
- RATS RI O: E
 - OTHER (SPECIFY)
- EGRESS**
- DUAL YES NO
 - OBST'N

Portland Health Dept.

18-7

Inspector Robert Burt

PORTLAND RENEWAL AUTHORITY
SLUM-CLEARANCE and REDEVELOPMENT-AUTHORITY

PORTLAND, MAINE

June 4, 1962

To: Gordon Martin, Housing Supervisor
From: Howard U. Heller, ^{H.U.H.} Executive Director

Would you please have #33 Sheridan Street inspected and will you send us a report of its deficiencies. This property is owned by Mrs. Amoroso but is not currently owner-occupied. She believes that the best time to get in will be in the morning.