044-0-016

274-3732 Business No

November 22,1978

Ms. Barbara Gagne
42 State Street FO COX. 4135
Portland, MaineO4101

Dear Ms. Gagne Re: 42 State Street, Portland, Maine MDP 44-C-16

As owner or agent of the property located at 42 State Street, Portland, Maine, you are hereby notified that as the result of a recent inspection the vacant structure is hereby declared unfit for human occupancy.

The above mentioned structure is to be kept vacant so long as the following conditions continue to exist thereon:

a. The property is damaged, decayed, deteriorated, insanitary and unsafe in such a manner as to create a serious hazard to the health, safety and general welfare of the occupants or the public.

Therefore, you will not occupy, permit anyone to occupy, or rent the above mentioned without the written consent of the Health Officer or his agent, certifying that the conditions have been corrected.

You are also hereby ordered to make the above mentioned property safe and secure so that no danger to life or property or fire hazard shall exist thereon. This can be accomplished by boarding up doors and windows and other openings at all levels of the structure. You are ordered to do this on or before December 6, 1978, or we will have no choice but to refer this matter to the Corporation Counsel for legal action as the law allows.

Sincerely yours, Joseph E. Gray, Jr., Director Neighborhood Conservation

Inspector

H. Gough

Lyle D. Noyes,

Chief of Housing Inspections

June 15, 1978

Ms. Barbara Gagne
42 State Street Pot 413 S
Portland, Maine 04101 F 27 00

Dear Ms. Gagne

Re: 42 State Street, Portland, Maine NDP 44-C-16

As owner or agent of the above referred property, you were notified on Feb. 26, 1976, by Housing Inspector Robert Baileyto correct the certain substandard conditions in violation of Chapter 307 of the City of Portland Municipal Code "Minimum Standard for Housing". Several re-inspections have been made and we find that you have not complied with our request.

A final re-inspection was made on June 14, 1978 by Housing Inspector Gough and, as a result, you are hereby ordered to correct the violations listed below on or before July 15, 1978.

Failure to comply with this order may result in a complaint being filed for prosecution in District Court.

Sincerely yours, Joseph E. Gray, Jr., Director Neighborhood Conservation

Inspector

M. Gough

Lyle D. Noyes,

Chief of Housing Inspections

EXISTING VIOLATIONS OF CHAPTER 307 OF THE CITY OF PORTLAND MUNICIPAL CODE SECTION(S) 3e CHIMNEY - point up above roof line. 3e 2. THIRD FLOOR HALL CEILING - repair leak in skylite. THIRD FLOOR FRONT ATTIC WINDOW - replace broken sash. 3c 4. OVERALL - replace missing siding where necessary. 3a 5. LEFT REAR PORCH - ENTRANCE CANOPY- replace missing eave members. 3a 6. OVERALL FOUNDATION - point up where necessary. 3a OVERALL EXTERIOR WALL - remove peeling paint and make the exterior walls of the structure weathertigh & watertight by painting or any other suitable means.

PIM Durisport His

| REINSPECTION RECOMMENDATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                                   |                                           | LOCATION        | 1/2 0018                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------|-------------------------------------------|-----------------|--------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                   |                                           | PROJECT         | NDV-15-                        |  |
| INSPECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                                                   |                                           | OWNER           | 11/ 11/14/14/12 (A) 201 1000   |  |
| NOTICE OF HOUSING CONDITIONS<br>Issued Expired                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                   | HEARING NOTICE<br>Issued Exp              | red             | FINAL NOTICE<br>!ssued Expired |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | 3-30-72                                           |                                           | Ì               |                                |  |
| A reinspec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | tion      | was made of the                                   | above premises and 1 m                    | ecommend        | the following action:          |  |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                   | HAVE BEEN CORRECTED<br>TE OF COMPLIANCE'' |                 | "POSTING RELEASE"              |  |
| *****                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | SATISFACTORY Re                                   | habilitation in Progres                   | S               |                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | Time Extended T                                   | 0: 147-4 77-4                             |                 |                                |  |
| F-5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           | Time Extended T                                   |                                           |                 |                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | Time Extended T                                   | 0;                                        |                 |                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | UNSATISFACTORY<br>Send "HEARING N                 |                                           | " FINAL NOTICE" |                                |  |
| #H-4(continues of the continues of the c |           | "NOTICE TO VACA<br>POST Entire<br>POST Dwelling U |                                           |                 |                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | UNSATISFACTORY ''LEGAL ACTION''                   | Progress<br>To Be Taken                   |                 |                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | INSPECTOR'S REM                                   | ARKS: PLS                                 |                 |                                |  |
| -31-82                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 71        | 35/FQ 7                                           | (19115 - 1 Sec. 125                       |                 |                                |  |
| 12/89                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | AMA<br>Am | 1 PUS                                             | leelyij such mon                          | th              |                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                   |                                           |                 |                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                   |                                           |                 |                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | INSTRUCTIONS TO INSPECTOR:                        |                                           |                 |                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                   |                                           |                 |                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                   |                                           |                 |                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                   |                                           |                 |                                |  |