

204 Park Avenue



March 14, 1978 ✓

Ernest H. Glendenning  
204 Park Avenue  
Portland, Maine 04102

Dear Mr. Glendenning:      Re: 204 Park Avenue, Portland, Maine NCP-West End  
53-B-7

The Housing Inspections Division of the Department of Neighborhood Conservation has recently completed an exterior inspection of your property in conjunction with the above referred program.

Congratulations are extended to you for the general conditions of your property which was found to meet the standards established by the City's Housing Code.

Good maintenance is the best way to protect the value of your property and neighborhood.

Please feel free to call on us if we can be of assistance to you.

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

By Lyle D. Noyes  
Lyle D. Noyes,  
Chief of Housing Inspections

Inspector: H. Leary

VW

City of Portland

NEIGHBORHOOD CONSERVATION  
Check Off Sheet  
STRUCTURE INSPECTION SCHEDULE

Housing Inspection Division

Insp. Name M. Leahy

Standard First Inspection

2) Insp. Date	3) Insp. Type	4) Proj. Code	5) Assr's Chart	6) Bl.	7) Lot	8) Census Tract	9) Blk.	10) Insp.	11) Form No.
<u>3/10/78</u>	<u>NCP</u>	<u>Wh. End</u>						<u>12</u>	
12) Hous. No.	13) Sec. H. No.	14) Suff.	15) District	16) Street Name				17) St. Design.	
<u>204</u>				<u>Park</u>				<u>Avenue</u>	
18) Owner or Agent:								19) Status	20) Bldg's Rat.
								<u>00</u>	<u>/</u>
21) Address:								Zip Code	
22) City and State: <u>Portland</u>									

23) D. Units	24) Occ. D.U.'s	25) Rm. Units	26) Occ. R.U.s	27) No. Occupants	28) Com'l U.	29) Bldg. Type	30) Stories	31) Const. Mat.	32) O.E.'s
							<u>1 1/2</u>	<u>Wood</u>	<u>No</u>
33) C.H.	34) Pho.	35) Zoned For	36) Actual Land Use	37) D.D.	38) Lks. Ad. Bth. Fac.		39) Disp.	40) Closing Date	

EXTERIOR - Structure		Cd. Viol.	INTERIOR - Structure		Cd. Viol.
Foundation	EX/FO ✓	3a	Light	LI	8
Walls	EX/WA ✓	3a	Elec. Wiring	EW	8e
Roof	RO ✓	3a	Floors	FL	3b
Porch	PO ✓	3d	Walls	IN/WA	3b
Stairs	EX/SR ✓	3d	Ceilings	CE	3b
Steps	SP ✓	3d	Windows	IN/WI	3c
Doors	DO ✓	3c	Airshafts	AS	3c
Windows	EX/WI ✓	3c	Roof Rafters	ROR	3a
Eaves	EA ✓	3a	Sanitation	SAN	4a
Trim	TR ✓	3a	Stairways	IN/SRW	3d
Chimney	EX/CH ✓	3e	Stair Treads	SRT	3d
Gutters	GU ✓	3a	Wastelines	WSL	6d
Roof Drains	RD ✓	3a	Supply Lines	SUI	6c
Bulkhead	BU ✓	3d	Stacks	ST	3e
Outbuildings	GR - SH ✓	4e	Flues	FU	3e
Yard	YA ✓		Vents	VE	3e
Garbage	GA ✓	4d	Chimney	IN/Ch	3e
Rubbish	RU ✓	4d	Heating Equip. Furnace - FU	Spaceheater - SPH	9c
Containers	CO ✓	4d	Bsmt. Sanitation Litter - LI	Debris - DE	4b
Drainage	DR ✓	3a	Dampness - DM		3a
Infestation	IN-CR-FL ✓	4e	Lighting	BS/LI	8c
Rats	RA ✓	4e	Elec. Panel	EL/PA	9e
Other		4e	Stairs	BS/SR	3d
Fire Escape	FE	10	Foundation	IN/FO	3a
Dual Egress	DE	10	Floor Joists	FL/JO	3a
Driveways	DW		Carrying Timbers	CA/TI	3a
Walks	WA		Sills	SI	3a
Fences	FN		Bsmt. D.U. Conforms	EDU	5f

Remarks on reverse side



CITY OF PORTLAND, MAINE  
HEALTH DEPARTMENT  
(207) 774-8221



ARTHUR A. HUGHSON, C.P.H., M.P.H.  
HEALTH OFFICER

October 2, 1970

Mr. Ernest Glendenning  
204 Park Avenue  
Portland, Maine 04102

Re: 204 Park Avenue

Dear Mr. Glendenning:

An inspection of the premises noted above was made on September 28,  
19 70, by Housing Inspector Curran, of the Health Department.

This is to certify that the above named premises, being a single  
family dwelling, meets the minimum standards for housing conditions as  
set forth in Chapter 307 of the Municipal Codes of the City of Portland.

Thank you for your efforts in helping us maintain decent, safe,  
and sanitary housing for all Portland residents.

Sincerely,

A handwritten signature in cursive script that reads "Lyle D. Noyes".

Lyle D. Noyes  
Chief of Housing Inspections

LDN:clb

Inspector

A handwritten signature in cursive script that reads "Wm. J. Curran".

Photos  yes  no  
 Date 1/21/77  
 Proj. No.  C.I.  Ass't.  Zone  Zone Viol   
 Stories  UFM  ANDD  SAH  ASA  NA  SS  ST  P  
 Cov. Units 1 Hmg Units 1 Ind. Units 1

EDUCATION	COMP
PAPER AGENT	PENC
UNID AGENT	
UNID AGENT	
UNID AGENT	
UNID AGENT	

Occupants	Information				Occupancy				Facilities				Violations						
	LOC	RENT	FURN.	NO. I	NWS	PER	ALLD	LORE	HEAT	BATH	FLSH	K	SA	H.W.	CA'G				
1.																			
2.																			
3.																			
4.																			
5.																			
6.																			
7.																			
8.																			

**STRUCTURE SCHEDULE**

STRUCTURE RATING

<p><b>YARD</b></p> <p><input checked="" type="checkbox"/> GARBAGE &amp; RUBISH</p> <p><input checked="" type="checkbox"/> CONTAINERS COMPLY</p> <p><input checked="" type="checkbox"/> DRAINAGE</p> <p><input checked="" type="checkbox"/> ZONE VIOL.</p> <p><b>STRUCTURE EXTERIOR</b></p> <p><input checked="" type="checkbox"/> STEPS, STAIRS, PORCHES</p> <p><input checked="" type="checkbox"/> FOUNDATION</p> <p><input checked="" type="checkbox"/> WALLS</p> <p><input checked="" type="checkbox"/> WINDOWS, DOORS</p> <p><input checked="" type="checkbox"/> ROOF, CHAINS</p> <p><input checked="" type="checkbox"/> OUT BUILDINGS</p> <p><b>INFESTATION</b></p> <p><input checked="" type="checkbox"/> RATS <input type="checkbox"/> R. <input type="checkbox"/> O. <input type="checkbox"/> I.</p> <p><input checked="" type="checkbox"/> OTHER (SPECIFY)</p> <p><b>EGRESS</b></p> <p><input checked="" type="checkbox"/> DUAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input checked="" type="checkbox"/> OBST'N</p>	<p><b>STRUCTURE INTERIOR</b></p> <p><input checked="" type="checkbox"/> WALL OBST'N</p> <p><input checked="" type="checkbox"/> WALL LIGHTING</p> <p><input checked="" type="checkbox"/> WALL, FLOOR WALLS CEILING</p> <p><input checked="" type="checkbox"/> STAIRWAYS</p> <p><input checked="" type="checkbox"/> WINDOWS AIRWAY</p> <p><input checked="" type="checkbox"/> ELECT. WIRING</p> <p>HEATING CENTRAL YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> STACKS FLUES VENTS</p> <p><input checked="" type="checkbox"/> CHIMNEY</p> <p><input checked="" type="checkbox"/> EQUIPMENT, PIPING</p> <p><b>PLUMBING</b></p> <p><input checked="" type="checkbox"/> SUPPLY LINE</p> <p><input checked="" type="checkbox"/> WASTE LINE</p> <p><b>BASEMENT</b></p> <p><input checked="" type="checkbox"/> GEN. SANIT.</p> <p><input checked="" type="checkbox"/> DAMPRESS P. 0</p> <p><input checked="" type="checkbox"/> STAIRS</p> <p><input checked="" type="checkbox"/> LIGHTING</p> <p><b>BASE DNL. UNIT</b></p> <p><input checked="" type="checkbox"/> MIN 7' - 3'</p> <p><input checked="" type="checkbox"/> DAMPRESS <input type="checkbox"/> R. <input type="checkbox"/> O.</p> <p><input checked="" type="checkbox"/> WINDOW 1/12 X 8"</p> <p><input checked="" type="checkbox"/> DUAL EGRESS <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>PROHIBITED COMB'N USE</b></p> <p><input checked="" type="checkbox"/> ASSOC USE HAZARD</p> <p><input checked="" type="checkbox"/> HAZARDOUS VENTS</p>
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Remarks \_\_\_\_\_

Portland Health Dept.

CS-8

Inspector

Idn:69

DWELLING UNIT

Location \_\_\_\_\_ Inspector \_\_\_\_\_ Date \_\_\_\_\_  
D.U. Location \_\_\_\_\_ Project Name/No. \_\_\_\_\_ Photos Yes \_\_\_\_\_ No \_\_\_\_\_  
Occupant \_\_\_\_\_ Allowed \_\_\_\_\_

Rent	Furn.	wkly. Inc.	Rooms	Bath	Flush	Lavatory	Hot Water	Cooking	Dual Egress	Heat
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**KITCHEN**  
 Plaster - loose, cracked, missing - Ceiling/Walls  
 Windows - loose, broken glass, putty  
 Sash Cords - broken, missing, worn  
 Floor - boards/flooring - loose, worn, damaged  
 Doors - knobs - loose, missing - Panels/Frames dam.  
 Counter Top - loose, cracked, damaged  
 Sink - worn, chipped, cracked, caulking  
 Range - improper stack, flue, vent  
 Plumbing (a)  
 Electrical (a)  
 Sanitation (a)

**BATHROOM**  
 Plaster - loose, cracked, missing - Ceiling/Walls  
 Window - loose, broken glass, putty  
 Sash Cords - broken, missing, worn  
 Floor - boards/flooring - loose, worn, damaged, buckled  
 Door - knobs - loose, missing - Panels/Frames damaged  
 Toilet - Tank - broken, loose, leaks - Seat, loose, cracked  
 Lavatory - worn, chipped, cracked, caulking trap leaks  
 Bathtub/Shower - worn, leaks, cross con., caulking  
 Ventilation - Yes \_\_\_\_\_ No \_\_\_\_\_  
 Plumbing (b)  
 Electrical (b)  
 Sanitation (b)

**LIVING ROOM**  
 Plaster - loose, cracked, missing - Ceiling/Walls  
 Windows - loose, broken, putty  
 Sash Cords - broken, missing, worn  
 Floor - boards/flooring - loose, worn, damaged  
 Doors - knobs - loose, missing - Panels/Frame dam.  
 Electrical (c)  
 Sanitation (c)

**DINING ROOM**  
 Plaster - loose, cracked, missing - Ceiling/Walls  
 Windows - loose, broken, putty  
 Sash Cords - broken, missing, worn  
 Floor - boards/flooring - loose, worn, damaged  
 Doors - knobs - loose, missing - Panels/Frame damaged  
 Electrical (d)  
 Sanitation (d)

**Bed Rooms and/or Other Rooms**

Rent	Furn.	wkly. Inc.	Rooms	Bath	Flush	Lavatory	Hot Water	Cooking	Dual Egress	Heat

Plaster - loose, cracked, missing - Ceiling/Walls  
 Windows - loose, broken, putty  
 Sash Cords - broken, missing, worn  
 Floors - boards/flooring - loose, worn, damaged  
 Doors - knobs - loose, missing - Panels/Frame damaged  
 Electrical (e)  
 Sanitation (e)

Plumbing	Electrical	Sanitation - Vermin O R

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_