19-21 CRESCENT STREET

INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ Show to whom, date, and address where delivered ☐ Deliver ONLY to addressee

(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO. 30197

CERTIFIED NO.

INSURED NO.

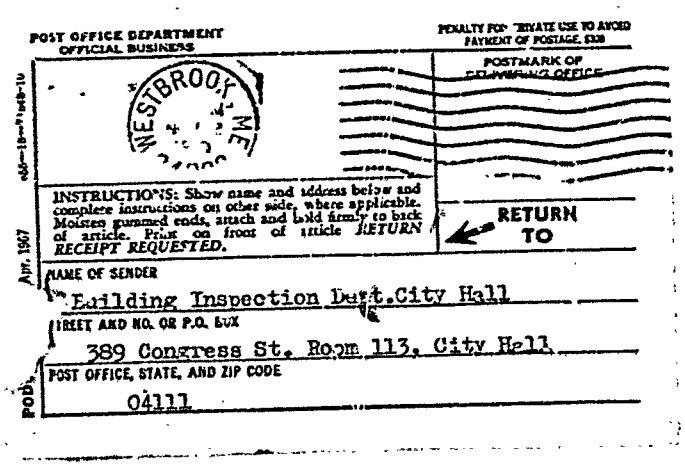
DATE DELIVERED 11-12-70

1 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in) Walter Lowell

2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY Mark Lowell

3 SHOW WHERE DELIVERED (only if requested)

GPO


POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300

WESTBROOK ME

POSTMARK OF DELIVERING OFFICE

INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article *RETURN RECEIPT REQUESTED.*

RETURN TO

NAME OF SENDER

Building Inspection Dept.City Hall

STREET AND NO. OR P.O. BOX

389 Congress St. Room 113, City Hall

POST OFFICE, STATE, AND ZIP CODE

04111

POD

Apr. 1967

REGISTERED NO. 38197

Fee $ 1.10	Special Delivery $
Fee $ .50	Return Receipt $ .15
Handling Charge $	Restricted Delivery $
Postage $ .6	☐ AIRMAIL
POSTMASTER (By)	

POSTMARK OF

MAILING OFFICE

FROM City Portland
Room 113

TO Mr Clifton E. Farwell
113 Deerhill Circle
Westbrook Maine

CITY OF PORTLAND, MAINE
DEPARTMENT OF BUILDING INSPECTION
COMPLAINT

Location: 19 Crescent Street

INSPECTION COPY

COMPLAINT NO. 70/95 Date Received November 3, 1970

Location 19 Crescent Street Use of Building

Owner's name and address Walter E. Lowell, ~~19 Crescent St.~~ 113 Deerhill Circle Westbrook Telephone 854-2334.

Tenant's name and address ____ Telephone ____

Complainant's name and address Office (Cartwright) Telephone ____

Description: Fire escape rear of building is dangerous

NOTES: 11/3/70 [illegible] is very bad
[illegible] repaired immediately.
[illegible]
[illegible]
[illegible]
[illegible]
(Note) Tenants said owner lives in Westbrook.
11-4-70 Talked @ tenants got the owners [illegible] address

Letter 11-1[illegible] FU 11-16-70

11/19/70 Talked with Mr Lowell this (am), said he has made some repair but he are going any further he wants to get estimates on iron ones to replace the wood structure that is so bad.
Told him we will continue to inspect weekly until repairs or replacement is completed.

12/15/70 Repaired; OK — [illegible]

X X X X

[illegible] [illegible] 79-5?20 –
[illegible]

113 – Deerhill Circle –
Westbrook.

Our inspection reveals the [illegible] of [illegible] is in a very delapidated dangerous condition.
[illegible] on the 3rd. fl. level flooring was [illegible].
It is necessary that you take immediate action to complete [illegible] and make secure [illegible] structure, that it will not [illegible] when used:
You are expected to [illegible] make the repairs [illegible] next 7 days that further action by [illegible] will not [illegible] necessary.
[illegible] inspection will be made Nov 12, and continued until the repairs are completed.

cc: to Fire Dept
" File;
" Hugh;

– Hugh [illegible]

reg.mail
ret.rec.req.

19 Crescent Street

Nov. 10, 1970

Walter E. Lowell
113 Deerhill Circle
Westbrook, Maine

Re:wooden fire escape on rear of dwelling
very dangerous

cc to: Fire Department

Dear Mr. Lowell:

It has been reported to this office by our inspector that the wooden fire escape on the rear of the above named location is in a very dilapidated and dangerous condition. It was noted on the inspection that the third floor level flooring is missing.

It is necessary that you take immediate action to completely repair and make secure this structure. You are expected to take immediate action within the next seven days so that further action by this department will not be necessary. Another inspection will be made November 16th and the inspections will be continued until the repairs are completed.

Very truly yours,

Hugh Irving
Building Inspection Department

HI:m

PERMIT TO INSTALL PLUMBING

PERMIT NUMBER 4547

Address 19 Crescent

Installation For single fam

Owner of Bldg Walter L. Lovell

Owner's Address Westbrook

Date 4/29/76

Plumber Dave Lundgren

Date Issued 4/29/76

Portland Plumbing Inspector

By ARNOLD R GOODWIN

App. First Insp.

Date

By

App. Final Insp.

Date

By

APR 30 1976

BUILDING INSPECTION CHIEF PLUMBING INSP.

DEPT.	FEE		NO.	FEE
		SINKS		
		LAVATORIES		
		TOILETS		
		BATH TUBS		
		SHOWERS		
		DRAINS FLOOR SURFACE		
	1	HOT WATER TANKS		2.00
		TANKLESS WATER HEATERS		
		GARBAGE DISPOSALS		
		SEPTIC TANKS		
		HOUSE SEWERS		
		ROOF LEADERS		
		AUTOMATIC WASHERS		
		DISHWASHERS		
		OTHER		
		Base Fee		3.00
		TOTAL		5.00

Type of Bldg.

- ☐ Commercial
- ☐ Residential
- ☐ Single
- ☐ Multi Family
- ☐ New Construction
- ☐ Remodeling

Building and Inspection Services Dept.: Plumbing Inspection

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date feb. 2 19 78

Receipt and Permit number A10370

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: 19 Crescent St.

OWNER'S NAME: Walter Lowell ADDRESS: 113 Deer Hill Rd. Westbrook

			FEES
OUTLETS: (number of)			
Lights			
Receptacles			
Switches			
Plugmold		(number of feet) ✓	
TOTAL	150		14.00
FIXTURES: (number of)			
Incandescent			
Fluorescent		(Do not include strip fluorescent)	
TOTAL			
Strip Fluorescent, in feet			
SERVICES:			
Permanent, total amperes	400	✓	6.00
Temporary			
METERS: (number of)	7		3.50
MOTORS: (number of)			
Fractional			
1 HP or over			
RESIDENTIAL HEATING:			
Oil or Gas (number or units)		✓	24.00
Electric (number of rooms)	24		
COMMERCIAL OR INDUSTRIAL HEATING			
Oil or Gas (by a main boiler)			
Oil or Gas (by separate units)			
Electric (total number of 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		
Signs		
Fire/Burglar Alarms		
Circus, Fairs, etc.		
Alterations to wires		
Repairs after fire		
Heavy Duty, 220v outlets		
Emergency Lights, battery		
Emergency Generators		
INSTALLATION FEE DUE:		47.50
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:		
FOR REMOVAL OF A "STOP ORDER" (304-16.b)		
FOR PERFORMING WORK WITHOUT A PERMIT (304-9)		
TOTAL AMOUNT DUE:		47.50

INSPECTION:

Will be ready on _____, 19 ; or Will Call x

Taken over by Ogeo Elec

CONTRACTOR'S NAME: L & M Electric

ADDRESS: 12 Clifton St.

TEL.: 8 774-4137

MASTER LICENSE NO.: 426

LIMITED LICENSE NO.: _____

SIGNATURE OF CONTRACTOR: [signature]

INSPECTOR'S COPY

ELECTRICAL INSTALLATIONS —

Permit Number 16370

Location 19 Crescent St.

Owner Walter Lovell

Date of Permit 2-2-78

Final Inspection 8-4-78

By Inspector Libby

Permit Application Register Page No. 128

INSPECTIONS: Service — by Libby

Service called in 7-7-78

Closing-in ______ by ______

PROGRESS INSPECTIONS: 6-1-78 / ______ / ______

7-11-78 / ______ / ______

8-4-78 / ______ / ______

CODE COMPLIANCE COMPLETED DATE 8-4-78

DATE:	REMARKS:
7-7-78	gr too small — change to "6" copper

A) APARTMENT HOUSE ZONE
CITY OF PORTLAND, MAINE
DEPARTMENT OF BUILDING INSPECTION

A-I

COMPLAINT

Location: 19 Crescent St.

INSPECTION COPY

COMPLAINT NO. 54/67 Date Received 9/7/54

Location 19 Crescent St. Use of Building

Owner's name and address Mrs. Lilliotta D. Kirschbaum, 19 Crescent St Telephone

Tenant's name and address Telephone

Complainant's name and address See attached letter Telephone

Description: Dangerous retaining wall

NOTES: 9/15/54 - Told Mr. Bernstein that we are unable to establish that the wall is dangerous, and even if it were this was not St. - HWS

26 [illegible]
[illegible]
[illegible]
5' [illegible]
[illegible]
[illegible]
Opp 15' [illegible]

[illegible]
[illegible]
House 60' deep
Lot 57½' deep.

ISRAEL BERNSTEIN
LOUIS BERNSTEIN
SUMNER T. BERNSTEIN

BERNSTEIN AND BERNSTEIN
ATTORNEYS AND COUNSELORS AT LAW
119 EXCHANGE STREET
PORTLAND 3, MAINE

September 4, 1954

Mr. Warren McDonald
City Building Inspector
City Hall
Portland, Maine

Dear Warren:

I represent Miss Ida Fireman who owns the property at 856 Congress Street. This property is adjoined on the rear by the property of Mrs. Lilliotta D. Kirschbaum at 19 Crescent Street. As you know, there is quite a hill there and there is a constant problem of falling rocks and other materials from the Kirschbaum property onto the Fireman property. Miss Fireman is in the midst of trying to improve her property, but it is under constant danger from a weak retaining wall on the Kirschbaum property. Is there anything that can be done in your office to relieve this dangerous situation and to require Mrs. Kirschbaum to make her put her wall into satisfactory condition? I would appreciate your cooperation in this matter.

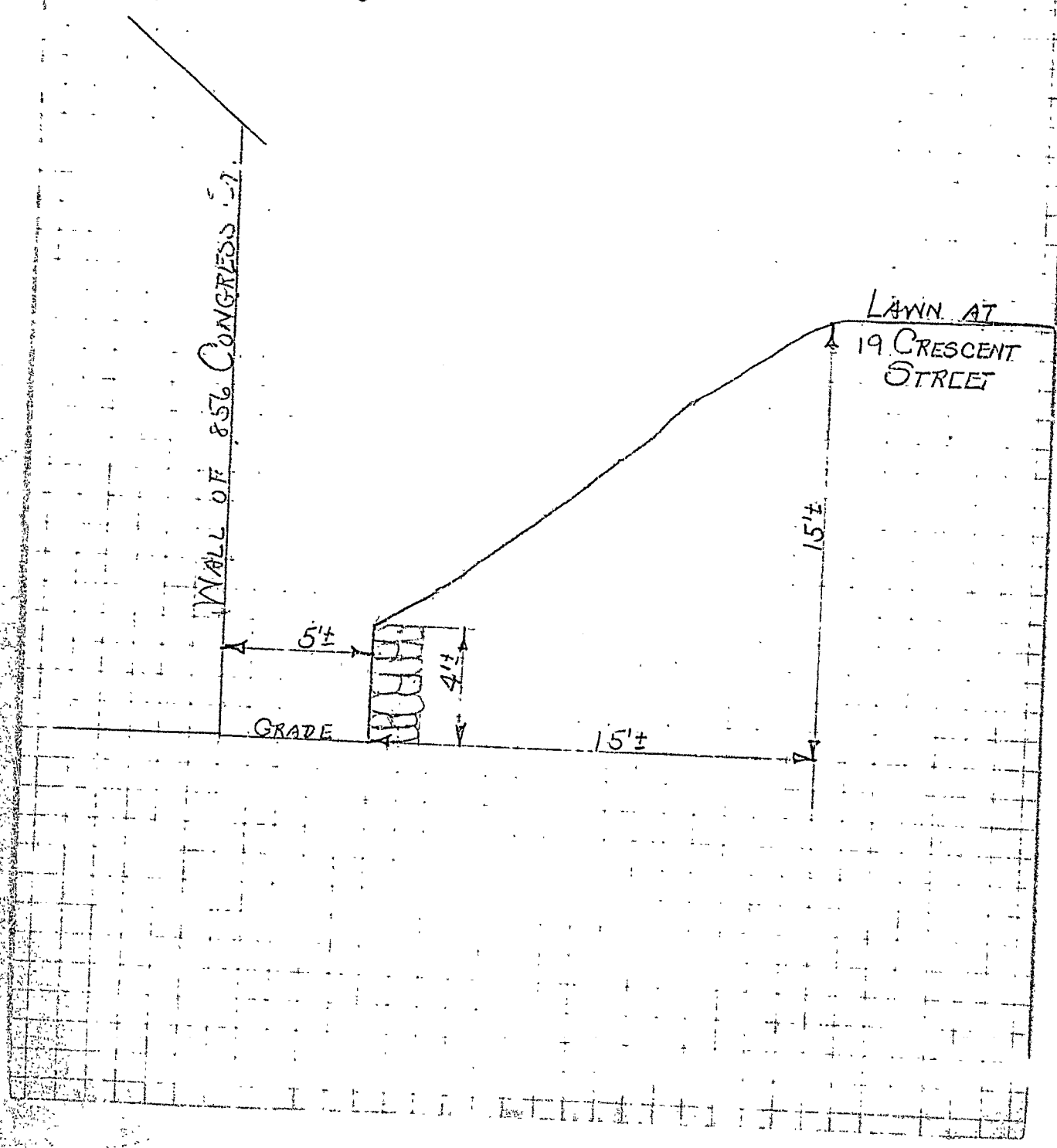
Very truly yours,

BERNSTEIN AND BERNSTEIN

By

STB:au

Front wall of House at 856 Congress Street is abt. 10' back from street line
Depth of house is 40' and lot depth is 57'± according to Assessor's records.



BP 48/677-I

May 1., 19[illegible]

The Protectowire Company
Hanover, Massachusetts

Gentlemen:

As agreed with your Mr. Osborne, this letter is to inform you that we received notification today that the Protectowire automatic fire detection and alarm system installed at 19 Crescent Street for Mrs. G. B. Joyce by Milliken Bros., Inc. has been completed and was ready for inspection.

Very truly yours,

Inspector of Buildings

RMT/S

(A) APARTMENT HOUSE ZONE

APPLICATION FOR PERMIT

PERMIT ISSUED
00677
MAY 6 1948
CITY of PORTLAND

Class of Building or Type of Structure Third Class (Installation)

Portland, Maine, May 5, 1948

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for a permit to ~~erect alter repair demolish~~ install the following building structure equipment in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Location 19 Crescent Street - Within Fire Limits? Yes Dist. No. 3

Owner's name and address Mrs. G. B. Joyce, 19 Crescent Street Telephone

Lessee's name and address Telephone

Contractor's name and address Milliken Bros., Inc., 19 Cray Road Telephone 4-2787

Architect Specifications Plans No of sheets

Proposed use of building Tenement House No. families 5

Last use " " No. families

Material Frame No. stories 3 Heat Style of roof Roofing

Other buildings on same lot

Estimated cost $ Fee $ 1.00

Memo Sent to Fire Chief

General Description of New Work

To install automatic fire alarm using Protectowire lines of fire-detecting wire (made by The Protectowire Co.) not more than 15' apart nor more than 7'6" from any wall or partition extending to ceiling; to cover entire basement or cellar and sub-cellar, if any, all public and stair halls, all closets off halls or under stairs, all hazardous rooms and attached garage, if any; gongs of such tone, strength of signal, number and location as to arouse all persons for whose protection intended--current by dry batteries of capacity to ring all gongs simultaneously at full signal strength, to operate system for at least one year, installed in substantial cabinet of no less than 14 gauge steel or well-seasoned wood at least 3/4" thick with hinged door and catch and located not less than 6" nor more than 6' above floor in dry, clean place where temperature will not go below 40 degrees F. nor above 100 degrees--test button rigidly fastened in place, conveniently located to permit and capable of testing entire system frequently. Alarm silencing switch, if provided, will be so arranged that alarm will sound if switch is thrown to "silent" position when alarm is not sounding. Installer will fasten to control box full instructions as to operation and testing of system and where and how to secure servicing if system gets out of order.

It is understood that this permit does not include installation of heating apparatus which is to be taken out separately by and in the name of the heating contractor. Permit to be issued to Milliken Bros., Inc.

CERTIFICATE OF OCCUPANCY REQUIREMENT IS WAIVED

Details of New Work

Is any plumbing involved in this work? Is any electrical work involved in this work?

Height average grade to top of plate Height average grade to highest point of roof

Size, front depth No. stories solid or filled land? earth or rock?

Material of foundation Thickness, top bottom cellar

Material of underpinning Height Thickness

Kind of roof Rise per foot Roof covering

No. of chimneys Material of chimneys of lining Kind of heat fuel

Framing lumber—Kind Dressed or full size?

Corner posts Sills Girt or ledger board? Size

Girders Size Columns under girders Size Max. on centers

Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.

Joists and rafters: 1st floor, 2nd, 3rd, roof

On centers: 1st floor, 2nd, 3rd, roof

Maximum span: 1st floor, 2nd, 3rd, roof

If one story building with masonry walls, thickness of walls? height?

If a Garage

No. cars now accommodated on same lot, to be accommodated number commercial cars to be accommodated

Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVED:

Miscellaneous

Will work require disturbing of any tree on a public street? No

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? Yes

Mrs. G B. Joyce
Milliken Bros., Inc.

INSPECTION COPY

Signature of owner By: W. L. Milliken

Permit No. 48/677

Location 19 Crescent St

Owner Mrs G. B. Joyce

Date of permit 5/6/48

Notif. closing-in

Inspn. closing-in

Final Notif.

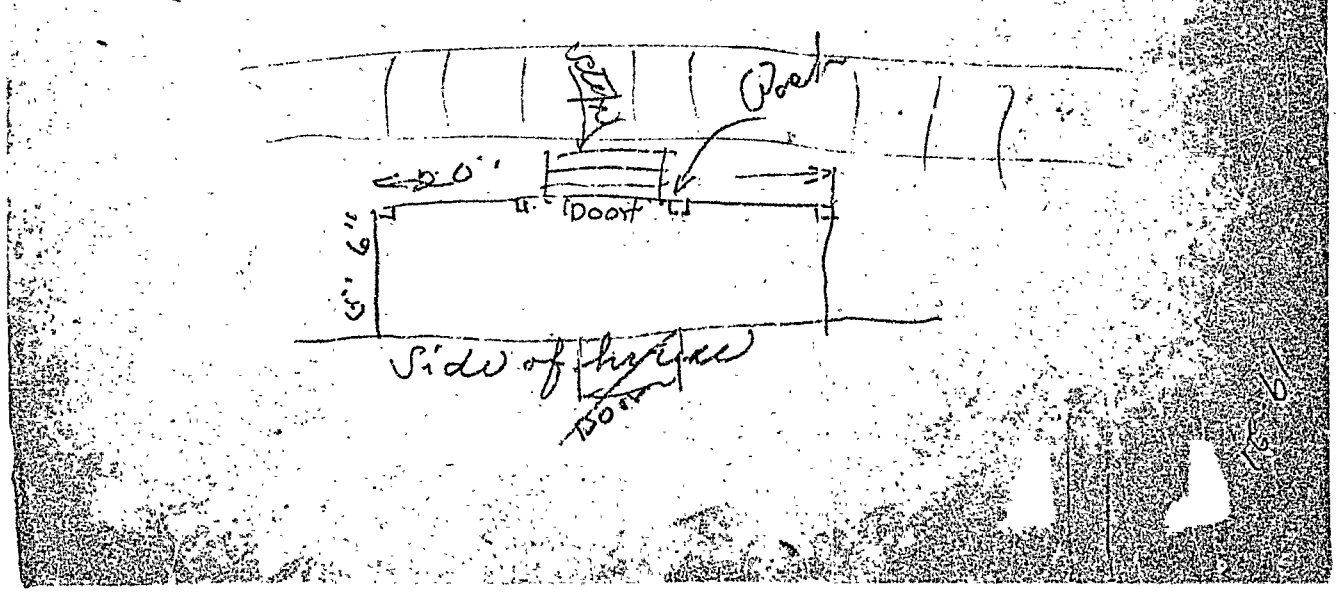
Final Inspn. 5-12-48 RMT

Cert. of Occupancy issued

NOTES

5/12/48 Small closet above a large closet in hall way not plastered. Mr. [illegible] and I looked this unplastered area over and decided it should be plastered. He will cover this at once. RMT

Cost $30.00



(A) APARTMENT HOUSE ZONE

PERMIT ISSUED

Permit No. 1252

AUG 5 1931

APPLICATION FOR PERMIT

Class of Building or Type of Structure Third Class

Portland, Maine, August 5, 1931

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to ~~erect~~ alter ~~install~~ the following building ~~structure equipment~~ in accordance with the Laws of the State of Maine, the Building Code of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Location 19 Crescent Street Ward 7 Within Fire Limits? yes Dist. No. 5

Owner's ~~or Lessee's~~ name and address Gardner B. Joyce, 19 Crescent St. Telephone 7 1256 M

Contractor's name and address Owner Telephone

Architect's name and address

Proposed use of building tenement house No. families ~~to~~ 5

Other buildings on same lot

Plans filed as part of this application? yes No. of sheets 1

Estimated cost $ ~~to~~ 30.00 Fee $ .50

Description of Present Building to be Altered

Material wood No. stories 2½ Heat Style of roof Roofing

Last use tenement house No. families

General Description of New Work

To glass in one story front piazza

(Piazza existing with roof over same prior to Dec. 6, 1928)

CERTIFICATE OF OCCUPANCY REQUIREMENT IS WAIVED.

NOTIFICATION BEFORE LATHING OR CLOSING-IN IS WAIVED.

It is understood that this permit does not include installation of heating apparatus which is to be taken out separately by and in the name of the heating contractor.

Details of New Work

Size, front depth No. stories Height average grade to top of plate

To be erected on solid or filled land? earth or rock? Height average grade to highest point of roof

Material of foundation Thickness,, top bottom

Material of underpinning Height Thickness

Kind of Roof Rise per foot Roof covering

No. of chimneys Material of chimneys of lining

Kind of heat Type of fuel Is gas fitting involved?

Corner posts Sills Girt or ledger board? Size

Material columns under girders Size Max. on centers

Studs (outside walls and carrying partitions) 2x4-16" O. C. Girders 6x8 or larger. Bridging in every floor and flat roof span over 8 feet. Sills and corner posts all one piece in cross section.

Joists and rafters: 1st floor, 2nd, 3rd, roof

On centers: 1st floor, 2nd, 3rd, roof

Maximum span: 1st floor, 2nd, 3rd, roof

If one story building with masonry walls, thickness of walls? height?

If a Garage

No. cars now accommodated on same lot, to be accommodated

Total number commercial cars to be accommodated

Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

Miscellaneous

Will above work require removal or disturbing of any shade tree on a public street? no

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

INSPECTION COPY

Signature of owner Harriet M. Joyce

55 39A

Ward 7 Permi: No. 31/1452

Location 19 Crescent St.

Owner Gardner B. Joyce

Date of permit 8/5/31.

Notif. closing-in

Insp. closing-in

Final Notif.

Final Inspn. 8/5/31

Cert. of Occupancy issued: None

NOTES

8/5/31 - P.I.F. A.J.S.

Location, Ownership and detail must be correct, complete and legible.
Separate application required for every building.
Plans must be filed with this application.

Application for Permit for Alterations, etc.

To the *Portland,* October 26, 1923 *192*

INSPECTOR OF BUILDINGS:

The undersigned applies for a permit to alter the following described building:—

Location 19 Crescent Street Ward 7 in fire-limits? no

Name of Owner or Lessee Gardner Joyce Address 19 Crescent Street

" " Contractor J H Kennedy " 20 Runnels Street

" " Architect " "

Description of Present Bldg.

Material of Building is wood Style of Roof pitch Material of Roofing asphalt

Size of Building is 40ft feet long; 26ft feet wide. No. of Stories 2

Cellar Wall is constructed of stone is inches wide on bottom and batters to inches on top.

Underpinning is brick is inches thick; is feet in height.

Height of Building 28ft Wall, if Brick; 1st 2d 3d 4th 5th

What was Building last used for? dwelling No. of families? 2

What will Building now be used for? tenement (4 families

Detail of Proposed Work

Build dormer window on roof, build two story piazza 6x12feet-with change partitions, there will be two continuous stairways, there will be 3 feet of land in the rear and 8 feet of land on one side unobstructed or unoccupied

ther all to comply with the building ordinance

Estimated Cost $1,000.

If Extended On Any Side

Size of Extension, No. of feet long?; No. of feet wide?; No. of feet high above sidewalk?

No. of Stories high?; Style of Roof?; Material of Roofing?

Of what material will the Extension be built? Foundation?

If of Brick, what will be the thickness of External Walls? inches; and Party Walls inches.

How will the extension be occupied? How connected with Main Building?

When Moved, Raised or Built Upon

No. of Stories in height when Moved, Raised, or Built upon? Proposed Foundations

No. of feet high from level of ground to highest part of Roof to be?

How many feet will the External Walls be increased in height? Party Walls

If Any Portion of the External or Party Walls Are Removed

Will an opening be made in the Party or External Walls? in Story.

Size of the opening? How protected?

How will the remaining portion of the wall be supported?

Signature of Owner or Authorized Representative J H Kennedy

Address 20 Runnels St

75

PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK

OCT 27 1923

INSPECTED

PERMIT # 000465 CITY OF Portland BUILDING PERMIT APPLICATION MAP #_____ LOT# _____

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

Owner: [illegible]

Address: Joel & Christine Burrill 12 high Str Newport ME 04953

LOCATION OF CONSTRUCTION 19 Crescent Street

CONTRACTOR: Martin Tetu SUBCONTRACTORS: _____

ADDRESS: c/o h 54 Moody Str Brunswick ME 04011 737-2719or 7290344

Est. Construction Cost: 1,000 Type of Use: Multi-family (6 units)

Past Use: _____

Building Dimensions L___ W___ Sq Ft___ # Stories:___ Lot Size:___

Is Proposed Use:_____ Seasonal_____ Condominium_____ Apartment

___ Conversion - Explain Modification of existing fire escape.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
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 May 3, 1988
Inside Fire Limits_____
Bldg Code_____
Time Limit_____
Estimated Cost 1,000
Value/Structure_____
Fee 25

Subdivision: Yes / No
Name_____
Lot_____
Block_____
Permit Expiration:_____
Ownership: _____ Public
_____ Private

PERMIT ISSUED
MAY 9 1988
City Of Portland

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 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 R-6 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 O.K. w/letter Mary 3, 1988

Permit Received By Lynne Benoit

Signature of Applicant [signature] Date 5/3/88

~~Signature of CEO~~ FPB [signature] Date 5/5/88

Inspection Dates _____

White-Tax Assesor Yellow-GPCOG White Tag -CE[illegible]

5 MR Leary

PLOT PLAN

N ↑

FEES (Breakdown From Front)

Base Fee $________
Subdivision Fee $________
Site Plan Review Fee $________
Other Fees $________
(Explain)________
Late Fee $________

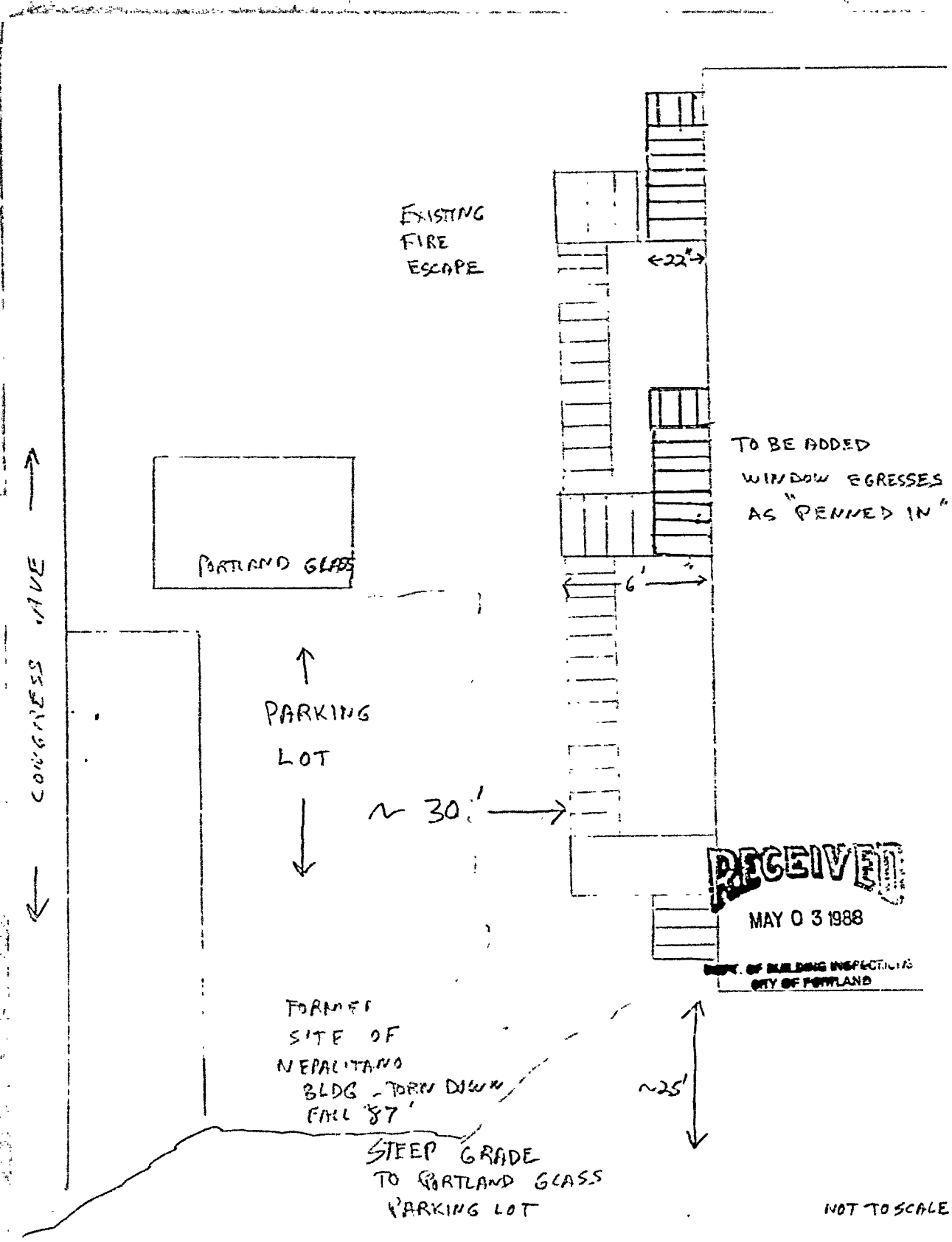
Inspection Record

Type	Date
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

COMMENTS

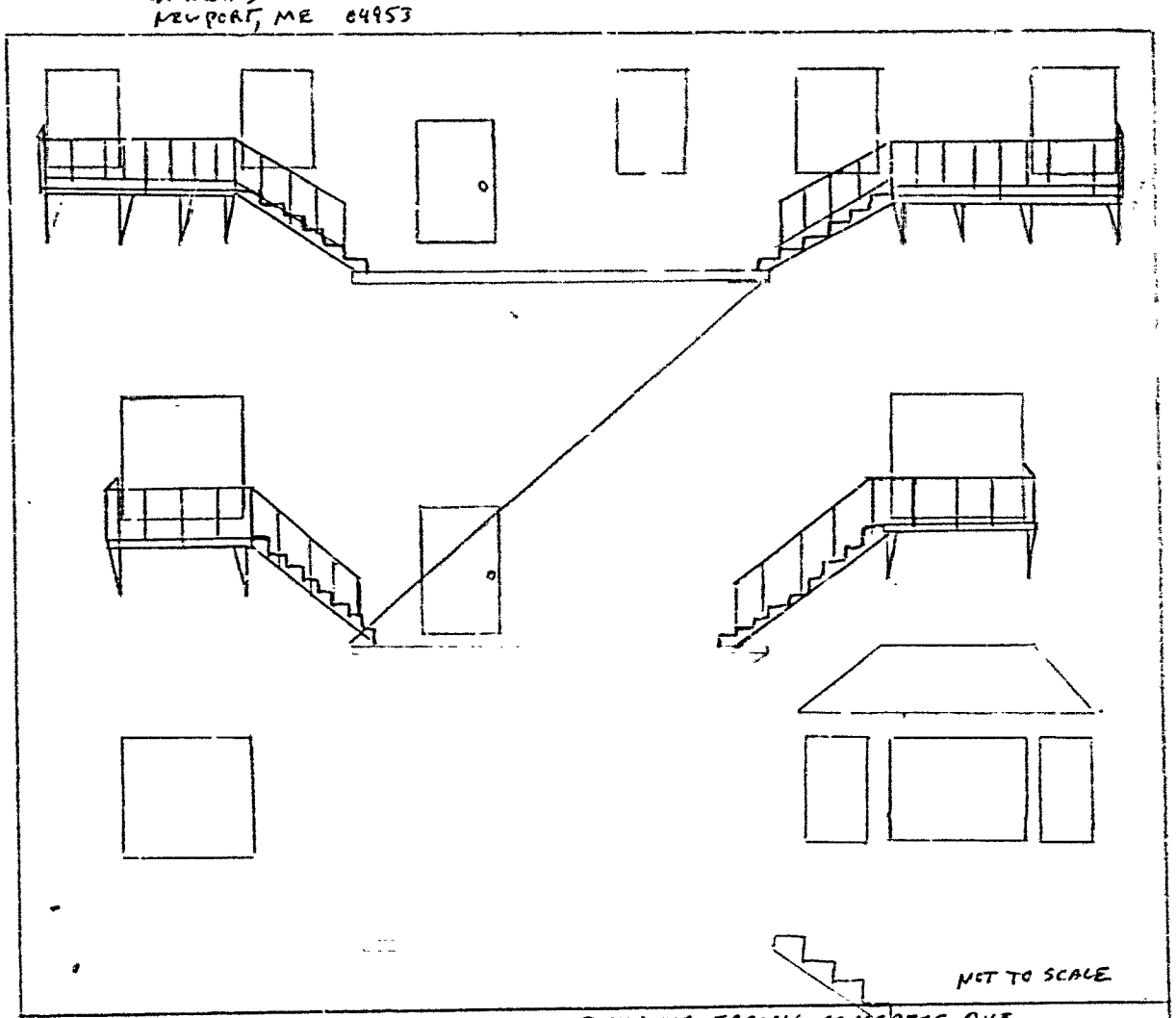
1-13-89 Think is all completed.

Signature of Applicant ________ **Date** ________



19 CRESCENT ST PORTLAND

OWNERS: MARTIN TETU C/O 54 BODY ST, BRUNSWICK ME 04011
JOEL & CHRISTINE BURRILL
12 HIGH ST
NEWPORT, ME 04953



BACK SIDE OF BUILDING FACING CONGRESS AVE

PENCILED OUTLINE OF EXISTING WOODEN STRUCTURE

PENNED OUTLINE - PROPOSED MODIFICATION TO FIRE ESCAPE FOR SECONDARY MEANS OF EGRESS.

ALL METAL FABRICATION EXCEPT STAIRWAYS TO BE WOOD

PERMIT # 5405 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT # _____

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

Owner: [redacted]

Address: Joel & Christine Burrill 12 high Str Newport ME 04953

LOCATION OF CONSTRUCTION: 19 Crescent Street

CONTRACTOR: Martin Tetu SUBCONTRACTORS: _____

ADDRESS: c/o 54 Brady Str Brunswick ME 04011 737-2719or 729-3476

Est. Construction Cost: 1,000 Type of Use: Multi-family (6 units)

Past Use: _____

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

Is Proposed Use: ___ Seasonal ___ Condominium ___ Apartment

___ Conversion - Explain: Modification of existing fire escape.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

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 Material: _____

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: May 3, 1988 Subdivision: Yes / No

Inside Fire Limits _____ Name _____

Bldg Code _____ Lot _____

Time Limit _____ Block _____

Estimated Cost 1,000 Permit Expiration _____

Value/Structure _____ Ownership _____ Public

Fee 25 _____ Private

RECEIVED

MAY 9 1988

City Of Portland

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 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: Lynne Benoit

Signature of Applicant: Martin Tetu Date: 5-10-88

Signature of CEO: Martin Tetu Date: ___

Inspection Dates: _____

White-Tax Assesor Yellow-GPCOG White Tag -CEO

CITY OF PORTLAND, MAINE
389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 874-8300

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

19 Crescent Street

February 23, 1989

TO WHOM IT MAY CONCERN:

Records in City Hall indicate that the building located at 19 Crescent Street has been occupied as a six apartment building and taxed as such since 1981. Located within the R-P Residence Zone, this building is recognized as a legal six unit apartment house by the City of Portland.

Sincerely,

Warren J. Turner
Administrative Assistant

cc: P. Samuel Hoffses, Chief, Inspection Services
Marland Wing, Code Enforcement Officer
William Giroux, Zoning Enforcement Officer

(207) 786-4242
MS WATS 1-800-492-0889

Bri ASBESTOS CONTROL SPECIALISTS

BUERHAUS RESOURCE INDUSTRIES 1593 Hotel Road • P.O. Box 1130 • Auburn, Maine 04210

FEBRUARY 3, 1989

CITY OF PORTLAND
DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
CITY HALL, ROOM 315
PORTLAND, MAINE 04101

ATTENTION: MR MERLIN LEARY

RE: 19 CRESENT STREET, PORTLAND.

Dear Mr Leary,

This is to inform you that we have completed an asbestos abatement project in the basement of 19 Cresent Street per Mr Marty Tetu.

Buerhaus Resource Industries hepa-vacced all horizontal and suspicious areas and encapsulated all Asbestos Containing Material found on piping, elbows and the boiler.

All was performed per DEP, EPA, OSHA and State regulations on 02-02-89.

If you have any questions please feel free to call me.

Sincerely,

Jeff B. Buerhaus
President

cy: Mr Marty Tetu

JBB/jjt

Re: 19 Crescent St. - J. Torres - Housing

P 032 225 234

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

See Reverse

Sent to Wellesley Mortgage Co.	
Street and No. 40 Grove St.	
P.O., State and Z.P. Code Wellesley, MASS. 02121	
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$
Postmark or Date	

PS Form 3800, Feb. 1982

* U.S.G.P.O. 1984-448-014

Re: 19 Crescent St. - J. Torres - Housing

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
Wellesley Mortgage Co.
40 Grove St.
Wellesley, MASS. 02121

4. Type of Service:
☐ Registered ☐ Insured
☑ Certified ☐ COD
☐ Express Mail

Article Number
225 234

Always obtain signature of addressee or agent and DATE DELIVERED.

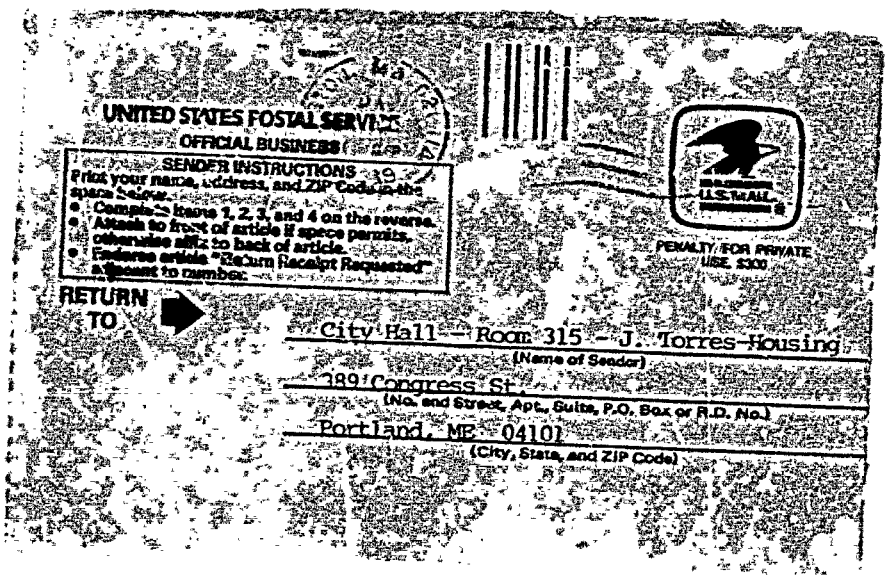
5. Signature – Addressee
X

6. Signature – Agent
X

7. Date of Delivery

8. Addressee's Address (ONLY

SEP 1984 BOSTON


UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS
SENDER INSTRUCTIONS
Print your name, address, and ZIP Code in the space below.
• Complete items 1, 2, 3, and 4 on the reverse.
• Attach to front of article if space permits, otherwise affix to back of article.
• Endorse article "Return Receipt Requested" adjacent to number.
RETURN TO
City Hall — Room 315 - J. Torres-Housing
(Name of Sender)
389 Congress St.
(No. and Street, Apt., Suite, P.O. Box or R.D. No.)
Portland, ME 04101
(City, State, and ZIP Code)
PENALTY FOR PRIVATE USE, $300

CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

Date: August 30, 1989

Wellesley Mortgage Company
40 Grove Street
Wellesley, MASS. 02121

Attn: Karen Ward and Mr. Mattell

Re: 19 Crescent Street - Entire Building

Dear Sir:

As owner or agent of the above referred property, you are hereby notified that as a result of it's opened condition, the structure poses a serious threat to the public health and safety.

You are hereby ordered to make the structure secure by boarding up all doors, windows, and other openings on all vertical walls of the structure so that no danger to life or property, or fire hazard shall exist. You must also remove all debris, if any, from the yard surrounding the structure.

Pursuant to State Statute 17, MRSA Section 2856, the City has the right, and may exercise that right, to secure the structure and to recover from you the expense in so doing if you have not complied with this order on or before September 10, 1989

If you have any questions regarding this action, you may contact this office by calling 874-8300, Ex. 8703.

Sincerely yours,
Joseph E. Gray, Jr., Director,
Planning & Urban Development

By
P. Samuel Hoffses,
Chief of Inspection Services

Joseph Torres C.E.O.
Joseph Torres, Housing Inspector

jmr

P 032 225 195

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Ms. Donna F. Proia	
Street and No. 40 Grove Street	
P.O., State and ZIP Code Wellesley, MASS 02181	
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$
Postmark or Date	

PS Form 3800, Feb. 1982

* U.S.G.P.O. 1984-446-014

Re: 19 Crescent St. - J. Torres - Housing Insp.

CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

June 29, 1989

Ms. Donna E. Proia
40 Grove Street
Wellesley, MASS 02181

Re: 19 Crescent St. 53-E-8

Dear Ms. Proia:

We recently received a complaint and an inspection was made by Code Enforcement Officer Joseph Torres of the property owned by you at 19 Crescent Street, Portland, Maine. As a result of the inspection, you are hereby ordered to correct the following substandard housing conditions:

1. INTERIOR SECOND FLOOR - infestation of roaches. 109-5

The above mentioned conditions are in violation of Article V of the Municipal Code of the City of Portland, Maine, and must be corrected on or before July 14, 1989

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 of
Planning & Urban Development

By P. Samuel Hoffses
P. Samuel Hoffses
Chief of Inspection Services

Joseph Torres
Joseph Torres, Housing Inspector

Re: 19 Crescent St. - J. Torres - Housing

P 032 225 204

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Wellesley Mortgage Co.	
Street and No 40 Grove Street	
P.O. State and ZIP Code Wellesley, MASS 02121	
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	$
Postmark or Date	

PS Form 3800, Feb. 1982 * U.S.G.P.O. 1984-446-014

Re: 19 Crescent St. - J. Torres - Housing

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date and addressee's address. †(Extra charge)†
2. ☐ Restricted Delivery †(Extra charge)†

3. Article Addressed to:
Wellesley Mortgage Co.
40 Grove St.
Wellesley, MASS 02121

4. Article Number
P 225 204

Type of Service:
☐ Registered ☐ Insured
XX Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

BOSTON MA
PM
19 JUL
1989

U.S.MAIL

PENALTY FOR PRIVATE USE, $300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

City Hall - Room 315 - Housing

389 ~~Congress St.~~ J. Torres

Portland, ME 0[illegible]01

C M.F.

CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

July 11, 1989

Wellesley Mortgage Co.
40 Grove Street
Wellesley, MASS 02121

Re: 19 Crescent Street - Entire Building

Dear Sir:

As owner or agent of the property located at 19 Crescent Street, Portland, Maine, you are hereby notified that as the result of a recent (inspection ~~XXXX~~, the Entire Building (is or are) hereby declared unfit for human occupancy.

You must take immediate steps to vacate the following apartments - 2nd. Floor Left, Apt. #4 (Cathy Wellingwood), 2nd. Floor Right, Apt. #3 (Cathy Graffham & Arthur Simaid), Occupant 3rd. Floor Left Apt.. and (it or they) is/are to be kept vacant so long as the following conditions continue to exist thereon. You are ordered to commence legal eviction proceedings no later than immediately.

Article V - 120 - The property is damaged, decayed, deteriorated, insanitary and unsafe (or vermin infested) 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.

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 of
Planning & Urban Development

By

Joseph Torres

Code Enforcement Officer - Joseph Torres, Housing Insp.

jmr

P 032 225 205

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Cathy Wellingwood	
Street and No P.O. Box 9715-293	
P O State and ZIP Code Portland, ME 04104	
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$
Postmark or Date	

PS Form 3800, Feb. 1982 U.S.G.P.O. 1984-448-014

Re: 19 Crescent St. - J. Torres - Housing

Re: 19 Crescent St. - J. Torres - Housing

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.
1. ☐ Show to whom delivered, date, and addressee's address. *†(Extra charge)†* 2. ☐ Restricted Delivery *†(Extra charge)†*

3. Article Addressed to: Cathy Wellingwood P.O. Box 9715-293 Portland, ME 04104	4. Article Number 225 205
	Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X Liam Boldt	
7. Date of Delivery	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

U.S.MAIL

PENALTY FOR PRIVATE USE, $300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

City Hall - Room 315 - Housing

389 Congress St. - J. Torres

Portland, ME 04101

CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

July 11, 1989

Cathy Wellingwood
P. O. Box 9715 - 293
Portland, ME 04104

Re: 19 Crescent Street

Dear Ms. Wellingwood:

A recent inspection by Code Enforcement Officer Joseph Torres of the 2nd. Floor Left Apt. #4 you are now occupying found that it does not meet the requirements of Article V (Housing Code) of the City of Portland Municipal Code and is hereby declared unfit for human habitation.

The owner/agent, Wellesley Mortgage Company has been notified of the above mentioned conditions and has been directed to take immediate steps to vacate the apartment.

Sincerely yours,
Joseph E. Gray, Jr., Director
of Planning & Urban Development

By
P. Samuel Hoffses
Chief of Inspection Services

Joseph Torres
Code Enforcement Officer -
Joseph Torres, Housing Inspector

jmr

P 032 225 208

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Occupant	
Street and No 3rd. Fl. Left Apt. 19 Crescent St.	
P.O., State and ZIP Code Portland, ME 04102	
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$
Postmark or Date	

PS Form 3800, Feb. 1982 * U.S.G.P.O. 1984-446-014

Re: 19 Crescent St. - J. Torres - Housing

Re: 19 Crescent St. - J. Torres - Housing

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. *†(Extra charge)†*
2. ☐ Restricted Delivery *†(Extra charge)†*

3. Article Addressed to:

Occupant
3rd. Floor Left Apt.
19 Crescent Street
Portland, ME 04102

4. Article Number
225 208

Type of Service:
☐ Registered ☐ Insured
XX Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X

7. Date of Delivery
7-14-87

8. Addressee's Address (ONLY if *requested and fee paid*)

USPS MAINE PORTLAND JUL 14 1987

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete Items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

U.S.MAIL

PENALTY FOR PRIVATE USE, $300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

City Hall - Room 315 - Housing

389 Congress St - J. Torres

Portland, ME 04101

CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

July 11, 1989

Occupant
3rd. Floor Left Apt.
19 Crescent Street
Portland, ME 04102

Re: 19 Crescent Street

Dear Occupant:

A recent inspection by Code Enforcement Officer Joseph Torres of the 3rd. Floor Left Apartment you are now occupying found that it does not meet the requirements of Article V (Housing Code) of the City of Portland Municipal Code and is hereby declared unfit for human habitation.

The owner/agent, Wellesley Mortgage Co. has been notified of the above mentioned conditions and has been directed to take immediate steps to vacate the apartment.

Sincerely yours,
Joseph E. Gray, Jr., Director
of Planning & Urban Development

By _____
P. Samuel Hoffses
Chief of Inspection Services

Joseph Torres
Code Enforcement Officer -
Joseph Torre, Housing Inspector

jmr

Re: 19 Crescent St. - J. Torres - Housing

P 032 225 207

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

See Reverse)

Sent to Arthur Simaid	
Street and No. 2nd. Fl. Apt. #3 19 Crescent St.	
P.O. State and ZIP Code Portland, ME 04102	
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	$
Postmark or Date	

PS Form 3800, Feb. 1982 ★ U.S.G.P.O. 1984-446-014

Re: 19 Crescent St. - J. Torres - Housing

● SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.
1. ☐ Show to whom delivered, date, and addressee's address. *(Extra charge)*
2. ☐ Restricted Delivery *(Extra charge)*

3. Article Addressed to:
Arthur Simaid
2nd. Fl. Apt. #3
19 Crescent St.
Portland, ME 04102

4. Article Number
225 207
Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail
Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X Arthur Simard
6. Signature — Agent
X
7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

PORTLAND ME JUL 18 1988 USPS

PS Form 3811, Mar. 1987 ★ U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

PORTLAND, ME
PM
19 JUL
1989

U.S. MAIL

PENALTY FOR PRIVATE USE, $300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

City Hall - Room 315 - Housing

389 Congress St. - J. Torres

Portland, ME 04101

C M.F.

CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

July 11, 1989

Arthur Simaid
2nd. Floor Apt. #3
19 Crescent Street
Portland, ME 04102

Re: 19 Crescent Street

Dear Mr. Simaid:

A recent inspection by Code Enforcement Officer Joseph Torres of the 2nd. Fl. Ri. Apt. #3 you are now occupying found that it does not meet the requirements of Article V (Housing Code) of the City of Portland Municipal Code and is hereby declared unfit for human habitation.

The owner/agent, Wellesley Mortgage Co. has been notified of the above mentioned conditions and has been directed to take immediate steps to vacate the apartment.

Sincerely yours,
Joseph E. Gray, Jr., Director
of Planning & Urban Development

By
P. Samuel Hoffses
Chief of Inspection Services

Joseph Torres
Code Enforcement Officer -
Joseph Torres, Housing Inspector

jmr

Please
include

Arthur Simais
Apt. 3
19-Crescent

2nd Fl. Right

Posting Notice

Wellesley Mortgage Co.
40 Grove St
Wellesley, Mass. 02121

COC: 19 Cresent St.
(Centre)

Section 11
6-120 (1) & (2)

VACATE Notices to:

CATHY Welling Wood
P.O. BOX-9715-293
PORTLAND, ME-04104

2nd Floor left apt #4
19 Cresent St. 04102

Cathy Graffham
2nd Floor right apt. #3
19 Cresent St.

Occupant
3rd floor left apartment
19 Cresent St.

MAILING WING & 302 Torres

Housing - J. Torres

P 032 225 206

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Cathy Graffham	
Street and No 2nd. Fl. Ri. Apt. 19 Crescent St.	
P.O. State and ZIP Code Portland, ME 04102	
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$
Postmark or Date	

PS Form 3800, Feb. 1982 ★ U.S.G.P.O. 1984-445-014

Re: 19 Crescent St.

Re: 19 Crescent St. - J. Torres - Housing

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.
1. ☐ Show to whom delivered, date, and addressee's address. †*(Extra charge)*† 2. ☐ Restricted Delivery †*(Extra charge)*†

3. Article Addressed to:
Cathy Graffham
2nd. Fl. Ri. Apt. #3
19 Crescent St.
Portland, ME 04102

4. Article Number
225 206

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Kathleen McAdam

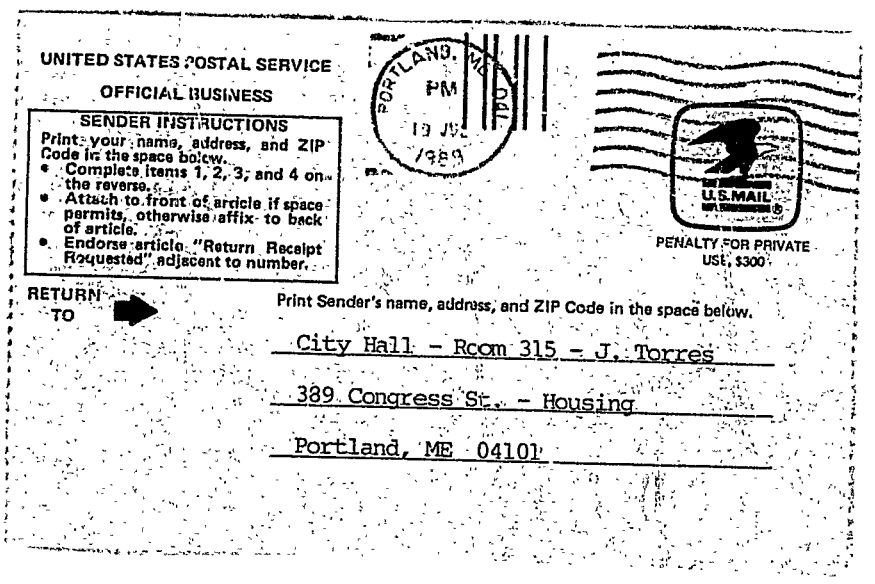
6. Signature – Agent
X

7. Date of Delivery

8. Addressee's Address *(ONLY if requested and fee paid)*

USPS JUL 18 1987 PORTLAND ME 04101

PS Form 3811, Mar. 1987 ★ U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT


UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS
SENDER INSTRUCTIONS
Print your name, address, and ZIP Code in the space below.
• Complete items 1, 2, 3, and 4 on the reverse.
• Attach to front of article if space permits, otherwise affix to back of article.
• Endorse article "Return Receipt Requested" adjacent to number.
PORTLAND, ME
PM
U.S.MAIL
PENALTY FOR PRIVATE USE, $300
RETURN TO
Print Sender's name, address, and ZIP Code in the space below.
City Hall - Room 315 - J. Torres
389 Congress St. - Housing
Portland, ME 04101

CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

July 11, 1989

Cathy Graffham
2nd. Floor Right Apt. #3
19 Crescent Street
Portland, ME 04102

Re: 19 Crescent Street

Dear Ms. Graffham:

A recent inspection by Code Enforcement Officer Joseph Torres of the 2nd. Floor Right Apt. #3 you are now occupying found that it does not meet the requirements of Article V (Housing Code) of the City of Portland Municipal Code and is hereby declared unfit for human habitation.

The owner/agent, Wellesley Mortgage Company has been notified of the above mentioned conditions and has been directed to take immediate steps to vacate the apartment.

Sincerely yours,
Joseph E. Gray, Jr., Director
of Planning & Urban Development

By P. Samuel Hoffses
Chief of Inspection Services

Code Enforcement Officer -
Joseph Torres, Housing Inspector

jmr