

259 Vaughan Street 54-28-28

LONGE-SO/1

7-6  
November 23, 1971

Mrs. Frances H. Loveltt  
259 Vaughan Street  
Portland, Maine 04102

Dear Mrs. Loveltt:

Re: 259 Vaughan Street

Your property has been surveyed by the Portland Housing Division and has met Minimum Code Standards. Congratulations are extended to you for the general condition of your property. Good maintenance is the best way to preserve the useful life of your property and neighborhood.

If we can be of further help, please feel free to call on us.

Sincerely yours,

*Lyle D. Noyes*  
Lyle D. Noyes  
Chief of Housing Inspections

Inspector

*Anthony J. Oliver*

LDN:gg

Photos  yes  no  
 Date 11-4-71  
 Proj. No.  C.I. LOA 90 FELLOU Ass'ts  Zone  Zone Viol   
 Stories  1A  1B  1C  1D  1E  1F  1G  1H  1I  1J  1K  1L  1M  1N  1O  1P  1Q  1R  1S  1T  1U  1V  1W  1X  1Y  1Z  
 Com. Units  Rm. Units  Del. Units

LOCATION	<u>259 VAUGHAN</u>	COMP
OWNER AGENT		PEND
OWNER AGENT	<u>MRS FRANCES H SWEETT</u>	
OWNER AGENT		
OWNER AGENT	<u>PORTMAN</u>	ETS

Occupants	Information LOC. RENT FURN. V. L. PMS	Occupancy PER. ALL'D LGHS	Facilities HEAT BATH F. I. K. SK H.W. CK'G	Violations										
					1	2	3	4	5	6	7	8		
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														

STRUCTURE SCHEDULE

STRUCTURE RATING STC

**YARD**

GARBAGE & RUBBISH

CONTAINERS COMPLY

DRAINAGE

ZONE VIOL.

**STRUCTURE EXTERIOR**

STEPS, STAIRS, PORCHES

FOUNDATION

WALLS

WINDOWS, DOORS

ROOF, BRAINS

OUT BUILDINGS garage OK

**INFESTATION**

RATS  N  O  E

OTHER (SPECIFY)

**EGRESS**

DUAL  YES  NO

OBST'N

Remarks \_\_\_\_\_

Portland Health Dept.

CS-8

Inspector afg

**STRUCTURE INTERIOR**

HALL, OBST'N

HALL, LIGHTING

HALL, FLOOR WALLS CEILING

STAIRWAYS

WINDOWS, AIRSHAFF

ELECT. WIRING

**HEATING CENTRAL** YES:  NO:

STACKS FLUES, VENTS

CHIMNEY

EQUIPMENT, REPAIR

**PLUMBING**

SUPPLY LINE

WASTE LINE

**BASEMENT**

GEN'L SANIT'N

DAMPRESS  RI  O

SINKS

LIGHTING

**BASE OWL UNIT**

MIN 7' - 3"

DAMPRESS  RI  O 3 zone

WINDOW 1/12 x 8"

DUAL EGRESS  YES  NO

**PROHIBITED COMB'N USE**

ASSOC. USE HAZARD

HAZARDOUS VENTS

LDN/9-71

DWELLING UNIT

Location 259 Vaughan  
D.U. Location Single House  
Occupant Francis & Louise

Inspector A.P. Date 11-4-71  
Project Name/No. LS Photos Yes No  
Allowed 15

Rent	Furn.	Wkly. Inc.	Rooms	Bath	Flush	Lavatory	Hot Water	Cooking	Dual Egress	H.e.t	
			10	N.A.S	N.A.S	(P)	Y	4G	Yes No	15	
KITCHEN						CODE	BATHROOMS <u>2nd floor</u>				CODE
<input checked="" type="checkbox"/> Plaster - L,C,M - Ceiling/Walls						3(b)	<input checked="" type="checkbox"/> Plaster - L,C,M - Ceiling/Walls				3(b)
<input checked="" type="checkbox"/> Windows - loose, broken glass, glaze						3(c)	<input checked="" type="checkbox"/> Window - loose, broken glass, glaze				3(c)
<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn						3(c)	<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn				3(c)
<input checked="" type="checkbox"/> Floor - loose, worn, dam., buckled						3(b)	<input checked="" type="checkbox"/> Floor - loose, worn, dam., buckled				3(b)
<input checked="" type="checkbox"/> Doors - Knob/Ik - missing - Panels/Frames dam.						3(b)	<input checked="" type="checkbox"/> Door - Knob/Ik - missing - Panels/Frames dam.				3(b)
<input checked="" type="checkbox"/> Counter/Stor. Space Yes <input checked="" type="checkbox"/> No						-	<input checked="" type="checkbox"/> Toilet - Tnk - br'n. loose, leaks, Seat, 'ise, crkd.				6(d)
<input checked="" type="checkbox"/> Sink - chipped, cracked, leaks						6(d)	<input checked="" type="checkbox"/> Lavatory - chipped, crkd, leaks, trap leaks				6(d)
<input checked="" type="checkbox"/> Range - improper stack, flue, vent						3(e)	<input checked="" type="checkbox"/> Bath/Shower - leaks, cross con.				6(d)
<input checked="" type="checkbox"/> Refrigerator Space Yes <input checked="" type="checkbox"/> No						-	<input checked="" type="checkbox"/> Ventilation Yes <input checked="" type="checkbox"/> No				7
<input checked="" type="checkbox"/> Plumbing (a) 6(a) Water Supply Hot <input checked="" type="checkbox"/> Cold <input checked="" type="checkbox"/>						6(c)	<input checked="" type="checkbox"/> Plumbing (b) 6(a) Water Supply Hot <input checked="" type="checkbox"/> Cold <input checked="" type="checkbox"/>				6(c)
<input checked="" type="checkbox"/> Electrical (a)						-	<input checked="" type="checkbox"/> Electrical (b)				-
<input checked="" type="checkbox"/> Sanitation (a)						-	<input checked="" type="checkbox"/> Sanitation (b)				-
LIVING ROOM						CODE	DINING ROOM				CODE
<input checked="" type="checkbox"/> Plaster - L,C,M - Ceiling/Walls						3(b)	<input checked="" type="checkbox"/> Plaster - L,C,M - Ceiling/Walls				3(b)
<input checked="" type="checkbox"/> Windows - loose, broken, glaze						3(c)	<input checked="" type="checkbox"/> Windows - loose, broken, glaze				3(c)
<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn						3(c)	<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn				3(c)
<input checked="" type="checkbox"/> Floor - loose, worn, damaged						3(b)	<input checked="" type="checkbox"/> Floor - loose, worn, damaged				3(b)
<input checked="" type="checkbox"/> Door - Knob/Ik - missing - Panels/Frames dam.						3(b)	<input checked="" type="checkbox"/> Door - Knobs/Ik - missing - Panels/Frames dam.				3(b)
<input checked="" type="checkbox"/> Electrical (c)						-	<input checked="" type="checkbox"/> Electrical (d)				-
<input checked="" type="checkbox"/> Sanitation (c)						-	<input checked="" type="checkbox"/> Sanitation (d)				-
Bedrooms and/or Other Rooms											CODE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Plaster - L,C,M - Ceilings/Walls				3(b)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Windows - Loose, broken, glaze				3(c)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn				3(c)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Floors - loose, worn, damaged				3(b)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Door - knobs/Ik - missing - Panels/Frames dam.				3(b)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Electrical (e)				-
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Sanitation (e)				-
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Clothes Closet Yes No				-
study	front	mid	rear	rear	rear	rear	Plumbing				Sanitation - Vermin O R
	2nd	2nd	1st	2nd	2nd	2nd	Electrical				
			2nd								

REMARKS: flush & lav 1st floor OK