

10 Pine Street

BRAMHALL

SEAMWALKER  
8503-3R

OK  
DATE 5/25/67 LBN

June 19, 1967

J. H. Brown and Sons  
57 Exchange Street  
Portland, Maine

Dear Sirs:

RE: 99 Pine Street


Your property has been surveyed by the Portland Housing Division, and certain deficiencies to the minimum Code standards were noted. A list of these deficiencies is attached, and we suggest that you make the necessary corrections.

The Bramhall Hill Program staff is ready to help you improve your property. If you want advice on repairs, cost estimates, contractors, plans, or financing, please call 773-1773 for an appointment.

There are many free services available through the site office, and we urge you to use them. Good maintenance is the best way to preserve the useful life of your property and neighborhood.

Thank you for your cooperation in making Bramhall Hill a more beautiful residential area.

Sincerely,

  
Gordon E. Martin  
Housing Supervisor

GLS:ac

Enclosure

99 Pine Street

Area: Bramhall

Inspection Date: May 24, 1967

Dwelling Units: 2

Owner: J. B. Brown and Sons  
57 Exchange Street  
Portland, Maine

DEFECTS NEEDING CORRECTION

STRUCTURAL

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

- a. Repair or replace the worn and dilapidated sash for the living room window on the second floor.
- b. Repair or replace the worn and dilapidated sash cords in the rear bedroom windows on the third floor.
- c. Determine the reason and remedy the condition which causes the water stains under the windows in the front bedroom on the third floor.

Photos  yes  no  
 Date 5/24/67  
 Proj. No.  C.I.  Ass'ts  Zone  Zone Viol   
 Stories  3  4  5  6  7  8  9  
 Com. Units  Rmg Units  Del. Units 2

LOCATION	<u>99 Pine St</u>	COMP
TENANT		PEND
OWNER	<u>J.P. Brown Co</u>	
OWNER	<u>57 Exchange St</u>	
OWNER		VTS

Occupants	Information LOC. RENT FURN. BK. I. RMS	Occupancy							Facilities				Violations			
		PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K. SK	H.W.	CK'G						
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																

**STRUCTURE SCHEDULE**

STRUCTURE RATING

- YARD**
- WASTE & RUBBISH
  - CONTAINERS COMPLY
  - ZONE VIOL.
- STRUCTURE EXTERIOR**
- STEPS, STAIRS, PORCHES
  - FOUNDATION
  - WALLS
  - WINDOWS, DOORS
  - ROOF, DRAINS
  - OUT BUILDINGS
- INFESTATION**
- FLIES  R.  D.  I.
  - OTHER (SPECIFY)
- EGRESS**
- MODEL  YES  NO
  - OBS'N

- STRUCTURE INTERIOR**
- HALL, OBS'N
  - HALL, LIGHTING
  - HALL, FLOOR WALLS CEILING
  - STAIRS
  - STAIRS, AIRSHFT
  - ELECT. WIRING
  - HEATING CENTRAL YES:  NO
  - STAIRS FLUES, VENTS
  - CHIMNEY
  - EQUIPMENT, REPAIR
- PLUMBING**
- SUPPLY LINE
  - WASTE LINE Broken and pipe in basement
- BASEMENT**
- GEN'L SANIT'
  - DAMPNES R.  O
  - STAIRS
  - LIGHTING
- BASE DNL. UN'**
- MIN 7' - 3"
  - DAMPNES  R.  O
  - WINDOW 1/12 X 8"
  - DUAL EGRESSES  YES  NO
- PROHIBITED COMB'N USE**
- ASSOC. USE HAZARD
  - HAZARDOUS VENTS

Remarks Called office to report three  
major items up to repair at  
once  
 Portland Health Dept.  
 CS-8  
Pine 5/25/67  
O.K. 1  
 Inspector Long

*W. J. Vogel*

Photos  yca  av  
 Proj. No.

Date 3/21/12

COORDING	LOCATION <u>949 Pine St.</u>	COMP.
SANIT.	D.U. LOC. <u>1st floor</u>	NEED.
INFEST.	OCCUPY <u>Mrs. Soule</u>	
BASE D.U.	ORFR AGENT	
DET'N	ADDRESS	VTS

**DWELLING UNIT SCHEDULE**

Occupants	Information	Occupancy	Facilities				Violations
			BATH	FLSH	K-SK	H.W. CK'G	
1	LUC. RENT 1.00 WK. 1. RMS 7	ER. ALL'D LGRS HEAT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2.							
3.							
4.							

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDIN 65 - 7'										
SO SLEEP'G										
VEN. FLATON 1/12 & 1/2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
LIGHTING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
DET'N FALLS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
CEILING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
WINDOWS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
DOORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
FLOORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				

Remarks

Portland  
Health Dept  
CS-7

Inspector [Signature]

**KITCHEN SINK & WATER**

SINK

SUPPLY & WASTE

PLUG. GEN'L

**HEATING**

STACES, FLUES, VENTS

RT'S VENTED, REP'R

**BATHING FACILITIES**

SHARED MAX. 4DU

RMS U. 1 PER 15

MIN. 7' STGE HT

VENT'LN

PAPER ACCESS

PL'G

SANIT'N

**TOILET FACILITIES**

SHARED MAX. 2 DU

RMS U. FLSH & LAV 1 PER 10

VENT'LN

PAPER ACCESS

PL'G

SANIT'N

**INFESTATION**

RATS  R  O:  F

OTHER (SPECIFY)

**CRFSS**

EQUAL  YES  NO

OBS'N

Photos  yes  no  
 Proj. No.

Date 5/28/10

CROWDING	LOCATION <u>99 Pine St.</u>	COMP.
SANIT.	D.U. LOC. <u>2nd floor</u>	PEND.
INFEST.	OCCUPY <u>Mr. Katherine Phelan</u>	
BASE L.	OWNER	
DET'N	ADDRESS	VTS

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities				Violations
			KITCHEN	BATH	TOILET	OTHER	
1	2	10					
2							
3							
4							

	KITCHEN	BATH	TOILET	DINING	BED	OTHER	TOTAL
OVERHEAD IN 65 - 7'							
50 SLEEP'G							
VEN. ILLATION 1/12 x 1/2"	✓	✓	✓	✓	✓	✓	✓
LIGHTING	✓	✓	✓	✓	✓	✓	✓
DET'N WALLS	✓	✓	✓	✓	✓	✓	✓
CEILING	✓	✓	✓	✓	✓	✓	✓
WINDOWS	✓	✓	✓	✓	①	②	③
DOORS	✓	✓	✓	✓	✓	✓	✓
FLOORS	✓	✓	✓	✓	✓	✓	✓

Remarks  
 1. Windows Sash deteriorated  
 2. Replace " cords  
 3. Determine reason which causes water stain under window

**KITCHEN SINK & WATER**

SINK

SUPPLY & WASTE

PLUMB. GEN. L.

**HEATING**

S. COGS. P. RES. VENTS

P. RES. VENTED. REP'R

**LATHING FACILITIES**

SHARPO MAX. 4DU

SHARPO 1 LB 15

SHARPO 7" 2YOB MT.

SHARPO

SHARPO ACCESS

SHARPO

**TOILET FACILITIES**

SHARED MAX. 2 PS

SHARPO FLUSH & LAV 1 PER 10

SHARPO

SHARPO ACCESS

Portland Health Dept.  
 CS-7

Inspector Hayes

ON  OFF  E

(REF. SPECIFY)

**EGRESS**

SHARPO YES  NO

SHARPO