

29 Justice Street





CERTIFICATE
OF
COMPLIANCE

CITY OF PORTLAND

Date: March 9, 1982

Department of Urban Development
Housing Inspections Division
Telephone: 775-5451 - Extension 311 - 312

Jeffrey H. Armstrong
55 Deake Street
South Portland, Maine 04106

Re: Premises located at 39 Cushman St. 56-A-13 NCP-NDP

Dear Mr. Armstrong:

A re-inspection of the premises noted above was made on February 25, 1982
by Housing Inspector Merlin Leary.

This is to certify that you have complied with our request to correct the
violation of the Municipal Codes relating to housing conditions as
described in our "Notice of Housing Conditions" dated February 21, 1979.

Thank you for your cooperation and your efforts to help us maintain
decent, safe and sanitary housing for all Portland residents.

In order to aid in the preservation of Portland's existing
housing inventory, it shall be the policy of this department
to inspect each residential building at least once every
five years. Although a property is subject to re-inspection
at any time during the said five-year period, the next
regular inspection of this property is scheduled for
March 1987.

Sincerely yours,

Joseph E. Gray, Jr., Director of
Planning and Urban Development

By Lyle D. Noyes
Lyle D. Noyes
Inspection Services Division

Merlin Leary
Code Enforcement Officer - Leary (5)

jmr

NOTICE OF HOUSING CONDITIONS

DU 1

City of Portland
 Department of Neighborhood Conservation
 Housing Inspections Division
 Tel. 775-5431 - Ext. 358 - 448

Ch.-Bl.-Lot: **56-A-13**
 Location: **39 Cushman Street**
 Project: **NCP-NDP**
 Issued: **February 21, 1979**
 Expired: **May 21, 1979**

Jeffrey M. Armstrong
55 Deane Street
South Portland, Maine 04106

OK
 DATE 3/25/79

Dear **Mr. Armstrong:**

An examination was made of the premises at 39 Cushman Street, Portland, Maine, by Housing Inspector Gough. Violations of Municipal Codes relating to housing conditions were found as described in detail below.

In accordance with provisions of the above mentioned Codes you are requested to correct these defects on or before May 21, 1979. You may contact this office to arrange a satisfactory repair schedule if you are unable to make such repairs within the specified time. We will assume the repairs to be in progress if we do not hear from you within ten days from this date and, on reinspection within the time set forth above, will anticipate that the premises have been brought into compliance with Code Standards. Please contact this office if you have any questions regarding this notice.

Your cooperation will help this Department in its goal to maintain all Portland residents in decent, safe and sanitary housing.

Very truly yours,
 Joseph E. Gray, Jr., Director
 Neighborhood Conservation

Inspector H. Gough

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

EXISTING VIOLATIONS OF CHAPTER 307 - "MINIMUM STANDARDS FOR HOUSING" - Section(s)

- | | |
|--|---------------|
| 1. As an energy conservation measure, we suggest you insulate the building. | 4d |
| 2. FURNACE - repair leaking supply lines to furnace. | 8c |
| 3. OVERALL CELLAR - CEILING & WALL - repair loose BX electrical cable. | 3c |
| 4. CELLAR WINDOW - replace broken glass. | |
| 5. OVERALL - we suggest you procure the services of a competent pest control operator to exterminate for fleas. | 4c |
| 6. FIRST FLOOR FRONT HALL - replace broken storm door. | 3d |
| 7. BULKHEAD - replace broken bulkhead door. | 3d |
| 8. FIRST FLOOR - REAR DOOR - replace missing storm glass. | 3d |
| <u>FIRST, SECOND & THIRD FLOORS</u> | |
| 9. KITCHEN - repair leak in sink trap. | 6c |
| 10. KITCHEN - repair leak in sink trap. | 6d |
| 11. FIRST FLOOR BATHROOM - repair plugged lavatory waste line. | 6d |
| 12. FIRST FLOOR BATHROOM WALL - repair inoperative light fixture. | 8c |
| 13. KITCHEN, LIVING ROOM, DINING ROOM & BATHROOM - WINDOWS - repair loose sashes. | 3c |

continued
 vv

FIRST, SECOND & THIRD FLOORS CONT.

14. LIVING ROOM DOOR	repair missing knob.	3d
15. KITCHEN DOOR	replace missing knob.	3d
16. LIVING ROOM WINDOW	replace broken glass.	3c
17. SECOND FLOOR FRONT HALL WINDOW	replace broken glass.	3c
18. SECOND FLOOR RIGHT REAR bedroom wall	repair inoperative light fixture.	8e
19. " " " "	replace missing plaster.	3b
20. SECOND FLOOR BATHROOM WALL	repair loose light fixture.	8e
21. SECOND FLOOR LEFT REAR BEDROOM CEILING	repair loose light fixture.	8e
22. SECOND FLOOR LEFT FRONT BEDROOM CEILING	replace illegal light fixture.	3d
23. SECOND & THIRD FLOOR HALL STAIRS	replace missing balusters.	3c
24. THIRD FLOOR RIGHT REAR BEDROOM WINDOW	replace broken glass.	3b
25. THIRD FLOOR RIGHT REAR BEDROOM WALL	replace missing plaster.	3b
26. THIRD FLOOR LEFT REAR BEDROOM CEILING	replace missing light fixture.	8e
27. THIRD FLOOR LEFT FRONT BEDROOM CEILING & WALL	replace missing light fixtures.	8e
28. FIRST FLOOR FRONT HALL WALL	replace missing electrical outlet cover.	8e
29. " " " " DOOR	repair sticking.	3d

* WHEN MAKING YOUR REPAIRS, FIRST PRIORITY IS TO BE GIVEN TO ITEMS WITH A STERISK, AS THEY CONSTITUTE EXTREME HAZARDS TO THE HEALTH OR SAFETY OF THE OCCUPANTS OF THIS STRUCTURE.

We suggest you contact the City of Portland Building Inspection Department, 389 Congress St., Tel. 775-5451 to determine if any of the items listed above require a building or alteration permit.

REINSPECTION RECOMMENDATIONS

LOCATION 39 Cushman

INSPECTOR Leary

PROJECT _____

OWNER _____

NOTICE OF HOUSING CONDITIONS		HEARING NOTICE		FINAL NOTICE	
Issued	Expired	Issued	Expired	Issued	Expired
2-21-79	5-21-79				

A reinspection was made of the above premises and I recommend the following action:

DATE	RECOMMENDATION
2-25-79	ALL VIOLATIONS HAVE BEEN CORRECTED Send "CERTIFICATE OF COMPLIANCE" _____ "POSTING RELEASE" _____
1-20-79	SATISFACTORY Rehabilitation in Progress Time Extended To: <u>February 21, 1979</u> Time Extended To: _____ Time Extended To: _____
	UNSATISFACTORY Progress Send "HEARING NOTICE" _____ "FINAL NOTICE" _____
	NOTICE TO VACATE POST Entire _____ POST Dwelling Units _____
	UNSATISFACTORY Progress "LEGAL ACTION" To Be Taken _____

INSPECTOR'S REMARKS: All violations corrected. Sent a Certificate of Compliance.

2-25-82

INSTRUCTIONS TO INSPECTOR: _____

FIRST, SECOND & THIRD FLOORS CONT.

- | | |
|---|----|
| 14. LIVING ROOM DOOR - replace missing knob. | 3d |
| 15. KITCHEN " " - replace missing knob. | 3d |
| 16. LIVING ROOM WINDOW - replace broken glass. | 3c |
| 17. SECOND FLOOR FRONT - HALL WINDOW - replace broken glass. | 3c |
| * 18. SECOND FLOOR RIGHT REAR - bedroom wall - repair inoperative light fixture. | 8e |
| 19. " " " " " " -replace missing plaster. | 3b |
| * 20. SECOND FLOOR - BATHROOM WALL - repair loose light fixture. | 8e |
| * 21. SECOND FLOOR LEFT REAR - BEDROOM CEILING - repair loose light fixture. | 8e |
| * 22. SECOND FLOOR - left front - BEDROOM CEILING - replace illegal light fixture. | 8e |
| 23. SECOND & THIRD FLOOR - HALL STAIRS - replace missing balusters. | 3d |
| 24. THIRD FLOOR RIGHT REAR - BEDROOM WINDOW - replace broken glass. | 3c |
| 25. THIRD FLOOR RIGHT REAR - BEDROOM WALL - replace missing plaster. | 3b |
| * 26. THIRD FLOOR LEFT REAR - BEDROOM CEILING - replace missing light fixture. | 8e |
| * 27. THIRD FLOOR LEFT FRONT - BEDROOM CEILING & WALL - replace missing light fixtures. | 8e |
| * 28. FIRST FLOOR FRONT - HALL WALL - replace missing electrical outlet cover. | 8e |
| * 29. " " " " DOOR - repair sticking. | 3d |

* WHEN MAKING YOUR REPAIRS, FIRST PRIORITY IS TO BE GIVEN TO ITEMS WITH A STERISK, AS THEY CONSTITUTE EXTREME HAZARDS TO THE HEALTH OR SAFETY OF THE OCCUPANTS OF THIS STRUCTURE.

We suggest you contact the City of Portland Building Inspection Department, 389 Congress St., Tel. 775-3451 to determine if any of the items listed above require a building or alteration permit.

✓ February 21, 1979

Jeffrey B. Armstrong
55 Deane Street
South Portland, Maine 04106

Dear Mr. Armstrong Re: 39 Cushman Street, Portland, Maine NHP 56-A-15

As owner or agent of the property located at 39 Cushman Street, Portland, Maine, you are hereby notified that as the result of a recent fire, 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:

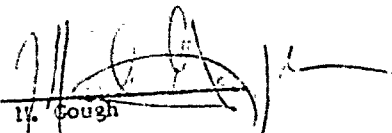
- a. The property is damaged, decayed, deteriorated, insanitary and unsafe in such a manner as to create a serious hazard to the health, safety and general welfare of the occupants or the public.

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 March 7, 1979, 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

By 
Lyle A. Moyes,
Chief of Housing Inspections

Inspector 
W. Gough

vw

RETURN RECEIPT MAIL REGISTERED AND CERTIFIED MAIL

1. The following services are requested. Check one.
 Show to whom article delivered. C
 Show to whom date and address of delivery. C
 RESTRICTED DELIVERY F
 Show to whom date delivered. F
 RESTRICTED DELIVERY S
 Show to whom date and address of delivery. S
 CONSULT POSTMASTER FOR FEES

2. ARTICLE ADDRESSED TO
 Mr. Jeffrey M. Carnevang
 1018 1/2
 South Portland, Me. 04106

3. ARTICLE DESCRIPTION
 REGISTERED NO. 830254
 CERTIFIED NO. _____
 INSURED NO. _____
 (Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE: *[Signature]* Addressee

4. DATE OF DELIVERY
 2-24-79

5. ADDRESS. Complete only if requested.

6. UNABLE TO DELIVER BECAUSE _____
 CLERK'S INITIALS: *[Initials]*

POST OFFICE PORTLAND ME
 FEB 24 1979

4750 1971-0-249 5/76

COMPREHENSIVE STRUCTURE DATA FOR DEMOLITION

LOCATION: 39-41 Cushman Street Tax Val. Land 2,300.00 Bldg. 14,600.00
 CH. PT. BLOCK-LOT # 56-A-13 Tax Status: Year Due _____ Amt. Due _____
 OWNER: Geraldine Brown Tax Deed: Yes () No () Matured: Yes () No ()
 Stories: 2½ Com'l U. _____ Dwl. U. 1
 Brick () Frame (X) Masonry ()
 Attached () Semi-Detached () Detached (X)

1. THE STRUCTURE CONSTITUTES A HAZARD TO THE HEALTH OR SAFETY OF THE SURROUNDING COMMUNITY AND DEMOLITION IS RECOMMENDED BECAUSE IT IS:
- | | | |
|---|----------------|------------------------------|
| a. Structurally unsound | Yes ___ No ___ | Each department must report |
| b. Unstable | Yes ___ No ___ | hazardous conditions of both |
| c. Insanitary | Yes ___ No ___ | the interior and exterior of |
| d. A Fire Hazard | Yes ___ No ___ | this structure. |
| e. Inadequately Maintained | Yes ___ No ___ | |
| f. Dilapidated | Yes ___ No ___ | |
| g. Obsolete | Yes ___ No ___ | |
| h. Otherwise dangerous to life or property
(Explain below) | Yes ___ No ___ | |

2. INSPECTOR'S COMMENTS (required for each "Yes" answer given below):

*This structure undergoing complete restoration & rehabilitation through The Neighborhood Conservation Program by a low Interest Rate loan obtained by the new owner Jeffrey? Armstrong 9/24/79
 LDN.*

Inspector _____ Department _____ Date _____
 Diagram Attached: Yes ___ No ___ Photographs Attached: Yes ___ No ___
 (Use reverse side if necessary)

Inspector by - A -
 EXISTING CONDITIONS
 Hazardous to Health or
 Safety of Surrounding
 Community

ADDRESS:
 Geraldine Brown
 39-41 Cushman Street

	STRUCTURALLY UNSOUND	UNSTABLE	INSANITARY	A FIRE HAZARD	INADEQUATELY MAINTAINED	DILAPIDATED	OBSOLETE	OTHERWISE HAZARDOUS TO LIFE OR PROPERTY
EXTERIOR - Structure								
Foundation								
Walls								
Roof								
Porch								
Stairs								
Steps								
Doors								
Windows								
Eaves								
Trim								
Chimney								
Gutters								
Roof Drains								
Bulkhead								
Drainage								
Infestation								
Rats								
Other								
Fire Escape								
Dual Egress								
INTERIOR - structure								
Lighting								
Elec. Wiring								
Floors								
Walls								
Ceilings								
Windows								
Airshafts								
Roof Rafters								
Sanitary Facilities								
Stairways								
Stair Treads								
Handlines								
Supply Lines								
Stacks								
Flues								
Vents								
Chimney								
Heating Equip.								
Basmt: Sanitation								
Darkness								
Lighting								
Elec. Panel								
Stairs								
Foundation								
Floor Joists								
Carrying Timbers								
Sills								

Inspector _____ Department _____ Date _____

Indicate by - X -
 EXISTING CONDITIONS
 Hazardous to Health or
 Safety of Surrounding
 Community

ADDRESS:
 Geraldine Brown
 39-41 Cushman Street

	STRUCTURALLY UN SOUND	UNSTABLE	INSANITARY	A FIRE HAZARD	INADEQUATELY MAINTAINED	DILAPIDATED	OBSOLETE	OTHERWISE DANGEROUS TO LIFE OR PROPERTY
EXTERIOR - Structure								
Foundation								
Walls								
Roof								
Porch								
Stairs								
Steps								
Doors								
Windows								
Eaves								
Trim								
Chimney								
Gutters								
Roof Drains								
Bulkhead								
Drainage								
Infestation								
Rats								
Other								
Fire Escape								
Dual Egress								
INTERIOR - Structure								
Lighting								
Elec. Wiring								
Floors								
Walls								
Ceilings								
Windows								
Airshafts								
Roof Rafters								
Sanitary Facilities								
Stairways								
Stair Treads								
Wastelines								
Supply Lines								
Stacks								
Flues								
Vents								
Chimney								
Heating Equip.								
Bsmt: Sanitation								
Dampness								
Lighting								
Elec. Panel								
Stairs								
Foundation								
Floor Joists								
Carrying Timbers								
Sills								

Inspector _____ Department _____ Date _____

November 17, 1975

Mrs. Geraldine Brown
39 Cushman Street
Portland, Maine 04101

Dear Mrs. Brown Re: 39 Cushman Street, Portland, Maine NCP-WB 56-A-13

Because of the dilapidated conditions of the building at the above referred address it is being considered for demolition under the City's Spot Demolition Program. The structure presents health, fire, and safety hazards to the immediate neighborhood. Please let us know immediately what you intend to do to alleviate the hazardous conditions.

If we do not hear from you within ten (10) days from the date of this letter we will refer the matter to the Corporation Counsel to schedule a public hearing before the City Council where a demolition order will be recommended.

Please contact this office if you have any questions regarding this action.

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

By _____
Lyle D. Noyes,
Chief of Housing Inspections

VW

COMPREHENSIVE STRUCTURE DATA FOR DEMOLITION

LOCATION: 39-41 Cushman Street Tax Val. Land 2,300.00 Bldg. 14,600.00
CHART-BLOCK-LOT # 56-A-13 Tax Status: Year Due _____ Amt. Due _____
OWNER: Geraldine Brown Tax Deed: Yes () No () Matured: Yes () No ()
Stories: 2½ Com'l U. _____ Dwl. U. 1
Brick () Frame (X) Masonry ()
Attached () Semi-Detached () Detached (X)

1. THE STRUCTURE CONSTITUTES A HAZARD TO THE HEALTH OR SAFETY OF THE SURROUNDING COMMUNITY AND DEMOLITION IS RECOMMENDED BECAUSE IT IS:

- a. Structurally unsound Yes No _____ Each department must report
b. Unstable Yes _____ No _____ hazardous conditions of both
c. Insanitary Yes _____ No _____ the interior and exterior of
d. A Fire Hazard Yes _____ No _____ this structure.
e. Inadequately maintained Yes _____ No _____
f. Dilapidated Yes No _____
g. obsolete Yes _____ No _____
h. Otherwise dangerous to life or property Yes No _____
(Explain below)

2. INSPECTOR'S COMMENTS (required for each "Yes" answer given below):

- a. Structurally Unsound - A good part of the roof and 3rd floor has been destroyed by fire. Some of the wall studding is gone from fire damage.
f. Dilapidated - Extensive water and fire damage on interior. The ceilings and walls are opened up. The windows, gutters, and eaves need replacing.
h. Otherwise - Most of the building is boarded up, however, the front door is wide open to vandals.

Inspector Mary Schmuckel Department Bldg Insp Date 11-2-78 ²⁹
Diagram Attached: Yes _____ No _____ Photographs Attached: Yes _____ No _____
(Use reverse side if necessary)

Indicate by - X -
 EXISTING CONDITIONS
 Hazardous to Health or
 Safety of Surrounding
 Community

ADDRESS:
 Geraldine Brown
 39-41 Cushman Street

	STRUCTURALLY UNSOUND	UNSTABLE	INSANITARY	A FIRE HAZARD	INADEQUATELY MAINTAINED	DILAPIDATED	OBSOLETE	OTHERWISE DANGEROUS TO LIFE OR PROPERTY
EXTERIOR - Structure								
Foundation						X		
Walls	X					X		
Roof	X							
Porch								
Stairs								
Steps					X	X		
Doors								
Windows							X	X
Eaves							X	X
Trim						X		
Chimney						X	X	
Gutters						X	X	
Roof Drains						X	X	
Bulkhead						X		
Drainage								
Infestation								
Rats								
Other								
Fire Escape								
Dual Egress								
INTERIOR - Structure								
Lighting								
Elec. Wiring								
Floors								
Walls								
Ceilings								
Windows								
Airshafts								
Roof Rafters								
Sanitary Facilities								
Stairways								
Stair Treads								
Wastelines								
Supply Lines								
Stacks								
Flues								
Vents								
Chimney								
Heating Equip.								
Bsmt: Sanitation								
Dampness								
Lighting								
Elec. Panel								
Stairs								
Foundation								
Floor Joists								
Carrying Timbers								
Sills								

Inspector _____ Department _____ Date _____

29

COMPREHENSIVE STRUCTURE DATA FOR DEMOLITION

LOCATION: 39-41 Cushman Street
CHART-BLOCK-LOT # 56-A-13
OWNER: Geraldine Brown

Tax Val. Land 2,300.00 Bldg. 14,600.00
Tax Status: Year Due _____ Amt. Due _____
Tax Deed: Yes () No () Matured: Yes () No ()
Stories: 2 1/2 Com'l U. _____ Dwl.U. 1
Brick () Frame (XX) Masonry ()
Attached () Semi-Detached () Detached (XX)

1. THE STRUCTURE CONSTITUTES A HAZARD TO THE HEALTH OR SAFETY OF THE SURROUNDING COMMUNITY AND DEMOLITION IS RECOMMENDED BECAUSE IT IS:

- a. Structurally unsound
- b. Unstable
- c. Insanitary
- d. A Fire Hazard
- e. Inadequately Maintained
- f. Dilapidated
- g. Obsolete
- h. Otherwise dangerous to life or property
(Explain below)

Yes ___ No ___
 Yes ___ No ___
 Yes ___ No XX
 Yes ___ No ___
 Yes ___ No ___
 Yes ___ No ___
 Yes ___ No ___

Each department must report hazardous conditions of both the interior and exterior of this structure.

2. INSPECTOR'S COMMENTS (required for each "Yes" answer given below):

An inspection of this building on 3/30/79 showed it to be secured at all levels. In its present condition it does not present a fire hazard. This building is under repair at this time.

Inspector Ed James P. Callin Department Fire Dept Date 3-30-79
Diagram Attached: Yes ___ No X Photographs Attached: Yes ___ No X
(Use reverse side if necessary)

Indicate by - X -
 EXISTING CONDITIONS
 Hazardous to Health or
 Safety of Surrounding
 Community

STRUCTURALLY
 UNSOUND

UNSTABLE

INSANITARY

A FIRE HAZARD

INADEQUATELY
 MAINTAINED

DILAPIDATED

OBSOLETE

OTHERWISE
 DANGEROUS TO LIFE
 OR PROPERTY

ADDRESS:
 Geraldine Brown
 39-41 Cushman Street

EXTERIOR - Structure

- Foundation
- Walls
- Roof
- Porch
- Stairs
- Steps
- Doors
- Windows
- Eaves
- Trim
- Chimney
- Gutters
- Roof Drains
- Bulkhead
- Drainage
- Infestation
- Rats
- Other
- Fire Escape
- Dual Egress

INTERIOR - Structure

- Lighting
- Elec. Wiring
- Floors
- Walls
- Ceilings
- Windows
- Airshafts
- Roof Rafters
- Sanitary Facilities
- Stairways
- Stair Treads
- Wastelines
- Supply Lines
- Stacks
- Flues
- Vents
- Chimney
- Heating Equip.
- Bsmt: Sanitation
- Dampness
- Lighting
- Elec. Panel
- Stairs
- Foundation
- Floor Joists
- Carrying Timbers
- Sills

Inspector

R. A. Colton

Department

Fire Dept

Date

3-30-29

City of Portland, Maine
Fire Department

November 13, 1978

Mrs. Geraldine Brown
30 Cushman Street
City

Re: fire at 30 Cushman Street

Dear Sir:

On 10-21-78 a fire occurred in the building listed above, of which you are reported to be the owner ().

If permanent repair work is required for this building, you must obtain a permit from the Building & Inspection Dept. in City Hall before starting such work.

Very Truly Yours,

Joseph E. McDonough
Chief
Portland Fire Department

cc: Building & Inspection Dept.
Corporation Counsel
Health Dept. (Housing Div.)
City Assessor's (Mr. Lucci)

Fire started in cellar extended to attic.

No. 535602

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO		<i>Seraldine Brown</i>		
STREET AND NO.		<i>37 Chestnut St</i>		
P.O., STATE, AND ZIP CODE		<i>City 64101</i>		
POSTAGE		\$		
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE	¢		
	SPECIAL DELIVERY	¢		
	RESTRICTED DELIVERY	¢		
	OPTIONAL SERVICES			
	RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	¢	
		SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY	¢	
		SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢	
	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢		
TOTAL POSTAGE AND FEES		\$		
POSTMARK OR DATE				

PS Form 3800, Apr. 1976

October 30, 1978

Ms. Geraldine Brown
39 Cushman Street
Portland, Maine 04101

Dear Ms. Brown: Re: 39 Cushman Street - 56-A-13 - NDP

As owner or agent of the property located at 39 Cushman Street, Portland, Maine, you are hereby notified that as the result of a recent fire, 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 November 13, 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

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

Inspector M. Coughlin

/88

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NOTICE OF HOUSING CONDITIONS

1

✓ DU 1

City of Portland
 Department of Neighborhood Conservation
 Housing Inspections Division
 Tel. 775-5451 - Ext. 358 - 448

Geraldine Brown
 39 Cushman Street
 Portland, Maine 04101

✓ Ch.-Bl.-Lot: 36-A-13
 Location: 39 Cushman Street
 Project: RCV-MDP
 Issued: October 18, 1977
 Expired: Jan. 18, 1978

Dear Ms. Brown:

An examination was made of the premises at 39 Cushman Street, Portland, Maine, by Housing Inspector Gough. Violations of Municipal Codes relating to housing conditions were found as described in detail below.

In accordance with provisions of the above mentioned Codes, you are requested to correct these defects on or before Jan. 18, 1978. You may contact this office to arrange a satisfactory repair schedule if you are unable to make such repairs within the specified time. We will assume the repairs to be in progress if we do not hear from you within ten days from this date and, on reinspection within the time set forth above, will anticipate that the premises have been brought into compliance with Code Standards. Please contact this office if you have any questions regarding this Notice.

Your cooperation will help this Department in its goal to maintain all Portland residents in decent, safe and sanitary housing.

Very truly yours,

Joseph E. Gray, Jr. Director
 Neighborhood Conservation

Inspector M. Gough

By Lyle D. Noyes
 Chief of Housing Inspections

EXISTING VIOLATIONS OF CHAPTER 307 - "MINIMUM STANDARDS FOR HOUSING" - Section(s)

- | | |
|---|----|
| 1. As an energy conservation, we suggest you insulate the building. | 4d |
| 2. FURNACE - repair leaking supply lines to furnace. | 3a |
| * 3. OVERALL CELLAR - CEILING & WALL - repair loose BX electrical cable. | 3c |
| 4. CELLAR WINDOW - replace broken glass. | |
| 5. OVERALL - we suggest you procure the services of a competent pest control operator to exterminate for fleas. | 4a |
| 6. FIRST FLOOR FRONT HALL - replace broken storm door. | 3d |
| 7. BULKHEAD - replace broken bulkhead door. | 3d |
| 8. FIRST FLOOR - REAR DOOR - replace missing storm glass. | 3d |
| <u>FIRST, SECOND & THIRD FLOORS</u> | |
| 9. KITCHEN - repair leak in sink trap. | 6c |
| * 10. KITCHEN - repair leak in sink tap. | 6d |
| * 11. FIRST FLOOR BATHROOM - repair plugged lavatory waste line. | 6d |
| * 12. FIRST FLOOR BATHROOM WALL - repair inoperative light fixture. | 8a |
| 13. KITCHEN, LIVING ROOM, DINING ROOM & BATHROOM - WINDOWS - repair loose sashes. | 3c |

continued
 vw

PS Form 3811, Nov. 1976

SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).
 Show to whom and date delivered 25¢
 Show to whom, date, & address of delivery 45¢
 RESTRICTED DELIVERY. Show to whom and date delivered 85¢
 RESTRICTED DELIVERY. Show to whom, date, and address of delivery \$1.05
 (Fees shown are in addition to postage charges and other fees).

2. ARTICLE ADDRESSED TO:
 Mrs. Magdalene Brown
 39 Cowman St.
 Portland, Maine 04101

3. ARTICLE DESCRIPTION:
 REGISTERED NO. CERTIFIED NO. INSURED NO.
 665163

(Always obtain signature of addressee or agent)
 I have received the article described above.
 SIGNATURE Addressee Authorized agent

4. DATE OF DELIVERY: 10-22
 POSTMARK: PORTLAND, ME, OCT 22 1976

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

Customer 37

★ GPO: 1976-O-203-456

FIRST, SECOND & THIRD FLOORS CONT.

14. LIVING ROOM DOOR - replace missing knob.	3d
15. KITCHEN DOOR - replace missing knob.	3d
16. LIVING ROOM WINDOW - replace broken glass.	3c
17. SECOND FLOOR FRONT- HALL WINDOW - replace broken glass.	3c
* 18. SECOND FLOOR RIGHT REAR - BEDROOM WALL - repair inoperative light fixture.	8a
19. " " " " " " - replace missing plaster.	3b
* 20. SECOND FLOOR - BATHROOM WALL - repair loose light fixture.	8a
* 21. SECOND FLOOR LEFT REAR - BEDROOM CEILING - repair loose light fixture.	8a
* 22. SECOND FLOOR - LEFT FRONT - BEDROOM CEILING - replace illegal light fixture.	8a
23. SECOND & THIRD FLOOR - HALL STAIRS - replace missing balusters.	3d
24. THIRD FLOOR RIGHT REAR - BEDROOM WINDOW - replace broken glass.	3c
25. THIRD FLOOR RIGHT REAR - BEDROOM WALL - replace missing plaster.	3b
* 26. THIRD FLOOR LEFT REAR - BEDROOM CEILING - replace missing light fixture.	8a
* 27. THIRD FLOOR LEFT FRONT - BEDROOM CEILING & WALL - replace missing light fixtures.	8a
* 28. FIRST FLOOR FRONT - HALL WALL - replace missing electrical outlet cover.	8a
* 29. " " " " DOOR - repair sticking.	3d

WHEN MAKING YOUR REPAIRS, FIRST PRIORITY IS TO BE GIVEN TO ITEMS WITH ASTERISKS, AS THEY CONSTITUTE EXTREME HAZARDS TO THE HEALTH OR SAFETY OF THE OCCUPANTS OF THIS STRUCTURE.

We suggest you contact the City of Portland Building Inspection Department, 389 Congress St., Tel. 775-3451 to determine if any of the items listed above require a building or alteration permit.

JOSEPH L. BORNSTEIN

ATTORNEY AT LAW
EVENING STAR STREET
POST OFFICE BOX 4522
PORTLAND MAINE 04112

SUITE E
OLD PORT EXCHANGE
~~XXXXXXXXXX~~
207 772-4624

October 16, 1975

Mr. Lyle Noyes
Department of Health and Social Services
Housing Division
City Hall
Portland, Maine 04111

RE: Ms. Geraldine Brown, 39 Cushman Street
Portland, Maine

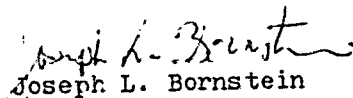
Dear Mr. Noyes:

This will confirm our conversation of October 15, 1975, during which we discussed the above-referenced matter regarding the de-leading of Ms. Brown's house. In following your instructions, I have notified Ms. Brown to cease her de-leading efforts until we hear further from you. I understand that you are waiting for the Maine Department of Health and Welfare to promulgate regulations as to the extent of de-leading necessary in dwellings where lead base substances have been discovered.

Ms. Brown does want to de-lead her home; unfortunately she does not have the funds with which to complete such an extensive project. She would appreciate any assistance in any form to assist her in her effort when it becomes necessary for her to complete the de-leading work.

Thank you in advance for sending the Portland Housing Code which includes the city lead poisoning ordinance.

Sincerely,


Joseph L. Bornstein

JLB/jjr

cc: Ms. Geraldine Brown

JOSEPH L. BORNSTEIN
SEVEN MOULTON STREET
POST OFFICE BOX 4522
PORTLAND, MAINE 04112



17 1975

HEALTH DEPARTMENT

Mr. Lyle Noyes
Department of Health and Social Services
Housing Division
City Hall
Portland, Maine 04111



CITY OF PORTLAND - MAINE

DAVID C. BITTENBENDER
HEALTH AND SOCIAL SERVICES DIRECTOR

I certify that the immediate lead paint hazard as indicated in the attached report has been eliminated by replacing woodwork, installing paneling and/or otherwise made intact by scraping, sanding and touching-up with non-lead base paint as per the instructions of Mr. Russell P. Berg, Lead Paint Inspector, Health Housing Division, Department of Health, Welfare and Social Services, City of Portland, Maine.

Mrs. Maudine D. Brown
Mr. or Mrs. Glen Brown
39 Cushman Street, Portland, Maine

Make it known I am signing this under duress

Witnessed above signature. M.M. Penton

Russell P. Berg 3/10/76
Russell P. Berg
Housing Inspector, City of Portland

Bili

sanded the 1 floor bedroom and all was
more better done & window then
painted the sanded spots
Did the same for the second floor
covered all the walls with hand
from third floor to the first floor.
scraped front & back doors first
floor bathroom door and paper
was scraped and painted. kitchen
door was scraped and painted.
kitchen floor repaired. all scraped
the mitchboxes and doors were
painted down. odds & ends that
was left done on the first floor.

work totals to
the sum of \$50.
Charles L. Field
79 CUSHMAN ST.
PORTLAND, MAINE

ESTIMATE

I agree to do the scraping and painting on three floors for the sum of \$250.00 plus materials.

The work to be done at 39 Cushman St. is as follows:

8 rooms
16 Windows
21 Doors
All mopboards in halls, stairs, rooms.
1st Floor Hall
5 doors and mopboards
Stairs, and woodwork
1st Floor
Kitchen - Back door, woodwork, mopboards
Pantry - Windows, underside boards.
Also exterior doors and frames.

Charles Littlefield

Charles Littlefield

CITY OF PORTLAND - HEALTH DEPARTMENT
LEAD POISONING and LEAD BASE PAINT DETECTION PROGRAM

Address: 39 CUSHMAN STREET (56-A-13) Date: January 29, 1976
 D.U. Location: ENTIRE STRUCTURE Owner: OCCUPANT
 Occupant: MRS. GERALDINE BROWN Owner's Address: _____
 Children: 9 Ages: 14, 13, 12, 12, 10, 8, 11, 6, 9 mos. Project Area: GENERAL
 Referred By: NURSING Patient's Name: _____
 Building Type: DETACHED Building Condition: GOOD No. D.U.: 1

DIGITAL ANALYZER (LEAD DETECTOR) READINGS Mg/cm²

INTERIOR ROOMS:	Kitchen	Path	Living	Dining	2nd FL Bd#1	2nd FL Bd#2	2nd FL Bd#3	2nd FL Bd#4	2nd FLOOR Other BATH
W. Sills	DUST 3.5				39.9	42.0	45.0	18.5	
DOOR	Flaking		Wall side		44.5	25.5	41.6	6.4	27.9
Walls					34.8	16.0	30.3	46.4	32.8
M. Board				DUST 3.5	39.6	48.4	32.1	43.3	
Cabinets									
Furniture									
DR FRAMES Other				FLAKING 8.1	44.0	38.0	46.2	42.4	
COMMON AREAS:	Hall	Stair	HALL F. Porch	R. Porch	MUD ROOM Entry	PANTRY Other	Other	Other	2nd fl HALL Other
Steps			TOP BOARD 13.0			FRAM DUST 9.2			
Rails			WINDOW 8.6			FRAME 19.4	FLAKING 13.9		FLAKING 14.0
Doors	29.9								
Walls	FLAKING 40.2		18.6				32.1		
BOARD			DOOR FRAME			CURBOARDS 14.8			
Other			FRAME KITCHEN						4.6

THE AREAS ABOVE CONTAIN A HIGH CONCENTRATION OF LEAD BASED PAINT (OVER 2.0 mg/cm²). THESE AREAS MUST BE DETOXIFIED.

Comments: DINING ROOM CEILING 13.2 AND FLAKING TO FLOOR. DUTCH DOOR 40.0 TOP OF FRAME 16.6
KING. SAMPLE OF WATER TAKEN AND SENT TO AUGUSTA FOR ANALYSIS. IF YOU HAVE ANY QUESTION
ARDING THIS MATTER PLEASE DO NOT HESITATE TO CALL THIS OFFICE.

Housing Inspector: R. BERG Health Dept. - Housing Division - 775-5451
 Ext. 448

PORTLAND HEALTH DEPARTMENT - NURSING DIVISION - HOUSING INSPECTIONS DIVISION - LABORATORY

CITY OF PORTLAND - HEALTH DEPARTMENT
LEAD POISONING and LEAD BASE PAINT DETECTION PROGRAM

Address: 39 CUSHMAN STREET (56-A-13) Date: 1/29/76
 D.U. Location: _____ Owner: _____
 Occupant: MRS. GERALDINE BROWN Owner's Address: _____
 Children: 9 Ages: _____ Project Area: _____
 Referred By: _____ Patient's Name: _____
 Building Type: _____ Building Condition: _____ No. D.U.: _____

DIGITAL ANALYZER (LEAD DETECTOR) READINGS $\mu\text{g}/\text{cm}^2$

INTERIOR ROOMS:	Kitchen	Bath	Living	Dining	3RD FLOOR				HALL CLOSET Other
					Bd#5	Bd#6	Bd#7	Bd#	
W. Sills					24.2	28.6	29.6		
Doors					30.1	30.9	24.3		16.9
Walls					32.0	31.2	27.8		32.0
H. Board					31.7	26.6	30.9		33.1
CLOSET DOORS									
Cabinets									
Furniture									
DOOR FRAMES					32.0	X	29.6		37.1
Other									
COMMON AREAS:	3rd FLOOR Hall	Stair	F. Porch	R. Porch	Entry	Other	Other	Other	Other
Steps	18.5								
Rails									
Doors	CLOSET 29.9								
Walls	BROKEN 15.2 1/24/76								
Other									

THE AREAS ABOVE CONTAIN A HIGH CONCENTRATION OF LEAD BASED PAINT (OVER 2.0 mg/cm^2). THESE AREAS MUST BE DETOXIFIED.

Comments: PANELING INSTALLED = 2/27/76
HALLWAYS OF THIS STRUCTURE ARE TOXIC, BROKEN, FULL OF HOLES AND IN ONE AREA IN DANGER OF FALLING. THERE IS STILL A LOT OF DUST AROUND THE FIRST FLOOR AREAS FROM PREVIOUS SANDING AND SCRAPING ACTIVITY. EXTERIOR FRONT DOOR AND FRAME 34.0 AND PEELING BADLY

Housing Inspector: R.P. BERG Health Dept. - Housing Division - 775-5451 Ext. 448

PORTLAND HEALTH DEPARTMENT - NURSING DIVISION - HOUSING INSPECTIONS DIVISION - LABORATORY

CITY OF PORTLAND - HEALTH DEPARTMENT
LEAD POISONING and LEAD BASE PAINT DETECTION PROGRAM

Address: 39 CUSHMAN STREET (56-A-13) Date: January 29, 1976
 D.U. Location: ENTIRE STRUCTURE Owner: OCCUPANT
 Occupant: MRS. GERALDINE BROWN Owner's Address: _____
 Children: 9 Ages: 14, 13, 12, 12, 10, 8, 11, 6, 9 mos. Project Area: GENERAL
 Referred By: NURSING Patient's Name: _____
 Building Type: DETACHED Building Condition: GOOD No. D.U.: 1

DIGITAL ANALYZER (LEAD DETECTOR) READINGS Mg/cm²

INTERIOR ROOMS:	Kitchen	Bath	Living	Dining	2nd FL	2nd FL	2nd FL	2nd FL	2nd FLOOR
					Bd#1	Bd#2	Bd#3	Bd#4	Other BATH
W. Sills	DUST 3.5				39.9	42.0	48.0	19.6	
CLOSET	flaking 7.6	edge 12.7	hallside 33.1		44.5	25.5	41.6	6.1	47.9
Doors					34.8	16.0	30.3	46.4	32.0
Walls				21.3					
M.Board	25.0			DUST 3.5	38.6	48.4	32.1	43.3	
Cabinets	14.9								
Furniture				FLAKING 8.1	41.0	38.0	46.2	42.4	
DOOR FRAMES	11.9								
Other					MUD ROOM Entry	PANTRY Other	Other	Other	2nd fl HALL Other
COMMON AREAS:	REAR Hall	Stair	HALL F. Porch	R. Porch			FLOOR DUST 9.2		
Steps			HOP BOARD 36.0						
Rails			WINDOW 8.6			FRAME 19.4	FLAKING 43.9		CLOSET 24.0
Doors	29.9		46.2				32.1		
Walls	FLAKING 40.2		18.6						
M. BOARD						CUPBOARDS 14.8			41.6
Other									

THE AREAS ABOVE CONTAIN A HIGH CONCENTRATION OF LEAD BASED PAINT (OVER 2.0 mg/cm²). THESE AREAS MUST BE DETOXIFIED.

Comments: DINING ROOM CEILING 13.2 AND FLAKING TO FLOOR. DUTCH DOOR 40.0 TOP OF FRAME 16.6 FLAKING. SAMPLE OF WATER TAKEN AND SENT TO AUGUSTA FOR ANALYSIS. IF YOU HAVE ANY QUESTION REGARDING THIS MATTER PLEASE DO NOT HESITATE TO CALL THIS OFFICE.

Housing Inspector: R. BERG Health Dept. - Housing Division - 775-5451 Ext. 448

PORTLAND HEALTH DEPARTMENT - NURSING DIVISION - HOUSING INSPECTIONS DIVISION - LABORATORY

CITY OF PORTLAND - HEALTH DEPARTMENT
LEAD POISONING and LEAD BASE PAINT DETECTION PROGRAM

Address: 39 CUSHMAN STREET (56-A-13) Date: 1/29/76
 D.U. Location: _____ Owner: _____
 Occupant: MRS. GERALDINE BROWN Owner's Address: _____
 Children: 9 Ages: _____ Project Area: _____
 Referred By: _____ Patient's Name: _____
 Building Type: _____ Building Condition _____ No. D.U.: _____

DIGITAL ANALYZER (LEAD DETECTOR) READINGS Mg/cm2

INTERIOR ROOM	DIGITAL ANALYZER (LEAD DETECTOR) READINGS Mg/cm2								HALL CLOSET
	Kitchen	Bath	Living	Dining	Bd#5	Bd#6	Bd#7	Bd#	Other
W. Sills					24.2	28.6	29.6		
Doors					30.1	30.3	24.3		
Walls									16.9
M. Board					32.0	31.2	27.8		33.0
CLOSET DOORS Cabinets					31.7	36.6	30.5		33.1
Furniture									
DOOR FRAMES Other					32.0	36.4	29.6		32.1
COMMON AREAS:	3rd FLOOR Hall	Stair	F. Porch	R. Porch	Entry	Other	Other	Other	Other
Steps	18.5								
Rails									
Doors	CLOSET 29.1								
Walls	BROKEN 15.2								
Other									

THE AREAS ABOVE CONTAIN A HIGH CONCENTRATION OF LEAD BASED PAINT (OVER 2.0 mg/cm2). THESE AREAS MUST BE DETOXIFIED.

Comments: HALLWAYS OF THIS STRUCTURE ARE TOXIC, BROKEN, FULL OF HOLES AND IN ONE AREA IN DANGER OF FALLING. THERE IS STILL A LOT OF DUST AROUND THE FIRST FLOOR AREAS FROM PREVIOUS SANDING AND SCRAPING ACTIVITY. EXTERIOR FRONT DOOR AND FRAME 34.0 AND PEELING BADLY.

Housing Inspector: R.P. BERG Health Dept. - Housing Division - 775-5451
Ext. 448

PORTLAND HEALTH DEPARTMENT - NURSING DIVISION - HOUSING INSPECTIONS DIVISION - LABORATORY

RECEIPT FOR CERTIFIED MAIL—30¢ (plus postage)

No. 48741

SENT TO	<i>Mrs. John Pettigill</i>		POSTMARK OR DATE
STREET AND NO.	<i>39 Cushman St.</i>		
P. O. STATE AND ZIP CODE	<i>City</i>		
ADDITIONAL SERVICES FOR ADDITIONAL FEES			
RETURN RECEIPT SERVICES	Shows to whom and date delivered and to whom date and where delivered	15¢ 65¢	
DELIVER TO ADDRESSEE ONLY	Shows to whom date and where delivered (with delivery of extra fee only)	35¢	
SPECIAL DELIVERY	extra fee required	50¢	

PS Form 3800 NO INSURANCE COVERAGE PROVIDED—(See other side)
Apr. 1971 NOT FOR INTERNATIONAL MAIL

15

CITY OF PORTLAND - HEALTH DEPARTMENT
LEAD POISONING and LEAD BASE PAINT DETECTION PROGRAM

Address: 39 CUSHMAN STREET (56-A-13) Date: 8/26/75
 D.U. Location: ENTIRE BUILDING Owner: OCCUPANT
 Occupant: MRS. JOHN PETTINGILL Owner's Address: SAME
 Children: 9 Ages: 14, 13, 12, 12, 10, 8, 11, 6, 4mos Project Area: GENERAL
 Referred By: NURSING Patient's Name: MARK (PETTINGILL) 131 2002
 Building Type: DETACHED Building Condition: GOOD No. D.U.: ONE

DIGITAL ANALYZER (LEAD DETECTOR) READINGS Mg/cm²

INTERIOR ROOMS:	Kitchen	Bath	Living	Dining	2 F Bd#1	2 F Bd#2	2 F Bd#3	2 F Bd#4	2 F BATH Other
W. Sills	37.2		55.5	22.5	41.2	42.0	48.4	20.0	
Doors	33.2	27.3	43.0		44.8	25.5	53.7		48.0
Walls		17.7	26.0	21.4	33.8	16.0	31.8	46.9	31.9
H. Board	25.1	19.1	44.9	22.5	39.0	48.4	28.7	42.2	
Cabinets	14.9								
Furniture									
DOOR FRAMES									
Other	23.2	24.4	42.4	25.0	41.6	38.0	46.1	42.7	
COMMON AREAS:	FRONT Hall	2nd FLR. Stair	F. Porch	R. Porch	3F BD-5 Entry	3F-Bd-6 Other	Bd-7 Other	Other	HALL CLOSET Other 3rd Flr.
WINDOW SILLS									
Seeps	42.2	14.1			23.4	29.1	30.0		
H. BOARDS					31.9	31.0	23.1		32.7
Raffs									
Doors	45.5				32.6	37.7	34.1		33.1
Walls	33.5	17.3							16.9
DOOR FRAMES									
Other	46.3				31.1	38.7	30.5		31.1

THE AREAS ABOVE CONTAIN A HIGH CONCENTRATION OF LEAD BASED PAINT (OVER 2.0 mg/cm²). THESE AREAS MUST BE DETOXIFIED ON OR BEFORE SEPTEMBER 29, 1975.

Comments: OWNER INQUIRED ABOUT THE POSSIBILITY OF GAINING FINANCIAL ASSISTANCE, FEDERAL OR CITY, FOR PURPOSE OF LEAD PAINT REMOVAL.
IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER PLEASE DO NOT HESITATE TO CALL THIS OFFICE.

Housing Inspector: R. P. Berg

Health Dept. - Housing Division - 775-5451
Ext. 448

PORTLAND HEALTH DEPARTMENT - NURSING DIVISION - HOUSING INSPECTION DIVISION - LABORATORY

PS Form 3811, Nov. 1973

SENDER: Complete items 1 and 2. Add your address in the RETURN TO space.

1. The following service is requested (check one):

- Show to whom and date delivered. 15¢
- Show to whom, date, & address of delivery. 35¢
- DELIVER ONLY TO ADDRESSEE and show to whom and date delivered. 65¢
- DELIVER ONLY TO ADDRESSEE and show to whom, date, and address of delivery. 85¢

2. ARTICLE ADDRESSED TO:

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	487142	

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE: *A. Patenaill*

4. DATE OF DELIVERY: 9/6/75

POSTMARK:

5. ADDRESS (Complete only if requested):

6. UNABLE TO DELIVER BECAUSE:

CLERK'S INITIALS:

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

GPO : 1974 O - 811-845

CITY OF PORTLAND - HEALTH DEPARTMENT
LEAD POISONING and LEAD BASE PAINT DETECTION PROGRAM

Address: 39 Cushman St. Date: 9-28-72
 D.U. Location: Entire Structure Owner: Gerry Doughty
 Occupant: Garry Doughty Owner's Address: same
 Children: 7 Ages: 11,10,9,8,7,5, and 3 Project Area: _____
 Referred By: _____ Patient's Name: _____
 Building Type: wood Building Condition: Good No. D.U.: 1

DIGITAL ANALYZER (LEAD DETECTOR) READINGS Mg/cm²

INTERIOR ROOMS:	1st Fl.		3rd Fl.		3rd Fl.		2nd Fl.		Office Other
	Kitchen	3rd Fl. Bath	Living	L.Rear Dining	Front Bd#1	Rear Bd#2	Front Bd#3	R.Rear Bd#4	
W. Sills	--	18.4	29.6	16.7	29.6	24.2	14.3	36.1	14.9
Doors	26.5	26.1	Casing 25.5	23.4	25.2	33.1	closet Door 30.7	37.8	3.9
Walls	--	--	--	--	--	--	--	--	--
M.Board	21.1	17.6	28.7	13.9	16.3	22.4	29.7	24.5	22.8
Cabinets	20.4	--	--	--	--	--	--	--	--
Furniture	--	Neg.	--	--	Neg.	Neg.	Neg.	Neg.	Neg.
Other	--	--	Mantel Neg.	--	--	--	--	--	--
COMMON AREAS:	Front Hall	Front Stairway	F.Porch	R.Porch	pantry Entry	2nd Fl. Other Hall	2nd Fl. Bathroom Other	2nd fl. left r. Bathroom Other	1st fl. Bathroom Other
Steps	--	34.1	--	Neg.	--	29.7	--	--	--
Rails	--	Neg.	--	Neg.	pop bd. 9.4	Neg.	pop bd. Neg.	pop bd. 28.4	pop bd. 9.4
Doors	29.8	--	18.7	5.7	--	--	30.7	28.6	11.3
Walls	--	--	--	--	14.9	15.2	21.2	Neg.	14.2
Other	pop bd. 34.6	pop bd. 24.9	--	--	Cabinets 7.6	w.Sill 11.6	w.Sill Neg.	w.Sill 38.6	w.Sill Neg.

THE AREAS ABOVE CONTAIN A HIGH CONCENTRATION OF LEAD BASED PAINT (OVER 2.0 mg/cm²). THESE AREAS MUST BE DETOXIFIED.

Comments: Loose and missing plaster in stairway leading to third floor. This area of wall has high lead reading.

Housing Inspector: Russell Health Dept. - Housing Division - 775-5451 Ext. 448

PORTLAND HEALTH DEPARTMENT - NURSING DIVISION - HOUSING INSPECTIONS DIVISION - LABORATORY

LEAD BASE PAINT SURVEY

11-8-72

Date _____

Nursing Division

Referral to _____

39 Cushman St.

ADDRESS Garry Goughy

OCCUPANT Entire Structure

DWELLING UNIT LOCATION 5 and 3

NUMBER OF CHILDREN (1-6 Years) _____

An analysis by the Housing Inspections Division showed areas within the above dwelling unit to contain paint with an unacceptable amount of LEAD.

Please contact the occupants to arrange for tests to be made on the children.

Russell

Inspector _____

LYLE D. NOYES
Chief of Housing Inspections

July 28, 1972

Mrs. Lena M. Moffett
39 Cushman Street
Portland, Maine 04102

Dear Mrs. Moffett:

Re: 39 Cushman 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
Chief of Housing Inspections

Inspector 

LDN:gg

CERTIFICATE
OF
COMPLIANCE

September 25, 1970

CITY OF PORTLAND
Health Department - Housing Division
Tel. 774-8221 Ext. 226

Mrs. Lena M. Moffett
39 Cushman Street
Portland, Maine 04102

Re: Premises located at 39 Cushman Street, Portland, Maine

Dear Mrs. Moffett:

A re-inspection of the premises noted above was made on September 24, 1970
by Housing Inspector Spiller, of the Health Department.

This is to certify that you have complied with our request to correct the
violations of the Municipal Codes relating to housing conditions described
in our "Notice of Housing Conditions" dated May 14, 1970.

Thank you for your cooperation and your efforts to help us maintain decent,
safe and sanitary housing for all Portland residents.

Very truly yours,

Arthur A. Hughson, CPH MPH
Health Director

Inspector

Spiller

By

Spiller
Chief of Housing Inspections

NOTICE OF HOUSING CONDITIONS

CITY OF PORTLAND
Health Department - Housing Division
774-8221 Ext 226

Loc: 39 Cushman Street
Proj: ADP #1
Issued: 5-14-70
Expires: 9-14-70 *Project*

Mrs. Lena M. Moffett
39 Cushman Street
Portland, Maine 04102

~~773 8750~~
773 8750

Dear Mrs. Moffett:

An examination was made on April 29, 1970, of the premises located at 39 Cushman Street, Portland, Maine, by Housing Inspector Gough. Violations of Municipal Codes relating to housing conditions were found as described in detail below.

In accordance with the provisions of the above mentioned Codes, you are requested to correct these defects on or before September 14, 1970. You may contact the Housing Inspection Supervisor at this office to arrange a satisfactory repair schedule if you are unable to make such repairs within the specified time. We will assume the repairs to be in progress if we do not hear from you within ten days from this date, and on reinspection within the time set forth above will anticipate that the premises have been brought into compliance with Code Standards.

Your cooperation will help this Department in its goal to maintain all Portland residents in decent, safe and sanitary housing.

Very truly yours,
Arthur A. Hughson
Health Director

By: _____
Housing Inspection Supervisor

Existing violations of Chapter 307, "Minimum Standards for Housing"

Section(s)

9/21 1. ~~Replace the worn and broken cellar stair treads.~~

3(d)

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

JULY 25, 1997

CITY OF PORTLAND

MAGUIRE JUNE A
132 PROSPECT ST
WAKEFIELD MA 01880

Re: 39 SPRUCE ST
CBL: 056- - D-032-001-01
DU: 3

Dear Ms. Maguire:

The Housing Inspections Division of the Department of Planning and Urban Development has recently completed an overall inspection of the above-referred property.

Congratulations are extended to you for the general condition of your property which was found to meet the standards established by the City's Housing Code. We did, however, note the following items that could cause future problems:

1. EXT - - 108.10
TRIM IS ROTTED
2. EXT - - 108.10
DOWNSPOUTS ARE MISSING
3. INT - OVERALL - 113.50
HARD-WIRED BATTERY-BACK/UP SMOKE DETECTORS ARE REQUIRED IN EACH UNIT
- PERMIT BY MASTER ELECTRICIAN

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,

Handwritten signature of Arthur Rowe in cursive.

Arthur Rowe
Code Enforcement Officer

Handwritten signature of Tammy Munson in cursive.

Tammy Munson
Code Enfc.Offc./ Field Supv.

