217-219 Vaughan Street

BRAMHILL

SHAVSLAKE

August 19, 1968

J. B. Brown and Sons
57 Exchange Street
Portland, Maine 04111

Dear Sir: RE: 217-219 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. Many people in the area are making improvements in their property even though they meet the requirements of ordinance relating to housing conditions. Good maintenance is the best way to preserve the useful life of your property and neighborhood.

Many services are available through the site office for further improvements to your property. Should you want advice on landscaping, structural changes, plans, and financing, please call 773-1773.

If we can be of further help, please feel free to call on us. Thank you for your interest in the program and your cooperation in making Bramhall Hill a more beautiful residential area.

Sincerely,

Gordon E. Martin

Gordon E. Martin
Housing Supervisor

GLS:ac

Photos ☐ yes ☐ no

Proj. No. ____ C.I. ____ Ass'rs ____ Zone ____ Zone Viol ____

Stories 3 (D)F ASND (S)A R (SS)A NA (NS)ST P Com.Units ____ Rmg Units ____ Dwl.Units 6

Date 8/14/68

LOCATION	217-219 Vaughn St.
OWNER AGENT	
OWNER AGENT	J.B. Brown Co
OWNER AGENT	57 Exchange St.
OWNER AGENT	

COMP / PEND / VTS

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

STRUCTURE RATING ____

STRUCTURE SCHEDULE

YARD
- ☑ GARBAGE & RUBBISH
- ☑ CONTAINERS COMPLY
- ☑ DRAINAGE
- ☑ ZONE VIOL.

STRUCTURE EXTERIOR
- ☑ STEPS, STAIRS, PORCHES
- ☑ FOUNDATION
- ☑ WALLS
- ☑ WINDOWS, DOORS
- ☑ ROOF, DRAINS
- ☑ OUT BUILDINGS

INFESTATION
- ☑ RATS ☐ R: ☐ O: ☐ E:
- ☑ OTHER (SPECIFY)

EGRESS
- ☑ DUAL ☑ YES: ☐ NO
- ☑ OBST'N

STRUCTURE INTERIOR
- ☑ HALL. OBST'N
- ☑ HALL. LIGHTING
- ☑ HALL. FLOOR WALLS CEILING
- ☑ STAIRWAYS
- ☑ WINDOWS, AIRSHAFT
- ☑ ELECT. WIRING

HEATING CENTRAL YES: ☑ NO ☐
- ☑ STACKS FLUES, VENTS
- ☑ CHIMNEY
- ☑ EQUIPMENT, REPAIR

PLUMBING
- ☑ SUPPLY LINE
- ☑ WASTE LINE

BASEMENT
- ☐ GEN'L SANIT'N
- ☐ DAMPNESS ___ R: ___ O
- ☐ STAIRS OK
- ☐ LIGHTING

BASEMENT UNIT
- ☐ MIN 7' - 3'
- ☐ DAMPNESS ☐ R: ☐ O
- ☐ WINDOW 1/12 X 8' NONE
- ☐ DUAL EGRESS ☐ YES: ☐ NO

PROHIBITED COMM'N USE
- ☑ ASSOC. USE HAZARD
- ☑ HAZARDOUS VENTS

Remarks

Portland Health Dept.

CS-8

Inspector Lyle Moyer

Photos ☐ yes ☐ no

Proj. No. ( )

Date 8/14/68

DWELLING UNIT SCHEDULE

CROWDING		LOCATION	217 Vaughn St	COMP.	
SANIT.		D.U. LOC.	1st Flr	PEND.	
INFEST.		OCCPNT	Arthur Smith		
BASE D.U.		OWNER AGENT			
DET'RN		ADDRESS		VTS	

Occupants		Information LOC.	RENT	FURN.	WK.I.	RMS	Occupancy PER.	ALL'D	LEAS	HEAT	Facilities BATH	FLSH	K.SK	H.W.	CK'G	Violations				
1.		1	✓	✓	✓	5	2	✓	✓	CO	P	P	✓	✓	LG					
2.																				
3.																				
4.																				

	KITCHEN	BATH	TOILET	DINING	Liv RM	BED	F. R. BED	BED	BED	OTHER	TOTAL
OVERCROWDING 65' - 7'											
50 SLEEP'S	X	X	X								
VENTILATION 1/12 x 1/2	✓	✓	✓	✓	✓	✓	✓				
LIGHTING WIRING	✓	✓	✓	✓	✓	✓	✓				
DET'RN WALLS	✓	✓	✓	✓	✓	✓	✓				
CEILINGS	✓	✓	✓	✓	✓	✓	✓				
WINDOWS	✓	✓	✓	✓	✓	✓	✓				
DOORS	✓	✓	✓	✓	✓	✓	✓				
FLOORS	OK	OK	OK	OK	OK	OK	OK				

Remarks

KITCHEN SINK & WATER
- ☐ SINK
- ☐ SUPPLY & WASTE
- ☐ PLBG. GEN'L

HEATING
- ☐ STACKS, FLUES, VENTS
- ☐ HT'RS VENTED, REP'R

BATHING FACILITIES
- ☐ SHARED MAX. 4DU
- ☐ RMS U. 1 PER 15
- ☐ MIN. 7' STDS HT.
- ☐ VENT'LN
- ☐ PROPER ACCESS
- ☐ PLB'G OK
- ☐ SANIT'N

TOILET FACILITIES
- ☐ SHARED MAX. 2 DU
- ☐ RMS U FLSH & LAV 1 PER 10
- ☐ VENT'LN
- ☐ PROPER ACCESS
- ☐ PLB'G OK
- ☐ SANIT'N

INFESTATION
- ☐ RATS ☐ R: ☐ O: ☐ E
- ☐ OTHER (SPECIFY) OK

EGRESS
- ☐ DUAL ☐ YES. ☐ NO
- ☐ OBST'N

Portland Health Dept.
CS-7

Inspector Lyle Noyes

Photos ☐ yes ☐ no
Proj. No. ( )

Date 8/14/68

DWELLING UNIT SCHEDULE

CROWDING		LOCATION	217 Vaughn St.	COMP.
SANIT.		D.U. LOC.	3rd	PEND.
INFEST.		OCCPNT	C. F. DAVIS Jr	
BASE D.'L.		OWNER AGENT		
DET'RN		ADDRESS		VTS

Occupants		Information LOC.	RENT	FURN.	WK.I.	Occupancy RMS	PER.	ALL'D	LGRS	Facilities HEAT	BATH	FLSH	K.SK	H.W.	CK'G	Violations				
1.		3	✓	✓	✓	5	2	✓	✓	C/O	P	P	✓	✓	LG					
2.																				
3.																				
4.																				

	KITCHEN	BATH	TOILET	DINING	LIV. ~~LOUNGE~~	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 65' - 7'											
50 SLEEP'G	X	X	X								
VENTILATION 1/12 x 1/2											
LIGHTING WIRING											
DFT'RN WALLS											
CEILINGS											
WINDOWS											
DOORS											
FLOORS	OK	OK	OK	OK	OK	OK	OK				

Remarks

KITCHEN SINK & WATER
- ☐ SINK
- ☐ SUPPLY & WASTE
- ☐ PLBG. GEN'L — OK

HEATING
- ☐ STACKS, FLUES, VENTS
- ☐ HT'RS VENTED, REP'R — OK

BATHING FACILITIES
- ☐ SHARED MAX. 4DU
- ☐ RMG U. 1 PER 15
- ☐ MIN. 7' STDS HT.
- ☐ VENT'LN
- ☐ PROPER ACCESS
- ☐ PLB'G
- ☐ SANIT'N — OK

TOILET FACILITIES
- ☐ SHARED MAX. 2 DU
- ☐ RMG U FLSH & LAV 1 PER 10
- ☐ VENT'LN
- ☐ PROPER ACCESS
- ☐ PLB'G
- ☐ SANIT'N — OK

INFESTATION
- ☐ RATS ☐ R: ☐ O: ☐ E
- ☐ OTHER (SPECIFY) — OK

EGRESS
- ☑ DUAL ☑ YES. ☐ NO
- ☑ OBST'N

Portland Health Dept.
CS-7

Inspector Lyle Noyes

Photos ☐ yes ☐ no

Proj. No. ( )

Date 8/14/68

CROWDING		LOCATION 217 Vaughn ST		COMP.
SANIT.		D.U. LOC. 3rd Flr		PEND.
INFEST.		PRCPNT Newell		
BASE D.U.		OWNER AGENT		
DET'RN		ADDRESS		VTS

DWELLING UNIT SCHEDULE

Occupants		Information LOC.	RENT	FURN.	WK.I.	RMS	Occupancy PER.	ALL'D	LGRS	Facilities HEAT	BATH	FLSH	K.SK	H.W.	CK'G	Violations				
1		2	✓	✓	✓	5	3	✓	✓	CO	P	P	✓	✓	LG					
2.																				
3.																				
4.																				

	KITCHEN	BATH	TOILET	DINING	Liv RM	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 65' . 7'											
50 SLEEP'G	X	X	X								
VENTILATION 1/12 x 1/2											
LIGHTING WIRING											
DET'RN WALLS											
CEILINGS											
WINDOWS											
DOORS											
FLOORS	OK	OK	OK	OK	OK	OK	OK				

Remarks

KITCHEN SINK & WATER
- ☐ SINK
- ☐ SUPPLY & WASTE
- ☐ PLBG. GEN'L — OK

HEATING
- ☐ STACKS, FLUES, VENTS
- ☐ HT'RS VENTED, REP'R — OK

BATHING FACILITIES
- ☐ SHARED MAX. 4DU
- ☐ RMG U. 1 PER 15
- ☐ MIN. 7' STDG HT.
- ☐ VENT'LN
- ☐ PROPER ACCESS
- ☐ PLB'G — OK
- ☐ SANIT'N

TOILET FACILITIES
- ☐ SHARED MAX. 2 DU
- ☐ RMG U FLSH & LAV 1 PER 10
- ☐ VENT'LN
- ☐ PROPER ACCESS
- ☐ PLB'G — OK
- ☐ SANIT'N

INFESTATION
- ☐ RATS ☐ R: ☐ O: ☐ E
- ☐ OTHER (SPECIFY) — OK

EGRESS
- ☑ DUAL ☑ YES. ☐ NO
- ☑ OBST'N

Portland Health Dept.

CS-7

Inspector Lyle Noyes

Photos ☐ yes ☐ no

Proj. No.

Date 8/14/68

CROWDING		LOCATION	219 Vaughn ST	COMP.	
SANIT.		D.U. LOC.	2nd Flr	PEND.	
INFEST.		OCCPNT	Burke		
BASE D.U.		OWNER AGENT			
DET'RN		ADDRESS		VTS	

DWELLING UNIT SCHEDULE

	Occupants		Information					Occupancy			Facilities						Violations				
			LOC.	RENT	FURN.	WK.I.	RMS	PER	ALL'D	LGRS	HEAT	BATH	FLSH	K.SK	H.W.	CK'G					
1.			2	✓	✓	✓	5	3	✓	✓	CO	P	P	✓	✓	E					
2.																					
3.																					
4.																					

	KITCHEN	BATH	TOILET	DINING	L'V BED	F BED	R BED	BED	BED	OTHER	TOTAL
OVERCROWDING 65' - 7'											
50 SLEEP'G	X	X	X								
VENTILATION 1/12 x 1/2	✓	✓	✓	✓	✓	✓	✓				
LIGHTING WIRING	✓	✓	✓	✓	✓	✓	✓				
DET'RN WALLS	✓	✓	✓	✓	✓	✓	✓				
CEILINGS	✓	✓	✓	✓	✓	✓	✓				
WINDOWS	✓	✓	✓	✓	✓	✓	✓				
DOORS	✓	✓	✓	✓	✓	✓	✓				
FLOORS	OK	OK	OK	OK	OK	OK	OK				

Remarks

KITCHEN SINK & WATER

☐ SINK

☐ SUPPLY & WASTE

☐ PLBG. GEN'L — OK

HEATING

☐ STACKS, FLUES, VENTS

☐ HT'RS VENTED, REP'R — OK

BATHING FACILITIES

☐ SHARED MAX. 4DU

☐ RMG U. 1 PER 15

☐ MIN. 7' STDG HT.

☐ VENT'LN

☐ PROPER ACCESS

☐ PLB'G — OK

☐ SANIT'N

TOILET FACILITIES

☐ SHARED MAX. 2 DU

☐ RMG U FLSH & LAV 1 PER 10

☐ VENT'LN

☐ PROPER ACCESS

☐ PLB'G — OK

☐ SANIT'N

INFESTATION

☐ RATS ☐ R: ☐ O: ☐ E

☐ OTHER (SPECIFY) — OK

EGRESS

☑ DUAL ☑ YES. ☐ NO

☑ OBST'N

Portland Health Dept.

CS-7

Inspector Lyle Noyes

Photos ☐ yes ☐ no
Proj. No.

Date 8/14/68

CROWDING		LOCATION	219 Vaughn St	COMP.
SANIT.		D.U. LOC.	1st Flr.	PEND.
INFEST.		OCCPNT	Mrs Chester	
BASE D.U.		OWNER AGENT		
DET'RN		ADDRESS		VTS

DWELLING UNIT SCHEDULE

Occupants		Information LOC.	RENT	FURN.	WK.I.	RMS	Occupancy PER.	ALL'D	LGRS	HEAT	Facilities BATH	FLSH	K.SK	H.W.	CK'G	Violations				
1.		1	✓	✓	✓	5	7	✓	✓	G6	P	P	✓	✓	G					
2.																				
3.																				
4.																				

	KITCHEN	BATH	TOILET	DINING	~~SCD~~ Liv	BED F	BED R	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 65' - 7'												
50 SLEEP'G	X	X	X									
VENTILATION 1/12 x 1/2	✓	✓	✓	✓	✓	✓	✓					
LIGHTING WIRING												
DET'RN WALLS												
CEILINGS												
WINDOWS												
DOORS												
FLOORS	OK	OK	OK	OK	OK	OK	OK					

Remarks

KITCHEN SINK & WATER
☐ SINK
☐ SUPPLY & WASTE
☐ PLBG. GEN'L — OK

HEATING
☐ STACKS, FLUES, VENTS
☐ HT'RS VENTED, REP'R — OK

BATHING FACILITIES
☐ SHARED MAX. 4DU
☐ RMS U. 1 PER 15
☐ MIN. 7' STDG HT.
☐ VENT'LN
☐ PROPER ACCESS
☐ PLB'G
☐ SANIT'N — OK

TOILET FACILITIES
☐ SHARED MAX. 2 DU
☐ RMS U FLSH & LAV 1 PER 10
☐ VENT'LN
☐ PROPER ACCESS
☐ PLB'G
☐ SANIT'N — OK

INFESTATION
☑ RATS ☐ R: ☐ O: ☐ E
☑ OTHER (SPECIFY)

EGRESS
☑ DUAL ☑ YES. ☐ NO
☑ OBST'N

Portland Health Dept.
CS-7

Inspector Lyle Noyes

Photos ☐ yes ☐ no
Proj. No.

Date 5/4/68

CROWDING		LOCATION 219 Vaughn St.		COMP.
SANIT.		D.U. LOC. 3rd Flr		PEND.
IF VES/.		OCCPNT Whittmore		
VASE D.U.		OWNER AGENT		
DET'RN		ADDRESS		VTS

DWELLING UNIT SCHEDULE

Occupants	Information					Occupancy			Facilities						Violations				
	LOC.	RENT	FURN.	WK.I.	RMS	PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K.SK	H.W.	CK'G					
1.	3	✓	✓	✓	5	3	✓	✓	C.O.	P	P	✓	✓	G					
2.																			
3.																			
4.																			

	KITCHEN	BATH	TOILET	DINING	Liv BED	R BED	F BED	BED	BED	OTHER	TOTAL
OVERCROWDING 65' - 7'											
50 SLEEP'G	X	X	X								
VENTILATION 1/12 x 1/2											
LIGHTING WIRING											
DET'RN WALLS											
CEILINGS											
WINDOWS											
DOORS											
FLOORS	OK	OK	OK	OK	OK	OK	OK				

Remarks

KITCHEN SINK & WATER
- ☐ SINK
- ☐ SUPPLY & WASTE
- ☐ PLBG. GEN'L — OK

HEATING
- ☐ STACKS, FLUES, VENTS
- ☐ HT'RS VENTED, REP'R — OK

BATHING FACILITIES
- ☐ SHARED MAX. 4DU
- ☐ RMS U. 1 PER 15
- ☐ MIN. 7' STOR HT.
- ☐ VENT'LN
- ☐ PROPER ACCESS
- ☐ PLB'G
- ☐ SANIT'N — OK

TOILET FACILITIES
- ☐ SHARED MAX. 2 DU
- ☐ RMS U FLSH & LAV 1 PER 10
- ☐ VENT'LN
- ☐ PROPER ACCESS
- ☐ PLB'G
- ☐ SANIT'N — OK

INFESTATION
- ☑ RATS ☐ R: ☐ O: ☐ E
- ☑ OTHER (SPECIFY)

EGRESS
- ☑ DUAL ☑ YES. ☐ NO
- ☑ OBST'N

Portland Health Dept.
CS-7

Inspector Lyle T. Moyer

CBSL Micro F.

CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

April 11, 1988

J.B. Brown
c/o Willow William
482 Congress Street
Portland, Maine 04101

DU: 6

Dear Sir:

RE: 217-219 Vaughan St. 63-C-8

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.

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

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

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

By
P. Samuel Hoffses,
Chief of Inspection Services

Code Enforcement Officer
Merlin Leary (5)

jmr

CITY OF PORTLAND
INSPECTION SERVICES DIVISION - HOUSING INSPECTION SCHEDULE

Insp. Date: 4-6-88 Complaint ____ 5 year X Fire ____ Inspector's Name M Leary Dist. 5

Property Address: 217-219 Vaughan C-L-L: 63-C-8 Legal Units: ____ Exist. Units: 6 Stories: 3

Owner or Agent J.B Brown / c/o Willow William Stand. 1st: X N.O.H.C. ____ L.O.D. ____
Address 462 Congress St
Portland Me

Violation No.	Ext.	Int.	Fl.	Apt.	LOCATION	VIOLATION DESCRIPTION	CODE
					Standard First	Inspection	

C micro F.

CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

April 11, 1988

Jane Simonds
Aaron O'Connor
Theresa Brescia
219 Vaughan Street
Apt. #5
Portland, ME 04102

Re: 219 Vaughan, Apt. #5

We recently received a complaint and an inspection was made by Code Enforcement Officer Merlin Leary of the property owned by you at 219 Vaughan St., Apt. #5, Portland, Maine. As a result of the inspection, you are hereby ordered to correct the following substandard housing conditions:

1. Rear hall has rubbish and various other articles stored. This must be removed within 10 days to meet local codes. 109-4

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 April 21, 1988.

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
Chief of Inspection Services

Merlin Leary, Code Enforcement Officer (5)

jmr

STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST-CLASS POSTAGE, CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES (see front)
1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article leaving the receipt attached, and present the article at a post office service window or hand it to your rural carrier (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub on the right portion of the address side of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, attach to back of article. Endorse front of article RETURN RECEIPT REQUESTED adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse front of article RESTRICTED DELIVERY.
5. Enter fees for the services requested in the appropriate blocks in the upper right portion of the address side of the article. If space permits, place the gummed ends of the receipt card on the front of the article.
6. Save this receipt and present it if you have a question.

Inspection Services
P. Samuel Hoffses
Chief

Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

July 10, 1995

BROWN J B & SONS
PO BOX 207
PORTLAND ME 04112

Re: 217 Vaughan St
CBL: 063- - C-008-001-01
DU: 3

Dear Sir:

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. INT - OVERALL - 113.50
HARD-WIRED BATTERY-BACK/UP SMOKE DETECTORS ARE REQUIRED IN EACH UNIT

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,

Amy Simpson
Code Enforcement Officer

Tammy Munson
Code Enfc. Offr./ Field Supv.

389 Congress Street • Portland, Maine 04101 • (207) 874-8704 • FAX 874-8716 • TTY 874-8936

Inspection Services
P. Samuel Hoffses
Chief

Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

July 10, 1995

BROWN J B & SONS
PO BOX 207
PORTLAND ME 04112

Re: 217 Vaughan St
CBL: 063- - C-008-001-01
DU: 3

Dear Sir:

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. INT - OVERALL - 113.50
HARD-WIRED BATTERY-BACK/UP SMOKE DETECTORS ARE REQUIRED IN EACH UNIT

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,

Amy Simpson
Code Enforcement Officer

Tammy Munson
Code Enfc. Offr./ Field Supv.

389 Congress Street • Portland, Maine 04101 • (207) 874-8704 • FAX 874-8716 • TTY 874-8936