

115 Mabel Street 179-G-7&9

DRG-CTR-3



January 13, 1976

Mr. Willard B. Stone
115 Mabel Street
Portland, Maine 04103

Dear Mr. Stone:

Re: 115 Mabel Street 178-G-9

Your property has been surveyed by the Portland Housing Inspection Division, Health & Social Services Department, 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.

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 reinspection at any time during the said five year period, the next regular inspection of this property is scheduled for January 1981.

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

Very truly yours,

David C. Bittenbender
Director - Health & Social Services

By _____
Chief of Housing Inspections

Inspector _____
M. Leary

City of Portland

Health Department
Check Off Sheet
STRUCTURE INSPECTION SCHEDULE

Housing Inspection Division

Insp. Name M. Lopez

179-G-9

2) Insp Date	3) Insp. Type	4) Proj. Code	5) Assr.'s Chart	6) Blk	7) Lot	8) Census: Tract	9) Blk.	10) Insp.	11) Form No.
1/8/72	PRD	DC 3			9				222
12) House No.	13) Sec. H. No.	14) Surr.	15) Direct.	16) Street Name		17) St. Design		19) Status	
115				Mabel		St. 115		00	
18) Owner or Agent: <u>Mr. Clifford B. Stone</u>								20) Bldg's Rat.	
21) Address: <u>115 Mabel Street</u>								Zip Code	

22) City and State: Portland, Maine

23) D. Units	24) Occ. D. U.'s	25) Rm. Units	26) Occ. R. U.'s	27) No. Occupants	28) Com' U.	29) Bldg. Type	30) Stories	31) Const. Mat.	32) O.B.'s
				2		1.5	2.5	Wood	Yes

33) C.H.	34) Pho.	35) Zoned For	36) Actual Land Use	37) D.D.	38) Lks. Ad. Bth. Fa.	39) Disp.	40) Closing Date
Yes	Yes				Yes No		

EXTERIOR - Structure		Cd. Viol.	INTERIOR - Structure		Cd. Viol.
Foundation	EX/FO	3a	Lighting	LI	8e
Walls	EX/WA	3a	Elec. Wiring	EW	3b
Roof	RO	3a	Floors	FL	3b
Porch	PO	3d	Walls	IN/WA	3b
Stairs	EX/SR	3d	Ceilings	CE	3c
Steps	SP	3d	Windows	IN/W.	3c
Doors	DO	3c	Airshafts	AS	3a
Windows	EX/WI	3c	Roof Rafters	ROR	4e
Eaves	EA	3a	Sanitation	SAN	3d
Trim	TR	3e	Stairways	IN/SRW	3d
Chimney	EX/CH	3a	Stair Treads	SRT	6d
Gutters	GU	3a	Wastelines	WSL	6c
Roof Drains	RD	3a	Supply Lines	SUL	3e
Bulkhead	BU	3d	Stacks	ST	3e
Outbuildings	GR - SH	4e	Flues	FU	3e
Yard	YA	4d	Vents	VE	3e
Garbage	GA	4d	Chimney	IN/CH	9c
Rubbish	RU	4d	Heating Equip. Furnace - FU	Spaceheater - SPR	4b
Containers	CO	3a	Bsmt. Sanitation Litter - LI	Debris - DE	3a
Drainage	DR	4e	Dampness - DM		8c
Infestation	IN-CR-FL	4e	Lighting	BS/LI	8e
Rats	RA	4e	Elec. Panel	EL/PA	3d
Other		10	Stairs	BS/SR	3a
Fire Escape	FE	10	Foundation	IN/FO	3a
Dual Egress	DE		Floor Joists	FL/JO	3a
Driveway	DW		Carrying Timbers	CA/TI	3a
Walks	WA		Sills	SI	5f
Fences	FN		Bsmt. D. U. Conforms BDU		

Remarks on reverse side

City of Portland

Health Department
DWELLING UNIT SCHEDULE

Housing Inspector

INSP DATE

OK 1st Inspection

INSP

7 32
DU 6, 3

FLR.#	LOCATION	RMG.TP.	#RMS.	#PEO.

Child Un.10	Child 1-6	+ Lead Survey - Results	Rent	Rent Code	Furn	Hot Water	Dual Egrs.	Ck'ng.	Heat	Lav.	Bath	Flu			
						YES	YES	LE	OFF	PL	DB				
KITCHEN <input checked="" type="checkbox"/> Plaster - L, C, M, - Ceiling/Walls <input checked="" type="checkbox"/> Windows - loose, broken glass, glaze <input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn <input checked="" type="checkbox"/> Floor - loose, worn, dam., buckled <input checked="" type="checkbox"/> Doors - Knob/lk - missing - Panels/Frames dam. <input checked="" type="checkbox"/> Counter/Stor. Space Yes No <input checked="" type="checkbox"/> Sink - chipped, cracked, leaks <input checked="" type="checkbox"/> Range - improper stack, flue, vent <input checked="" type="checkbox"/> Refrigerator Space Yes No <input checked="" type="checkbox"/> Plumbing (a) 6(a) Water Supply Hot Cold <input checked="" type="checkbox"/> Electrical (a) <input checked="" type="checkbox"/> Sanitation (a)						CODE 3(b) 3(c) 3(b) 3(b) 6(d) 3(e) 6(c)		BATHROOM <input checked="" type="checkbox"/> Plaster - L, C, M - Ceiling/Walls <input checked="" type="checkbox"/> Window - loose, broken glass, glaze <input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn <input checked="" type="checkbox"/> Floor - loose, worn, dam., buckled <input checked="" type="checkbox"/> Door - knob/lk - missing - Panels/Frames dam. <input checked="" type="checkbox"/> Toilet - Tnk - brkn, loose, leaks, Seat, pipe crkd. <input checked="" type="checkbox"/> Lavatory - chipped, crkd, leaks, trap leaks <input checked="" type="checkbox"/> Bathtub/Shower - leaks cross connection <input checked="" type="checkbox"/> Ventilation Yes No <input checked="" type="checkbox"/> Plumbing (b) 6(a) Water Supply Hot Cold <input checked="" type="checkbox"/> Electrical (b) <input checked="" type="checkbox"/> Sanitation (b)						CODE 3(b) 3(c) 3(b) 3(b) 6(d) 3(d) 6(c) 6	
LIVING ROOM <input checked="" type="checkbox"/> Plaster - L, C, M, - Ceiling/Walls <input checked="" type="checkbox"/> Windows - loose, broken, glaze <input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn <input checked="" type="checkbox"/> Floor - loose, worn, damaged <input checked="" type="checkbox"/> Door - knob/lk - missing - Panels/Frames dam. <input checked="" type="checkbox"/> Electrical (c) <input checked="" type="checkbox"/> Sanitation (c)						CODE 3(b) 3(c) 3(c) 3(b) 3(b)		DINING ROOM <input checked="" type="checkbox"/> Plaster - L, C, M - Ceiling/Walls <input checked="" type="checkbox"/> Windows - loose, broken, glaze <input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn <input checked="" type="checkbox"/> Floor - loose, worn, damaged <input checked="" type="checkbox"/> Door - Knobs/lk - missing, Panels/Frames dam. <input checked="" type="checkbox"/> Electrical (d) <input checked="" type="checkbox"/> Sanitation (d)						Code 3(b) 3(c) 3(c) 3(b) 3(b)	
Bedrooms and/or other rooms								<input checked="" type="checkbox"/> Plaster - L, C, M - Ceiling/Walls <input checked="" type="checkbox"/> Window - Loose, broken, glaze <input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn <input checked="" type="checkbox"/> Floors - loose, worn, damaged <input checked="" type="checkbox"/> Door - knobs/lk - missing - Panels/Frames dam. <input checked="" type="checkbox"/> Electrical (e) <input checked="" type="checkbox"/> Sanitation (e) <input checked="" type="checkbox"/> Clothes Closet Yes No						Code 3(b) 3(c) 3(c) 3(b) 3(b)	
Plumbing						Electrical		Sanitation - Vermin 0 R							

REMARKS: