

85

BECKETT

STREET

MINISO

SHAW-WALKER
#8503-3R

Photos yes no
 MUNDOT SOUTH A Date 1-10-63
 Proj. No. C.I. Ass'rs Zone Zone Viol
 Stories 2 3 4 5 6 7 8 9 10
 Com. Units Rmg Units Dw. Units 2

| | | | |
|-------------|---------------|------|--|
| LOCATION | Y S BECKETT | COMP | |
| OWNER AGENT | | PER | |
| OWNER AGENT | | DATE | |
| OWNER AGENT | LORENZO SPERA | | |
| OWNER AGENT | SAME | | |
| | | VTS | |

| Occupants | Information | | | Occupancy | | | | Facilities | | | | Violations | | | | |
|------------------|-------------|------|-------|-----------|-----|------|------|------------|------|------|------|------------|-------|------|--|--|
| | LOC. | REN. | FURN. | WK. I. | RMS | PER. | ALLD | LGRS | HEAT | BATH | FLSH | K. SK | H. W. | CK'G | | |
| 1. GUY GERMANI | IF | 4 | 0 | 1/4 | 5 | 1 | 5 | 0 | CE | 2 | 0 | CE | 2 | 0 | | |
| 2. LORENZO SPERA | SP | 7 | 0 | 1/4 | 5 | 2 | 5 | 5 | CE | 2 | 0 | CE | 2 | 0 | | |
| 3. | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | |

STRUCTURE SCHEDULE

STRUCTURE RATING

YARD

WASTE & 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

Remarks

STRUCTURE INTERIOR

WALL, OBST'N

WALL, LIGHTING

WALL, 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'M

DAMPNSS R. O

STAIRS

LIGHTING

BASE DWL. UNIT

MIN 7' x 3'

DAMPNSS R. O

WINDOW 1/12 x 8"

DUAL EGRESS YES NO

PROHIBITED COMD'N USE

ASSOC. USE HAZARD

HAZARDOUS VENTS

Portland Health Dept.

Inspector T. Lopez

Photos yes no
 Proj. No.

Date 11-16-63

| | | |
|-----------|----------------------------|-------|
| CROWDING | LOCATION <u>75 BECKETT</u> | COMP. |
| SANIT. | D.U. LOC. | PEND. |
| INFEST. | OCCPNT | |
| BASE S.U. | OWNER | |
| PET'AN | AGENT | YES |
| | ADDRESS | |

DWELLING UNIT SCHEDULE

| Occupants | Information | Occupancy | Facilities | Violations | | | | | | | | | | | | | |
|--------------------|-------------|-----------|------------|------------|------|------|-------|--------|-----|------|-------|------|------|------|------|---|----|
| | | | | | LOC. | RENT | FURN. | WK. I. | RMS | PER. | ALL'D | LGRS | HEAT | BATH | FLSH | X | OK |
| <u>GUY GERMANI</u> | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | |

| | KITCHEN | BATH | TOILET | DINING | LIVING | | | | | OTHER | TOTAL | KITCHEN SINK & WATER | |
|---------------------------|---------|------|--------|--------|--------|-----|-----|-----|-----|-------|-------|---|------|
| | | | | | BBQ | BED | BED | BED | BED | | | BED | SINK |
| OVERCROWDING 65' - 7' | X | X | X | X | X | X | X | X | | | | <input checked="" type="checkbox"/> | |
| 50' SLEEP'G | X | X | X | X | X | X | X | X | | | | <input checked="" type="checkbox"/> | |
| VENTILATION 1/12 x 1/2 | | | | | | | | | | | | <input checked="" type="checkbox"/> | |
| LIGHTING | | | | | | | | | | | | | |
| WIRING | | | | | | | | | | | | | |
| DET'RN WALLS | | | | | | | | | | | | | |
| CEILING | | | | | | | | | | | | | |
| WINDOWS | | | | | | | | | | | | | |
| DOORS | | | | | | | | | | | | | |
| FLOORS | | | | | | | | | | | | | |
| Remarks | | | | | | | | | | | | HEATING | |
| | | | | | | | | | | | | <input checked="" type="checkbox"/> STACKS, FLUES, VENTS | |
| | | | | | | | | | | | | <input checked="" type="checkbox"/> INT'RS VENTED, REP'N | |
| | | | | | | | | | | | | BATHING FACILITIES | |
| | | | | | | | | | | | | <input checked="" type="checkbox"/> SHARED MAX. 4DU | |
| | | | | | | | | | | | | <input checked="" type="checkbox"/> RMG U. 1 PER 15 | |
| | | | | | | | | | | | | <input checked="" type="checkbox"/> MIN. 7' STDG HT. | |
| | | | | | | | | | | | | <input checked="" type="checkbox"/> VENT'LN | |
| | | | | | | | | | | | | <input checked="" type="checkbox"/> PROPER ACCESS | |
| | | | | | | | | | | | | <input checked="" type="checkbox"/> PLD'G | |
| | | | | | | | | | | | | <input checked="" type="checkbox"/> SANIT'N | |
| | | | | | | | | | | | | TOILET FACILITIES | |
| | | | | | | | | | | | | <input checked="" type="checkbox"/> SHARED MAX. 2 DU | |
| | | | | | | | | | | | | <input checked="" type="checkbox"/> RMG U FLSH & LAV 1 PER 10 | |
| | | | | | | | | | | | | <input checked="" type="checkbox"/> VENT'LN | |
| | | | | | | | | | | | | <input checked="" type="checkbox"/> PROPER ACCESS | |
| | | | | | | | | | | | | <input checked="" type="checkbox"/> PLD'G | |
| | | | | | | | | | | | | <input checked="" type="checkbox"/> SANIT'N | |
| | | | | | | | | | | | | INFESTATION | |
| | | | | | | | | | | | | RATS <input type="checkbox"/> RI <input type="checkbox"/> G. <input type="checkbox"/> S | |
| | | | | | | | | | | | | <input checked="" type="checkbox"/> OTHER (SPECIFY) | |
| | | | | | | | | | | | | EGRESS | |
| | | | | | | | | | | | | DUAL <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | | | | | | | | | | | <input checked="" type="checkbox"/> OP'N | |

Portland Health Dept.
CS-7

2 ROOM A/TIC STORAGE OK

Inspector J. J. [Signature]

Photos yes no
 Proj. No.

Date 1-16-63

| | | |
|-----------|----------------------------|--------------------------------|
| CROWDING | LOCATION <u>85 BECKETT</u> | COMP. <input type="checkbox"/> |
| SANIT. | D.U. LOC. | PERM. <input type="checkbox"/> |
| INFEST. | OCCPNT | |
| BASE D.U. | OWNER AGENT | VTS <input type="checkbox"/> |
| DET'N | ADDRESS | |

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 | | | |
| <u>MORLAZO SPERA</u> | | | <u>2F</u> | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | | |

| | KITCHEN | BATH | TOILET | DINING | BED | BED | BED | BED | OTHER | TOTAL |
|---------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-----|-------|-------|
| OVERCROWDING 65' x 7' | <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"/> | | | |
| 50 SLEEP'G | <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"/> | | | |
| VENTILATION 1/12 x 1/2 | | | | | | | | | | |
| LIGHTING | | | | | | | | | | |
| HEATING | | | | | | | | | | |
| CEILING | | | | | | | | | | |
| WINDOWS | | | | | | | | | | |
| DOORS | | | | | | | | | | |
| FLOORS | | | | | | | | | | |

Remarks

(Remarks section is mostly blank with some faint lines)

KITCHEN SINK & WATER

SINK

SUPPLY & WASTE

PLBG. GEN'L

HEATING

STACKS, FLUES, VENTS

HT'RS VENTED, REP'R

BATHING FACILITIES

SHARED MAX. 4DU

RMG U. 1 PER 15

MIN. 7' STOG HT.

VENT'LN

PROPER ACCESS

PLB'G

SANIT'N

TOILET FACILITIES

SHARED MAX. 2 DU

RMG U FLSH & LAV 1 PER 10

VENT'LN

PAPER ACCESS

PLB'G

SANIT'N

INFESTATION

RATS R1 O1 E

OTHER (SPECIFY)

EGRESS

DUAL YES NO

OBST'N

Portland Health Dept.
CS-7

Inspector T. Joyce