

88

BECKETT STREET

MUNI. SO.

MADE IN U.S.A.
BECKETT STREET



CITY OF PORTLAND

JOSEPH E. GRAY, JR.
DIRECTOR OF PLANNING
AND URBAN DEVELOPMENT

December 29, 1982

CL not full

Mr. James E. Ross
88 Beckett Street
Portland, Maine 04101

DU: 3

Re: 88 Beckett Street 3-I-4 MS

The Housing Inspections Division of the Department of Planning & Urban Development has recently completed an overall inspection of your 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 of
Planning & Urban Development

By *Lyle D. Royes*
Lyle D. Royes
Inspection Services Division

M. Land Wing
Code Enforcement Officer - M. Wing (1)

Jmr

December 7, 1977 ✓

Mr. James E. Ross
88 Beckett Street
Portland, Maine 04101

Dear Mr. Ross: Re: 88 Beckett Street - 3-L-4
 NCP-East End

Your property has been surveyed by the Housing Inspections Division of this 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 1982.

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

Sincerely yours,

Joseph E. Gray, Director
Neighborhood Conservation

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

Inspector Morland Wing
M. Wing

88 BECKETT STREET
BLOCK 3L

DEFECTS NEEDING CORRECTION

STRUCTURAL

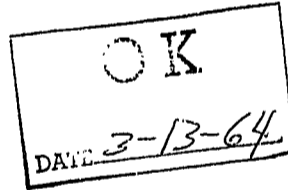
Repair and put in good order all dilapidated and hazardous parts of the structure as follows:

- a. Repair or replace the missing steel door knob on the 3rd floor.

ELECTRICAL EQUIPMENT:

Check and have repaired all defective electric wiring and electrical equipment throughout the structure.

- a. Repair or replace the defective wall switch in the cellar of the structure.
- b. Install a convenience outlet in the dining room of the 2nd floor apt. and in the kitchen and dining room of the 3rd floor apt.
- c. Disconnect and do not connect again the extension cord now unlawfully running under the rug in the living room of the 2nd floor apt.
- d. Disconnect and do not connect again the extension cord now unlawfully passing from the bedroom thru the wall to the kitchen of the 3rd floor apt., and passing from the living room into the bedroom of the 3rd floor apt.
- e. Repair or replace the defective taped fixture in the shed of the 2nd floor.



3K MUNDY SELFIA

Date 11.8.62

Photos yes no
 Proj. No. C.I. Ass'rs Zone Zone Viol
 Stories 3 LYM ASDM (S)A.H. (M)SA NA (M)S ST P Com. Units Rmg Units Dwl. Units 3

LOCATION 88 BELLEVUE	COMP
OWNER AGENT	PEND
OWNER AGENT	
JUNIOR AGENT JAMES ROSS	
OWNER AGENT SAME	VTS

Occupants	Information	Occupancy							Facilities				Violations		
		LOC.	RENT	FURN.	WK. I.	RMS	PER.	ALLD	LGRS	HEAT	BATH	FLSH		K. SK	H.W.
1. JAMES A. ROSS	D 4	1F				6	0	0	0	0	0	0	0		
2. JAMES MIKKELSON	(2) 2 smes	2A				3	0	0	0	0	0	0			
3. HARRY ROSS		2A				5	0	0	0	0	0	0			
4.															
5.															
6.															
7.															
8.															

STRUCTURE SCHEDULE

STRUCTURE RATING

<p>YARD <input type="checkbox"/> GARBAGE & RUBBISH <input type="checkbox"/> CONTAINERS COMPLY <input type="checkbox"/> DRAINAGE <input type="checkbox"/> ZONE VIOL.</p> <p>STRUCTURE EXTERIOR <input type="checkbox"/> STEPS, STAIRS, PORCHES <input type="checkbox"/> FOUNDATION <input type="checkbox"/> WALLS <input type="checkbox"/> WINDOWS, DOORS <input type="checkbox"/> ROOF, DRAINS <input type="checkbox"/> OUT BUILDINGS</p> <p>INFESTATION <input type="checkbox"/> RATS <input type="checkbox"/> RI <input type="checkbox"/> OI <input type="checkbox"/> E <input type="checkbox"/> OTHER (SPECIFY)</p> <p>EGRESS <input type="checkbox"/> DUAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OBST'N</p> <p>Remarks _____ _____ _____</p>	<p>STRUCTURE INTERIOR <input type="checkbox"/> HALL, OBST'N <input type="checkbox"/> HALL, LIGHTING <input type="checkbox"/> HALL, FLOOR WALLS CEILING <input type="checkbox"/> STAIRWAYS <input type="checkbox"/> WINDOWS, AIRSHAFT <input type="checkbox"/> ELECT. WIRING <input type="checkbox"/> HEATING CENTRAL YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>¹⁵⁰ <input type="checkbox"/> STACKS FLUES, VENTS <input type="checkbox"/> CHIMNEY <input type="checkbox"/> EQUIPMENT, REPAIR</p> <p>PLUMBING <input type="checkbox"/> SUPPLY LINE <input type="checkbox"/> WASTE LINE</p> <p>BASEMENT <input type="checkbox"/> GEN'L SANIT'N <input type="checkbox"/> DAMPNESS - R: 0 <input type="checkbox"/> STAIRS <input checked="" type="checkbox"/> LIGHTING <i>LOOSE WALL SWITCH</i></p> <p>BASE DWL. UNIT <input type="checkbox"/> MIN 7' - 3" <input type="checkbox"/> DAMPNESS <input type="checkbox"/> RI <input type="checkbox"/> OI <i>NOTE</i> <input type="checkbox"/> WINDOW 1/12" X 8" <input type="checkbox"/> DUAL EGRESS <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>PROHIBITED COMB'N USE <input type="checkbox"/> ASSOC. USE HAZARD <input type="checkbox"/> HAZARDOUS VENTS</p>
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Portland
Health Dept.
CS-8

Inspector *T. Joyce*

Photos y/s no
 Proj. No.

Date 11-8-62

CROWDING	LOCATION <u>88 BUCKST</u>	COMP.
SANIT.	D.U. LOC.	PEND.
INFEST.	OCCPMT	
BASE D.U.	OWNER AGENT	
DET'RN	ADDRESS	VTS

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy						Facilities				Violations			
		LOC.	RENT	FURN.	WK.	1. RMS	PER.	ALL'D	LGRS	HEAT	BATH		FLSH	K.SK	H.W.
<u>JAMES E ROSS</u>	<u>D.Y.</u>	<u>1K</u>	<u>7</u>	<u>0</u>	<u>1/2</u>	<u>G</u>	<u>3</u>	<u>6</u>	<u>6</u>	<u>8</u>	<u>7</u>	<u>2</u>	<u>4</u>	<u>2</u>	<u>6</u>
2.															
3.															
4.															

	KITCHEN	BATH	TOILET	DINING	LIVING	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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
SO 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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
VENTILATION 1/12 x 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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
LIGHTING												
WIRING												
DET'RN WALLS												
CEILING												
WINDOWS												
DOORS												
FLOORS												

Remarks

KITCHEN SINK & WATER
 SINK _____
 SUPPLY & WASTE _____
 PLB'G GEN'L _____
 HEATING
 STACKS, FLUES, VENTS _____
 WY'RS VENTED, REP'R _____
 BATHING FACILITIES
 SHARED MAX. 4 DU _____
 AVG U. 1 PER 15 _____
 MIN. 7' STDB HT. _____
 VENT'LN _____
 PROPER ACCESS _____
 PLB'G _____
 SANIT'N _____
 TOILET FACILITIES
 SHARED MAX. 2 DU _____
 AVG U FLSH & LAV 1 PER 10 _____
 VENT'LN _____
 PROPER ACCESS _____
 PLB'G _____
 SANIT'N _____
 INFESTATION
 RATS RI DI E _____
 OTHER (SPECIFY) _____
 EGRESS
 DUAL YFS. NO _____
 OBST'N _____

Inspector T. J. [Signature]

Portland Health Dept.
 CS-7

Photos yes no
 Proj. No.

Date 1-8-62

CROWDING	LOCATION <u>87 BECKETT</u>	COMP.
SANIT.	D.U. LOC.	PEND.
INFEST.	OCCUPY	
BASE D.U.	OWNER AGENT <u>JAMES RICE</u>	YTS
DET'RN	ADDRESS	

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities								Violations				
			LOC.	RENT	FURN.	WK. I.	RMS	PER.	ALL'D	LCRS		HEAT	BATH	FLSH	K.SK
<u>JAMES MICKELSON (2)</u>	<u>2</u>	<u>MS</u>	<u>2F</u>	<u>1/2</u>	<u>0</u>	<u>1</u>	<u>5</u>	<u>32</u>	<u>6</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
2.															
3.															
4.															

	LIVING										TOTAL	KITCHEN SINK & WATER	
	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	BED	OTHER			
OVERCROWDING 65' - 7'	<	<	<	<	<	<							
50 SLEEP'G													
VENTILATION 1/12 x 1/2													
LIFELINE WIRING				1/1		2							
DET'RN FALLS													
CEILINGS													
WINDOWS													
DOORS													
FLOORS													

Remarks
 01 LACKS WALL OUTLET
 02 CARD RACKS UNDER D.U.C.
 CC

KITCHEN SINK & WATER
 SINK
 SUPPLY & WASTE
 PLBG. GEN'L
 HEATING
 STACKS, FLUES, VENTS
 HT'GS VENTED, REP'R
 BATHING FACILITIES
 SHARED MAX. 4DU
 SHG U. 1 PER 15
 MIN. 7' STDB HT.
 VENT'LN
 PROPER ACCESS
 PLB'G
 SANIT'N
 TOILET FACILITIES
 SHARED MAX. 2 DU
 SHG U FLSH & LAV 1 PER 10
 VENT'LN
 PROPER ACCESS
 PLB'G
 SANIT'N
 INFESTATION
 RATS RI OI E
 OTHER (SPECIFY)
 EGRESS
 EQUAL YES NO
 OBST'N

Portland Health Dept.
 CS-7

Inspector T. Lloyd

Photos yes no
 Proj. No.

Date 11-8-62

CROWDING	LOCATION <u>100 BECKETT</u>	COMP.
SANIT.	D.U. LOC.	PEND.
INFEST.	OCCUPY	
BASE D.U.	OWNER	VTS
DET'RN	AGENT	
	ADDRESS	

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities				Violations				
			BATH	FLSH	K.SK	H.W. CK'G					
	LOC. RENT	FURN. WK.I.	RMS	PER.	ALL'D	LGRS	HEAT				
1. <u>HARRY ROSS</u>	<u>DE</u>	<u>12</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
2.											
3.											
4.											

	LIVING							OTHER	TOTAL	KITCHEN SINK & WATER	
	KITCHEN	BATH	TOILET	DINING	BED	BED	BED			BED	SINK
OVERCROWDING 65' - 7'	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
50 SLEEP'G	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VENTILATION 1/12 x 1/2										<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LIGHTING WIRING	<u>✓</u>			<u>✓</u>						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DET'RN WALLS										<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CEILINGS										<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WINDOWS										<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DOORS										<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FLOORS										<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Remarks: NO WALL OUTLETS
CORD FROM BEDROOM FUTURE THRU WALL TO KITCHEN
CORD FROM LIVING INTO BEDROOM THRU WALL
TYPED FILTER IN SHED 2ND
SHED DOOR KNOB MISSING

- KITCHEN SINK & WATER
- SINK
- SUPPLY & WASTE
- PLBS. GEN'L
- HEATING
- STACKS, FLUES, VENTS
- INT'NS VENTED, REP'R
- BATHING FACILITIES
- SHARED MAX. 4DU
- AVG U. 1 PER 15
- MIN. 7' STDC HT.
- VENT'LN
- PROPER ACCESS
- PL'G
- SANIT'N
- TOILET FACILITIES
- SHARED MAX. 2 DU
- AVG U. FLSH & LAV 1 PER 10
- VENT'LN
- PROPER ACCESS
- PL'G
- SANIT'N
- INFESTATION
- RATS RI OI E
- OTHER (SPECIFY)
- EGRESS
- DUAL YES NO
- OBST'N

Portland Health Dept.
 CS-7

Inspector T. J. [Signature]



Inspection Services
Samuel P. Hoffses
Chief

Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

**Notice of Housing Conditions
FIVE YEAR INSPECTION**

November 15, 1991

DU: 3
CHART, BLOCK, LOT: 3-1-005
LOCATION: 88 Beckett St.

District: 1
Issued: November 15, 1991
Expires: January 15, 1992

John Ross
41 Middle Rd.
Cumberland Foreside, Maine 04021

Dear Mr. Ross,

You are hereby notified, as owner or agent, that an inspection was made of the premises at 88 Beckett St. by Code Enforcement Officer M. Leary. Violations of Article V of the Municipal Ordinance (Housing Code) were found as described in detail on the attached "Housing Inspections Report".

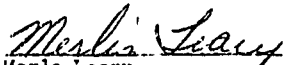
In accordance with the provisions of the above mentioned Code, you are hereby ordered to correct those defects on or before January 15, 1992. If you are unable to make such repairs within the specified time you may contact this office to arrange a satisfactory repair schedule. If we do not hear from you within 10 days from this date, we will assume the repairs to be in progress and, on re-inspection within the time set forth above, will anticipate that the premises have been brought into compliance with the Housing Code Standards.

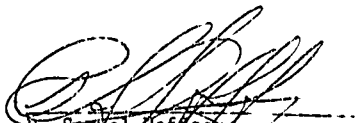
Please Note: You should consult this department to insure that any corrective action you should undertake complies with the building, plumbing, electrical zoning and other Article of the City Code.

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

Your cooperation will aid this department in it's goal to maintain decent, safe, and sanitary housing for all of Portland's residence.

Sincerely,


Merle Leary
Code Enforcement Officer


S. Samuel Hoffses
Chief of Inspection Services

HOUSING INSPECTION REPORT

Location: 88 Beckett St. Owner: John Ross
CEO: Merle Leary
Housing Conditions Date: November 15, 1991
Expiration Date: January 15, 1992

Items listed below are in violation of Article V of the Municipal Codes, "Housing Codes", and must be corrected before the expiration date:

1. Interior 1st fl. cellar lavatory missing trap 111-1
2. Interior 3rd fl. rear hall window missing frame 108-3
3. Interior 1st fl. Apt. 1 right front, right rear bedroom window
low-hang light fixture. 113-5
loose
4. Interior 1st fl. Apt 1 pantry wall missing switch plate cover 113-5
5. Interior 3rd fl, Apt 3 front right bedroom window missing cords 108-3
6. Exterior rear wall exposed and hanging wires 113-5
7. Interior cellar ceiling illegal wiring 113-5
8. Interior cellar ceiling missing junction box covers 113-5

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

September 15, 1992

John Ross
41 Middle Rd
Cumberland Foreside, ME 04021

Re: 88 Beckett St
CBL #: 003-L-005
DU: 3

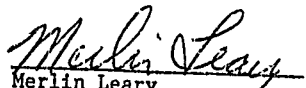
Dear Mr. Ross,

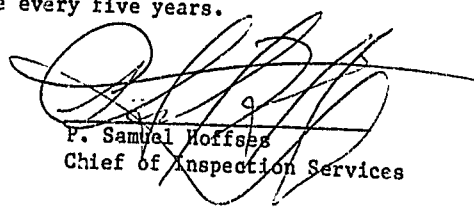
A re-inspection at the above noted property was made on September 15, 1992. This is to certify that you have complied with our request to correct the violation(s) of the Municipal Code relating to housing conditions noted on our letter dated November 15, 1991.

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.

Sincerely,


Merlin Leary
Code Enforcement Officer


P. Samuel Hoffses
Chief of Inspection Services