

52 - 54

MOODY

STREET

MUNDO



November 16, 1977 ✓

Mr. Abraham V. Benjamin
54 Moody Street
Portland, Maine 04101

Dear Mr. Benjamin:

Re: 52-54 Moody Street - 3-M-9
NCP-East End
Neighborhood Conservation

The Housing Inspections Division of the Department of Neighborhood Conservation has recently completed an exterior inspection of your property in conjunction with the above referred program.

Congratulations are extended to you for the general conditions 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. Cray, Jr., Director
Neighborhood Conservation

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

Inspector Marland Wing
M. Wing

Housing Inspection Division

1) Insp. Name M. Ling

OK 1st EXT. ONLY										
2) Insp. Date	3) Insp. Type	4) Proj. Code	5) Assr's: Chart	6) Bl.	7) Lot	8) Census: Tract	9) Blk.	10) Insp.	11) Form NO.	
11/15/77	PR	NCP-EE	3	M	9			18	716	
12) Hous. No.	13) Sec. H. No.	14) Sufi	15) Direct.			16) Street Name			17) St. Design.	
52-5			1 Moody						street	
18) Owner or Agent: Abraham V. Benjamin								19) Status		20) Bldg's Rat.
								00		1
21) Address: 54 Moody Street										

21) Address: 54 Moody Street

22) City and State: Portland, Me.

Zip Code: 04101

22) City and State:	Portland, Me.								
23) D. Units	24) Occ. D. U. s	25) Rm. Units	26) Occ. R. U. s	27) No. Occupants	28) Com'1 U.	29) Bldg. Type	30) Stories	31) Const. Mst	32) O. Bs
	2					02	2	wood	

33) C.H.	34) Photo	35) Zoned For	36) Actual Land Use	37) D.D.	38) Lks. Ad. Bth. Fac. Yes No	39) Disp.	40) Closing Date
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[illegible]

Health Dept.

Step 2

Inspector -

[illegible]

STRUCTURE SCHEDULE

[illegible][illegible]

OK 317 MUNJCT SOUTH

Date 1/18/52

Photos ☐ yes ☒ no

Proj. No. ☐ C.I. ☐

Stories ☒ 2 ☐ 1 ☐ 0

Ass'ts ☐ Zone ☐ Zone Viol ☐

Com. Units ☐ Rmg Units ☐ Del. Units ☒

LOCATION	52-54 MOODT	COMP
OWNER		YES
AGENT		YES
OWNER	JACOB BENJAMIN	YES
AGENT	52 MOODT	YES

DUPLEX		Information					Occupancy				Facilities						Violations	
Occupants		LOC.	RENT	FURN.	WK. I.	PMS	PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K/SK	H.W.	CK'G			
1. JACOB BENJAMIN	OWNER	1F	7				2	5	10	5	5	5	5	5	5			
2. ABRAHAM M. JAMIN	(1) 7	1F	7				2	5	10	5	5	5	5	5	5			
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		

STRUCTURE RATING

STRUCTURE RATING ☐

STRUCTURE SCHEDULE

YARD ☐ GARBAGE & RUBBISH ☐ CONTAINERS CIMPY ☐ CHAIN-RE ☐ ZONE VIOL.	STRUCTURE EXTERIOR ☐ STEPS, STAIRS, PORCHES ☐ FOUNDATION ☐ WALLS ☐ WINDOWS, DOORS ☐ ROOF, DRAINS ☐ OUT BUILDINGS INFESTATION ☐ RATS ☐ BEES ☐ OTHER (SPECIFY) EGRESS ☐ DUAL ☐ YES ☐ NO ☐ WEST'N	STRUCTURE INTERIOR ☐ HALL DIST'N ☐ HALL LIGHTING ☐ HALL, FLOOR HALLS CEILING ☐ STAIRWAYS ☐ DOORS, AIRWAY ☐ EJECT. VER-M. HEATING CENTRAL YES ☐ NO ☐ ☐ STACKS FLUES, VENTS ☐ CHIMNEY ☐ EQUIPMENT, REPAIR PLUMBING ☐ SUPPLY LINE ☐ WASTE LINE BASEMENT ☐ GEN'L SANIT'N ☐ DAMPNESS - PL - 0 ☐ STAIRS ☐ LIGHTING BASE DPL. UNIT ☐ MIN 7' - 3" ☐ DAMPNESS ☐ YES ☐ NO ☐ WINDOW 1/12 X 8" ☐ DUAL EGRESS ☐ YES ☐ NO PROHIBITED COMB'N USE ☐ ASSOC. USE HAZARD ☐ DANGEROUS VENTS
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Remarks

Portland Health Dept.

CS-33

Inspector

T. J. Jorgensen

Photos ☐ yes ☒ no
Proj No.

Date 10/10/62

CROWDING	LOCATION <u>24 MUDV</u>	COMP.
SANIT.	D.U. LOC.	PEND.
INFEST.	OCCUPY	
BASE D.U.	OWNER	YES
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									
1. ABRAHAM BENJAMIN	11	9	11	7	0	4	5	5	5	0	5	5	5	5	5	5										
2.																										
3.																										
4.																										

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING											
65' - 7"											
50 SLEEP'G											
VENTILATION											
1/12 & 1/2											
LIGHTING											
WIRING											
DUTY'N											
WALLS											
CEL. INGS											
WINDOWS											
DOORS											
FLOORS											

Remarks

KITCHEN SINK & BATER

☒ SINK

☒ SUPPLY & WASTE

☒ PLBS. GEN'L

HEATING

☒ STACS. FLUES. VENTS

☒ RT'RS VENTED. REP'D

BATHING FACILITIES

☒ SHALD MAX. 40U

☒ RMS U. 1 PER 15

☒ MIN. 7" STOD MT.

☒ VENT'LN

☒ PROPER ACCESS

☒ PLB'G

☒ SANIT'N

TOILET FACILITIES

☒ SHALD MAX. 2 DU

☒ RMS U. FLSH & LAV 1 PER 10

☒ VENT'LN

☒ PROPER ACCESS

☒ PLB'G

☒ SANIT'N

INFESTATION

☒ RATS ☐ RS ☐ OS ☐ E

☒ OTHER (SPECIFY)

EGRESS

☒ DUAL ☐ YES ☐ NO

☒ ORST'N

Portland
Health Dept.
CS-7

Inspector T. J. Judd

Photos ☐ yes ☒ no
Proj. No.

Date 10/18/82

CROWDING	LOCATION <u>52 MCGOV</u>	COMP.
SANIT.	D.U. LOC.	PEND.
INFEST.	OCCUPY	
BASE D.U.	OWNER	
DET'N	AGENT	
	ADDRESS	YES

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities										Violations																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
			LOC.	RENT	FURN.	WE.I.	RMS	PER.	ALL'D	LGRS	HEAT	BATH		FLSH	K.SK	H.W.	CK'S																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
1. JACOB BENJAMIN			1F	-	0	1/2	5	2	5	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

	KITCHEN	BATH	TOILET	DINING	LIVING	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING											
45' - 7'											
50 SLEEP											
VENTILATION											
1 1/2 x 1 1/2											
LIGHTING											
WIRING											
DET'N											
WALLS											
CYLINDERS											
WINDOWS											
DOORS											
FLOORS											

Remarks

Portland
Health Dept.
CS-7

Inspector T. Jones

KITCHEN SINK & WATER

☐ SINK _____
☐ SUPPLY & WASTE _____
☐ PLUG, REM'L _____

HEATING

☐ STACKS, FLUES, VENTS _____
☐ UN'ED VENTED, REP'D _____

BATHING FACILITIES

☐ SHARED MAX. 40U _____
☐ SHG U. 1 FLH 15 _____
☐ MIN. 7' STOL HT. _____
☐ VENT'LN _____

☐ PROPER ACCESS _____
☐ L.D.'S _____
☐ SANIT'N _____

TOILET FACILITIES

☐ SHARED MAX. 2 DU _____
☐ SHG U. FLSH & LAV 1 PER 10 _____
☐ VENT'LN _____

☐ PROPER ACCESS _____
☐ PLUGS _____
☐ SANIT'N _____

INFESTATION

☐ RATS ☐ R. ☐ O. ☐ E. _____
☐ OTHER (SPECIFY) _____

EGRESS

☐ DUAL ☐ YES ☐ NO _____
☐ OPER'N _____