

15

MORNING STREET

12/30

X
October 20, 1977 ✓

Ms. Mary E. Kell
95 Morning Street
Portland, Maine 04101

Re: 95 Morning Street 3-A-10
NCP - East End

Dear Ms. Kell:

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. We did, however, note the following items that could cause future problems.

1. Overall exterior walls - peeling paint.
2. Garage Door - broken glass.

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
Neighborhood Conservation

By _____
Lyle D. Noyes,
Chief of Housing Inspections

Inspector Marland Wing
M. Wing

45 HOWLAND STREET
BLOCK 31

DEFECTS REQUIRING CORRECTION

NON STRUCTURAL

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

- a. Repair or replace the cracked, loose, or missing plaster on the walls of the bathroom and living room of the 1st floor apt.
- b. Repair or replace the cracked, loose, or missing plaster on the ceilings of the bedrooms and on the ceiling of the front hall of the 1st floor apt.

OK

6-18-63

BSP

90 HANDED STREET
BLOCK 30

REPAIRS PENDING COMPLETION

AS APPLICABLE

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

- a. Repair or replace the missing section of gutter trim on the right side of the structure.
- b. Repair or replace the eroded plaster on the walls of the rear hall from 1st fl. to the 2nd floor and on the ceilings of the bathroom and lobby of the 1st floor apt.

3A
 Photos yes no
 Date 7-18-62
 Proj. No. C.I. Ass'ts Zone Zone Viol
 Stories 2 BFM ASID S A I R N S A N V S T P Com. Units Rmg Units Dvl. Units 2

LOCAL ON	95 HORN INC	COMP	
OWNER AGENT		PERM	
OWNER AGENT	PATRICK BROWNE		
OWNER AGENT	SAME		
OWNER AGENT			

Occupants	Information				Occupancy				Facilities				Violations					
	LLC	RENT	FURN.	WK. I.	RMS	PER.	ALLD	LGRS	HEAT	BATH	FLSH	K.SK	H.W.	CK'G				
1. MAURICE DAVIS					15	0		7	2	6								
2. PATRICK BROWNE					27	0		7	2	6								
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		

STRUCTURE SCHEDULE

STRUCTURE RATING

YARD

GARBAGE & RUBBISH

CONTAINERS - IMPLY

DRAINAGE

ZONE VIOL.

STRUCTURE EXTERIOR

STEPS, STAIRS, PORCHES

FOUNDATION

WALLS

WINDOWS, DOORS

ROOF, DRAINS

OUT BUILDINGS

INFESTATION

TERMS RI DI R

ALIEN (SPECIFY)

EGRESS

DUAL YES NO

OBST'N

Remarks _____

Portland Health Dept.

OS-8

Inspector Tejano

STRUCTURE INTERIOR

WALL, OBST'N

WEL. LIGHTING

FLOOR WALLS CEILING

STAIRWAYS

WINDOWS, AIRSHFT

ELEC. WIRING

HEATING CENTRAL YES NO

STAIRS FLUES, VENTS

CHIMNEY

EQUIPMENT, REPAIR

PLUMBING

SUPPLY LINE

WASTE LINE

CASEMENT

GEN'L SANIT'N

DAMPNES " RI O

STAIRS

CEILING

BASE DNL. UNIT

WID 7' x 3'

DAMPNES " RI O

WINDOW 1/12 x 8'

DUAL EGFSSE YES NO

PROHIBITED COMB'N USE

ASSOC. USE HAZARD

HAZARDOUS VENTS

None

Photos yes no
 Proj. No.

Date 9-18-62

CROWDING	LOCATION	<u>95 MORNING</u>	CHP.
SANIT.	D.U. LOC.	<u>1st floor apt.</u>	PEND.
INFEST.	OCCUPY		
RASE D.U.	OWNER	<u>PATRICK BROWN</u>	
DET'N	ADDRESS		YES

DWELLING UNIT SCHEDULE

Occupants Information Occupancy Facilities Violations

Occupants	Information	Occupancy	Facilities	Violations
NAME	LOC. RENT FURN. EX. I. RMS	PER. ALL'D LORS PLAT	BATH FLSH K.SK H.W. CK'R	
<u>MAURICA DAVIS</u>	<u>1 - 47</u>	<u>7</u>	<u>1</u>	<u>1</u>
2.				
3.				
4.				

	KITCHEN	BATH	TOILET	DINING	BED	BL	CL	TV	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"/>	
NO 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										
LIGHTING WIRING										
DET'N WALLS										
CEILING										
WINDOWS										
DOORS										
FLORS										

Remarks
1 / CRACKED
1 2 CORNER PLASTER
VIEWER WALL CEILING CRACKED

- KITCHEN SINK & WATER
- SINK
- SUPPLY & WASTE
- FLSH. GEN'L
- HEATING
- STACKS, FLUES, VENTS
- HT'RS VENTED, REP'R
- BATHING FACILITIES
- SHOWER MAX. 40U
- SHW U. 1 PER IS
- SHW. 7' STAG HT.
- VENT'LN
- PROPER ACCESS
- FLO'S
- SANIT'N
- TOILET FACILITIES
- SHOWER MAX. 2 DU
- SHW FLSH & LAV 1 FLR 10
- VENT'LN
- PROPER ACCESS
- FLO'S
- SANIT'N
- INFESTATION
- ANTS R. O. C.
- OTHER (SPECIFY) 7
- EGRESS
- EQUAL YES NO
- DET'N

Portland Health Dept.
 OS-7

Inspector T. Clayton

Photos yes no
 No.

Date 9

COORDING	LOCATION	COMP.
SANIT.	D.U. LOC.	PCRE.
INFEST.	OCCUPY	
RATE P.	OWNER	
DEL'TN	ADDRESS	YES

*95 MORNING
2nd fl. apt.*

DWELLING UNIT SCHEDULE

Occupants

Information

Occupancy

Facilities

Violations

Occupants	Information											Occupancy	Facilities	Violations			
	LOC.	RENT	FURN.	WK. I.	RMS	PER.	ALL'D	LGNS	NEAT	SA'M	FLSH				K.SK	H.W.	CK'G
1. <i>PATRICK BRG...</i>	<i>25</i>																
2.																	
3.																	
4.																	

	KITCHEN	BATH	TOILET	DINING	LIVING BED	BED	RED	BED	B'D	OTHER	TOTAL
OVERCROWDING 65' x 7'											
60 SIZES'S											
VENTILATION 1/12 x 1/2											
WIRING											
WALLS											
CEILING											
WINDOWS											
DOORS											
FLOORS											

- KITCHEN SINK & WATER
- SINK
- SUPPLY & WASTE
- VENT. GEN'L
- HEATING
- FRACS, FLUC. VENT'S
- METRS VENTED. RLP'R
- BATHING FACILITIES
- SHARED MAX. 4DU
- 200 U. I PER 10
- MIN 7' STOR HT.
- VENT'LN
- PROPER ACCESS
- PLB'S
- SANIT'N
- TOILET FACILITIES
- SHARED MAX. 2 DU
- 200 U FLSH & LAV I PER 10
- VENT'LN
- PROPER ACCESS
- PLB'S
- SANIT'N
- INFESTATION
- RATS RI OI E
- OTHER (SPECIFY)
- EGRESS
- DUAL YES NO
- OBST'N

Remarks

P. 4. 7. 13

Portland Health Dept.
65-7

Inspector *F. J. Joyce*