

21 CLEAVES STREET

 SILT-SUCKER

Full cut # 920R - Half cut # 9202R - Third cut # 9203R - Fifth cut # 9205R

February 10, 1960

Mr. Michael Coyne  
21 Cleve Street  
Portland, Maine

Dear Mr. Coyne:

Re: 21 Cleve Street

We recently made an inspection of the property owned by you at 21 Cleve Street, Portland, Maine. As a result of the inspection you are hereby ordered to correct the following substandard housing conditions:

ELECTRICAL EQUIPMENT:

Check and have repaired all defective electric wiring and electrical equipment throughout the structure.  
a. Install convenience outlets in the den on the 1st floor and in the bedrooms on the 2nd floor.

The above mentioned conditions are in violation of the City Ordinance, MINIMUM STANDARDS FOR CONTINUED OCCUPANCY, and ORDINANCE TO VACATE BUILDINGS, and must be corrected on or before March 10, 1960.

Very truly yours,

Douglas H. Brown, M. D.  
Health Director

By:

Gordon E. Martin  
Housing Supervisor

GEM/ew



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

PERMIT ISSUED 01039 AUG 10 1959

Portland, Maine, August 10, 1959

CITY OF PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 21 Cleaves St. Use of Building Dwelling No. Stories New Building Existing Name and address of owner of appliance M. Coyne, 21 Cleaves St. Installer's name and address Connolly Bros., 122 Cumberland Ave. Telephone 2-546

General Description of Work

To install oil burning equipment in connection with existing steam heat (conversion)

IF HEATER, OR POWER BOILER

Location of appliance Any burnable material in floor surface or beneath? If so, how protected? Kind of fuel? Minimum distance to burnable material, from top of appliance or casing top of furnace From top of smoke pipe From front of appliance From sides or back of appliance Size of chimney flue Other connections to same flue If gas fired, how vented? Rated maximum demand per hour Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion?

IF OIL BURNER

Name and type of burner Patco Labeled by underwriters' laboratories? yes Will operator be always in attendance? Does oil supply line feed from top or bottom of tank? bottom Type of floor beneath burner concrete Size of vent pipe 1 1/4" Location of oil storage basement Number and capacity of tanks 1-220 gal. Low water shut off yes Make McDonnell-Miller No. 67 Will all tanks be more than five feet from any flame? yes How many tanks enclosed? Total capacity of any existing storage tanks for furnace burner, none

IF COOKING APPLIANCE

Location of appliance Any burnable material in floor surface or beneath? If so, how protected? Height of Legs, if any Skirting at bottom of appliance? Distance to combustible material from top of appliance? From front of appliance From sides and back From top of smokepipe Size of chimney flue Other connections to same flue Is hood to be provided? If so, how vented? Forced or gravity? If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

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Amount of fee enclosed? 2.00 (\$2.00 for one heater, etc., 50 cents additional for each additional heater, etc. in same building at same time.)

APPROVED 8.10.59 [Signature]

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes Connolly Bros.

INSPECTION COPY

Signature of Installer

[Signature]

PK

8-17 1196 no. cont.

Permit No. 579/1939

Location 21 (Albany, N.Y.)

Owner W. Deane

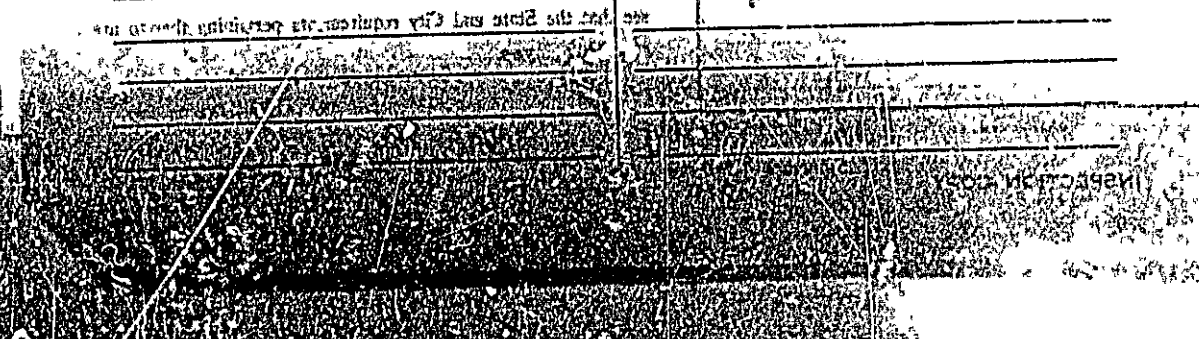
Date of permit 8/16/59

Approved

NOTES

1	Kind of Item	
2	Year type	
3	Kind of Item	
4	Item's designation & support	
5	Item's label	
6	Stack number	
7	High class/Control	
8	Removal Control	
9	Spinning Support & Protection	
10	Valves in support line	
11	Capacity of Tank	
12	Tank Ref. I. & Support	
13	Other Items	

Notes section with multiple horizontal lines for text entry.





**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date 16 Feb 95, 19\_\_\_\_  
 Receipt and Permit number 13861

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine.

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK 21 Cleaves St  
 OWNER'S NAME: Elizabeth Lee ADDRESS: \_\_\_\_\_

	FEES
<b>OUTLETS:</b>	
Receptacles <u>5</u> <del>9</del> Switches <u>1</u> Plugmold _____ ft. TOTAL _____	2.00
<b>FIXTURES:</b> (number of)	
Incandescent <u>1</u> Fluorescent _____ (not strip) TOTAL _____	.20
Strip Fluorescent _____ ft. _____	
<b>SERVICES:</b> Upgrade from 60 - 100	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	15.00
<b>METERS:</b> (number of) _____	
<b>MOTORS:</b> (number of)	
Fractional _____	
1 HP or over _____	
<b>RESIDENTIAL HEATING:</b>	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
<b>COMMERCIAL OR INDUSTRIAL HEATING:</b>	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
<b>APPLIANCES:</b> (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
<b>TOTAL</b> _____	
<b>MISCELLANEOUS:</b> (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Clocks, Fans, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT . . . . . DOUBLE FEE DUE:	
FOR REMOVAL OF A "STOP ORDER" (304-18.b) _____	
<b>TOTAL AMOUNT DUE</b>	<b>17.20</b>

**INSPECTION:**  
 Will be ready on 2:16 PM early, 18\_\_\_\_; or Will Call \_\_\_\_\_  
**CONTRACTOR'S NAME:** Arsenault Electric  
**ADDRESS:** 8 Glendale Dr Scarborough  
**TEL.:** 883-9428  
**MASTER LICENSE NO.:** 13861 **SIGNATURE OF CONTRACTOR:**  
**LIMITED LICENSE NO.:** \_\_\_\_\_ James Arsenault

INSPECTOR'S COPY — WHITE  
 OFFICE COPY — CANARY  
 CONTRACTOR'S COPY — GREEN

