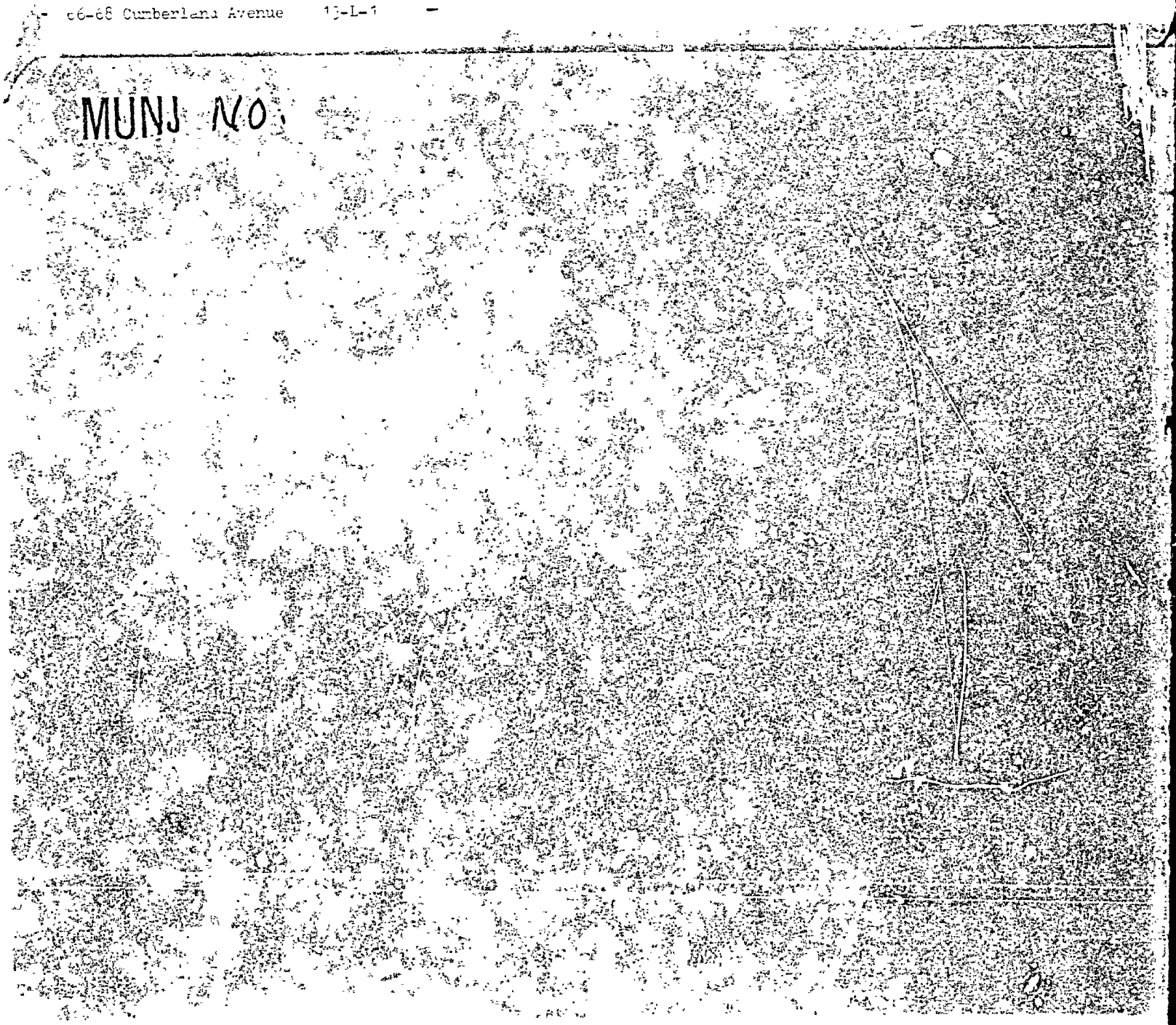
MUNJ NO:



Dec. 20, 1976

Mr. & Mrs. Joseph Coyne
66 Cumberland Avenue
Portland, Maine 04101

Re: 66 Cumberland Ave., Portland 13-L-1 MUN. NO.

Dear Mr. & Mrs. Coyne:

Your property has been surveyed by the Portland Housing Inspection Div., Health & Social Services, 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 re-inspection at any time during the said five year period, the next regular inspection of this property is scheduled for 1981.

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

Sincerely yours,
David C. Bittenbender
Health Director

Inspector D. Gendreau

Lyle D. Noyes
Chief of Housing Inspections

LDN:rl

City of Portland

Health Department

Housing Inspection Division

STRUCTURE INSPECTION SCHEDULE

1) Insp. Name DON GENDREAU.

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.
12/16/76	PR	MN	13	2	1			4	311

12) House No.	13) Sec. H. No.	14) Suff.	15) Direct	16) Street Name	17) Design.
66				CUMBERLAND AV	

18) Owner or Agent: JOSEPH + MARY COYNE — 19) Status — 20) Bldg's Rat.: O. O. 1

21) Address: 66 CUMBERLAND AVE

22) City and State: PORTLAND, MAINE — Zip Code: 04101

23) D. Units	24) Occ. D. U.'s	25) Rm. Units	26) Occ. R. U.'s	27) No Occupants	28) Com'l L.	29) Bldg Type	30) Stories	31) Const. Mat	32) O. Bs
2	2			5		DE	2	WJ	NO

33) C. H.	34) Photo	35) Zoned For	36) Actual Land Use	37) D. Dist.	38) Lks. Ad	Bldg Fac	39) Insp	40) Closing Date
YES	NO	R-6	RE		Yes	(No)		

Viol. No.	Remedy	Cond.	Violation Description	Fl No.	Room Type	Area Type	Resp Party	Code Sect. Viol.	Viol. Rem. Date
			OK INT + EXT						

City of Portland | Health Department | Housing Inspection Division

DWELLING UNIT SCHEDULE

1) INSP. Date	2) INSP.	3) FORM NO.
12/6/76	11	311

4) TENANT'S NAME	5) Flr.#	6) Location	7) Rmg.Tp.	8) #Rms.	9) #Peo.	10) #All'd	11) Slp.Rms.
MR JACK WEBB	1		DU	5	2	7½	2

12) Child Under 10	13) Child 1-6	14)+Lead Survey Results	15) Rent	16) Rent Code	17) Furn.	18) Heat	19) Hot Water	20) Dual Egress	21) Ck'ng	22) Lav.	23) Bath	24) Flush
—	—		12:	MO	NO	OFF	YES	YES	LE	PL	PB	PR

Viol. No.	Remedy	Cond.	Violation	Location	Room Type	Area Type	Resp. Party	Code Sect. Violated	Violation Rem. - Date
			OK						

City of Portland — Health Department — Housing Inspection Division

DWELLING UNIT SCHEDULE

1) INSP. Date	2) INSP.	3) FORM NO.
1 2 1 6 7 6	1 1	3 1 1

4) TENANT'S NAME	5) Flr.#	6) Location	7) Rmg.Tp.	8) #Rms.	9) #Peo.	10) #All'd	11) Slp.Rms.
MR JOSEPH COYNE	2		DU	4	3	6	2

12) Child Under 10	13) Child 1-5	14) +Lead Survey-Results	15) Rent	16) Rent Code	17) Furn.	18) Heat	19) Hot Water	20) Dual Egress	21) Ck'ng	22) Lav.	23) Bath	24) Flush
--	--		—	—	—	OFF	YES	YES	LE	PL	PG	PZ

Viol. No.	Remedy	Cond.	Violation	Location	Room Type	Area Type	Resp. Party	Code Sect. Violated	Violation Rem. - Date