

66 ATLANTIC STREET

MUNJ-SO

CHAWWELKER
#8503-1R

66 ATLANTIC STREET
BLOCK 16E

DEFECTS NEEDING CORRECTION

STRUCTURAL

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

- a. Provide supports for the rear porch.
- b. Replace the missing siding on the rear and right sides of the structure.
- c. Replace the missing front and rear attic windows.
- d. Repair or replace the deteriorating drain pipe on the front of the structure.
- e. Repair or replace the loose and missing slate on the front roof.
- f. Determine the reason and remedy the condition which now causes the bulkhead door to fit improperly.
- g. Repair or replace the deteriorated frames and finish boards around the bay windows on the front of the structure.
- h. Repair or replace the cracked, loose, or missing plaster on the walls of the hall, in the 2nd floor on the front and rear left bedrooms, and behind the lavatory in the bathroom of the 2nd floor.
- i. Repair or replace the missing balusters on the hallway stairs.
- j. Repair or replace the defective treads on the cellar stairs.
- k. Repair or replace the missing door knobs in the kitchen, bathroom and bedrooms.
- l. Repair or replace the cracked, loose, or missing plaster on the ceilings of the dining room, and front and rear left bedrooms.
- m. Repair or replace the defective broken door in the right rear bedroom.
- n. Repair or replace the broken tiles on the floor around the flush.

HEATING:

- a. Repair or replace the defective rear chimney.
- b. Install a cleanout door at the base of the rear chimney in the cellar.

NUISANCES AND INSANITARY CONDITIONS:

- a. Accomplish a general clean-up of the cellar and attic by removing and properly disposing of all trash, litter, and debris.

We suggest that you make the exterior walls of the structure weathertight and water tight by painting or any other suitable means.

Photos yes no

Proj. No.

Manjey South

Date 8-6-62

DWELLING UNIT SCHEDULE

CROWDING	LOCATION <u>66 Atlantic</u>	COMP.
SANIT.	D.U. LOC. <u>Single Family</u>	PEND.
INFEST.	OCCUPY <u>Walter Dolbow</u>	
RASE D.U.	OWNER <u>Same</u>	
DET'N	ADDRESS <u>Same</u>	VTS

Occupants Information Occupancy Facilities Violations

1.	2.	3.	4.	LOC.	RENT	FURN.	WK. I.	RMS	P.F.	ALL'D	LGRS	HEAT	BATH	FLSH	K.SK	H.W.	EX'G
<u>1. Walter Dolbow</u>	<u>2</u>	<u>17-13-1A-10-9-8-7</u>						<u>8</u>	<u>2</u>								

	KITCHEN	BATH	TOILET	DINING	LIV. BED	BR. BED	FR. BED	RR	RR	OTHER	TOTAL
OVERCROWDING 45' 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"/>	<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"/>	<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"/>	<input checked="" type="checkbox"/>	
LIGHTING	<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"/>	<input checked="" type="checkbox"/>	
SET'N WALLS	<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"/>	<input checked="" type="checkbox"/>	
Ceilings	<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"/>	<input checked="" type="checkbox"/>	
Windows	<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"/>	<input checked="" type="checkbox"/>	
Doors	<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"/>	<input checked="" type="checkbox"/>	
Floors	<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"/>	<input checked="" type="checkbox"/>	

KITCHEN SINK & WATER	
<input checked="" type="checkbox"/>	SINK
<input checked="" type="checkbox"/>	SUPPLY & WASTE
<input checked="" type="checkbox"/>	PLB'G GEN'L
HEATING	
<input checked="" type="checkbox"/>	STACKS, FLUES, VENTS
<input checked="" type="checkbox"/>	INT'S VENTED, REP'R
BATHING FACILITIES	
<input checked="" type="checkbox"/>	SHARED MAX. 4DU
<input checked="" type="checkbox"/>	RNG U. 1 PER 15
<input checked="" type="checkbox"/>	MIN. 7' STDS HT.
<input checked="" type="checkbox"/>	VENT'LN
<input checked="" type="checkbox"/>	PROPER ACCESS
<input checked="" type="checkbox"/>	PLD'G
<input checked="" type="checkbox"/>	SANIT'N
TOILET FACILITIES	
<input checked="" type="checkbox"/>	SHARED MAX. 2 DU
<input checked="" type="checkbox"/>	RNG U FLSH & LAV 1 PER 10
<input checked="" type="checkbox"/>	VENT'LN
<input checked="" type="checkbox"/>	PROPER ACCESS
<input checked="" type="checkbox"/>	PLD'G
<input checked="" type="checkbox"/>	SANIT'N
INFESTATION	
<input checked="" type="checkbox"/>	RATS
<input checked="" type="checkbox"/>	R'
<input checked="" type="checkbox"/>	IF
<input checked="" type="checkbox"/>	CE
<input checked="" type="checkbox"/>	OTHER (SPECIFY)
EGRESS	
<input checked="" type="checkbox"/>	DUAL
<input checked="" type="checkbox"/>	YES
<input checked="" type="checkbox"/>	NO <u>None for 2nd Floor</u>
<input checked="" type="checkbox"/>	OBST'N

Remarks

- 01. Cracked - loose - or missing plaster
- 02. - Door Knobs missing
- 03. - Broken door
- 04. - Tiles broken around flush
- 05. - No backing behind lav in bath 2nd Floor
- 06. - See structure sheet

Portland Health Dept.
CS-7

Inspector Robert Paster