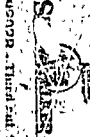


16 ATLANTIC STREET



PRINTED AND BOUND BY THE UNIVERSITY OF CHICAGO PRESS, CHICAGO, ILL.

PERMIT TO INSTALL PLUMBING

13013

PERMIT NUMBER

Issued 7-11-63
 PORTLAND PLUMBING
 INSPECTOR

Address 16 Atlantic Street
 Installation For: Mr. Profeno
 Owner of Bldg. Mr. Profeno
 Owner's Address: 16 Atlantic Street
 Plumber: Phillip Lourie Date: 7-11-63

By J. P. Welch
 APPROVED FIRST INSPECTION

Date 7-13-63

By [Signature]
 APPROVED FINAL INSPECTION

Date _____

By JOSEPH P. WELCH

- TYPE OF BUILDING
 COMMERCIAL
 RESIDENTIAL
 SINGLE
 MULTI FAMILY
 NEW CONSTRUCTION
 REMODELING

NEW	REPL	PROPOSED INSTALLATIONS	FEE	
			NUMBER	FEE
1	1	SINKS	2	\$ 4.00
		LAVATORIES		
		TOILETS		
		BATH TUBS		
		SHOWERS		
		DRAINS		
		HOT WATER TANKS		
		TANKLESS WATER HEATERS		
		GARBAGE GRINDERS		
		SEPTIC TANKS		
		HOUSE SEWERS		
		ROOF LEADERS (Conn. to house drain)		
	1	Washing Machine	1	2.00

PORTLAND HEALTH DEPT. PLUMBING INSPECTION TOTAL ▶ \$ 6.00

PERMIT NUMBER 7920

PERMIT TO INSTALL PLUMBING

Address: 16 Atlantic Ave

Date Issued: 8/14/59

Installation For:

By: J.P. Welch

Owner of Bldg.: Russ & Profano

APPROVED FIRST INSPECTION

Owner's Address:

Date: Aug 14-59

Plumber: Joseph P. Welch Date: 8/14/59

By: JOSEPH P. WELCH

Table header: NEW / REP'L / PROPOSED INSTALLATIONS / NUMBER / FEE

APPROVED FINAL INSPECTION

Table row 1: 1 / SINKS / 1 / 1.50

Date: Aug 14-59

Table row 2: 1 / LAVATORIES / 1 / 1.50

By: JOSEPH P. WELCH

Table row 3: 1 / TOILETS / 1 / 1.50

TYPE OF BUILDING

Table row 4: / BATH TUBS / /

COMMERCIAL

Table row 5: / SHOWERS / /

RESIDENTIAL

Table row 6: / DRAINS / /

SINGLE

Table row 7: / HOT WATER TANKS / 3 /

MULTI FAMILY

Table row 8: / TANKLESS WATER HEATERS / /

NEW CONSTRUCTION

Table row 9: / GARBAGE GRINDERS / /

REMODELING

Table row 10: / SEPTIC TANKS / /

Table row 11: / HOUSE SEWERS / /

Table row 12: / ROOF LEADERS (conn. to house drain) / /

Table row 13: / Total / 3 / 3.00

SM 12-53

PORTLAND HEALTH DEPT.

PLUMBING INSPECTION

Total

LOCATION 11 Atlantic Street

DATE 10/1/63

PERMIT _____

INQUIRY _____

COMPLAINT _____

A.A.S.

Will you please
see how many signs
there are advertising
hair dressing business
where located, and
how large? - AJS

Mr. Sears

10/1/63

There are 2 signs.

One in the window
on the front of the house.
The second one in the
window on the side.

Size 7" X 15"

Allen

(COPY)

CITY OF PORTLAND, MAINE
Department of Building Inspection



Certificate of Occupancy

LOCATION 16 Atlantic St.

Date of Issue June 26, 1963

Issued to Mrs. Gilda Profano
16 Atlantic St.

This is to certify that the building, premises, or part thereof, at the above location, built—altered—changed as to use under Building Permit No. 63/708, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Rear room, first story.

APPROVED OCCUPANCY

"Home Occupation" of hair dressing.

Limiting Conditions:

Not more than two hair dryers to be located or operated on the premises. No person not a resident of the dwelling unit to be employed.

This certificate supersedes certificate issued

Approved:

(Date)

Inspector

Albert J. Sears
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

AP-14-16 Atlant's St.

June 26, 1963

Mrs. Gilda Profenno
16 Atlantic Street

Dear Mrs. Profenno:

Building permit and certificate of occupancy for using a rear room in the first story of your dwelling at the above named location for the "home occupation" of hair dressing are issued herewith subject to the condition that loose steps of rear porch, which serve as an entrance to the beauty parlor, will be repaired so as to be in a safe condition for use.

Very truly yours,

Albert J. Sears
Building Inspection Director

AJS:m



R6 RESIDENCE ZONE

APPLICATION FOR PERMIT

Class of Building or Type of Structure 2nd class

Portland, Maine, June 25, 1963

PERMIT 157967
00708
JUN 26 1963
CITY OF PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect alter repair demolish install the following building structure equipment in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Location 16 Atlantic St. Within Fire Limits? Dist. No.
Owner's name and address Rocco Profenno, 16 Atlantic St. Telephone.
Lessee's name and address Gilda Profenno 16 Atlantic St. Telephone 2-6332
Contractor's name and address Telephone.
Architect Specifications Plans yes No. of sheets 1
Proposed use of building Dwelling and Beauty Shop No. families 1
Last use No. families 1
Material frame No. stories 1 1/2 Heat Style of roof Roofing
Other buildings on same lot
Estimated cost \$ Fee \$ 2.00

General Description of New Work

To change use of building from one family dwelling to one family dwelling and Beauty Shop. (no alterations)

To use (1) room of dwelling for hair dressing purposes limited to two hair dryers. Use will not occupy more than 25% of the area of the building devoted to living quarters and the area of the building devoted to living quarters shall not be reduced below 900 sq.ft. by this provision. No person to be employed.

Permit Issued with Letter

It is understood that this permit does not include installation of heating apparatus which is to be taken out separately by and in the name of the heating contractor. PERMIT TO BE ISSUED TO Rocco Profenno

Details of New Work

Is any plumbing involved in this work? Is any electrical work involved in this work?
Is connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notice been sent? Form notice sent?
Height average grade to top of plate Height average grade to highest point of roof
Size, front depth No. stories solid or filled land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining Kind of heat ft-l.
Framing Lumber-Kind Dressed or full size? Corner posts Sills
Size Girder Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor, 2nd, 3rd, roof
On centers: 1st floor, 2nd, 3rd, roof
Maximum span: 1st floor, 2nd, 3rd, roof
If one story building with masonry walls, thickness of walls? height?

If a Garage

No. cars now accommodated on same lot, to be accommodated, number commercial cars to be accommodated.
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

Miscellaneous

Will work require disturbing of any tree on a public street? 110
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

Rocco Profenno
Gilda Profenno

Signature of owner by: Rocco Profenno

771

Memorandum from Department of Building Inspection, Portland, Maine

AP- 16 Atlantic Street

July 26, 1961

cc to: Mr. Rocco Profenna
16 Atlantic Street

Mr. John F. Conley
35 Cumberland Avenue

Dear Mr. Conley:

Building permit to replace two sets of swinging doors with overhead doors in front wall of garage at the above named location and to increase width of openings from 7 feet to 9 feet is issued herewith subject to the condition that, if these openings are in a wall which supports the roof framing, the headers over the openings are to be no less than 4x8 instead of the 4x6 indicated in application for permit.

Very truly yours,

Albert J. Sears
Building Inspection Director

AJS:W



R6 RESIDENCE ZONE

APPLICATION FOR PERMIT

Class of Building or Type of Structure Third Class
Portland, Maine, July 25, 1961

PERMIT ISSUED 00897 JUL 26 1961

CITY OF PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect alter repair demolish install the following building structure equipment in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Location 16 Atlantic St. Within Fire Limits? Dist. No.
Owner's name and address Rocco Profenno, 16 Atlantic St. Telephone
Lessee's name and address
Contractor's name and address John F Conley 85 Cumberland Ave. Telephone 4-4988
Architect Specifications Plans No. of sheets
Proposed use of building 1-car garage 2-car garage No. families
Last use No. families
Material frame No. stories 1 Heat Style of roof Roofing
Other buildings on same lot dwelling
Estimated cost \$ 200.00 Fee \$ 3.00

General Description of New Work

To change out existing swinging doors on garage to (1) overhead door, changing size of opening from 11' x 8' to 9' x 7'-4x6 header to be used.

Permit issued with Memo

It is understood that this permit does not include installation of heating apparatus which is to be taken out separately by and in the name of the heating contractor. PERMIT TO BE ISSUED TO contractor

Details of New Work

Is any plumbing involved in this work? Is any electrical involved in this work?
Is connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notice been sent? Form notice sent?
Height average grade to top of plate Height average grade to highest point of roof
Size, front depth No. stories solid or filled land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining Kind of heat fuel
Framing Lumber-Kind hemlock Dressed or full size? dressed Corner posts Sills
Size Girder Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor, 2nd, 3rd, roof
On centers: 1st floor, 2nd, 3rd, roof
Maximum span: 1st floor, 2nd, 3rd, roof
If one story building with masonry walls, thickness of walls? height?

If a Garage

No. cars now accommodated on same lot, to be accommodated number commercial cars to be accommodated
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVED: with memo by [Signature]

Miscellaneous

Will work require disturbing of any tree on a public street? no
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
Rocco Profenno
John F Conley

CS 301

INSPECTION COPY

Signature of owner by: John F. Conley

F. M.



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

01865

Portland, Maine, Oct. 22, 1936

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 16 Atlantic St. Use of Building 1-family dwelling. No. Stories 1. Building Existing "
Name and address of owner of appliance Rocco Profenna, 16 Atlantic St.
Installer's name and address Randall & McAllister, 84 Commercial St. Telephone 3-2941

General Description of Work

To install forced hot water heating system in place of gravity hot water heating system and install oil burning equipment

IF HEATER, OR POWER BOILER

Location of appliance basement Any burnable material in floor surface or beneath? no
If so, how protected? Kind of fuel? oil
Minimum distance to burnable material, from top of appliance or casing top of furnace over 15"
From top of smoke pipe over 15" From front of appliance over 4' From sides or back of appliance over 3'
Size of chimney flue 10 Other connections to same flue none
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? yes

IF OIL BURNER

Name and type of burner Timkeh Labelled 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 1/2"
Location of oil storage basement Number and capacity of tanks 1-275 gal.
Low water shut off Make No.
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 burners 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 smoke pipe
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

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: [Signature] OCT 22 1936

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

Randall & McAllister

Signature of Installer by: [Signature]

617 128 14 MAINE PRINTING CO.

INSPECTION COPY

CITY OF PORTLAND, MAINE
DEPARTMENT OF BUILDING INSPECTION

Record of Inquiry

Verbal in person

Date 10/14/33

~~By telephone~~

Location 16 Atlantic St

Made by Enrico Di Pietro & ~~Enrico~~ Louis Di Millo
30 Hammond St

Inquiry-1 may one story all be built
straight up to 1 1/2 stories to
conform with main house
(3x4 studs in 1st story)

3

Answer-1 10/20/33 - Examined this with Mr.
Profumo, owner - He plans to build
2.0 in. most of the rear wall anyway.
Old him to decide on carpenter
and file sketch with application
for permit. - see letter to Di Millo

Reply by mm

October 23, 1933

Mr. Louis M. Hill
3) Hammond Street
Portland, Maine

Dear Sir:

In reply to your inquiry and that of Mr. DiPietro with relation to building a second story addition on the rear all of the building at 16 Atlantic Street owned by Camillo Profano, I have examined the building with Mr. Profano and have found that it would be necessary to strengthen the rear wall, at least, before a second story was added to the building. I have told Mr. Profano that he should decide upon his contractor and have a sketch showing the proposed change, especially the framing, with the application for the building permit.

Very truly yours,

Inspector of Buildings.

m/m



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date May 15, 1983
 Receipt and Permit number 00322

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: 16 Atlantic Avenue

CWNER'S NAME: Avis Mulkern ADDRESS: same

	FEES
OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of) Incandescent _____ Flourescent _____ (not strip) TOTAL _____ Strip Flourescent _____ ft. _____	
SERVICES: Upgrade from 60 to 100 _____ Overhead <input checked="" type="checkbox"/> Underground _____ Temporary _____ TOTAL amperes <u>100</u> .. <u>3.00</u>	
METERS: (number of) _____	
MOTORS: (number of) Fractional _____ 1 HP or over _____	
RESIDENTIAL HEATING: Oil or Gas (number of units) _____ Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas (by a main boiler) _____ Oil or Gas (by separate units) _____ Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of) Ranges _____ Water Heaters _____ Cook Tops _____ Disposals _____ Wall Ovens _____ Dishwashers _____ Dryers _____ Compactors _____ Fans _____ Others (denote) _____ TOTAL _____	
MISCELLANEOUS: (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 _____ Circus, Fairs, 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" (304-16.b)	
TOTAL AMOUNT DUE:	<u>5.00 min.</u>

INSPECTION:
 Will be ready on _____, 19__; or Will Call
 CONTRACTOR'S NAME: Richard Moreau
 ADDRESS: RFD 2, RT 9, Barrington, NH. 03825
 TEL: 603-742-9574
 MASTER LICENSE NO.: 03757 SIGNATURE OF CONTRACTOR: Richard Moreau
 LIMITED LICENSE NO.: _____

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

ELECTRICAL INSTALLATIONS —

Permit Number PA 322
Location 140 W. 1st St.
Owner Ames Truckers
Date of Permit 5/15/89
Final Inspection 5/25/89
By Inspector [Signature]
Permit Application Register Page No. 63

INSPECTIONS: Service 100 Amp by [Signature]
Service called in 5/25/89
Closing-in _____ by _____

PROGRESS INSPECTIONS: _____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____

DATE:	REMARKS:

CODE COMPLIANCE COMPLETED DATE 5/25/89

16 Atlantic Street

MUNY (9)

LS

SHAW-WALKER
#8508-10

Photos yes no **165**
 Date 4-12-63
 Proj. No. C.I. Wasserman Smith Ass'rs Zone Zone Viol
 Stories 2 DFM AS/D FAR (MS) NA MS ST P Com. Units 0 Rmg Units 0 Dwl. Units 1

LOCATION <u>16 Atlantic</u>	COMP
OWNER AGENT <u>Wasserman Smith</u>	PEND
OWNER AGENT	
OWNER AGENT	
OWNER AGENT	VTS

Occupants	Information	Occupancy				Facilities				Violations				
		LOC.	RENT	FURN.	WK. I.	RMS	PER.	ALL D	LGRS		HEAT	BATH	FLSH	K. SK
1. <u>Wasserman Smith</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
2.														
3.														
4.														
5.														
6.														
7.														
8.														

STRUCTURE SCHEDULE

STRUCTURE RATING

<p>YARD</p> <input type="checkbox"/> GARBAGE & RUBBISH <input type="checkbox"/> CONTAINERS COMPLY <input type="checkbox"/> DRAINAGE <input type="checkbox"/> ZONE VIOL. <p>STRUCTURE EXTERIOR</p> <input type="checkbox"/> STEPS, STAIRS, PORCHES <input type="checkbox"/> FOUNDATION <input type="checkbox"/> WALLS <input type="checkbox"/> WINDOWS, DOORS <input type="checkbox"/> ROOF, DRAINS <input type="checkbox"/> OUT BUILDINGS <p>INFESTATION</p> <input type="checkbox"/> RATS <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> R5 <input type="checkbox"/> OTHER (SPECIFY) <p>EGRESS</p> <input type="checkbox"/> DUAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OBST'N	<p>STRUCTURE INTERIOR</p> <input type="checkbox"/> HALL, OBST'N <input type="checkbox"/> HALL, LIGHTING <input type="checkbox"/> HALL, FLOOR WALLS CEILING <input type="checkbox"/> STAIRWAYS <input type="checkbox"/> WINDOWS, AIRSHAFT <input type="checkbox"/> ELECT. WIRING <input type="checkbox"/> HEATING CENTRAL YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> STACKS FLUES, VENTS <input type="checkbox"/> CHIMNEY <input type="checkbox"/> EQUIPMENT, REPAIR <p>PLUMBING</p> <input type="checkbox"/> SUPPLY LINE <input type="checkbox"/> WASTE LINE <p>BASEMENT</p> <input type="checkbox"/> GEN'L SANIT'N <input type="checkbox"/> DAMPNESS R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> STAIRS <input type="checkbox"/> LIGHTING <p>BASE DWL. UNIT</p> <input type="checkbox"/> MIN 7' - 3" <input type="checkbox"/> DAMPNESS <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> WINDOW 1/12 X 8' <input type="checkbox"/> DUAL EGRESS <input type="checkbox"/> YES <input type="checkbox"/> NO <p>PROHIBITED COMB'N USE</p> <input type="checkbox"/> ASSOC. USE HAZARD <input type="checkbox"/> HAZARDOUS VENTS
<p>Remarks</p> <p>Portland Health Dept.</p> <p>CS-8</p> <p>Inspector <u>Bob Pratt</u></p>	<p><i>(Large handwritten scribble)</i></p> <p><i>(Large handwritten scribble)</i></p> <p><i>(Large handwritten scribble)</i></p>

Photos yes no
 Proj. No.

Mungin South

Date 4-12-63

CROWDING	LOCATION <u>16 Atlantic Ave</u>	CORP.
SANIT.	D.U. LOC. <u>Dugan</u>	PENG.
INFEST.	OCCPNT <u>Rocco Profano</u>	
BASE D.U.	OWNER <u>Same</u>	
DET'N	AGENT	VTS
	ADDRESS	

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities								Violations											
			LOC.	RENT	FURN.	WG. I.	RMS	PER.	ALI.'D	LGRS		HEAT	BATH	FLSH	K.SK	H.W.	CK'G					
1. <u>Rocco Profano</u>	<u>4</u>	<u>216-14</u>	<u>5</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>		
2.																						
3.																						
4.																						

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 65' - 7'											
50 SLEEP'G											
VENTILATION 1/12 x 1/2											
LIGHTING WIRING	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
DET'RN WALLS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CEILINGS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WINDOWS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
DOORS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
FLOORS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Remarks

Remedy - change of floor

KITCHEN SINK & WATER	
<input type="checkbox"/> SINK	
<input type="checkbox"/> SUPPLY & WASTE	<u>OK</u>
<input type="checkbox"/> PLB'G, CH'L	
HEATING	
<input type="checkbox"/> STACKS, FLUES, VENTS	
<input type="checkbox"/> HT'RS VENTED, REP'R	<u>OK</u>
BATHING FACILITIES	
<input type="checkbox"/> SHARED MAX. 4DU	
<input type="checkbox"/> FNG U. 1 PER 12	
<input type="checkbox"/> MIN. 7' STOD HT.	
<input type="checkbox"/> VENT'LN	<u>OK</u>
<input type="checkbox"/> PROPER ACCESS	
<input type="checkbox"/> PLB'G	
<input type="checkbox"/> SANIT'N	
TOILET FACILITIES	
<input type="checkbox"/> SHARED MAX. 2 DU	
<input type="checkbox"/> FNG U FLSH & LAV 1 PER 10	<u>OK</u>
<input type="checkbox"/> VENT'LN	
<input type="checkbox"/> PROPER ACCESS	
<input type="checkbox"/> PLB'G	
<input type="checkbox"/> SANIT'N	
INFESTATION	
<input type="checkbox"/> RATS <input type="checkbox"/> R: <input type="checkbox"/> D: <input type="checkbox"/> E	
<input type="checkbox"/> OTHER (SPECIFY)	
EGRESS	
<input type="checkbox"/> DUAL <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> OBST'N	

Portland Health Dept.
GS-7

Inspector Syle Noyes