

22 ATLANTIC STREET

MUNISO

SHAW-WALKER
#8503 11

November 16, 1977

Mr. George E. Herbert
22 Atlantic Street
Portland, Maine 04101

Dear Mr. Herbert:

Re: 22 Atlantic Street - 16-F-5 ✓
NCP-East End
Neighborhood Conservation

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.

FRONT EXTERIOR FOUNDATION - missing mortar.
RIGHT EXTERIOR ROOF - worn shingles.
LEFT FRONT EXTERIOR TRIM - loose gutter.

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

vw

Inspection Date: 8/17/64
Inspection Unit: 2
Contract No. 100-111
on Alameda Street
Portland, Ore

20 - 100-111-10-1
100-111-10-1

REPAIRS TO BE MADE

REPAIRS TO BE MADE
The following work is to be done in good order all dilapidated and hazardous parts of the structure as follows:

- a. Repair or replace the loose, worn, disintegrated, fractured and damaged boards of the stairs of the porch of the left side of the structure.
- b. Put the loose window panes, adjust the loose window sashes in all of the windows throughout the structure.
- c. Replace the loose or missing boards, and point up the loose joints of the left side of the foundation.

REPAIRS TO BE MADE
Check and have repaired all defective electrical wiring and electrical equipment throughout the structure.

- a. Repair or replace the defective fixtures in the bedroom and the program of the first floor apartment.

REPAIRS TO BE MADE

- a. Replace the loose or missing boards, and point up the loose joints of the exterior (basement).
- b. Clean the front of brick by removing and properly disposing of all dirt.

REPAIRS TO BE MADE
Check and have repaired all defective plumbing and plumbing fixtures throughout the structure.

- a. Install a trap for the waste and line to the waste line in the basement.
- b. Repair or replace the cross connections of the bathtub in the bathroom of the first and second floor apartment.

Photos yes no

Date 8-19-64

LOCATION	28 ATLANTIC ST	COMP
OWNER AGENT	MRS CONNOLLY	PLNG
OWNER AGENT		
OWNER AGENT		
OWNER AGENT		
OWNER AGENT		

Proj. No. C.I. (MUNICIPAL) Ans'rs Zone Zone Viol

Stories DFM ASDD SAR NSA NA ST P Com. Units Rmg Units Dwl Units

16F

Occupants	Information	Occupancy										Facilities		Violations				
		LOC.	RENT	FURN.	WK. 1	RMS	PER.	ALLD	LGRS	HEAT	BATH	FLSH	A. SK	H.W.	CK	G		
1. SARATINO NAPPI	278-51	1st																
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		

STRUCTURE SCHEDULE

STRUCTURE RATING

<p>YARD</p> <input checked="" type="checkbox"/> GARBAGE & RUBBISH <input type="checkbox"/> CONTAINERS COMPLY <input type="checkbox"/> DRAINAGE <input checked="" type="checkbox"/> ZONE VIOL. <p>STRUCTURE EXTERIOR</p> <input checked="" type="checkbox"/> STEPS, STAIRS, PORCHES TREADS WORN LEFT SIDE PORCH <input checked="" type="checkbox"/> FOUNDATION LEAKS IN CONCRETE WEDGES CRACKING <input type="checkbox"/> WALLS <input checked="" type="checkbox"/> WINDOWS, DOORS DUSTY THROUGHOUT <input type="checkbox"/> ROOF, DRAINS <input type="checkbox"/> OUT BUILDINGS <p>INFESTATION</p> <input checked="" type="checkbox"/> RATS <input type="checkbox"/> RI <input type="checkbox"/> CI <input type="checkbox"/> E <input type="checkbox"/> OTHER (SPECIFY) <p>EGRESS</p> <input checked="" type="checkbox"/> DUAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OBST'N <p>Remarks</p>	<p>STRUCTURE INTERIOR</p> <input checked="" type="checkbox"/> HALL, OBST'N <input checked="" type="checkbox"/> HALL, LIGHTING <input checked="" type="checkbox"/> HALL, FLOOR WALLS CEILING <input checked="" type="checkbox"/> STAIRWAYS <input checked="" type="checkbox"/> WINDOWS, AIRSHAFT <input checked="" type="checkbox"/> ELECT. WIRING <p>HEATING CENTRAL YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <input checked="" type="checkbox"/> STACKS FLUES, VENTS <input checked="" type="checkbox"/> CHIMNEY HOLE IN BASEMENT FRONT, CLEAN OUT FRONT <input type="checkbox"/> EQUIPMENT, REPAIR <p>PLUMBING</p> <input checked="" type="checkbox"/> SUPPLY LINE <input checked="" type="checkbox"/> WASTE LINE NO TRAP FOR WASHING MACHINE TO WASTE LINE <p>BASEMENT</p> <input type="checkbox"/> GEN'L SANIT'N <input type="checkbox"/> DAMPNES' NI <input type="checkbox"/> O <input type="checkbox"/> STAIRS <input type="checkbox"/> LIGHTING <p>BASE DWL. UNIT</p> <input checked="" type="checkbox"/> MIN 7' x 3' <input type="checkbox"/> DAMPNES' NI <input type="checkbox"/> O NOISE <input type="checkbox"/> WINDOW 1/12 x 6" <input type="checkbox"/> DUAL EGRESS YES <input type="checkbox"/> NO <p>PROHIBITED COMB'N USE</p> <input checked="" type="checkbox"/> ASSOC. USE HAZARD NO <input type="checkbox"/> HAZARDOUS VENTS
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Portland Health Dept.

\$-8

Inspector Fred Brimston

Photos yes no
 Proj. No.

MUNJOY SOUTH

Date 8-17-64

16F

DWELLING UNIT SCHEDULE

CROWDING	LOCATION	<u>22 ATLANTIC ST</u>	COMP.
SANIT.	D.U. LOC.	<u>1ST FLOOR</u>	PENG.
INVEST.	OCCUPY	<u>SABATINO NAPPI</u>	
BASE D.U.	OWNER	<u>MRS. CONNOLLY</u>	
DET'N	ADDRESS	<u>22 ATLANTIC ST</u>	VTS

Occupants	Information	Occupancy	Facilities								Violations										
			LOC.	RENT	FUR.	WK. I.	RMS	PER.	ALL'D	LGRS		HEAT	BATH	FLSH	X.SK	H.W.	CK'G				
1. <u>SABATINO NAPPI</u>	<u>3 > 8-5-1</u>		<u>lot 2</u>					<u>6</u>	<u>3</u>	<u>9</u>	<u>NO</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>			
2.																					
3.																					
4.																					

OVERCROWDING	KITCHEN	BATH	TOILET	DINING	BED	PLAYROOM			OTHER	TOTAL
						BED	BED	BED		
65' - 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"/>
50 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 WIRING	<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"/>
DET'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	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
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"/>

Remarks
 1. Broken fixtures
 2. Needs plaster throughout

KITCHEN SINK & WATER	
<input checked="" type="checkbox"/>	SINK
<input checked="" type="checkbox"/>	SUPPLY & WASTE <u>OK</u>
<input checked="" type="checkbox"/>	PLB'G GEN'L
HEATING	
<input checked="" type="checkbox"/>	STACKS, FLUES, VENTS <u>OK</u>
<input checked="" type="checkbox"/>	N'RS VENTED, REP'N
BATHING FACILITIES	
<input checked="" type="checkbox"/>	SHARED MAX. 4DU
<input checked="" type="checkbox"/>	RNG U. 1 PER 15
<input checked="" type="checkbox"/>	SINK, 7' STDS HT.
<input checked="" type="checkbox"/>	VENT'LN
<input checked="" type="checkbox"/>	PROPER ACCESS
<input checked="" type="checkbox"/>	PLB'G <u>Pass connection on bathtub</u>
<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"/>	PLB'G
<input checked="" type="checkbox"/>	SANIT'N
INFESTATION	
<input checked="" type="checkbox"/>	RATS <input type="checkbox"/> A: <input type="checkbox"/> O: <input type="checkbox"/> E
<input checked="" type="checkbox"/>	OTHER (SPECIFY)
EGRESS	
<input checked="" type="checkbox"/>	EQUAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/>	OBST'N

Portland Health Dept.
 08-7

Inspector Fred Bernstein

Photos yss no

Proj. No.

MUSTIN SOUTH

Date 8-18-64

16F

DWELLING UNIT SCHEDULE

CROWDING	LOCATION 28 ATLANTIC - T	COMP.
SANIT.	D.U. LOC. 2nd	PEND.
INFEST.	OCCPMT LAWRENCE WHITTEAM	
W/SP D.U.	OWNER AGENT MRS CONNOLLY	
DET'RN	ADDRESS 28 ATLANTIC	VTS

Occupants

Information

Occupancy

Facilities

Violations

	LOC.	RENT	FURN.	WK. I.	RMS	PEN.	ALL'D	LGRS	HEAT	BATH	FLSH	K.SK	H.W.	CK'G
1. LAWRENCE WHITTEAM 2 > 3, 2														
2.														
3.														
4.														

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	APPLIC ROOM	OTHER	TOTAL
OVERCROWDING 65' - 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"/>	
50 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 WIRING	<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"/>	
DET'RN 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

- SINK
- SUPPLY & WASTE OK
- PLBG. GEN'L OK

HEATING

- STACKS, FLUES, VENTS
- INT'RS VENTED, REP'R OK

BATHING FACILITIES

- SHARED MAX. 4DU
- RMG U. 1 PER 15
- MIN 7' STDG HT.
- VENT'LN

PROPER ACCESS

- PLBG OK 2 minor repairs
- SANIT'N

TOILET FACILITIES

- SHARED MAX. 1 DU
- R. U. FLSH & LAY 1 PER 10
- VENTS OK
- SANIT'N

INFESTATION

- KATS R: O: OK
- OTHER (SPECIFY)

EGRESS

- EQUAL YES. NO
- OBST'N

Remarks Case connection on light h.

Portland Health Dept.

CS-7

Inspector Jaed Brinsden

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

February 14, 1994

SABBATH BRIAN J.
34 NOYES ST.
PORTLAND ME 04103

Re: 22 Atlantic St
CBL: 016- - F-005-001-01
DU: 3

Dear Mr. Sabbath,

You are hereby notified, as owner or agent, that an inspection was made of the above referenced property. Violations of Article V of the Municipal Ordinance (Housing Code) were found as described in detail on the attached "Housing Inspections Report".


In accordance with the provisions of the above mentioned Code, you are hereby ordered to correct those defects within sixty (60) days. If you are unable to make such repairs within the specified time, you may contact this office to arrange a satisfactory repair schedule. If we do not hear from you within ten (10) days from this date, we will assume the repairs to be in progress and, on re-inspection within the time set forth above, will anticipate that the premises have been brought into compliance with the Housing Code Standards.

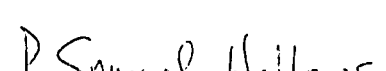
Please Note: You should consult this department to insure that any corrective action you should undertake complies with the building, plumbing, electrical, zoning and other Articles of the city Code.

Please contact this office if you have any questions regarding this order.

Your cooperation will aid this department in its goal to maintain decent, safe, and sanitary housing for all of Portland's residents.

Sincerely,


Merlin Leary
Code Enforcement Officer


P. Samuel Hoffses
Chief of Inspection Services

HOUSING INSPECTION REPORT

Location: 22 Atlantic St
Housing Conditions Date: February 14, 1994
Expiration Date: April 14, 1994

Items listed below are in violation of Article V of the Municipal Codes, "Housing Codes", and must be corrected before the expiration date:

- | | | |
|----|---|--------|
| 1. | INT - 1ST FL/FRONT HALL -
HOLE IN FLOOR | 108.20 |
| 2. | INT - 1ST & 2ND FLS - FRONT HALL
USED FOR STORAGE | 109.40 |
| 3. | INT - CELLAR - FRONT/REAR STAIRS
MISSING RAILING | 108.40 |
| 4. | EXT - FRONT STEPS -
MISSING RAILINGS | 108.40 |
| 5. | INT - 1ST FL APT - DININGROOM
WINDOWS - MISSING COUNTERBALANCE CORDS | 108.30 |

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

July 21, 1995

SABBATH BRIAN J
34 NOYES ST
PORTLAND ME 04103

Re: 22 Atlantic St
CBL: 016-- F-005-001-01
DU: 3

Dear Mr. Sabbath:

The Housing Inspections Division of the Department of Planning and Urban Development has recently completed an overall inspection of the above referred property.

Congratulations are extended to you for the general condition 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. | EXT - FRONT -
STEPS ARE MISSING A RAILING | 108.40 |
| 2. | INT - FRONT & REAR -
CELLAR STAIRS ARE MISSING RAILINGS | 108.40 |
| 3. | INT - 1ST FL - FRONT HALL
FLOOR HAS A HOLE IN IT | 108.20 |
| 4. | INT - OVERALL -
HARD-WIRED BATTERY-BACK/UP SMOKE DETECTORS ARE REQUIRED IN EACH UNIT | 113.50 |

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,

Merle Leary / dec
Merle Leary
Code Enforcement Officer

Tammy Munson
Tammy Munson
Code Enfc. Offr./ Field Supv.