

36

SHERIDAN STREET

WENISO



NOTICE OF HOUSING CONDITIONS

City of Portland
 Department of Neighborhood Conservation
 Housing Inspections Division
 Tel. 775-5451 - Ext. 358 - 448

Robert & Eleanor Lawson
 36 Sheridan Street
 Portland, Maine 04101

DU 2
 ✓Ch.-Bl.-Lot: 17-G-1
 Location: 36 Sheridan Street
 Project: NCF-East End
 Issued: October 11, 1977
 Expired: Jan. 11, 1978

Dear Mr. & Mrs. Lawson:

An examination was made of the premises at 36 Sheridan Street, Portland, Maine, by Housing Inspector Carroll. Violations of Municipal Codes relating to housing conditions were found as described in detail below.

In accordance with provisions of the above mentioned Codes, you are requested to correct these defects on or before Jan. 11, 1978. You may contact this office to arrange a satisfactory repair schedule if you are unable to make such repairs within the specified time. We will assume the repairs to be in progress if we do not hear from you within ten days from this date and, on reinspection within the time set forth above, will anticipate that the premises have been brought into compliance with Code Standards. Please contact this office if you have any questions regarding this Notice.

Your cooperation will help this Department in its goal to maintain all Portland residents in decent, safe and sanitary housing.

Very truly yours,

Joseph E. Gray, Jr. Director
 Neighborhood Conservation

Inspector

K. Carroll

By

Lyric D. Noyes
 Lyric D. Noyes
 Chief of Housing Inspections

EXISTING VIOLATIONS OF CHAPTER 307 - "MINIMUM STANDARDS FOR HOUSING" - Section(s)

- | | |
|--|----|
| * 1. FIRST FLOOR REAR - PORCH ROOF- repair leak in gutter. | 3a |
| 2. OVERALL EXTERIOR TRIM- remove loose & peeling paint. | 3a |
| * 3. LEFT EXTERIOR ROOF - repair or replace loose and missing shingles. | 3a |
| * 4. CELLAR CHIMNEY - repair or replace loose and missing brick & mortar. | 3e |
| 5. SECOND FLOOR REAR HALL WALL - repair or replace cracked and broken plaster. | 3b |
| 6. SECOND FLOOR REAR HALL WINDOW - secure loose glass by replacing points and/or reglazing. | 3c |
| 7. FIRST AND SECOND FLOOR - VFRONT HALL CEILINGS - repair or replace broken and loose plaster. | 3a |
| 8. THIRD FLOOR FRONT HALL CEILING - determine the reason and remedy the condition causing leakage. | 3a |
| * 9. THIRD FLOOR FRONT HALL WALL - replace loose electric switch. | 3a |
| As an energy conservation measure, you may wish to install insulation. | 8e |

FIRST FLOOR

- | | |
|---|----|
| 10. KITCHEN & BATHROOM WINDOWS - repair inoperative windows. | 3c |
| 11. KITCHEN WINDOW - repair or replace broken sash. | 3c |
| * 12. KITCHEN SINK- repair leak in wasteline. | 6d |
| 13. KITCHEN CEILING - repair inoperative electric light fixture. | 8a |
| * 14. BATHROOM & REAR MIDDLE HALL- CEILING- determine the reason and remedy the conditions causing leakage. | 3b |
| * 15. BATHROOM WINDOW - replace broken glass. | 3c |

continued

vw

PS Form 3811, Nov. 1976

SENDER. Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).
 Show to whom and date delivered 25¢
 Show to whom, date, & address of delivery 45¢
 RESTRICTED DELIVERY. Show to whom and date delivered 35¢
 RESTRICTED DELIVERY. Show to whom, date, and address of delivery .. \$1.05
 (Fees shown are in addition to postage charges and other fees).

2. ARTICLE ADDRESSED TO:
 Mr. Robert Lawton
 30 Sheridan St.
 Portland, Maine 04101

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERT. FILE NO.	INSURED NO.
	165136	

 (Always use signature of addressee or agent)
 I have received the article described above.
 SIGNATURE: Addressee Authorized agent
 Robert Lawton

4. DATE OF DELIVERY: 10/19/77 POSTMARK: [Stamp]

5. ADDRESS (Complete only if requested):

6. UNABLE TO DELIVER BECAUSE: [Stamp] CLERK'S INITIAL: [Stamp]

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

36 Sheridan St.

continued

36 Sheridan Street, Portland, Maine NCP-East End 17-G-1

10/11/77

16. BATHROOM WINDOW - repair inoperative sash. 3c
 17. BATHROOM SINK AND TOILET TANK - correct the condition at the fixture that causes a cross connection. 6d
 18. REAR MIDDLE HALL CEILING - repair inoperative electric light fixture. 8e
 19. LIVING ROOM WINDOWS - secure loose glass by replacing points and/or reglazing. 3c
 20. LIVING ROOM WINDOWS - replace broken counter balance cords allowing window sash to remain elevated when opened. 3c
 21. LIVING ROOM WINDOW - repair inoperative sash. 3c
 - * 22. LIVING ROOM FLOOR - repair loose baseboards and decking. 3b
 23. RIGHT FRONT & RIGHT REAR BEDROOM CEILING - determine the reason and remedy the condition causing leakage. 3b
 24. RIGHT REAR BEDROOM WINDOWS - secure loose glass by replacing points and/or reglazing. 3c
 - * 25. RIGHT FRONT BEDROOM WINDOW - replace broken glass. 3c
 26. RIGHT FRONT BEDROOM WINDOWS - repair loose sashes. 3c
 27. RIGHT FRONT BEDROOM CEILING - remove loose and peeling paint. 3b
- SECOND & THIRD FLOOR
28. KITCHEN WALL - repair or replace broken and missing plaster. 3b
 29. KITCHEN & BATHROOM WINDOWS - secure loose glass by replacing points and/or reglazing. 3c
 30. KITCHEN SINK & WALL - repair broken cabinet doors. 3b
 31. BATHROOM WINDOW - replace missing counter balance cords allowing window sash to remain elevated when opened. 3c
 32. BATHROOM WINDOW - repair or replace broken sash. 3c
 33. BATHROOM TOILET - correct the condition at the fixture that causes a cross connection. 6d
 - * 34. BATHROOM SINK - replace temporary wrothelina. 6d
 - * 35. LIVING ROOM & DINING ROOM WINDOWS - replace broken glass. 6d
 36. " " " " - secure loose glass by replacing points and/or reglazing. 3c
 37. DINING ROOM WINDOW - repair or replace broken sash. 3c
 38. SECOND FLOOR - RIGHT REAR BEDROOM WINDOW - repair or replace broken sash. 3c
 39. " " " " - replace missing counter balance cords allowing window sash to remain elevated when opened. 3c
 40. " " " " - RIGHT REAR BEDROOM DOOR - repair or replace broken latch. 3b
 41. THIRD FLOOR LEFT REAR & RIGHT FRONT - BEDROOM WALL & CEILINGS - repair or replace broken, missing & sagging plaster. 3b
 42. " " " " & RIGHT FRONT - BEDROOM WALLS & CEILINGS - determine the reason and remedy the condition causing leakage. 3b
 - * 43. " " " " & RIGHT REAR BEDROOM WALLS - enclose exposed electric conductors. 8e
 44. " " " " WINDOWS - replace missing counter balance cords allowing window sash to remain elevated when opened. 3c
 45. " " " " & RIGHT REAR & RIGHT MIDDLE - BEDROOM WINDOWS - secure loose glass by replacing points and/or reglazing. 3c
 46. " " " " BEDROOM WINDOW - replace broken parting bead. 3c
 47. " " " " and RIGHT FRONT BEDROOM WINDOWS - repair or replace broken sashes. 3c
 48. " " " " RIGHT REAR & RIGHT MIDDLE - BEDROOM WINDOWS - repair loose sashes. 3c
 - * 49. " " " " RIGHT MIDDLE - BEDROOM WALL - repair loose electric light fixture. 8a
 - * 50. " " " " RIGHT FRONT BEDROOM WALL - replace illegal electric wiring. 8a

** WHEN MAKING YOUR REPAIRS, FIRST PRIORITY IS TO BE GIVEN TO ITEMS WITH ASTERISKS, AS THEY CONSTITUTE EXTREME HAZARDS TO THE HEALTH OR SAFETY OF THE OCCUPANTS OF THIS STRUCTURE.

We suggest you contact the City of Portland Building Inspection Department, 389 Congress St., Tel. 775-5451 to determine if any of the items listed above require a building or alteration permit.

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As an energy conservation measure, you may wish to install insulation.	
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continued vw

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32. BATHROOM WINDOW - repair or replace broken sash. 3c
33. BATHROOM FLUSH TOLLET - correct the condition at the fixture that causes a cross connection. 6d
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- * 35. LIVING ROOM & DINING ROOM WINDOWS - replace broken glass. 3c
36. " " " " " " - secure loose glass by replacing points and/or reglazing. 3c
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We suggest you contact the City of Portland building Inspection Department, 389 Congress St., Tel. 775-5431 to determine if any of the items listed above require a building or alteration permit.

City of Portland

DEPARTMENT OF NEIGHBORHOOD CONSERVATION
STRUCTURE INSPECTION SCHEDULE

Housing Inspection Division

1) Insp. Name Carroll, K

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.
9/25/77	NCP	EE	17	6	1	2:00	312	17	123
12) House No.	13) Sec. H. No.	14) Suff.	15) Direct.	16) Street Name				17) St. Design.	
36				Sheridan				Street	
18) Owner or Agent:							19) Status	20) Bldg's Rat.	
ROBERT & ELEANOR LAWSON							00	03	
21) Address:							Zip Code:		
36 Sheridan St							04101		
22) City and State: <u>PORTLAND, MAINE</u>									

23) D. Units	24) Occ. D. b. s	25) Rm. Units	26) Occ. R. U. s	27) No. Occupants	28) Com'l U.	29) Bldg. Type	30) Stories	31) Const. Mat.	32) O. Bs.
2	2	No		2	NO	DE	2 1/2	W	GARAGE
33) H.	34) Photo	35) Zoned For	36) Actual Land Use	37) D.D.	38) Lks. Ad. Beh. Fac.		39) Disp.	40) Closing Date	
	NO	R-C	R-C						

Viol. No.	Remedy	Cond.	Violation Description	Fl. No.	Loc.	Room Type	Area Type	Resp. Party	Code Sect. Viol.	Viol. Rem. Date
X 1-	RR	LE	Butter	1	LEX	PO	RI	2	3B	
2-	RM	LO/PE	PAINT		O/A	EX	TRIM	2	3A	
X 3-	RR/RE	LO/MI	Shingles			CE	CH	2	3E	
X 4-	RR/RE	LO/MI	BRICK & MORTAR	2	RE	HA	WA	2	3B	
5-	RR/RE	CR/BR	PLASTER	2	RE	HA	WI	2	3C	
6-	Secure	LO	GLASS	1/2	FR	HA	CL'S	2	3B A	
7-	RR/RE	OR/LO	PLASTER	3	FR	HA	CL	2	3A	
8-	DE	LE		3	FR	HA	WA	2	3E	
X 9-	RE	LO	Electric Switch							
Remained under structure										

City of Portland

Department of Neighborhood Conservation

Housing Inspection Division

DWELLING UNIT SCHEDULE

1) INSP. Date: 9.28.77

2) INSP.: 1 7

3) FORM NO.: 1 2 3

4) TENANT'S NAME: CHARLES NELSON

5) Fl. #: 1

6) Location: Tenure

7) Rmg. Tp.: DU

8) #Rms.: 4

9) #Pco.: 4

10) #All'd.: 6

11) Slp. Rms.: 2

12) Child Under 10: 1.6

13) Child 1-6: 1.6

14) 15) Rent: (Priority)

16) Rent Code: NO

17) Furn.: FFFF

18) Heat: YES

19) Hot Water: YES

20) Dual Egress: YES

21) Ck'ng: LG

22) Lav.: PL

23) Bath: PB

24) Flush: PF

Vio#	Remedy	Cond.	Violation	Location	Room Type	Area Type	Resp. Party	Code Sect. Violated	Violation Num.-Date
10	RR	IN			K/BA	Wi's	2	3C	
11	RR/RE	BR	SASH		Ki	Wi	2	3C	
12	RR	LE	Waste Line		Ki	SK	2	6D	
13	RR	IN	Electric Light Fixture		BA/REM/HH	CL	2	3B	
14	DE	LE			BA	Wi	2	3C	
15	R	3R	GLASS		BA	W	2	3C	
16	RR	IN	SASH		BA	SK/LO/HH	2	6D	
17	Correct		Condition Causing Cross Connection	Rem	HA	CL	2	5E	
18	RR	IN	Electric Light Fixture		Li	Wi's	2	3C	
19	Secure	LO	GLASS		Li	Wi's	2	3C	
20	RE	BR	Counter balance Cords		Li	Wi	2	3C	
21	RR	IN	SASH		Li	FL	2	3B	
22	RR	LO	Baseboards & Floor Decking	RIF/RIR	BE		2	3B	
23	DE	LE		RIR	BE	Wi's	2	3C	
24	Secure	LO	GLASS	RIF	BE		2	3C	
25	RE	BR	GLASS						

Portland

Department of Neighborhood Conservation

Housing Inspection Division

DWELLING UNIT SCHEDULE

Carroll

1) INSP. Date: 9-28-77
 2) INSP. 17
 3) FORM NO. 123
 4) TENANT'S NAME: ROBERT LAWSON
 5) Flr. #: 2/3
 6) Location: Entrance
 7) Rmg. Tp.: DU
 8) #Rms.: 8
 9) #Pco.: 4
 10) #All'd.: 12
 11) Slp. Rms.: 5

12) Child Under 10: ---
 13) Child 1-6: ---
 14) ---
 15) Rent: OWNER
 16) Rent Code: ---
 17) Furn.: ---
 18) Heat: OFF
 19) Hot Water: YES
 20) Dual Egress: YES
 21) Ck'ng: LG
 22) Lav.: PL
 23) Bath: PB
 24) Flush: RF

Viol. No.	Remedy	Cond.	Violation	Location	Room Type	Area Type	Resp. Party	Code Sect. Violated	Violation Rem. - Date
28	RR/RE	BR/MI	PLASTER		KI	WA	2	3B	
29	Secure	LO	GLASS		KI/BA	WI'S	2	3C	
30	RR	BR	Cabinet Doors		KI	SK/WA	2	3B	
31	Re	MI	Counterbalance Coords		BA	WI	2	3C	
32	RR/RE	BR	SASH		BA	WI	2	3C	
33	Contact		Condition Causing Cross Connection		BT	Toilet	2	6D	
34	RE		Temporary Wasteline		BA	SK	2	6D	
35	Re	BR	GLASS		KI/DI	WI'S	2	3C	
36	Secure	LO	GLASS		KI/DI	WI'S	2	3C	
37	RR/RE	BR	SASH		DI	WI	2	3C	
38	RR/RE	BR	SASH	2/RIR	BE	WI	2	3C	
39	Re	MI	Counterbalance Coords	2/RIR	BE	WI	2	3C	
40	RR/RE	BR	Latch	2/RIR	BE	DO	2	3B	
41	RR/RE	BR/MI/SA	PLASTER	3/LE-RIR	BE	WA/CL	2	3B	
42	DE	LE		3/LE-RIR	BE	WA/CL	2	3B	
43	EN	Exposed	ELECTRIC CONDUCTORS	3/LE-RIR	BE	WA'S	2	8E	
44	RE	MI	Counterbalance Coords	3/LE-RIR	BE	WI'S	2	3C	

Photos yes no

Pro. No. C.I. Morgan Smith Ass'ts Zone Zone Viol
Stores 63 VTM ASVD SAB NSU NA NS STP Com. Units 0 Reg Units 0 Del. Units 2

Date 10-5-62

LOCATION	<u>36 Sherburne</u>	COMP	
OWNER	<u>Mary Hemmick</u>	PERM	
AGENT			
AGENT			
AGENT			
AGENT			
AGENT			

Occupants	Information					Occupancy					Facilities					Violations					
	LOC	RENT	FURN	Wk 1	RMS	PER.	ALL'D	LGPS	HEAT	B-TH	FLSH	K.SK	H.W.	CK*G							
<u>Michael McDevinnagh</u>				<u>NA</u>	<u>4</u>	<u>4</u>	<u>6</u>		<u>SA</u>	<u>PS</u>	<u>PS</u>	<u>PS</u>	<u>PS</u>	<u>PS</u>							
<u>Mary Hemmick</u>				<u>NA</u>	<u>4</u>	<u>1</u>	<u>6</u>		<u>SA</u>	<u>PS</u>	<u>PS</u>	<u>PS</u>	<u>PS</u>	<u>PS</u>							

STRUCTURE RATING

STRUCTURE SCHEDULE

YARD

CLUTTER & RUBBISH

OVERLY COMPLY

FENCE VIOL.

STRUCTURE EXTERIOR

STEPS, STAIRS, PORCHES

FOUNDATION

WALLS

WINDOWS, DOORS

ROOF, DRAINS

GUT, GUTTERS

INFESTATION

TRAPS A. Q. C.

OTHER (SPECIFY)

EGRESS

DUAL YES NO

OBST'

STRUCTURE INTERIOR

WALL, OBST'

HALL LIGHTING

HALL, FLOOR WALLS CEILING SPV around by window

STAIRWAYS

WINDOWS, AIRSHAFT

ELECT WIRING

HEATING CENTRAL YES NO

STACKS FLUES, VENTS

CHIMNEY

EQUIPMENT, REPAIR

PLUMBING

SUPPLY LI'

WASTE LINE

BASEMENT

GEN'L SANIT'

DAMPNESS RI U

STAIRS

LIGHTING Demanded to lead in Pipe

BASE OWL UNIT

WIND 1/2" x 6"

DAMPNESS RI U

WINDOW 1/12" x 6"

DUAL EGRESS YES NO

PROHIBITED COMB'N USE

ASSOC. USE HAZARD

HAZARDOUS VENTS

Remarks *House in need of outside paint

Portland Health Dept.

CS-8

Inspector Bob P. Scola

Photos yes no

Proj. No.

Monjog South

Date *10-8-62*

DWELLING UNIT SCHEDULE

CROWDING	LOCATION <i>36 Sherburne</i>	COMP.
SANIT.	D.U. LOC. <i>1st Floor</i>	PEND.
INFEST.	OCCUPY <i>Mich Mc Donnough</i>	
BASE D.U.	OWNER AGENT <i>Mary Hemwood</i>	
DET'RN	ADDRESS <i>Leeds</i>	YES

Occupants Information Occupancy Facilities Violations

	LOC.	RENT	FURN.	WK	RMS	PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K.SK	H.W.	CK'G	
1. <i>Michael Mc Donnough</i>	<i>41</i>														
2.															
3.															
4.															

	KITCHEN	BATH	TOILET	DINING	Re. BED	Fr. BED	Low BED	BED	BED	OTHER	TOTAL
OVERCROWDING 85' x 7'											
50 SLEEP'G					↑	↑					
VENTILATION 1/12 x 1/2	✓	✓	✓	✓	OK	OK					
LIGHTING WIRING	✓	✓	✓	✓							
DET'RN WALLS	✓	✓	✓	✓							
CEILING	✓	✓	✓	✓							
WINDOWS	✓	✓	✓	✓							
DOORS	✓	✓	✓	✓							
FLOORS	✓	✓	✓	✓							

Remarks

- 1. Cracked plaster*
- 2. Signs of leakage by bay window*

KITCHEN SINK & WATER

SINK

SUPPLY & WASTE

PLUMB. GEN'L

HEATING

STACKS, FLUES, VENTS

HT'RS VENTED, REP'N

BATHING FACILITIES

SHARED MAX. 2DU

RMS U. 1 PER IS

MIN. 7' STDS HT

VENT'LN

PROPER ACCESS

PLB'G

SANIT'N

TOILET FACILITIES

SHARED MAX. 2 DU

RMS U. FLSH & LAV 1 PER IS

VENT'LN

PROPER ACCESS

PLB'G

SANIT'N

INFESTATION

RATS FI DI C

OTHER (SPECIFY)

EGRESS

DUAL YES NO

OBST'N

Portland Health Dept.
CS-7

Inspector *Bob Pratt*

Photos yes no
 Proj. No.

Date 10-8-62

Mary Herwood

COORDING	LOCATION <u>36 Sheridan</u>	COMP.
SANIT.	D.U. LOC. <u>2nd Floor</u>	PERD.
INFEST.	OCCUPY <u>Mary Herwood</u>	
BASE D.U.	OWNER <u>Same</u>	
DET'N	ADDRESS <u>36 Sheridan</u>	VTS

DWELLING UNIT SCHEDULE

Occupants Information Occupancy Facilities Violations

LOC. RENT FURN. WK. I. RMS PER. ALL'D LGRS HEAT BATH FLSH K. SK H.W. CK'G

1. <u>Mary Herwood</u>	<u>1</u>	<u>2</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>4</u>	<u>1</u>	<u>6</u>	<u>3</u>	<u>ESD</u>	<u>P</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	
2.																			
3.																			
4.																			

	KITCHEN	BATH	TOILET	DINING	BED	OTHER	TOTAL
OVERCROWDING 65' x 7'							
50 SLEEP'G				<u>7</u>	<u>7</u>		
VENTILATION 1/12 x 1/2	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	
LIGHTING	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	
DETRN WALLS	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	
Ceilings	<u>EX</u>	<u>OK</u>	<u>OK</u>	<u>OK</u>	<u>OK</u>	<u>OK</u>	
WINDOWS	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	
DOORS	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	
FLOORS	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	

ATTIC ROOMS

All attic rooms not to be used for habitation limited extensive plaster work completed

KITCHEN SINK & WATER

SINK OK

SUPPLY & WASTE OK

PLB'S GEN'L OK

HEATING

STACKS, FLUES, VENTS

H2O'S VENTED OK

BATHING FACILITIES

SHARED MAX. 4DU

RMS U. 1 PER 12

MIN. 7' x 60" H. OK

VENT'LN

PROPER ACCESS

PLB'S

SANIT'N

TOILET FACILITIES

SHARED MAX. 2 DU

RMS U. FLSH & LAV PER 12

VENT'LN OK

PROPER ACCESS

PLB'S

SANIT'N

INFESTATION

RATS RI OR S

OTHER (SPECIFY)

EGRESS

QUAL VTS NO

ORBT'N

Remarks

0 Signs Leak Fruit Hall Land

01 - Cracked plaster

Portland Health Dept.
CS-7

Inspector Robert Pratt