

78 Anderson Street - Rear

SHAW-WALKER
#6508-1R

THIS PROPERTY IS IN THE CONDEMNATION AREA - OWNER STILL LIVING THERE

Photos yes no Date 7/18/69
 Proj. No. C.I. Bayside Ass'rs Zone Zone Viol
 Stories 2 ROM ASD S AD NA ST P Com. Units Hmg Units Dwl. Units 1

LOCATION	<u>R-78 Anderson St</u>	COMP
OWNER	<u>ANTHONY VACCA</u>	PEND
OWNER	<u>Same</u>	
OWNER AGENT		
OWNER AGENT		VFS

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>Anthony Vacca</u>					<u>1</u>	<u>0</u>	<u>0</u>	<u>NA</u>	<u>6</u>	<u>2</u>	<u>9</u>	<u>0</u>	<u>CEP</u>	<u>P</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.																
3.																
4.																
5.																
6.																
7.																
8.																

STRUCTURE SCHEDULE

STRUCTURE RATING

YARD
 GARAGE & RUBBISH Large Accumulation of lumber left side
 CONTAINERS COMPLY _____
 DRAINAGE _____
 ZONE VIOL. _____

STRUCTURE EXTERIOR
 STEPS, STAIRS, PORCHES _____
 FOUNDATION Front left side - needs mortar
 WALLS _____
 WINDOWS, DOORS _____
 ROOF, DRAINS _____
 OUT BUILDINGS Garage loaded with lumber for stove
INFESTATION
 RATS RI OI E _____
 OTHER (SPECIFY) Mice
EGRESS
 DUAL YLS NO Front door only
 OBST'N _____

Remarks Large load of lumber in cellar along side wall, unable to check foundation on that (rear) side -

Portland Health Dept.
 CS-8
 Inspector J. Ferguson

STRUCTURE INTERIOR
 HALL, OBST'N _____
 HALL, LIGHTING _____
 HALL, FLOOR WALLS CEILING CRACKED ON 2nd FL between Bed Rms
 STAIRWAYS _____
 WINDOWS, AIRSHAFY Hall - Loose + need Putty
 ELECT. WIRING _____
 HEATING CENTRAL YES: NO
 STACKS FLUES, VENTS _____
 CHIMNEY _____
 EQUIPMENT, REPAIR _____

PLUMBING
 SUPPLY LINE _____
 WASTE LINE Wood Plug INSTEAD OF METAL CAP - Taped
BASEMENT
 GEN'L SANIT'N _____
 DAMPNSS RI O _____
 STAIRS _____
 LIGHTING _____

BASE DWL. UNIT
 MIN 7' - 3' _____
 DAMPNSS RI O _____
 WINDOW 1/12 X 8" _____
 DUAL EGRESS YES NO Note
PROHIBITED COMB'N USE
 ASSOC. USE HAZARD _____
 HAZARDOUS VENTS _____

Photos yes no
 Proj. No. Bay Side

Date 1-17-61

CROWDING		LOCATION	<u>R. 78 Anderson St</u>	COMP.	
SANIT.		D.U. LOC.	<u>1st & 2nd Fl.</u>	PEND.	
INFEST.		OCCPNT	<u>Anthony Vacca</u>		
BASE D.U.		OWNER AGENT	<u>Same</u>		
DET'RN		ADDRESS	<u>Same</u>	VIS	

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities								Violations				
			LOC.	RENT	FURN.	WK. I.	RMS	PER.	ALL'D	LGRS		HEAT	BATH	FLSH	K.SK
<u>Anthony Vacca</u>			<u>1F</u>	<u>0</u>	<u>0</u>	<u>NA</u>	<u>6</u>	<u>2</u>	<u>9</u>	<u>0</u>	<u>C.C.P.</u>	<u>P</u>	<u>W</u>	<u>W</u>	<u>W</u>
2.															
3.															
4.															

	KITCHEN	BATH	TOILET	DINING	Living Room				OTHER	TOTAL	KITCHEN SINK & WATER	
					REAR BED	MID BED	FRONT BED	FRONT BED			SINK	SUPPLY & WASTE
OVERCROWDING 85' - 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"/>	
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"/>	
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"/>	
LIGHTING WIRING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>1-X</u>	<u>1-X</u>	<u>1-X</u>	<u>1-X</u>	<u>1-X</u>			<input checked="" type="checkbox"/>	
DET'RN WALLS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>2-X</u>	<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"/>	<u>3-X</u>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
WIPDOORS	<u>4-X</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>4-X</u>	<u>4-X</u>	<u>4-X</u>	<u>4-X</u>			<input checked="" type="checkbox"/>	
DOORS	<input checked="" type="checkbox"/>	<u>5-X</u>	<u>5-X</u>	<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	<u>6-X</u>	<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. NA WALL OUTLETS
2. PLASTER MISSING (Small AREA)
3. PLASTER CRACKED (Large AREA)
4. CRACKED IN KITCHEN - lease + need POTTY THROUGHOUT
5. Panel CRACKED
6. SLANT TOWARD CENTER

SINK

SUPPLY & WASTE

PLBG. GEN'L

HEATING

STACKS, FLUES, VENTS

HT'RS VENTED, REP'R

BATHING FACILITIES

SHARED MAX. 4DU

RMG U. 1 PER 15

MIN. 7' STDB HT.

VENT'LM

PROPER ACCESS

PLBG

SANIT'N

TOILET FACILITIES

SHARED MAX. 2 DU

RMG U FLSH & LAV 1 PER 10

VENT'LM

PROPER ACCESS

PLBG Old Type - Pipe From Box Taped

SANIT'N

INFESTATION

RATS R: D: E

OTHER (SPECIFY) Mice

EGRESS

DUAL YES. NO FRONT DOOR ONLY

OBST'N

Portland Health Dept.
CS-7

Inspector J. Ferguson

P 398 935 650
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED -
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	
Charlene and Richard West	
Street and No.	
78 Anderson Street	
P.O., State and ZIP Code	
Portland, Maine 04101	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, Feb. 1982

Re: 78 Anderson St. - A. Addato



CITY OF PORTLAND

JOSEPH E. GRAY, JR.
DIRECTOR OF PLANNING
AND URBAN DEVELOPMENT

June 19, 1985

Charlene and Richard West
78 Anderson Street
Portland, Maine 04101

Re: 78 Anderson St. NCP-EE 23-B-11

Dear Mr. & Mrs. West:

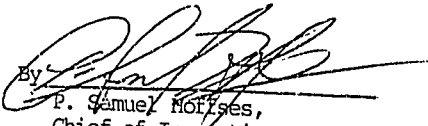
As owner or agent of the above referred property, you are hereby notified that as a result of it's opened condition, the structure poses a serious threat to the public health and safety.

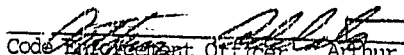
You are hereby ordered to make the structure secure by boarding up all doors, windows, and other openings on all vertical walls of the structure so that no danger to life or property, or fire hazard shall exist. You must also remove all debris, if any, from the yard surrounding the structure.

Pursuant to State Statute 17, MRSA Section 2856, the City has the right, and may exercise that right, to secure the structure and to recover from you the expense in so doing if you have not complied with this order on or before

If you have any questions regarding this action, you may contact this office by calling 775-5451, Ext. 311 or 318.

Sincerely yours,
Joseph E. Gray, Jr., Director of
Planning & Urban Development

By 
P. Samuel Norris,
Chief of Inspection Services


Code Enforcement Officer Arthur Addato (7)

jmr



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

February 14, 1985

Charlene And Richard West
78 Anderson St
Portland, Me 04101

Re: 78 Anderson St NCP-EE 23-B-11

Dear Mr. & Mrs. West:

As owner or agent of the property located at 78 Anderson St,
Portland, Maine, you are hereby notified that as the result of a recent fire,
the vacant structure is hereby declared unfit for human occupancy.

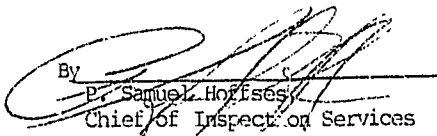
The above mentioned structure is to be kept vacant so long as the following conditions
continue to exist thereon:

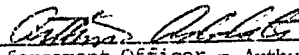
Article V - 120 - The property is damaged, decayed, deteriorated, insanitary
and unsafe (or vermin infested) in such a manner as to
create a serious hazard to the health, safety and general
welfare of the occupants or the public.

Therefore, you will not occupy, permit anyone to occupy, or rent the above mentioned
without the written consent of the Health Officer or his agent, certifying that the
conditions have been corrected.

You are also hereby ordered to make the above mentioned property safe and secure so that
no danger to life or property or fire hazard shall exist thereon. This can be accom-
plished by boarding up doors and windows and other openings at all levels of the
structure. You are ordered to do this on or before February 28, 1985, or we will have
no choice but to refer this matter to the Corporation Counsel for legal action as the law
allows.

Sincerely yours,
Joseph E. Gray, Jr., Director of
Planning & Urban Development

By 
P. Samuel Hoffses
Chief of Inspection Services


Code Enforcement Officer - Arthur Addato (7)