

**PLUMBING APPLICATION**

Department of Human Services  
Division of Health Engineering  
(207) 289-3625

**PROPERTY ADDRESS**

Town Or Plantation: PORTLAND

Street Subdivision Lot #: 99 BRACKETT ST.

**PROPERTY OWNER'S NAME**

Last: 197 First: 8311

Applicant Name: RUDI THE PLUMBER

Mailing Address of Owner/Applicant (if Different): 1231 FIRST AVE.

PORTLAND PERMIT # 1,079 TOWN COPY

Local Plumbing Inspector Signature: [Signature] L.P.I. # \_\_\_\_\_

FEE: \_\_\_\_\_

Stamp:  Double Fee Charged

**Owner/Applicant Statement**

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: [Signature] Date: 6-11-85

**Caution: Inspection Required**

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: \_\_\_\_\_ Date: AUG 21 1985

**PERMIT INFORMATION**

<b>This Application is for</b>	<b>Type Of Structure To Be Served:</b>	<b>Plumbing To Be Installed By:</b>
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY: _____	1. <input type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>101,776</u>

JUN 12 1985

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.	2	Hosebibb / Silcock	7	Bathtub (and Shower)
			Floor Drain		Shower (Separate)
			Urinal	7	Sink
	HOOK-UP: to an existing subsurface wastewater disposal system.		Drinking Fountain	7	Wash Basin
			Indirect Waste	7	Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.	7	Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator	7	Dish Washer
			Dental Cuspidor	7	Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other: _____	7	Water Heater
	Hook-Up Fee		Fixtures (Subtotal) Column 2	56	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

2  
 55  
 85  
 88

TOWN COPY

Inspection Services  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

OCTOBER 7, 1996

GLOUTIER FRANCIS R  
112 PARK ST #3  
PORTLAND ME 04101

Re: 95 Brackett St  
CBL: 045- F-017- 01/01  
DU: 4

Dear Mr. Clcutier:

The Housing Inspections Division of the Department of Planning and Urban Development has recently completed an overall inspection of the above-refered 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. INT - OVERALL - 113.50  
HARD-WIRED BATTERY-BACK/UP SMOKE DETECTORS ARE REQUIRED IN EACH UNIT

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,

*Tammy Munson*

Tammy Munson  
Code Enf. Offc./ Field Supv.

Inspection Services  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray, Jr.  
Director

**CITY OF PORTLAND**

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Sincerely,

Tammy Munson  
Code, Enfc. Offc./ Field Supv.

Inspection Services  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

**CITY OF PORTLAND**

OCTOBER 29, 1996

ODDY JOHN G, JR  
PO BOX 98  
BIDDEFORD POOL ME 04006

Re: 103 BRACKETT ST  
CBL: 045- - F-018-001-01  
DU: 4

Dear Mr. Oddy:

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 reinspection 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,

Tammy Munson  
Code Enfc. Cfr./ Field Supv.

## HOUSING INSPECTION REPORT

Location: 103 BRACKETT ST  
Housing Conditions Date: October 29, 1996  
Expiration Date: December 28, 1996

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 - FRONT HALL -<br>TOXICS ARE STORED ILL EGALLY                 | 116.10 |
| 2. INT - FRONT HALL - THROUGHOUT -<br>PLASTER IS CRACKED              | 108.20 |
| 3. INT - 2ND FLR - FRONT HALL<br>DOOR KNOB IS BROKEN                  | 108.20 |
| 4. INT - REAR HALL - THROUGHOUT -<br>PLASTER IS CRACKED               | 108.20 |
| 5. INT - REAR HALL -<br>PLASTER IS MISSING & LATHES ARE EXPOSED       | 108.20 |
| 6. EXT - REAR -<br>FIRE ESCAPE DOES NOT HAVE BALUSTERS                | 108.40 |
| 7. EXT - REAR - FIRE ESCAPE -<br>THERE IS EVIDENCE OF INITIAL ROTTING | 108.40 |
| 8. EXT - 3RD FLR - REAR EXIT<br>THERE IS NO ILLUMINATION              | 113.00 |
| 9. EXT - FOUNDATION - THROUGHOUT -<br>REPOINT. AS NEEDED              | 108.10 |
| 10. EXT - BASEMENT - RIGHT/MIDDLE -<br>DOOR IS NOT WEATHERPROOF       | 108.30 |
| 11. EXT - ROOF -<br>CHIMNEY NEEDS TO BE REPOINTED                     | 108.50 |