

194-196-198 High Street 46-B-7-30

ADMINISTRATIVE HEARING DECISION

City of Portland
Department of Urban Development
Housing Inspections Division
Telephone: 775-5451 - Ext. 311 - 212

Date December 9, 1980

Mr. John Anderson
198 High Street
Portland, Maine 04101

Re: Premises located at 194-196-198 High St., NCP-WE 46-C-5

Dear Mr. Anderson:

You are hereby notified that a reinspection and your request for additional time on December 8, 1980, regarding our "Notice of Housing Conditions" at the above referred premises resulted in the decision noted below.

- X Expiration time extended to February 12, 1981 in order to complete the work now in progress to correct the 31 remaining code violations as listed on the attached Housing Inspection Report.

Please notify this office if all violations are corrected before the above mentioned dates, so that a "Certificate of Compliance" may be issued.

Very truly yours,

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

By

Lyle D. Noyes
Lyle D. Noyes
Housing Code Administrator

In Attendance:

Mr. Anderson
Merlin Leary

Encl.
jmr

HOUSING INSPECTION REPORT

194-196-198 High St., Portland, Maine 46-B-7 NCP-WE NOHC - 4-26-77
 Administrative Hearing Decision dated December 9, 1980 continued:

ITEMS LISTED BELOW ARE IN VIOLATION OF "CHAPTER 307 OF THE MUNICIPAL
 CODES - MINIMUM STANDARDS FOR HOUSING" AND MUST BE CORRECTED.

	SEC.(S)
1. FOUNDATION - overall - missing mortar.	3-a
2. TRIM - overall - peeling paint.	3-a
3. FIRST, SECOND & THIRD FLOOR FRONT & REAR HALL - stairways - missing balusters - 194 and 196 High.	3-d
4. EAVES - overall - loose and missing gutters and downspouts.	3-a
5. BULKHEAD - door - broken.	3-d
6. FIRST & SECOND FLOOR - FRONT & REAR HALL - stairways - broken treads and risers. - 194-196 High.	3-d
 FIRST AND SECOND FLOOR - REAR - 194 HIGH ST.	
7. FIRST FLOOR - KITCHEN, LIVING ROOM & BATHROOM - ceilings and walls - missing plaster.	3-d
* 8. FIRST FLOOR - KITCHEN, LIVING ROOM & BATHROOM - windows - broken glass.	3-c
* 9. FIRST FLOOR - KITCHEN, LIVING ROOM & BATHROOM - ceilings - broken light fixture.	8-e
10. FIRST FLOOR KITCHEN - sink - broken.	6-d
11. FIRST FLOOR KITCHEN - sink - leaking.	6-c
12. FIRST FLOOR BATHROOM - door - broken.	3-b
13. FIRST FLOOR BATHROOM - toilet - missing.	6-d
14. FIRST FLOOR BATHROOM - lavatory & bathtub - broken.	6-d
15. FIRST FLOOR BATHROOM - sink, tub, & lavatory - leaking.	6-e
16. SECOND FLOOR FRONT & REAR BEDROOM - ceilings & walls - missing plaster.	3-b
*17. SECOND FLOOR FRONT & REAR BEDROOM - windows - broken glass.	3-c
*18. SECOND FLOOR FRONT & REAR BEDROOM - ceilings - inoperative light fixture.	8-e
19. SECOND FLOOR FRONT & REAR BEDROOM - doors - broken door panels and frames.	3-d
 FIRST AND SECOND FLOOR - REAR - 196 HIGH STREET	
20. FIRST AND SECOND FLOOR - KITCHEN, LIVING ROOM & BATHROOM - ceilings and walls - missing plaster.	3-b
21. FIRST AND SECOND FLOOR - KITCHEN, LIVING ROOM & BATHROOM - windows - broken glass.	3-c
*22. FIRST AND SECOND FLOOR - KITCHEN, LIVING ROOM & BATHROOM - ceiling - missing light fixtures.	8-e
23. FIRST FLOOR - KITCHEN - leaking hot water supply line.	6-c
24. FIRST FLOOR - KITCHEN - sink - missing.	6-d
25. SECOND FLOOR BATHROOM - toilet - broken.	6-d
26. SECOND FLOOR BATHROOM - lavatory - cracked.	6-d
*27. SECOND FLOOR FRONT AND REAR BEDROOM - ceiling - inoperative light fixture.	8-e
28. SECOND FLOOR FRONT AND REAR BEDROOM - window - broken glass.	3-c

HOUSING INSPECTION REPORT

194-196-198 High St., Portland, Maine 46-B-7 NCP-WE NOHC - 4-26-77
Administrative Hearing Decision dated December 9, 1980 continued:

ITEMS LISTED BELOW ARE IN VIOLATION OF "CHAPTER 307 OF THE MUNICIPAL
CODES - MINIMUM STANDARDS FOR HOUSING" AND MUST BE CORRECTED.

- | | |
|------------------------------------------------------------------------------------|----------------|
| 29. SECOND FLOOR FRONT AND REAR BEDROOM - ceilings and walls -
missing plaster. | SEC.(S)
3-b |
| SECOND FLOOR FRONT - 194 HIGH STREET | |
| 30. FRONT - door - missing knobs. | 3-b |
| SECOND FLOOR FRONT - 196 HIGH STREET | |
| 31. FRONT HALL - ceiling - leaking. | 3-b |

*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.

PS Form 3811, Jan. 1975

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

- The following service is requested (check one).
- Show to whom and date delivered..... 15¢
 - Show to whom, date, & address of delivery..... 35¢
 - RESTRICTED DELIVERY.
Show to whom and date delivered..... 65¢
 - RESTRICTED DELIVERY.
Show to whom, date, and address of delivery 85¢

2. ARTICLE ADDRESSED TO:
Robert Anderson
198 High St City

3. ARTICLE DESCRIPTION:
 REGISTERED NO. CERTIFIED NO. INSURED NO.
962 252

(Always obtain signature of addressee or agent)
 I have received the article described above.
 SIGNATURE Addressee Authorized agent

4. DATE OF DELIVERY
Robert Anderson



5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS
GORDON H MORIX

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

1946-T-1141-57

OK ✓
DATE 1/21-77

Stamp X X

May 18, 1977 ✓

Mr. Robert Anderson
198 High Street
Portland, Maine 04101

WE

Dear Mr. Anderson: Re: 194-196-198 High Street - 46-R-7-30

We recently received a complaint and an inspection was made by Housing Inspector Gough of the property owned by you at 194-196-198 High Street, Portland, Maine. As a result of the inspection, you are hereby ordered to correct the following substandard housing conditions:

~~1/2-172 WINDOWS overall - replace broken glass at all levels of this structure. 3-c~~

The above mentioned conditions are in violation of Chapter 307 of the Municipal Code of the City of Portland, Maine, and must be corrected on or before June 18, 1977.

Failure to comply with this order may result in a complaint being filed for prosecution in District Court.

Very truly yours,

Joseph E. Gray, Jr. Director
Neighborhood Conservation

By Lyla D. Moyas
Lyla D. Moyas
Chief of Housing Inspections

Inspector H. Gough
H. Gough

REINSPECTION RECOMMENDATIONS

INSPECTOR

[Signature]

LOCATION

198 West

PROJECT

N.P.V.

OWNER

Anderson

NOTICE OF HOUSING CONDITIONS

issued

Expired

HEARING NOTICE

issued

Expired

FINAL NOTICE

issued

Expired

5/17/77

A reinspection was made of the above premises and I recommend the following action:

DATE	RECOMMENDATION
	ALL VIOLATIONS HAVE BEEN CORRECTED Send "CERTIFICATE OF COMPLIANCE" _____ "POSTING RELEASE" _____
	SATISFACTORY Rehabilitation In Progress Time Extended To _____ Time Extended To _____ Time Extended To _____
	UNSATISFACTORY Progress Send "HEARING NOTICE" _____ "FINAL NOTICE" _____
	"NOTICE TO VACATE" _____ POST Entire _____ POST Dwelling Units _____
	UNSATISFACTORY Progress Request "LEGAL ACTION" Be Taken _____
11/21/77	INSPECTOR'S REMARKS: <u>L.S. [Signature]</u>

	INSTRUCTIONS TO INSPECTOR: _____

REQUEST FOR SERVICE

PORTLAND HEALTH DEPARTMENT

DATE RECEIVED	5-16-77	BY	BM	DISTRICT	McFough
REQUEST BY	NAME	Joe Gray			
	ADDRESS				
OWNER	NAME				
	ADDRESS				
CONDITIONS	ADDRESS	BRICK BLDG S.W. COR. HIGH & CUMB. AVE (194-96-98 HIGH)			
<p>Many broken windows - have owner repair or board them up.</p>					
COMMENTS	<p>JUSTIFIED - OWNER APPOINTING FOR WORK - WILL FOLLOW THROUGH W/ N.C.M.C. & ISSUE SEPARATE LIST OF DEFECTS. 7/22/79.</p>				
SPECIAL INSTRUCTIONS					
DIVISION	SANITATION		HOUSING		NURSING
PRIORITY	ROUTINE		SPECIAL		BY
	URGENT		REPORT TO		DATE

No. 961885

No.

RECEIPT FOR CERTIFIED MAIL—30¢ (plus postage)

SENT TO <i>Robert Anderson</i>		POSTMARK OR DATE
STREET AND NO. <i>198 High St.</i>		
P.O., STATE AND ZIP CODE <i>City</i>		
OPTIONAL SERVICES & ADDITIONAL FEES		
RETURN RECEIPT SERVICES	<input checked="" type="checkbox"/> 1. Shows to whom and date delivered ... 14¢ With rest. and delivery 65¢ <input type="checkbox"/> 2. Shows to whom, date and where delivered ... 35¢ With restricted delivery 85¢	
RESTRICTED DELIVERY		50¢
SPECIAL DELIVERY (extra fee required)		

PS Form
Aug 1975 3800NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See other side)

☆ GPO 1975-O-537-432

NOTICE OF HOUSING CONDITIONS ✓

DU 11

CITY OF PORTLAND
DEPARTMENT OF NEIGHBORHOOD CONSERVATION
HOUSING INSPECTIONS DIVISION
Telephone 775-5451 - Extension #448 - #358
Mr. ~~Robert Anderson~~ JOHN
198 High Street
Portland, Maine 04101

Ch.-Bl.-Lot: 46-B-7/30
Location: 194-196-198 High Street
Project NCP-WE
Issued: 4-26-77
Expired: 6-26-77

Dear Mr. Anderson:

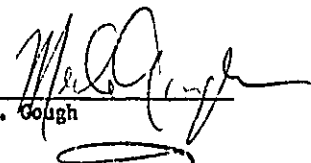
An examination was made of the premises at 194-196-198 High Street, Portland, Maine by Housing Inspector Gough. Violations of Municipal Codes relating to housing conditions were found as described in detail below.

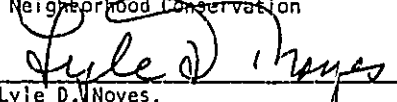
In accordance with provisions of the above mentioned Codes, you are requested to correct these defects on or before June 26, 1977. You may contact this office to arrange a satisfactory repair schedule if you are unable to make such repairs within the specified time. We will assume the repairs to be in progress if we do not hear from you within ten days from this date and, on re-inspection 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.

Sincerely yours,

Joseph E. Gray, Jr., Director
Neighborhood Conservation

Inspector 
M. Gough

By 
Lyle D. Noyes,
Chief of Housing Inspections

EXISTING VIOLATIONS OF CHAPTER 307 - "MINIMUM STANDARDS FOR HOUSING" - SECTION(S)

1. FOUNDATION - overall - point up bricks. 3-a
2. TRIM - overall - remove peeling paint and make exterior trim weathertight and watertight by painting or any other suitable means. 3-a
- *3. ROOF(OVERALL)- determine the reason and remedy the condition that causes the roof to leak. 3-a
4. FRONT AND REAR HALL STAIRWAYS - first, second and third floor - replace the missing balusters - 194 and 196 High. 3-d
- *5. FRONT MIDDLE/RIGHT FRONT HALL DOORS - replace broken glass, (first floor). 3-c
6. EAVES - overall - repair or replace the loose and missing gutters and downspouts. 3-a
7. EXTERIOR CHIMNEYS - point up loose bricks. 3-e
8. BULKHEAD DOOR - repair broken door. 3-d
- *9. EGRESS - provide dual egress - 198 High. 10-2
- *10. FRONT AND REAR HALL CEILINGS - first, second and third floor - repair inoperative light fixtures - 194 and 196 High. 8-e
11. FRONT AND REAR HALLS - first, second and third floor - repair broken floor boards - 194-196 High. 3-d
12. FRONT AND REAR HALLS - first, second and third floor - ceiling and walls - repair or replace the broken and missing plaster - 194-196 High. 3-b

continued -

194-196-198 High Street - continued

- *13. FRONT AND REAR HALL WINDOWS - first, second and third floor - replace broken glass, 194-196 High. 3-c
- 14. FRONT AND REAR HALL STAIRWAYS - first and second floor - replace the broken treads and risers - 194-196 High. 3-d
- *15. CELLAR - repair broken waste lines - 194 and 196 High. 6-d
- *16. CELLAR - repair or replace the broken and missing supply lines - 194-196 High. 6-c
- *17. CELLAR - repair inoperative furnace - 194-196 High St. 9-c
- *18. CELLAR - walls - repair broken electrical panel. 8-e
- 19. CELLAR - stairways - repair broken treads - 194-196 High. 3-d

First Floor front - 194 High

- 20. KITCHEN/LIVING ROOM/BATHROOM/BEDROOM - ceiling and walls - replace missing plaster. 3-b
- *21. KITCHEN/LIVING ROOM/BATHROOM/BEDROOM - windows - replace broken glass. 3-c
- *22. KITCHEN/LIVING ROOM/BATHROOM/BEDROOM - ceilings - repair inoperative light fixture. 8-e
- 23. KITCHEN - sink - repair broken sink. 6-d
- 24. BATHROOM - flush toilet - repair broken tank. 6-d
- 25. BATHROOM - provide missing lavatory. 6-d
- 26. BATHROOM - bathtub - repair the broken supply lines. 6-c

Second Floor front - 194 High

- 27. KITCHEN/BATHROOM/LIVING ROOM/BEDROOM - ceilings and walls - replace the missing plaster. 3-b
- *28. KITCHEN/BATHROOM/LIVING ROOM/BEDROOM - windows - replace broken glass. 3-c
- 29. KITCHEN/BATHROOM - repair the damaged panels and frames of doors. 3-b
- 30. KITCHEN/BATHROOM - repair broken waste lines in the sink and lavatory. 6-d
- *31. KITCHEN/BATHROOM/LIVING ROOM - ceilings - repair inoperative light fixtures. 8-e
- 32. KITCHEN - sink - repair broken sink. 6-d
- 33. BATHROOM - flush toilet - repair broken tank. 6-d
- 34. BATHROOM - provide missing lavatory. 6-d
- 35. BATHROOM - bathtub - repair broken tub. 6-d

First and Second Floor - rear - 194 High

- 36. FIRST FLOOR - KITCHEN/LIVING ROOM/BATHROOM - ceilings and walls - replace missing plaster. 3-d
- *37. FIRST FLOOR - KITCHEN/LIVING ROOM/BATHROOM - windows - repair broken glass. 3-c
- *38. FIRST FLOOR - KITCHEN/LIVING ROOM/BATHROOM - ceilings - repair broken light fixture. 8-e
- 39. FIRST FLOOR KITCHEN - repair broken sink. 6-d
- 40. FIRST FLOOR KITCHEN - sink - repair leaking supply lines. 6-c
- 41. FIRST FLOOR BATHROOM - door - repair broken door. 3-b
- 42. FIRST FLOOR BATHROOM - provide missing flush toilet. 6-d
- 43. FIRST FLOOR BATHROOM - repair broken lavatory and bathtub. 6-d
- 44. FIRST FLOOR BATHROOM - sink, tub and lavatory - repair leaking supply lines. 6-c
- 45. SECOND FLOOR FRONT AND REAR BEDROOM - ceilings and walls - replace missing plaster. 3-b
- *46. SECOND FLOOR FRONT AND REAR BEDROOM - windows - replace broken glass. 3-c
- *47. SECOND FLOOR FRONT AND REAR BEDROOM - ceilings - repair inoperative light fixture. 8-e
- 48. SECOND FLOOR FRONT AND REAR BEDROOM - doors - repair the broken door panels and frames. 3-d

Third Floor - 194 High

- 49. KITCHEN/LIVING ROOM/BATHROOM/BEDROOM - ceilings and walls - replace missing plaster. 3-b

continued -

194-196 High Street - continued

Third Floor - 194 High - continued

- *50. KITCHEN/LIVING ROOM/BATHROOM/BEDROOM - windows - replace broken glass. 3-c
- *51. KITCHEN/LIVING ROOM/BATHROOM - ceiling - repair inoperative light fixtures. 8-a
- 52. KITCHEN - repair broken kitchen sink. 6-d
- 53. KITCHEN/BATHROOM - repair broken supply lines. 6-c
- 54. BATHROOM - provide missing lavatory. 6-d
- 55. BATHROOM - repair broken bathtub. 6-d

First Floor - front - 196 High

- 56. KITCHEN/BATHROOM/LIVING ROOM - ceiling and walls - replace missing plaster. 3-b
- 57. KITCHEN/BATHROOM/LIVING ROOM - windows - replace broken glass. 3-c
- *58. KITCHEN/BATHROOM/LIVING ROOM - ceiling - repair inoperative light fixtures. 8-a
- 59. BATHROOM - replace missing bathtub and lavatory. 6-d
- 60. KITCHEN - sink - replace missing sink. 6-d

Second Floor - front - 196 High

- 61. KITCHEN/LIVING ROOM/BATHROOM/ - ceiling and walls - replace missing plaster. 3-b
- 62. KITCHEN/LIVING ROOM/BATHROOM - windows - replace broken glass. 3-c
- *63. KITCHEN/LIVING ROOM/BATHROOM - ceilings - repair the broken light fixtures. 8-a
- 64. KITCHEN - door - repair damaged panels and frames. 3-b
- 65. KITCHEN - sink - provide missing sink. 6-d
- 66. BATHROOM - replace broken tank. 6-d
- 67. BATHROOM - repair the cracked and leaking lavatory. 6-d
- 68. BATHROOM - bathtub - repair leaking bathtub. 6-d
- 69. BATHROOM - repair the broken hot water supply lines. 6-c

First and Second Floor - rear - 196 High

- 70. FIRST AND SECOND FLOOR KITCHEN, LIVING ROOM AND BATHROOM - CEILING and walls - replace missing plaster. 3-b
- 71. FIRST AND SECOND FLOOR KITCHEN, LIVING ROOM AND BATHROOM - windows - replace broken glass. 3-c
- *72. FIRST AND SECOND FLOOR KITCHEN, LIVING ROOM AND BATHROOM - ceiling - install light fixtures. 8-a
- 73. FIRST FLOOR KITCHEN - repair leaking hot water supply line. 6-c
- 74. FIRST FLOOR KITCHEN - replace missing sink. 6-d
- 75. SECOND FLOOR BATHROOM - repair the broken toilet. 6-d
- 76. SECOND FLOOR BATHROOM - repair cracked lavatory. 6-d
- *77. SECOND FLOOR FRONT AND REAR BEDROOM - ceiling - repair inoperative light fixture. 8-a
- 78. SECOND FLOOR FRONT AND REAR BEDROOM - window - replace broken glass. 3-c
- 79. SECOND FLOOR FRONT AND REAR BEDROOM - ceiling and walls - replace missing plaster. 3-b

Third Floor - 196 High Street

- 80. KITCHEN/LIVING ROOM/BATHROOM - ceiling and walls - replace missing plaster. 3-b
- 81. KITCHEN/LIVING ROOM/BATHROOM - windows - replace broken glass. 3-c
- *82. KITCHEN/LIVING ROOM/BATHROOM - ceiling - repair inoperative light fixture. 8-a
- 83. KITCHEN - sink - repair the broken hot water supply lines. 6-d
- 84. BATHROOM - repair the damaged floor boards. 3-b
- 85. BATHROOM - repair broken flush toilet tank. 6-d
- 86. BATHROOM - repair the cracked lavatory. 6-d
- 87. BATHROOM - bathtub - repair the broken supply lines. 6-d

continued -

194-196 High Street - continued

Second Floor - 198 High

- | | |
|-------------------------------------------------|-----|
| 88. LIVING ROOM - window - repair loose sashes. | 3-c |
| 89. LIVING ROOM - Point up fireplace bricks. | 4-a |
| 90. REAR BEDROOM- point up fireplace bricks. | 4-a |

Third Floor - 198 High

- | | |
|-----------------------------------------------------------------|-----|
| *91. PROVIDE dual egress for this dwelling unit. | 10 |
| 92. KITCHEN AND LIVING ROOM - windows - replace missing sashes. | 3-c |
| 93. REAR BEDROOM - window - replace missing sashes. | 3-c |
| 94. FRONT BEDROOM - replace missing skylight. | 3-c |

*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 that you contact the City of Portland Building Inspection Department, 389 Congress Street, Telephone 775-5451, to determine if any of the items listed above require a building or alteration permit.

NOTICE OF HOUSING CONDITIONS

DU 11

CITY OF PORTLAND
DEPARTMENT OF NEIGHBORHOOD CONSERVATION
HOUSING INSPECTIONS DIVISION
Telephone 775-5451 - Extension #448 - #358

Ch.-Bl.-Lot: 46-B-7/30
Location: 194-196-198 High Street
Project: NCP-WE
Issued: 4-26-77
Expired: 6-26-77

Mr. Robert Anderson
198 High Street
Portland, Maine 04101

Dear Mr. Anderson:

An examination was made of the premises at 194-196-198 High Street, Portland, Maine by Housing Inspector Gough. 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 June 26, 1977. 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 re-inspection 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.

Sincerely yours,

Joseph E. Gray, Jr., Director
Neighborhood Conservation

Inspector _____

H. Gough

By _____

Lyle D. Noyes,
Chief of Housing Inspections

EXISTING VIOLATIONS OF CHAPTER 307 - "MINIMUM STANDARDS FOR HOUSING" - SECTION (S)

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------|
| 1. FOUNDATION - overall - point up bricks. | 3-a |
| 2. TRIM - overall - remove peeling paint and make exterior trim weathertight and watertight by painting or any other suitable means. | 3-a |
| 3. ROOF(OVERALL)- determine the reason and remedy the condition that causes the roof to leak. | 3-a |
| 4. FRONT AND REAR HALL STAIRWAYS - first, second and third floor - replace the missing balusters - 194 and 196 High. | 3-d |
| 5. FRONT MIDDLE/RIGHT FRONT HALL DOORS - replace broken glass. (first floor). | 3-c |
| 6. EAVES - overall - repair or replace the loose and missing gutters and downspouts. | 3-a |
| 7. EXTERIOR CHIMNEYS - point up loose bricks. | 3-d |
| 8. BULKHEAD DOOR - repair broken door. | 10-2 |
| 9. EGRESS - provide dual egress - 198 High. | |
| 10. FRONT AND REAR HALL CEILINGS - first, second and third floor - repair inoperative light fixtures - 194 and 196 High. | 8-a |
| 11. FRONT AND REAR HALLS - first, second and third floor - repair broken floor boards - 194-196 High. | 3-d |
| 12. FRONT AND REAR HALLS - first, second and third floor - ceiling and walls - repair or replace the broken and missing plaster - 194-196 High. | 3-b |

continued -

194-196-198 High Street - continued

- *13. FRONT AND REAR HALL WINDOWS - first, second and third floor - replace broken glass, 194-196 High. 3-c
14. FRONT AND REAR HALL STAIRWAYS - first and second floor - replace the broken treads and risers - 194-196 High. 3-d
- *15. CELLAR - repair broken waste lines - 194 and 196 High. 6-d
- *16. CELLAR - repair or replace the broken and missing supply lines - 194-196 High. 6-c
- *17. CELLAR - repair inoperative furnace - 194-196 High St. 9-c
- *18. CELLAR - walls - repair broken electrical panel. 8-a
19. CELLAR - stairways - repair broken treads - 194-196 High. 3-d
- First Floor front - 194 High
20. KITCHEN/LIVING ROOM/BATHROOM/BEDROOM - ceiling and walls - replace missing plaster. 3-b
- *21. KITCHEN/LIVING ROOM/BATHROOM/BEDROOM - windows - replace broken glass. 3-c
- *22. KITCHEN/LIVING ROOM/BATHROOM/BEDROOM - ceilings - repair inoperative light fixture. 8-a
23. KITCHEN - sink - repair broken sink. 6-d
24. BATHROOM - flush toilet - repair broken tank. 6-d
25. BATHROOM - provide missing lavatory. 6-d
26. BATHROOM - bathtub - repair the broken supply lines. 6-c
- Second Floor front - 194 High
27. KITCHEN/BATHROOM/LIVING ROOM/BEDROOM - ceilings and walls - replace the missing plaster. 3-b
- *28. KITCHEN/BATHROOM/LIVING ROOM/BEDROOM - windows - replace broken glass. 3-c
29. KITCHEN/BATHROOM - repair the damaged panels and frames of doors. 3-b
30. KITCHEN/BATHROOM - repair broken waste lines in the sink and lavatory. 6-d
- *31. KITCHEN/BATHROOM/LIVING ROOM - ceilings - repair inoperative light fixtures. 8-a
32. KITCHEN - sink - repair broken sink. 6-d
33. BATHROOM - flush toilet - repair broken tank. 6-d
34. BATHROOM - provide missing lavatory. 6-d
35. BATHROOM - bathtub - repair broken tub. 6-d
- First and Second Floor - rear - 194 High
36. FIRST FLOOR - KITCHEN/LIVING ROOM/BATHROOM - ceilings and walls - replace missing plaster. 3-d
- *37. FIRST FLOOR - KITCHEN/LIVING ROOM/BATHROOM - windows - repair broken glass. 3-c
- *38. FIRST FLOOR - KITCHEN/LIVING ROOM/BATHROOM - ceilings - repair broken light fixture. 8-a
39. FIRST FLOOR KITCHEN - repair broken sink. 6-d
40. FIRST FLOOR KITCHEN - sink - repair leaking supply lines. 6-c
41. FIRST FLOOR BATHROOM - door - repair broken door. 3-b
42. FIRST FLOOR BATHROOM - provide missing flush toilet. 6-d
43. FIRST FLOOR BATHROOM - repair broken lavatory and bathtub. 6-d
44. FIRST FLOOR BATHROOM - sink, tub and lavatory - repair leaking supply lines. 6-c
45. SECOND FLOOR FRONT AND REAR BEDROOM - ceilings and walls - replace missing plaster. 3-b
- *46. SECOND FLOOR FRONT AND REAR BEDROOM - windows - replace broken glass. 3-c
- *47. SECOND FLOOR FRONT AND REAR BEDROOM - ceilings - repair inoperative light fixture. 8-a
48. SECOND FLOOR FRONT AND REAR BEDROOM - doors - repair the broken door panels and frames. 3-d
- Third Floor - 194 High
49. KITCHEN/LIVING ROOM/BATHROOM/BEDROOM - ceilings and walls - replace missing plaster. 3-b

continued -

194-196 High Street - continued

Third Floor - 194 High - continued

- *50. KITCHEN/LIVING ROOM/BATHROOM/BEDROOM - windows - replace broken glass. 3-c
- *51. KITCHEN/LIVING ROOM/BATHROOM - ceiling - repair inoperative light fixtures. 8-a
- 52. KITCHEN - repair broken kitchen sink. 6-d
- 53. KITCHEN/BATHROOM - repair broken supply lines. 6-c
- 54. BATHROOM - provide missing lavatory. 6-d
- 55. BATHROOM - repair broken bathtub. 6-d

First Floor - front - 196 High

- 56. KITCHEN/BATHROOM/LIVING ROOM - ceiling and walls - replace missing plaster. 3-b
- 57. KITCHEN/BATHROOM/LIVING ROOM - windows - replace broken glass. 3-c
- *58. KITCHEN/BATHROOM/LIVING ROOM - ceiling - repair inoperative light fixtures. 8-a
- 59. BATHROOM - replace missing bathtub and lavatory. 6-d
- 60. KITCHEN - sink - replace missing sink. 6-d

Second Floor - front - 196 High

- 61. KITCHEN/LIVING ROOM/BATHROOM/ - ceiling and walls - replace missing plaster. 3-b
- 62. KITCHEN/LIVING ROOM/BATHROOM - windows - replace broken glass. 3-c
- *63. KITCHEN/LIVING ROOM/BATHROOM - ceilings - repair the broken light fixtures. 8-a
- 64. KITCHEN - door - repair damaged panels and frames. 3-b
- 65. KITCHEN - sink - provide missing sink. 6-d
- 66. BATHROOM - replace broken tank. 6-d
- 67. BATHROOM - repair the cracked and leaking lavatory. 6-d
- 68. BATHROOM - bathtub - repair leaking bathtub. 6-d
- 69. BATHROOM - repair the broken hot water supply lines. 6-c

First and Second Floor - rear - 196 High

- 70. FIRST AND SECOND FLOOR KITCHEN, LIVING ROOM AND BATHROOM - CEILING and walls - replace missing plaster. 3-b
- 71. FIRST AND SECOND FLOOR KITCHEN, LIVING ROOM AND BATHROOM - windows - replace broken glass. 3-c
- *72. FIRST AND SECOND FLOOR KITCHEN, LIVING ROOM AND BATHROOM - ceiling - install light fixtures. 8-a
- 73. FIRST FLOOR KITCHEN - repair leaking hot water supply line. 6-c
- 74. FIRST FLOOR KITCHEN - replace missing sink. 6-d
- 75. SECOND FLOOR BATHROOM - repair the broken toilet. 6-d
- 76. SECOND FLOOR BATHROOM - repair cracked lavatory. 6-d
- *77. SECOND FLOOR FRONT AND REAR BEDROOM - ceiling - repair inoperative light fixture. 8-a
- 78. SECOND FLOOR FRONT AND REAR BEDROOM - window - replace broken glass. 3-c
- 79. SECOND FLOOR FRONT AND REAR BEDROOM - ceiling and walls - replace missing plaster. 3-b

Third Floor - 196 High Street

- 80. KITCHEN/LIVING ROOM/BATHROOM - ceiling and walls - replace missing plaster. 3-b
- 81. KITCHEN/LIVING ROOM/BATHROOM - windows - replace broken glass. 3-c
- *82. KITCHEN/LIVING ROOM/BATHROOM - ceiling - repair inoperative light fixture. 8-a
- 83. KITCHEN - sink - repair the broken hot water supply lines. 6-d
- 84. BATHROOM - repair the damaged floor boards. 3-b
- 85. BATHROOM - repair broken flush toilet tank. 6-d
- 86. BATHROOM - repair the cracked lavatory. 6-d
- 87. BATHROOM - bathtub - repair the broken supply lines. 6-d

continued -

194-196 High Street - continued

Second Floor - 198 High

- | | |
|-------------------------------------------------|-----|
| 88. LIVING ROOM - window - repair loose sashes. | 3-c |
| 89. LIVING ROOM - Point up fireplace bricks. | 4-a |
| 90. REAR BEDROOM - point up fireplace bricks. | 4-a |

Third Floor - 198 High

- | | |
|-----------------------------------------------------------------|-----|
| *91. PROVIDE dual egress for this dwelling unit. | 10 |
| 92. KITCHEN AND LIVING ROOM - windows - replace missing sashes. | 3-c |
| 93. REAR BEDROOM - window - replace missing sashes. | 3-c |
| 94. FRONT BEDROOM - replace missing skylight. | 3-c |

*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 that you contact the City of Portland Building Inspection Department, 389 Congress Street, Telephone 773-5451, to determine if any of the items listed above require a building or alteration permit.

REQUEST FOR SERVICE

PORTLAND HEALTH DEPARTMENT

DATE RECEIVED		3/25/68	BY	J. J. Jett	DISTRICT	
REQUEST BY	NAME	Mr. Mc Donnell			PHONE	
	ADDRESS	Walker National Bank of Boston				
CONDITIONS	NAME	owner: 57 Franklin St.	PHONE	AN. 9		
	ADDRESS	108 1/2 High Street - Apt. 1				Line Brown
	DES.	He wants to know how he can get a lady out of the apartment house. Her name is Judy - last name is unknown. She lives in Apt. 1 on the first fl. Her apt. is very				
DIVISION	SANITATION	<input checked="" type="checkbox"/> HOUSING	<input type="checkbox"/> NURSING	CATEGORY		
PRIORITY	<input checked="" type="checkbox"/> ROUTINE	SPECIAL REPORT TO		BY	DATE	
	<input type="checkbox"/> URGENT				3/25/68	
SPECIAL INSTRUCTIONS						
dirty, she drinks a lot, has a lot of men there, also she has broken several windows. We said he has had the police there before. Justified tenant was taken from apt. with help of police. Complete.						
COMMENTS						

COPY

CITY OF PORTLAND, MAINE
MEMORANDUM

TO: Gerald E. Mayberry, Building Inspection Director

DATE: August 12, 1966

FROM: Gordon E. Martin, Housing Supervisor

SUBJECT: 194-196-198 High Street

We recently received a complaint, and an inspection was made of the property at 194-196-198 High Street. The complaintant was concerned about the chimneys at this address. We made an inspection and feel that the complaint is justified.

We are referring this to you for whatever action you may want to take.

pvj

cc: Fire Chief Joseph R. Cremo

Photos yes no

Date 9/19/58

LOCATION	<u>194 HIGH ST</u>	CDMP	
OWNER AGENT		PENG	
OWNER AGENT		NO.	
OWNER AGENT	<u>ROBERT MELANSON</u>		
OWNER AGENT	<u>194 HIGH ST</u>	YES	

Proj. No. C.I. 45-057 Ass'n Zone Zone Viol
 Stories 7 MF SJD SAR SA ST P Com. Units Rng Units 7 Dw. Units 2
 APD

Occupants	Information				Occupancy				Facilities				Violations	
	LOC.	RENT	FURN.	WK. I.	RMS	PLR	ALL	LCRS	HEAT	BATH	FLSH	K.SK		H.W.
1. MRS HAMMEL	APT 1	IF	CS	EA	2	1	0	0	0	0	0	0	0	0
2. GEORGE JARVIS	APT 2	IS	CS	EA	2	3	2	0	0	0	0	0	0	0
3. ALFRED PUNN	ROOM 3	2R	CS	EA	1	1	1	0	0	0	0	0	0	0
4. MR. LANNI QAH	ROOM 4	2R	CS	EA	1	1	1	0	0	0	0	0	0	0
5. VACANT	ROOM 5	2R	CS	EA	2	2	2	0	0	0	0	0	0	0
6. MR. STUART	ROOM 6	3R	CS	EA	1	1	1	0	0	0	0	0	0	0
7. VACANT	ROOM 7	1RR	CS	EA	1	1	1	0	0	0	0	0	0	0
8. JOHN MURPHY	ROOM 8	3R	CS	EA	1	1	1	0	0	0	0	0	0	0
9. PAUL SCHILMAN	ROOM 9	3R	CS	EA	1	1	1	0	0	0	0	0	0	0

STRUCTURE SCHEDULE

STRUCTURE RATING

YARD

BARBAGE & RUBBISH

CONTAINERS COMPLY

DRAINAGE

EROSION CONTROL

STRUCTURE EXTERIOR

STEPS, STAIRS, PORCHES

FOUNDATION

WALLS

WINDOWS, DOORS

ROOF, DRAINS

OUT BUILDINGS

INFESTATION

RATS R1 R2 R3

OTHER (SPECIFY) _____

EGRESS

DUAL YLS NO

OBST'N

STRUCTURE INTERIOR

HALL, OBST'N

HALL, LIGHTING

HALL, FLOOR WALLS CEILING

STAIRWAYS

WINDOWS, AIRSPART

ELECT. WIRING

HEATING CENTRAL YES NO

STACKS FLUES, VENTS

CHIMNEY

EQUIPMENT, REPAIR

PLUMBING

SUPPLY LINE

WASTE LINE

BASEMENT

GEN'L SANIT'N

DAMPNSS R1 R2

STAIRS

LIGHTING

BASE DWL UNIT

WIN 7' x 3'

DAMPNSS R1 R2

WINDOW 1/12 x 6"

DUAL EGRESS YES NO

PROHIBITED COMB'N USE

ASSOC. USE HAZARD

HAZARDOUS VENTS

Remarks TWO APTS SHARE BATH ON 1ST - ONE APT AND 2 ROOM SHARE BATH ON 2ND WITH 4/5 ROOMS ON 3RD WHO SHARE ONE FLUSH ON 3RD -

Portland Health Dept.

CS-8

Inspector T. G. Gage

WALL OF 2ND FLOOR BATH CRACKED

Photos yes no

Proj. No.

Date 9/19/58

DWELLING UNIT SCHEDULE

OVERCROWDING	LOCATION	195 HIGH ST	COMP.
SANIT.	D.U. LOC.	1 FRONT	PEND.
INFEST.	OCCUPY		
BASE D.U.	OWNER		
DET'RN	ADDRESS		YES

Occupants

Information

Occupancy

Facilities

Violations

		LOC. RENT FUHN. WK. I. RMS			PER. ALL'D LGRS HEAT		BATH FLSH		K.SK H.W. CK'G			
1. MDS	HAMMEL				1	2	2					
2.												
3.												
4.												

	CTD		LIVING COMBO						OTHER	TOTAL
	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED		
OVERCROWDING										
85' - 7"										
50 SLEEP'G										
VENTILATION										
1/12 x 1/2										
LIGHTING										
CIRING										
DET'RN										
WALLS										
CESLINGS										
WINDOWS										
DOORS										
FLOORS										

KITCHEN SINK & WATER

SINK _____

SUPPLY & WASTE _____

PLUB. SERV'L _____

HEATING

STACKS, FLUES, VENTS _____

HT'S VENTED, DEP'N _____

BATHING FACILITIES

SHARED MAX. 10U _____

RMC U. 1 PER 13 _____

MIN. 7' STOR HT. _____

VENT'LN _____

PROPER ACCESS _____

PLB'G _____

SANIT'N _____

TOILET FACILITIES

SHARED MAX. 2 DU _____

RMC U FLSH & LAV 1 PER 10 _____

VENT'LN _____

PROPER ACCESS _____

PLB'G _____

SANIT'N _____

INFESTATION

RATS R O C _____

OTHER (SPECIFY) _____

EGRESS

DUAL YES NO _____

OBST'N _____

Remarks

Portland Health Dept.
CS-7

Inspector T. D. ...

Photos Yes No

Proj. No.

WT B 512

Date 9/19/58

CROWDING	LOCATION 19th HILL	COMP.
SANIT.	D.U. LOC. 1 REAR	PEND.
INFEST.	OCCUPY	
RARE D.U.	OWNER ASKED	
DET'N	ADDRESS	VIS

DWELLING UNIT SCHEDULE

Occupants

Information

Occupancy

Facilities

Violations

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

GEORGE JARVIS	APT 2	1R	5	5	2	2	2	0	SC	5	5	1	5	5						
2.																				
3.																				
4.																				

4716	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 85' - 7"											
SO SLEEP'G											
VENTILATION 1/12 & 1/2											
LIGHTING WIRING											
DET'N WALLS											
CEILING											
WINDOWS											
DOORS											
FLOORS											

KITCHEN SINK & WATER

- SINK
- SUPPLY & WASTE
- PLS. GEN'L

HEATING

- STACKS, FLUES, VENTS
- HT'GS VENTED, REP'R

BATHING FACILITIES

- SHARED MAX. 4DU
- AVG U. 1 PER 10
- WIN. 7' STOB HT.
- VENT'LN
- PROPER ACCESS
- PLS'G
- SANIT'N

TOILET FACILITIES

- SHARED MAX. 2 DU
- AVG U FLSH & LAV 1 PER 10
- VENT'LN
- PROPER ACCESS
- PLS'G
- SANIT'N

INFESTATION

- PATS RI OI E
- OTHER (SPECIFY)

EGRESS

- QUAL YES. NO
- ORST'N

Remarks

1) EXCESSIVE USE OF LEADS

Portland Health Dept.
CS-7

Inspector _____

Photos YES NO

Proj. No.

45 B 513

Date 9/19/51

CROWDING	LOCATION	190 HIGLEY	COMP.
SANIT.	D.U. LOC. 2	KORR	PERM.
INFEST.	OCCUPY		
BASE D.U.	OWNER		
DET'N	AGENT		
	ADDRESS		YES

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.	ALFRED DUNN	ROOM?			2R	1/2	1	1	1	1	1	1	1	1	1
2.															
3.															
4.															

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 85' - 7"											
50 SLEEP'G											
VENTILATION 1/12 x 1/2											
LIGHTING WIRING											
DET'N WALLS											
CEILINGS											
WINDOWS											
DOORS											
FLOORS											

Remarks

KITCHEN SINK & WATER

SINK _____ NO

SUPPLY & WASTE _____

PLBG. SERV'L _____

HEATING

STACKS, FLUES, VENTS _____

HT'GS VENTED, REP'D _____

BATHING FACILITIES

SHARED MAX. 40U _____ S

RMB U. 1 PER 15 _____

MIN. 7' STOD HT. _____

VENT'LN _____

PROPER ACCESS _____

PLB'G _____

SANIT'N _____

TOILET FACILITIES

SHARED MAX. 2 OV _____ S

RMB U. FLSH & LAV 1 PER 10 _____

VENT'LN _____

PROPER ACCESS _____

PLB'G _____

SANIT'N _____

INFESTATION

RATS AT OI E _____

OTHER (SPECIFY) _____

EGRESS

DUAL YES NO _____

OBST'N _____

Portland
Health Dept.
GS-7

Inspector _____

9/19/51

Photos yes no

Proj. No.

455 B513

Date 9/19/58

CROWDING	LOCATION	198 HIG 14	COMP.
SANIT.	S.U. LOC.	2 SIDE REAR	END.
INFEST.	OCCUPY		
BASE D.U.	OWNER		
DET'N	ADDRESS		VTS

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities							Violations								
			LOC.	RENT	FURN:	WK.I.	RMS	PER.	ALL'D		1'SRS	HEAT	BATH	FLSH	K.SK	H.W.	CK'G	
1. MR. LANNIGAN	ROOM 4	BR	1															
2.																		
3.																		
4.																		

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 65' - 7'											
SO SLEEP'G	X	X	X								
VENTILATION 1/12 ± 1/2											
LIGHTING WIRING											
DET'N WALLS											
CEILING											
WINDOWS											
DOORS											
FLOODS											

KITCHEN SINK & WATER

SINK _____

SUPPLY & WASTE _____

PLB'S, GEN'L _____

HEATING

STACKS, FLUES, VENTS _____

HT'RS VENTED, REP'R _____

BATHING FACILITIES

SHARED MAX. 4DU 5

RMG U. 1 PER 15 _____

MIN. 7' STGE HT. _____

VENT'LN _____

PROPER ACCESS _____

PLB'G _____

SANIT'N _____

TOILET FACILITIES

SHARED MAX. 2 DU 5

RGS U. FLSH & LAV 1 PER 10 _____

VENT'LN _____

PROPER ACCESS _____

PLB'G _____

SANIT'N _____

INFESTATION

RATS RI OI E _____

OTHER (SPECIFY) _____

EGRESS

D'VAL YES. NO _____

GAST'N _____

Remarks

CORD UNDER LINOLEUM

Portland
Health Dept.
CS-7

Inspector _____

T. J. [Signature]

Photos Yes No

Proj. No. 25 8513

Date 9/19/58

CROWDING	LOCATION	19 TH HIGH	COMP.
SANIT.	D.U. LOC.	2 FRONT	PEND.
INFEST.	OCCPNT		
BASE D.U.	OWNER		
DEPT'N	AGENCY		
	ADDRESS		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.
1. VACANT	Room 6	DF	14	5	1A	2	7	2	0	1	1	1	1	1	1	1	1
2.																	
3.																	
4.																	

ETC PARTITIONED OFF LIVING

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	OTHER	TOTAL	KITCHEN SINK & WATER	
OVERCROWDING 65' - 7'					<	<					<input checked="" type="checkbox"/> SINK	
3D SLEEP'G											<input checked="" type="checkbox"/> SUPPLY & WASTE	
VENTILATION 1/12 & 1/2											<input checked="" type="checkbox"/> FLDS, GEN'L	
LIGHTING DURING											HEATING	
DEFIN WALLS											<input type="checkbox"/> STACKS, FLUES, VENTS	
CEILING											<input type="checkbox"/> HT'NG VENTED, REP'D	
WINDOWS											BATHING FACILITIES	
DOORS											<input type="checkbox"/> SHARED MAR. ADU	
FLOORS											<input type="checkbox"/> SHG U. 1 PER 15	
Remarks											<input type="checkbox"/> MIN. 7' STDS HT.	
											<input type="checkbox"/> VENT'LN	
											<input type="checkbox"/> PROPER ACCESS	
											<input type="checkbox"/> FL'D'G	
											<input type="checkbox"/> SANIT'N	
											TOILET FACILITIES	
											<input type="checkbox"/> SHARED MAR. 2 DU	
											<input type="checkbox"/> SHG U. FLSH & LAV 1 PER 10	
											<input type="checkbox"/> VENT'LN	
											<input type="checkbox"/> PROPER ACCESS	
											<input type="checkbox"/> FL'D'G	
											<input type="checkbox"/> SANIT'N	
											INFESTATION	
											<input type="checkbox"/> RATS	<input type="checkbox"/> RI
											<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> DI
											EGRESS	
											<input type="checkbox"/> DUAL	<input type="checkbox"/> YES
											<input type="checkbox"/> NO	
											<input type="checkbox"/> OBST'N	

Portland
Health Dept.
OS-7

Inspector T. J. [Signature]

Photos yes no
 Proj. No. 45 B 513

Date 9/19/59

CROWDING		LOCATION	190 HIGH	CONF.	
SANIT.		D.U. LOC.	FRD RRAK RT	PERO.	
INFEST.		OCCPNT			
BASE D.U.		OWNER AGENT			
DET'N		ADDRESS		YTS	

DWELLING UNIT SCHEDULE

Occupants

Information

Occupancy

Facilities

Violations

1.	2.	3.	4.	LOC. RENT			FURN. WK. I. RMS			PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K.SK	H.H.	CK'G
				PERM	NO	NA	PERM	NO	NA									
1. VACANT				ROOM 7	PRM													

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 65' - 7'					<					
SO SLEEP'G	X	X	X							
VENTILATION 1/12 & 1/2										
LIGHTING WIRING					IX					
DET'N WALLS										
CEILING										
WINDOWS										
DOORS										
FLOORS										

KITCHEN SINK & WATER

- SINK 20
- SUPPLY & WASTE
- PLGB. SEN'L
- HEATING**
- STACKS, FLUSH, VENTS
- HT'RS VENTED, RE'N
- BATHING FACILITIES**
- SHARED MAX. 4OU 5
- RMS U. 1 PER 15
- MIN. 7' STD HT.
- VENT'LN
- PROPER ACCESS
- PLB'S
- SANIT'N
- TOILET FACILITIES**
- SHARED MAX. 2 DU 5
- RMS U FLSH & LAV 1 PER 10
- VENT'LN
- PROPER ACCESS
- PLB'S
- SANIT'N
- INFESTATION**
- RATS RI DI OI V
- OTHER (SPECIFY)
- EGRESS**
- DUAL YES. NO
- OBST'N

Remarks D TARED FIXTURE - NO WALL CUTLET

RUBBER HOSE ON GAS PLATE

Portland
Health Dept.
CS-7

Inspector

T. J. ...

Photos yes no

Proj. No.

NS P513

Date 9/19/58

CROSSING	LOCATION <u>19F HIGH</u>	COMP.
SANIT.	D.U. LOC. <u>PRV SIDE FRONT</u>	PENG.
INSECT.	OCCPRT	
BASE D.U.	OTHER ASBNT	
DET'N	ADDRESS	VTS

DWELLING UNIT SCHEDULE

Occupants

Information

Occupancy

Facilities

Violations

1.	2.	3.	4.	LOC.	RENT	FURN.	W	I.	AMS	PER.	ALL'D	IGRS	HEAT	BATH	FLSH	K.SK	H.W.	CK'G	Violations		
																			PPF	CC	
1. <u>JOAN MURPHY</u>				<u>ROOM 8</u>																	

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 85' x 7'					<u>C</u>						
SO SLEEP'G	X	X	X								
VENTILATION 1/12 x 1/2											
LIGHTING WIRING					<u>1Y</u>						
DET'N WALLS											
CEILING					<u>2X</u>						
WINDOWS											
DOORS											
FLOORS											

Remarks

1) EXCESSIVE USE LF CERDS

2) SIGNS OF LEAKAGE

KITCHEN SINK & WATER Ko

SINK

SUPPLY & WASTE

FLOO. GEN'L

HEATING

STACKS, FLUES, VENTS

HT'RS VENTED, REP'N

BATHING FACILITIES

SHARED MAX. 4DU S

AVG U. 1 PER 15

MIN. 7' STDB HT.

VENT'LN

PROPER ACCESS

FLD'G

SANIT'N

TOILET FACILITIES S

SHARED MAX. 2 DU

AVG U FLSH & LAV 1 PER 10

VENT'LN

PROPER ACCESS

FLD'G

SANIT'N

INFESTATION

DATE RI DI E

OTHER (SPECIFY)

EGRESS

DUAL YES NO

OBST'N

Portland Health Dept.

CS-7

Inspector

T. Joyce

Photos yes no
 Proj. No. WS 8512

Date 9/19/59

CROWDING	LOCATION	<u>- 198 HIGH</u>	COMP.
SANIT.	D.U. LOC.	<u>FRONT FRONT</u>	PERM.
INFEST.	OCCPY		
BASE D.U.	OWNER		
DET'N	AGENT		
	ADDRESS		YES

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
<u>PAUL LEHRMAN</u>	<u>R COM 9</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"/>	<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	BATH	TOILET	DINING	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 65' - 7'					<u>1</u>						
SO SLEEP'G	X	X	X								
VENTILATION 1/2 & 1/2											
LIGHTING WIRING											
DET'N WALLS											
CEILING											
WINDOWS											
DOORS											
FLOORS											

KITCHEN SINK & WATER

SINK NO

SUPPLY & WASTE

PLUG. SEM'L

HEATING

STACKS. FLUES. VENTS

HT'S VENTED. REP'R

BATHING FACILITIES

SHARED MAX. 4DU S

RMS U. 1 PER 15

MIN. 7' STOR HT.

VENT'LN

PROPER ACCESS

PLB'G

SANIT'N

TOILET FACILITIES

SHARED MAX. 2 DU S

RMS U. FLSH & LAV 1 PER 10

VENT'LN

PROPER ACCESS

PLB'G

SANIT'N

INFILTRATION

PATH PZ OI E

OTHER (SPECIFY)

EGRESS

DUAL YES. NO

OBST'N

Remarks

Portland
Health Dept.
CS-7

Inspector T. Dwyer

yes no

Date 9/19/58

LOCATION	194 HIGH ST	COMP
OWNER AGENT		PENDS
TRUST AGENT		
OWNER AGENT	ROBERT MELANSON	
OWNER AGENT	JIMM	YES

Proj. No. C.I. 41 P 13 Ass'ts Zone Zone Viol

Stories 2 DFW (S) D (S) A B (S) M (S) ST P Com. Units Ring Units 8 Dwl. Units 3 ADP

Occupants	Information	Occupancy										Facilities						Violations			
		LOC	RENT	FURN	#X	I.	PMS	PER	ALLD	LGRS	HEAT	BATH	FLSH	R.SK	H.W.	CK'G					
1. ROBERT MELANSON	OWNER APT 1	VF								1	5	8	8	8	8	8	8	8	8		
2. JOHN HARRINGTON	CONTRACTOR APT 2	BR								2	2	2	2	2	2	2	2	2	2		
3. WAIL ROBERTS		DM								1	1	1	1	1	1	1	1	1	1		
4. VACANT	APT 3	BF								2	2	2	2	2	2	2	2	2	2		
5. DEBORAH WOODS	ROOM 10	IR								1	1	1	1	1	1	1	1	1	1		
6. VACANT	ROOM 11	RM								1	1	1	1	1	1	1	1	1	1		
7. MR HUTCHINS	ROOM 12	3F								1	1	1	1	1	1	1	1	1	1		
8. MR GRETCHELL	ROOM 13	3S								1	1	1	1	1	1	1	1	1	1		

STRUCTURE SCHEDULE

STRUCTURE RATING

YARD

WASTE & RUBBISH

CONTAINERS COMPLY WASH COVERS

DRAINAGE

ZONE VIOL.

STRUCTURE EXTERIOR

STEPS, STAIRS, PORCHES

FOUNDATION

WALLS

WINDOWS, DOORS

ROOF, DRAINS

OUT BUILDINGS

INFESTATION

RATS FI DI I

OTHER (SPECIFY)

EGRESS

EQUAL YES NO

OBST'N

ONE APX HAS
WATER PUMP BATH ON 1ST - 7th ADTS AND
WIP RUM SHARE BATH ON 2ND -
7 ROOMS SHARE BATH ON 3RD

Portland Health Dept.

CS-8

Inspector [Signature]

STRUCTURE INTERIOR

SMALL OBST'N

HALL LIGHTING NO LIGHT PRO FLOOR

HALL FLOOR WALLS CEILING CRACKED 1 & 2. R.F.A. - 7th Floor Ceiling

STAIRWAYS

WINDOWS, AIRSHFT

ELECT. WIRING

HEATING CENTRAL YES NO

STACKS FLUES, VENTS

CHIMNEY CRACKED DOOR MISSING

EQUIPMENT, REPAIR

PLUMBING

SUPPLY LINE

WASTE LINE

BASEMENT

GEN'L SANIT H

DAMPNSS - RI - D

STAIRS

LIGHTING

BASE DWL UNIT

MIN 7' - 3"

DAMPNSS RI D

WINDOW 1/12 x 8"

EQUAL EGRESS YES NO

PROHIBITED COMB'N USE

ASSOC. USE HAZARD

HAZARDOUS VENTS

None

Photos yes no
 Proj. No.

Date 9/19/58

25 B 513

CROWDING	LOCATION <u>194 NIAH</u>	COMP.
SANIT.	D.U. LOC. <u>1ST FLOOR</u>	PERG.
INFEST.	OCCUPY	
BASE D.U.	OWNER <u>OWNER</u>	YTB
DET'N	ADDRESS	

DWELLING UNIT SCHEDULE

Occupants Information Occupancy Facilities Violations

	LOC.	RENT	FURN.	WK-1.	RMS	PER.	ALL'O	LGRS	HEAT	BATH	FLSH	K.SK	H.W.	CK'G	Violations			
															1	2	3	4
1. ROBERT McLAURON					5										/	/	/	/
2.															/	/	/	/
3.															/	/	/	/
4.															/	/	/	/

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

KITCHEN SINK & WATER

SINK _____

SUPPLY & WASTE _____

PLB'S, GR'L _____

HEATING

STAKES, FLUES, VEPTS _____

HT'RS VENTED, REP'D _____

BATHING FACILITIES

SHARED MAX. 4DU _____

BNG U. 1 PER 15 _____

MIN. 7' STOR HT. _____

VENT'LN _____

PROPER ACCESS _____

PLB'S _____

SANIT'N _____

TOILET FACILITIES

SHARED MAX. 2 DU _____

BNG U FLSH & LAV 1 PER 10 _____

VENT'LN _____

PROPER ACCESS _____

PLB'S _____

SANIT'N _____

INFESTATION

RATS FI GI C _____

OTHER (SPECIFY) _____

EGRESS

DUAL YES NO _____

OBST'N _____

Remarks

Portland
Health Dept.
CS-7

Inspector _____

Photos YES NO
 Proj. No. 25 13519

Date 9/19/50

CROWDING	LOCATION	174 HIGH	COMP.
SANIT.	D.U. LOC.	2RD REAR	PERS.
INFEST.	OCCUPY		
BARE D.U.	OWNER		
DET'N	AGENT		
	ADDRESS		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		
JOHN HARRINGTON	CARE-TAKER	2R																	
2.																			
3.																			
4.																			

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 65' - 7'											
NO SLEEP'G	X	X	X	X							
VENTILATION 1/12 x 1/2											
LIGHTING WIRING											
DET'N WALLS											
CEILINGS											
WINDOWS											
DOORS											
FLOORS											

Remarks

KITCHEN SINK & WATER

SINK _____

SUPPLY & WASTE TAPSD TRAP

GLSS. REM'L _____

HEATING

STACKS, FLUES, VENTS _____

HT'RS VENTED, REP'R _____

BATHING FACILITIES

SHARED MAX. 4DU ON 2ND 2 ROOMS

RMS U. 1 PER 15 _____

MIN 7' STD HT. _____

VENT'LN _____

PROPER ACCESS _____

FLU'G _____

SANIT'N _____

TOILET FACILITIES

SHARED MAX. 2 DU _____

RMS U FLSH & LAV 1 PER 10 _____

VENT'LN _____

PROPER ACCESS _____

FLU'G _____

SANIT'N _____

INFESTATION

RATS PT OF E _____

OTHER (SPECIFY) _____

EGRESS

DU'N YES NO _____

OBST'N _____

Portland
Health Dept.
GS-7

Inspector T. DODD

Photos yes no.

Proj. No.

W5 0513

Date 9/19/59

CADDRES	LOCATION 194 CHICHESTER	COMP.
SANIT.	D.U. LOC. 2ND MIDDLE	PEND.
INFEST.	OCCUPY	
RARE D.U.	OWNER	
DET'N	AGENT	
	ADDRESS	VTS

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities								Violations				
			LOC.	RENT	FURN.	WK. I.	RM'S	PEN.	ALL'D	LGRS		HEAT	BATH	FLSH	K.SK
1. JAN ROBERTS	RM 1/2	1	1	0	0	0	0	0	0	0	0	0	0	0	0
2.															
3.															
4.															

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	3FD	BED	OTHER	TOTAL
OVERCROWDING 65" - 7"											
SO SLEEP'G	X	X	X								
VENTILATION 1/12 & 1/2											
LIGHTING WIRING											
DET'N WALLS											
CEILING											
WINDOWS											
DOORS											
FLOORS											

KITCHEN SINK & WATER

SINK

SUPPLY & WASTE

PLBS, GEN'L

HEATING

STACS, FLUES, VENTS

HT'RS VENTED, REP'G

BATHING FACILITIES

SHARED MAX. ADU

RMC U. 1 PER 15

MIN. 7' STDB HT.

VENT'LN

PROPER ACCESS

PLB'G

SANIT'N

TOILET FACILITIES

SHARED MAX. 2 DU

RMC U. FLSH & LAY 1 PER 10

VENT'LN

PROPER ACCESS

PLB'G

SANIT'N

INFESTATION

RATS RI OI E

OTHER (SPECIFY)

EGRESS

DUAL YES. NO

OBST'N

Remarks

Portland Health Dept.

CS-7

Inspector J. J. [Signature]

Photos yes no

Proj. No.

W5 B519

Date 9/19/58

CROWDING		LOCATION	194 HIGH ST	COMP.	
SANIT.		D.U. LOC.	2ND FRONT	PERM.	
INFEST.		OCCPNT			
BASE D.U.		OWNER			
DET'RN		AGENT			
		ADDRESS			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	Violations		
																1	2	
VACANT						2	2											
2.																		
3.																		
4.																		

	KITCHEN		BATH	TOILET	DINING	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 65' - 7'												
NO SLEEP'G	X	X	X	X	X	X	X	X	X	X	X	
VENTILATION 1/12 X 1/2	X	X	X	X	X	X	X	X	X	X	X	
LIGHTING												
WIRING												
DET'RN WALLS												
CEILING												
WINDOWS												
DOORS												
FLOORS												

Remarks

Remarks section with lines for notes.

KITCHEN SINK & WATER

SINK

SUPPLY & WASTE

PLB'S, GEN'L

HEATING

STACKS, FLUES, VENTS

HT'RS VENTED, REP'RS

BATHING FACILITIES

SHARED MAX. 4DU

AVG U. 1 PER 15

MIN. 7' STDB HT.

VENT'LN

PROPER ACCESS

PLB'S

SANIT'N

TOILET FACILITIES

SHARED MAX. 2 DU

AVG U. FLSH & LAV 1 PER 10

VENT'LN

PROPER ACCESS

PLB'S

SANIT'N

INFESTATION

RATS IN OI C

OTHER (SPECIFY)

EGRESS

RUAL YES NO

OBST'N

Portland Health Dept.
CS-7

Inspector 7 Yajni

Photos yes no
 Proj. No.

 Date 9/19/58
W 5 A 513

CRDING		LOCATION <u>194 HIGHL ST</u>	COMP. <u>Y</u>
SANIT.		D.U. LOC.	PEND.
INFE.		OCCPT	
BASE D.U.		OWNER ASSET	
DET'N		ADDRESS	VIS

DWELLING UNIT SCHEDULE

Occupants Information Occupancy Facilities Violations

Occupants	Information	Occupancy	Facilities					Violations					
			KITCHEN	BATH	TOILET	DINING	OTHER						
LOC. RENT FURN. WK. I. RMS		PER. ALL'D LGRS HEAT	BATH	FLSH	K.SK	H.W.	CK'G						
<u>1. DRUBNER - WOODS</u>	<u>ROOM 10</u>	<u>3R</u>	<u>1/2</u>	<u>1 1/2</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
2.													
3.													
4.													

	KITCHEN	BATH	TOILET	DINING	BED	BFD	BED	BED	OTHER	TOTAL
OVERCROWDING 85' - 7'										
50 SLEEP'G										
VENTILATION 1/12 x 1 1/2										
LIGHTING										
WIRING										
DET'N WALLS										
CEILINGS										
WINDOWS										
DOORS										
FLOORS										

- KITCHEN SINK & WATER** NO
- SINK _____
- SUPPLY & WASTE _____
- PLB. SEN'L _____
- HEATING**
- STACS. FLUES. VENTS _____
- HT'RS VENTED. REP'R _____
- BATHING FACILITIES**
- SHARED MAX. 4DU 5
- RNG U. 1 PLN 15 _____
- MIN. 7' STDS MT. _____
- VENT'LN _____
- PROPER ACCESS _____
- PLB'G _____
- SANIT'N _____
- TOILET FACILITIES** 5
- SHARED MAX. 2 DU _____
- RNB U FLSH & LAV 1 PER 10 _____
- VENT'LN _____
- PROPER ACCESS _____
- PLB'G _____
- SANIT'N _____
- INFESTATION**
- RATS RI DI I _____
- OTHER (SPECIFY) _____
- EXCESS**
- DUAL YES. NO _____
- OBST'N _____

Remarks

 Portland Health Dept.
 CS-7

 Inspector F. Wood

Photos Yes No

Proj. No.

LS B513

Date 9/19/58

CROWDING	LOCATION <u>194 HIGHL ST</u>	COMP. <u>NO</u>
SANIT.	D.U. LOC.	COND.
INFEST.	OCCUPY	
BASE D.U.	OTHER ASSESS	
DET'N	ADDRESS	YTD

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities				Violations							
			BATH	FLSH	K.SK	H.W.	CK'G							
LOC. RENT FURN. WK. I. RMS		PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K.SK	H.W.	CK'G				
<u>VACANT</u>	<u>ROOM 11</u>	<u>PM</u>	<u>1</u>	<u>2</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>				
2.														
3.														
4.														

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING											
85' - 7'											
50 SLEEP'G	X	X	X								
VENTILATION											
1/12 x 1/2											
LIGHTING											
WIRING											
DET'N											
WALLS											
CEILINGS											
WINDOWS											
DOORS											
FLOORS											

Remarks

RUBBER HOSE ON GAS PLATE

KITCHEN SINK & WATER

SINK UA

SUPPLY & WASTE

PLOG. GEN'L

HEATING

STACKS, FLUES, VENTS

HT'RS VENTED, REP'N

BATHING FACILITIES

SHOWER MAX. 40U

RING U. 1 PER 15

MIN. 7' STOR HT.

VENT'LN

PROPER ACCESS

PLOG

SANIT'N

TOILET FACILITIES

SHARED MAX. 2 OU

RING U. FLSH & LAV 1 PER 10

VENT'LN

PROPER ACCESS

PLOG

SANIT'N

INFESTATION

DATE RI DI E

OTHER (SPECIFY)

EGRESS

DUAL YES NO

DET'N

Portland Health Dept.

CS-7

Inspector T. J. [Signature]

Photos yes no

Proj. No.

WS B573

Date 9/19/56

CROWDING	LOCATION <u>194 HIGH ST</u>	COMP.
SANIT.	D.U. LOC.	PERM.
INFEST.	OCCPNT	
BASE D.U.	OWNER	
OCC'N	ASENT	YES
	ADDRESS	

DWELLING UNIT SCHEDULE

Unit	Occupants	Information	Occupancy	Facilities	Violations												
						LOC.	RENT	FURN.	WK. I.	RMS	PER.	ALL'D	LGRS	HPAT	BATH	FLSH	K.SK
1.	HUTCHINS	Room 12	BR	2	5	1	1	0	0	0	0	0	0	0	0	0	0
2.																	
3.																	
4.																	

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 65' - 7'											
SO SLEEP'G	X	X	X								
VENTILATION 1/12 ± 1/2											
LIGHTING WIRING											
OUT-ER WALLS											
CEILING											
WINDOWS											
DOORS											
FLOORS											

Remarks

Portland
Health Dept.

OS-7

Inspector T. Jones

KITCHEN SINK & WATER

SINK NO

SUPPLY & WASTE

PLB. GR'L

HEATING

STAGES, FLUES, VENTS

HT'GS VENTED, REP'N

BATHING FACILITIES

SHARED MAX. 4DU 5

RME U. 1 PER 15

MIN. 7' STGE HT.

VENT'LN

PROPER ACCESS

PLB'G

SANIT'N

TOILET FACILITIES

SHARED MAX. 2 DU 5

RME U. FLSH & LAV 1 PER 10

VENT'LN

PROPER ACCESS

PLB'G

SANIT'N

INFESTATION

PATS R1 R2 R3

OTHER (SPECIFY)

EGRESS

DUAL YES NO

OBST'N

Photos yes no

Proj. No.

125 B 513

Date 9/19/57

CROWDING	LOCATION	194 HIGH ST	COMP.
SANIT.	R.U. LOC.		PEND.
INFEST.	OCCPNT		
BASE D.U.	OWNER		
DET'N	AGENT		
	ADDRESS		STS

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities								Violations				
			LOC.	RENT	FURN.	WK.I.	RMS	PER.	ALL'D	LGRS		HEAT	BATH	FLSH	K.SK
1. MR. GATCHELL	ROOM 17	25	5	5	1	1	1	4	0	0	0	0	0	0	0
2.															
3.															
4.															

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 65' - 7'					2						
SO SLEEP'G	X	X	X								
VENTILATION 1/12 ± 1/2											
LIGHTING											
WIRING											
DET'N WALLS											
CEILING											
WINDOWS											
DOORS											
FLOORS											

Remarks

KITCHEN SINK & WATER

SINK NO

SUPPLY & WASTE

PLUG, GEN'L

HEATING

STACKS, FLUES, VENTS

HT'NG VENTED, REP'N

BATHING FACILITIES

SHARED MAX. 40U

HWS U. 1 PER 15

WIN. 7" STOK HT.

VENT'LN

PROPER ACCESS

PLS'G

SANIT'N

TOILET FACILITIES

SHARED MAX. 2 CU

HWS U. FLSH & LAV 1 PER 10

VENT'LN

PROPER ACCESS

PLS'G

SANIT'N

INFESTATION

RATS FI DI C

OTHER (SPECIFY)

EGRESS

QUAL YES NO

OBST'N

Portland
Health Dept.

CS-7

Inspector

T. Jones

Photos yes no

Proj. No. C.I. Ass't re Zone Zone Viol

Stories RFM ASDD S AB WSA M MS ST P Com Units Rng Units Dw'l Units

Date 9/19/58

LOCATION	<u>194 HIGH ST</u>	FOUP
OWNER		PEND
AGENT		
OWNER		
AGENT		
OWNER		
AGENT		VTS

Occupants	Information				Occupancy				Facilities				Violations				
	LOC	RENT	FURN	NK I.	MS	PER.	ALLD	LGRS	HEAT	BATH	FLSH	K	SK	H.W	CK'G		
1 MR REID	ROOM 14	35	5	1	1	1	1	1	0	0	0	0	0	0	0		
2 PERSE FLEANDERS	ROOM 15	35	5	1	1	1	1	1	0	0	0	0	0	0			
3 VACANT	ROOM 16	35	5	1	1	1	1	1	0	0	0	0	0	0			
4.																	
5.																	
6.																	
7.																	
8.																	

STRUCTURE RATING

STRUCTURE SCHEDULE

YARD

RUBBAGE & RUBBISH

CONTAINERS COMPLY

DRAINAGE

ZONE VIOL

STRUCTURE EXTERIOR

STEPS, STAIRS, PORCHES

FOUNDATION

WALLS

WINDOWS, DOORS

ROOF, DRAINS

OUT BUILDINGS

INFESTATION

RATS RI O: E

OTHER (SPECIFY)

EGRESS

DUAL YES NO

OBST'N

Remarks _____

Portland Health Dept.

05-8

JANE AS

194 HIGH

STRUCTURE INTERIOR

HALL, OBST'N

HALL LIGHTING

HALL FLOOR WALLS CEILING

STAIRWAYS

WINDOWS, AIRSHAFT

ELECT. WIRING

HEATING CENTRAL YES: NO

STACKS FLUES VENTS

CHIMNEY

EQUIPMENT, REPAIR

PLUMBING

SUPPLY LINE

WASTE LINE

BASEMENT

GEN'L SANIT'N

DAMPNSS RI 0

STAIRS

LIGHTING

BASE DWL UNIT

MIN 7' x 3'

DAMPNSS RI 0

WINDOW 1/12 x 8'

DUAL EGRESS YES: NO

PROHIBITED COMB'N USE

ASSOC. USE HAZARD

HAZARDOUS VENTS

Inspector _____

Photos yes no
 Proj. No.

25 B513

Date 9/19/58

CROWDING	LOCATION	174 HIGHL ST	COMP.
SANIT.	D.U. LOC.		PEND.
INFEST.	OCCUPY		
BASE D.U.	OWNER		
DET'N	ADDRESS		VTS

DWELLING UNIT SCHEDULE

Occupants

Information

Occupancy

Facilities

Violations

NO.	NAME	ROOM	LOC.		RENT		FURN.		WK. I.	RMS	PER.	ALL'D LGRS		HEAT	BATH	FLSH	K.SK	H.W.	CK'G
1	REID	Room 14	25	6	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2.																			
3.																			
4.																			

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 65' - 7'					C						
50 SLEEP'RS	X	X	X								
VENTILATION 1/12 & 1/2											
LIGHTING WIRING											
DET'N WALLS											
CEILING					IX						
WINDOWS											
DOORS											
FLOORS											

Remarks / CRACKED

ROCKER ALSO ON GAS PLATE

KITCHEN SINK & WATER NO

SINK _____

SUPPLY & WASTE _____

PLBG. GEN'L _____

HEATING

STACS. FLUES. VENTS _____

HT'RS VENTED, REP'N _____

BATHING FACILITIES

SHARED MAX. 40U _____

RMS U. 1 PER 15 _____

MIN. 7' STDS HT. _____

VENT'LN _____

PROPER ACCESS _____

PLB'G _____

SANIT'N _____

TOILET FACILITIES S

SHARED MAX. 2 DU _____

RMS U. FLSH & AV 1 PER 10 _____

VENT'LN _____

PROPER ACCESS _____

PLB'G _____

SANIT'N _____

INFESTATION

RATS RI DI E _____

OTHER (SPECIFY) _____

EGRESS

DUAL YES. NO _____

OBST'N _____

Portland Health Dept.
CS-7

Inspector

T. J. Ryan

Photos yes no
Proj. No.

Date 9/19/58

W5 B513

CROWDING	LOCATION <u>194 HIGH ST</u>	COMP.
SANIT.	D.U. LOC.	PEND.
INFEST.	OCCUPY	
BASE D.U.	OWNER	
DET'N	AGENT	
	ADDRESS	YES

DWELLING UNIT SCHEDULE

Occupants

Information

Occupancy

Facilities

Violations

	LOC.	RENT	FURN.	WK. I.	RMS	PER.	AIL'D	LGRS	HEAT	BATH	FLSH	K. SK	H.W.	CK'G
1. <u>PORCH HANDS</u>														
2.														
3.														
4.														

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 45' x 7'										
50 SLEEP'G	X	X	X							
VENTILATION 1/12 & 1/2										
LIGHTING WIRING										
DET'N WALLS										
CEILING						X				
WINDOWS						X				
DOORS										
FLOORS										

KITCHEN SINK & WATER

SINK NO

SUPPLY & WASTE

PLSG. SINK

HEATING

STACKS, FLUES, VENTS

HT'G VENTED, REP'R

BATHING FACILITIES

SHARED MAX. 4DU S

H2O U. 1 PER 15

MIN. 7' STOG HT.

VENT'LN

PROPER ACCESS

PLB'G

SANIT'N

TOILET FACILITIES

SHARED MAX. 2 DU S

H2O U. FLSH & LAV 1 PER 10

VENT'LN

PROPER ACCESS

PLB'G

SANIT'N

INFESTATION

RATS PI DI K

OTHER (SPECIFY)

EGRESS

DUAL YES NO

OBST'N

Remarks 1) CRACKED
2) BROKEN

RUBBER LISSA EP

Portland
Health Dept.
GS-7

Inspector _____

Photos yes no

Proj. No.

Date 9/19/58

45 B512

CROWDING	LOCATION <u>194 HIGH ST</u>	COMP.
SANIT.	D.U. LOC. <u>2RD FRONT</u>	PEND.
INFEST.	OCCUPY	
BASE D.U.	OWNER ALERT	
DET'N	ADDRESS	VTS

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities						Violations				
			KITCHEN	BATH	TOILET	DINING	BED	BED		BED	BED	OTHER	TOTAL
	LOC. RENT FURN. WK. I. RMS	PER. ALL'D LGRS HEAT	BATH FLSH	K.SK	H.W.	CK'G							
1. <u>VACANT</u>	<u>Room 16</u>	<u>25' x 35' x 11'</u>											
2.													
3.													
4.													

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 85' - 7"					<u>2</u>					
50 SLEEP'G	<u>X</u>	<u>X</u>	<u>X</u>							
VENTILATION 1/12 & 1/2										
LIGHTING										
WIRING										
DET'N WALLS										
CEILING					<u>IX</u>					
WINDOWS										
DOORS										
FLOORS										

Remarks 11 CHECKED AND SIGNS OF LEAKAGE

KITCHEN SINK & WATER

SINK NO

SUPPLY & WASTE

PLUG, GEN'L

HEATING

STACES, FLUES, VENTS

HT'RS VENTED, REP'R

BATHING FACILITIES

SHARED MAX. 4DU 2

AVG U. 1 PER 15

MIN. 7' STDS HT.

VENT'LN

PROPER ACCESS

PLB'S

SANIT'N

TOILET FACILITIES

SHARED MAX. 2 DU 5

AVG U FLSH & LAV 1 PER 10

VENT'LN

PROPER ACCESS

PLB'S

SANIT'N

INFESTATION

RATS RI GI E

OTHER (SPECIFY)

EGRESS

DUAL YES NO

DIST'N

Portland Health Dept.
CS-7

Inspector 7 J. J. [Signature]

Copy -

Spellman Vs. Shalit

June 9, 1948

Albert D. Foster, M.D.
Health Doctor

Dear Doctor:

Mrs. Emmett J. Spellman of 194 High St. City telephoned a complaint to this office at 12:15 P.M. on 5/19/48.

I made a call, in person, at above address and talked with Mrs. Spellman this same afternoon and inquired as to the nature of the complaint.

Mrs. Spellman conducted me into a large bedroom of her residence, in which her husband was confined to bed, recuperating from pneumonia. Mrs. Spellman asked me to look out the window of the room and pointed out a bad condition from pigeons on the house next door, 192 High St. owned by Shalit Realty Co. of 180 High St.

Mrs. Spellman continued and told me two Doctors had advised her that this was an unhealthy condition and because of this nuisance she was further inconvenienced being unable to open the windows on this side of the house in the hot weather.

I visited Mr. Shalit at 180 High St., the owner of this property and explained we had received a complaint. Mr. Shalit asked me what we could do about it if he should ignore the complaint. I replied that I had not been thinking along this line but after looking at the property in question I felt that perhaps he was unaware of the damage and depreciation being caused by the birds.

Mr. Shalit agreed with me and asked just what he could do to get rid of the birds and I explained that if he cleaned out the nests and put up some wire cloth he could eliminate all this trouble. Mr. Shalit was receptive and admitted he had not paid usual attention to this property as he had leased it with the stipulation the "Lease Hold" was to make all repairs and consequently had dismissed the maintenance responsibility from his mind.

Mr. Shalit also said that as soon as we got some good weather he thought he would put up some wire cloth, as originally, there had been some there but when he had the house painted the painters did not replace it.

On June 4, 1948 Mrs. Spellman again called this office and seemed more indignant that this situation had not been cleaned up.

I explained my position in the case, relating the foregoing conversation with Mr. Shalit. Mrs. Spellman, however, did not feel that Mr. Shalit would do anything on his own initiative and proceeded to denounce Mr. Shalit and the Health Dept. threatening to go higher up, if necessary, and see that this

(2)

situation was cleaned up.

I explained to Mrs. Spellman that there was nothing in the city Statutes that would back us up to the degree of forcing this issue as far as the Health Dept. was concerned and that this was, for the present, a case of neighborly cooperation and we would welcome the authority to remedy complaints of this nature as they were not infrequent.

Respectfully Submitted

Sanitary Inspector

City of Portland

Health Department

Housing Inspection Division

STRUCTURE INSPECTION SCHEDULE

1) Insp. Name GOUGH

JOHN

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.
1/22/77	NCP	WE	46 B	7430	900	211	3	3	115
12) House No.	13) Sec. H. No.	14) Suff.	15) Direct.	16) Street Name	17) St. Design.				
194-196-198				HIGH	STREET				
18) Owner or Agent: <u>ROBERT ANDERSON</u>								19) Status	20) Bldg's Rat.
21) Address: <u>194-196-198 HIGH STREET</u>								00	3
22) City and State: <u>PORTLAND ME</u>								Zip Code:	
23) D. Units	24) Occ. D. U. 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) C. Bs
11	3	0	0	7	0	DE	2+3	BR	NO
33) C. H.	34) Photo	35) Zoned For	36) Actual Land Use	37) D. D.	38) Lks. Ad. Bth. Fac.	39) Disp.	40) Closing Date		
NO	WO	R-S	R-S		(Yes)	No			

Viol. No.	Remedy	Cond.	Violation Description	Fl. No.	Loc.	Room Type	Area Type	Resp. Party	Code Sect. Viol.	Viol. Rem. Date
1	PU	NO	BRICKS		OA		FO	2	3A	
2	RH	PE	PAINT		OA		TRIM	2	3A	
3*	DE	LE			OA		RO	2	3A	
4	RE	HI	BALUSTERS AT 194 & 196	1123	FR/RE	HA'S	SR'S	2	3D	
5*	RE	BR	GLASS	1123	FRM	HA	DO'S	2	3C	
6	RR/RE	LO/MI	GUTTERS & DOWNSPOUTS		OA		EA'S	2	3A	
7	PU	LO	BRICKS		EXT	CH'S		2	3E	
8	RR	BR				BU	DO	2	3D	
9*	PR		DUAL EGRESS 198 HIGH ST					2	10-2	
10*	RR	IN	LIGHT FIXTURES 194 & 196 HIGH ST	1123	FR/RE	HA'S	CL'S	2	3E	
11	RR	BR	FLOORBOARDS 194 & 196 HIGH ST	1123	FR/RE	HA'S		2	3D	
12	RR/RE	BR/MI	PLASTER 194 & 196 HIGH ST	1123	FR/RE	HA'S	CL'S	2	3B	
13*	RE	BR	GLOSS 194 & 196 HIGH ST	1123	FR/RE	HA'S	WI'S	2	3C	
14	RE	BR	TREADS & RISERS 194 & 196 HIGH ST	112	FR/RE	HA'S	SR'S	2	3D	

City of Portland

Health Department

Housing Inspection Division

DWELLING UNIT SCHEDULE

1) INSP. Date

04 22 77

2) INSP.

3

3) FORM NO.

4

(

5

194 HIGH

4) TENANT'S NAME

VACANT

5) Flr. #

FR

6) Location

DU

7) Rmg. Tp.

3

8) #Rms.

0

9) #Peo

5

10) #All'd

1

11) Slp. Rms.

12) Child Under 10

13) Child 1-6

14) +Lead Survey- Results

15) Rent

16) Rent Code

17) Furn. NO

18) Heat NO

19) Hot Water NO

20) Dual Egress YES

21) Ck'ng NO

22) Lav. PL

23) Bath PB

24) Flush PE

Viol. No.

Remedy

Cond.

Violation

Location

Room Type

Area Type

Resp. Party

Code Sect. Violated

Violation Rem. - Date

26

RE

MI

PLASTER

K/LI/BA
BE

CLWA'S

2

3B

21*

RE

BR

GLASS

K/LI/BA
BE

WI'S

2

3C

22*

RR

IN

LIGHT FIXTURE

K/LI/BA
BE

CL'S

2

8E

27

RR

BR

SINK

K.I.

2

6D

24

RR

BR

TANK TOILET

BA

TOILET

2

6D

25

PR

MI

LAVATORY

BA

2

6D

26

RR

BR

SUPPLY LINES

BA

TUB

2

6C

City of Portland

Health Department

Housing Inspection Division

DWELLING UNIT SCHEDULE

1) INSP. Date

04 22 77

2) INSP.

3 4 15

3) FORM NO.

194 HIGH ST

4) TENANT'S NAME

VACANT

5) Flr. # 6) Location 7) Rmg. Tp. 8) #Rms. 9) #Peo. 10) #All'd 11) Slp. Rms.

1-2 RE DU 4 0 6 2

12) Child Under 10 13) Child 1-6 14) +Lead Survey Results 15) Rent 16) Rent Code 17) Furn. 18) Heat 19) Hot Water 20) Dual Egress 21) Ck'ng 22) Lav. 23) Bath 24) Flush

NO NO NO YES NO PL PB PE

Viol. No.	Remedy	Cond.	Violation	Location	Room Type	Area Type	Resp. Party	Code Sect. Violated	Violation Rem. - Date
36	RE	MI	PLASTER	1	KI/KI/BA	CL'S/WA'S	2	3D	
37 *	RR	BR	GLASS	1	KI/W/BA	WI'S	2	3C	
38 *	RR	BR	LIGHT FIXTURE	1	KI/W/BA	CL'S	2	8E	
39	RR	BR	SINK	1	KI		2	6D	
40	RR	WE	SUPPLY LINES	1	KI	SINK	2	6C	
41	RR	BR		1	BA	DO	2	3B	
42	RR	MI	TOILET	1	BA		2	6D	
43	RR	BR	LAVATORY & TUB	1	BA		2	6D	
44	RR	WE	SUPPLY LINES	1	BA	SI/TUB LAV	2	6C	
45	RE	MI	PLASTER	2	FR/RE BE	CL'S/WA'S	2	3B	
46 *	RE	BR	GLASS	2	FR/RE BE	WI'S	2	3C	
47 *	RR	W	LIGHT FIXTURE	2	FR/RE BE	CL'S	2	8E	
48	RR	BR	PANELS & FRAMES	2	FR/RE BE	DO'S	2	3D	

City of Portland

Health Department

Housing Inspection Division

DWELLING UNIT SCHEDULE

1) INSP. Date

04 22 77

1941164

2) INSP.

3

3) FORM NO.

4 C 5

4) TENANT'S NAME

VACANT

5) Flr. #

3

6) Location

0A

7) Rm. Tp.

DU

8) #Rms.

3

9) #Peo.

0

10) #All'd

5

11) Slp. Rms.

1

12) Child Under 10

13) Child 1-6

14) +Lead Survey Results

15) Rent

16) Rent Code

17) Furn.

18) Heat

19) Hot Water

20) Dual Egress

21) Ck'ng

22) Lav.

23) Bath

24) Flush

Viol. No.

Remedy

Cond.

Violation

Location

Room Type

Area Type

Resp. Party

Code Sect. Violated

Violation Rem. - Date

49

RE

MI

PLASTER

KI/LI/BA
BE

CL/WA'S

2

3B

50*

RE

BR

GLASS

KI/LI/BA
BE

WI'S

2

3C

51*

RR

IN

LIGHT FIXTURES

KI/LI/BA

CL

2

8E

52

RR

BR

SINK

KI

2

6D

53

RR

BR

SUPPLY LINES

KI/BA

2

6C

54

PR

MI

LAVATORY

BA

2

6D

55

RR

BR

TUB

BA

2

6D

City of Portland

Health Department

Housing Inspection Division

DWELLING UNIT SCHEDULE

1) INSP. Date

04 21 77

196 High

2) INSP.

3

3) FORM NO.

4 6 5

4) TENANT'S NAME

VACANT

5) Flr.#

1

6) Location

FR

7) Rm. Tp.

DU

8) #Rms.

3

9) #Peo

1

10) #All'd

5

11) Slp. Rms.

1

12) Child
Under 1013) Child
1-614) +Lead Survey
Results

15) Rent

16) Rent
Code

17) Furn.

18) Heat

19) Hot
Water20) Dual
Egress

21) Ck'ng

22) Lav.

23) Bath

24) Flush

NO

NO

YES

NO

PL

NO

NO

Viol.
No.

Remedy

Cond.

Violation

Location

Room
TypeArea
TypeResp.
PartyCode Sect.
ViolatedViolation
Rem. - Date

56

RE

MI

PLASTER

KI/CA/KI

CL/WA'S

2

3B

57

RE

BR

GLASS

KI/BA/KI

WI'S

2

3C

58

RR

IU

LIGHT FIXTURES

KI/BA/KI

CL

2

8E

59

RE

MI

BATHTUB & LAVATORY

BA

2

6D

60

RE

MI

SINK

KI

2

6D

City of Portland

Health Department

Housing Inspection Division

DWELLING UNIT SCHEDULE

1) INSP. Date

04 21 77

2) INSP.

3) FORM NO.

4 C 5

4) TENANT'S NAME

VACANT

5) Flr. #

2

6) Location

FR

7) Rmg. Tp.

DU

8) #Rms.

3

9) #Peo.

0

10) #All'd

5

11) Slp. Rms.

1

12) Child Under 10

13) Child 1-6

14) +Lead Survey Results

15) Rent

16) Rent Code

17) Furn.

18) Heat

19) Hot Water

20) Dual Egress

21) Ck'ng

22) Lav.

23) Bath

24) Flush

NO

NO

YES

NO

NO

NO

NO

PF

Viol. No.

Remedy

Cond.

Violation

Location

Room Type

Area Type

Resp. Party

Code Sect. Violated

Violation Rem. - Date

61

RE

MI

PLASTER

KI/LI/BA

CL/WA'S

2

3B

62

RE

BR

GLASS

KI/LI/BA

WI'S

2

3C

63

RR

BR

LIGHT FIXTURES

KI/LI/BA

CLS

2

8E

64

RR

DAMAGED

PANELS & FRAMES

KI

DU

2

3B

65

PR

MI

SINK

KI

2

6D

66

RE

BR

TANK

BA

2

6D

67

RR

CRKD LE

LAVATORY

BA

2

6D

68

RR

LE

BATHTUB

BA

2

6D

69

RR

BR

HOT WATER SUPPLY LINES

BA

2

6C

City of Portland

Health Department

Housing Inspection Division

DWELLING UNIT SCHEDULE

1) INSP. Date

04 21 77

2) INSP.

3

3) FORM NO.

465

4) TENANT'S NAME

VACANT

5) Flr. #

3

6) Location

0A

7) Rmg. Tp.

DU

8) #Rms.

3

9) #Peo

0

10) #All'd

5

11) Slip. Rms.

1

12) Child Under 10

13) Child 1-6

14) +Lead Survey Results

15) Rent

16) Rent Code

17) Furn.

18) Heat

19) Hot Water

20) Dual Egress

21) Ck'ng

22) Lav.

23) Bath

24) Flush

NO

Viol. No.

Remedy

Cond.

Violation

Location

Room Type

Area Type

Resp. Party

Code Sect. Violated

Violation Rem. - Date

80

RE

HI

PLASTER

KI/LI/BA

CL/WAS

2

3B

81

RE

BR

GRASS

KI/LI/BA

LW'S

2

3C

82

RR

IU

LIGHT FIXTURE

KI/LI/BA

CL

2

8E

83

RR

BR

HOT WATER SUPPLY LINES

KI

SINK

2

6D

84

RR

DAM

FLOOR BOARDS

BA

2

3B

85

RR

BR

TOILET TANK

BA

2

6D

86

RR

CRKD

LAVATORY

BA

2

6D

87

RR

BR

SUPPLY LINES

BA

TUB

2

6D

City of Portland

Health Department

Housing Inspection Division

DWELLING UNIT SCHEDULE

1) INSP.

42077

198 High

2) INSP.

3

3) FORM NO.

465

4) TENANT'S NAME

WM KITTREDGE

5) Flr. #

1

6) Location

SA

7) Rmg. To.

DU

8) #Rms.

3

9) #Peo.

15

10) #All'd

1

11) Slp. Rms.

1

12) Child Under 10

13) Child 1-6

14) +Lead Survey Results

15) Rent

16) Rent Code

17) Furn.

18) Heat

19) Hot Water

20) Dual Egress

21) Ck'ng

22) Lav.

23) Bath

24) Flush

165

M6

N/O

LE

LE

YES

LE

P

P

P

Viol. No.

Remedy

Cond.

Violation

Location

Room Type

Area Type

Resp. Party

Code Sect. Violated

Violation Rem. - Date

OK

City of Portland

Health Department

Housing Inspection Division

DWELLING UNIT SCHEDULE

1) INSP. Date

4 20 77

2) INSP.

3

3) FORM NO.

4 C 5

4) TENANT'S NAME

MIKE CULLEN

5) Flr. #

2

6) Location

OA

7) Rmg. Tp.

DU

8) #Rms.

3

9) #Peo

1

10) #All'd

5

11) Slip. Rms.

1

12) Child Under 10

13) Child 1-5

14) +Lead Survey Results

15) Rent

16) Rent Code

17) Furn.

18) Heat

19) Hot Water

20) Dual Egress

21) Ck'ng

22) Lav.

23) Bath

24) Flush

165

MO

YES

LE

LE

V

LE

P

P

P

Viol. No.

Remedy

Cond.

Violation

Location

Room Type

Area Type

Resp. Party

Code Sect. Violated

Violation Rem. - Date

88

RR

LO

SASHES

L1

W1

2

3-C

89

PU

FIRE PLACE BRICKS

L1

2

4-E

90

"

" " "

RE

BE

2

"

