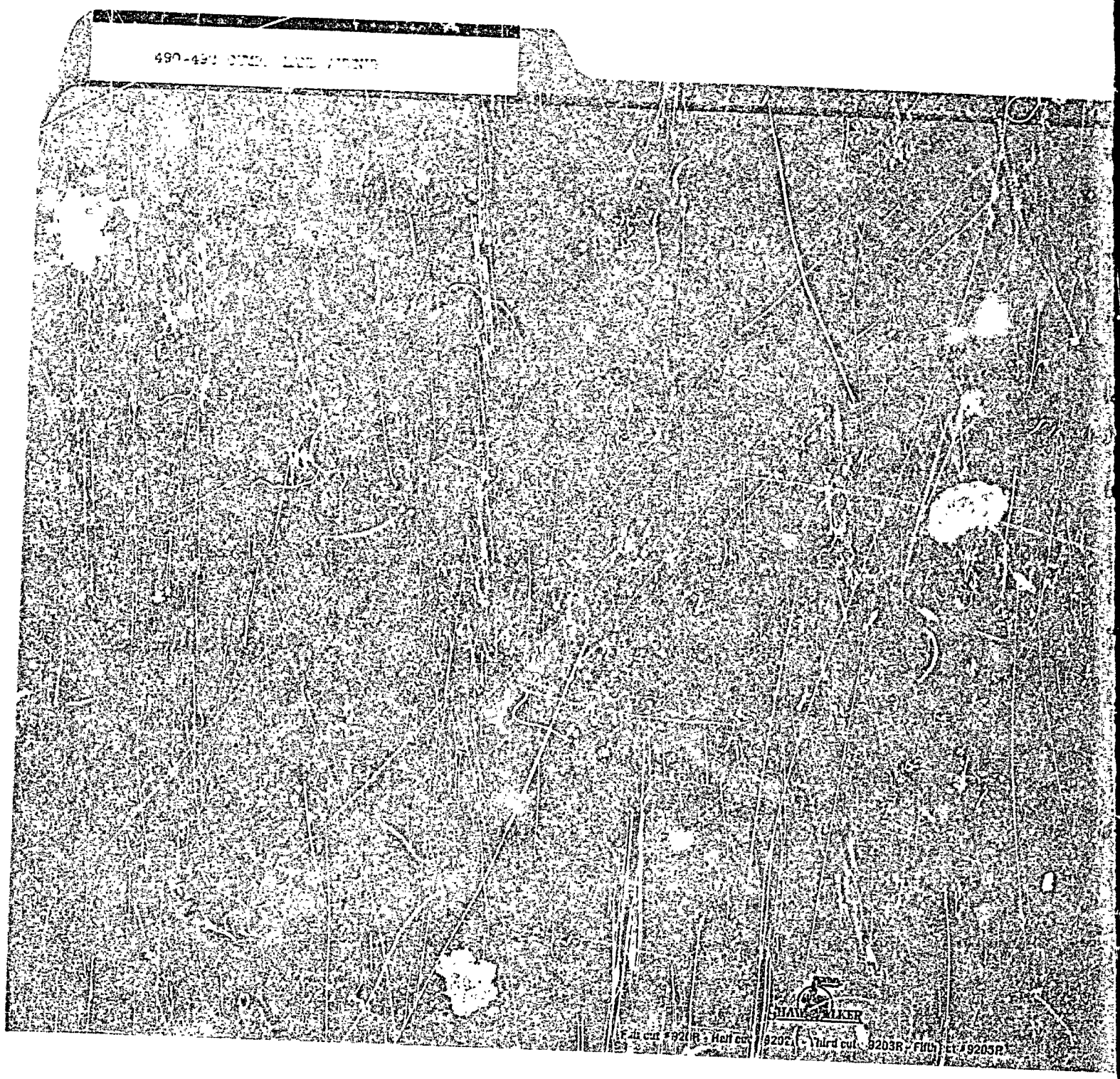


490-490 0702 1102 170207



2nd cut 821R - Half cut 8202 (1st cut) 8203R - Full cut 8205R

CITY OF PORTLAND  
HEALTH DEPARTMENT  
HOUSING DIVISION



Loc. 492 Cumberland Ave.  
Loc. w/1 S  
Bldg. Fire Elec Other  
Issued November 18, 1957  
Expires January 22, 1958

Fetty Loftus  
492 Cumberland Ave., Portland, Maine.

Dear Sir: Oct. 29, 1957

On \_\_\_\_\_ an examination was made of the premises located at \_\_\_\_\_ 492 Cumberland Ave. Portland, Me.

Non-compliance with the ordinances relating to housing conditions was found as detailed below.

In accordance with the provisions of the above ordinance, you are hereby ordered to correct these defects according to specifications within the time limits allowed. Failure to comply with this notice will necessitate legal action.

Some repairs or improvements required will necessitate permits which are to be obtained from the Building Inspector, Health, Fire or other City Departments. These must be obtained before the work is started.

If any additional information is desired, visit or telephone the Housing Supervisor at this Office, telephone 4-1431, extension 226. Kindly notify this office as soon as all corrections have been completed.

Very truly yours,  
Edward W. Colby, M.D.  
Health Director

By \_\_\_\_\_  
Housing Supervisor

**VIOLATIONS & SPECIFICATIONS**

## Responsibility of Owner or Agent      \*\* Responsibility of Occupant

## STRUCTURAL REPAIRS

Repair or replace all worn, loose and hazardous parts of the structure as follows:

- a) Repair or replace the dilapidated hazardous steps on the front porch.
- b) Repair and replace the loose bricks on the foundation of the structure.
- c) Repair or replace the loose sculding at the top of the foundation on left side.
- d) Putty the loose windows on the 2nd and 3rd floors, and replace broken window in 2F
- e) Determine the cause and remedy the condition which now causes the roof to leak causing cracked and missing plaster in rooms on 3rd floor front, and hallway.
- f) Repair or replace the loose, cracked and missing plaster of 3rd fl. front & hallway, on both the ceilings and walls, and cracked ceilings in 2nd fl. front
- g) Repair or replace the rotted threshold and the door knob on the bulkhead.

## ELECTRICAL REPAIRS

- a) Disconnect and do not connect again the extension cord now unlafully passing through the window to the hall outlet in the 2nd. fl. front apt.
- b) Install convenience outlets in all rooms where there is a dangerous excessive use of extension cords. Particular attention is directed to the bedroom of the 2nd. fl. front. apt.

## NUISANCES & INSESTANT CONDITIONS.

- a) Accomplish a general cleanup of the cellar by removing and properly disposing of all trash, litter and debris.

The above mentioned conditions are in violation of the City Ordinances, MINIMUM TENANT HIGHEST OCCUPANCY DENSITY ACT CITY OF PORTLAND and must be corrected on or before January 26, 1958

Y.M.M.



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, January 7, 1953

PETRO... 1000385... JAN 7 1953 CITY...

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 492 Cumberland Ave., Use of Building dwelling No. Stories 2 1/2 NEW Building Existing
Name and address of owner of appliance Patrick Loftus, 492 Cumberland Ave.,
Installer's name and address Peterson Oil Co., 384 Cumberland Ave., Telephone

General Description of Work

To install oil burning equipment in connection with existing steam heat (replacement)

IF HEATER, OR POWER BOILER

Location of appliance Any burnable material in floor surface or beneath?
If so, how protected? Kind of fuel?
Minimum distance to burnable material, from top of appliance or ceiling top of furnace
From top of smoke pipe From front of appliance From sides or back of appliance
Size of chimney flue Other connections to same
If gas fired, how vented? Rated maximum demand per hour
Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion?

IF OIL BURNER

Name and type of burner York Heat Labelled by underwriter's laboratories? yes
Will operator be always in attendance? Does oil supply line feed from top or bottom of tank? bottom
Type of floor beneath burner cement
Location of oil storage basement Number and capacity of tanks 1-275 gal.
If two 275-gallon tanks, will three-way valve be provided?
Will all tanks be more than five feet from any flame? yes How many tanks fire proofed?
Total capacity of any existing storage tanks for furnace burners none

IF COOKING APPLIANCE

Location of appliance Any burnable material in floor surface or beneath?
If so, how protected? Kind of fuel?
Minimum distance to wood or combustible material from top of appliance
From front of appliance From sides and back From top of smokepipe
Size of chimney flue Other connections to same flue
Is hood to be provided? If so, how vented? Forced or gravity?
If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

Automatic low water cut off to be provided.

Amount of fee enclosed? 2.00 (\$2.00 for one heater, etc., 50 cents additional for each additional heater, etc., in same building at same time.)

APPROVED:

Handwritten signature and initials

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

Peterson Oil Co.,

Signature of Installer

Handwritten signature of installer

INSPECTION COPY

Handwritten initials

- 1 Fill Pipe
- 2 Vent Pipe
- 3 Kind of Heat
- 4 Burner (Sizing & Supports)
- 5 Name & Label
- 6
- 7 High Limit Control
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16

NOTES

1st & 2nd Floor  
 1st & 2nd floor central furnace  
 1st floor

Permit No. 58/36  
 Location 492 Cumberland Ave.  
 Owner Patrick & Patricia  
 Date of permit 1/7/53  
 Approved [Signature]

1-171

<p>17 Instruction Panel <input checked="" type="checkbox"/></p> <p>18 <input checked="" type="checkbox"/></p> <p>19 <input checked="" type="checkbox"/></p> <p>20 <input checked="" type="checkbox"/></p> <p>21 <input checked="" type="checkbox"/></p> <p>22 <input checked="" type="checkbox"/></p> <p>23 <input checked="" type="checkbox"/></p> <p>24 <input checked="" type="checkbox"/></p> <p>25 <input checked="" type="checkbox"/></p> <p>26 <input checked="" type="checkbox"/></p> <p>27 <input checked="" type="checkbox"/></p> <p>28 <input checked="" type="checkbox"/></p> <p>29 <input checked="" type="checkbox"/></p> <p>30 <input checked="" type="checkbox"/></p> <p>31 <input checked="" type="checkbox"/></p> <p>32 <input checked="" type="checkbox"/></p> <p>33 <input checked="" type="checkbox"/></p> <p>34 <input checked="" type="checkbox"/></p> <p>35 <input checked="" type="checkbox"/></p> <p>36 <input checked="" type="checkbox"/></p> <p>37 <input checked="" type="checkbox"/></p> <p>38 <input checked="" type="checkbox"/></p> <p>39 <input checked="" type="checkbox"/></p> <p>40 <input checked="" type="checkbox"/></p> <p>41 <input checked="" type="checkbox"/></p> <p>42 <input checked="" type="checkbox"/></p> <p>43 <input checked="" type="checkbox"/></p> <p>44 <input checked="" type="checkbox"/></p> <p>45 <input checked="" type="checkbox"/></p> <p>46 <input checked="" type="checkbox"/></p> <p>47 <input checked="" type="checkbox"/></p> <p>48 <input checked="" type="checkbox"/></p> <p>49 <input checked="" type="checkbox"/></p> <p>50 <input checked="" type="checkbox"/></p>	<p>51 <input checked="" type="checkbox"/></p> <p>52 <input checked="" type="checkbox"/></p> <p>53 <input checked="" type="checkbox"/></p> <p>54 <input checked="" type="checkbox"/></p> <p>55 <input checked="" type="checkbox"/></p> <p>56 <input checked="" type="checkbox"/></p> <p>57 <input checked="" type="checkbox"/></p> <p>58 <input checked="" type="checkbox"/></p> <p>59 <input checked="" type="checkbox"/></p> <p>60 <input checked="" type="checkbox"/></p> <p>61 <input checked="" type="checkbox"/></p> <p>62 <input checked="" type="checkbox"/></p> <p>63 <input checked="" type="checkbox"/></p> <p>64 <input checked="" type="checkbox"/></p> <p>65 <input checked="" type="checkbox"/></p> <p>66 <input checked="" type="checkbox"/></p> <p>67 <input checked="" type="checkbox"/></p> <p>68 <input checked="" type="checkbox"/></p> <p>69 <input checked="" type="checkbox"/></p> <p>70 <input checked="" type="checkbox"/></p> <p>71 <input checked="" type="checkbox"/></p> <p>72 <input checked="" type="checkbox"/></p> <p>73 <input checked="" type="checkbox"/></p> <p>74 <input checked="" type="checkbox"/></p> <p>75 <input checked="" type="checkbox"/></p> <p>76 <input checked="" type="checkbox"/></p> <p>77 <input checked="" type="checkbox"/></p> <p>78 <input checked="" type="checkbox"/></p> <p>79 <input checked="" type="checkbox"/></p> <p>80 <input checked="" type="checkbox"/></p>
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(A) APARTMENT HOUSE ZONE

Complaint No. C-49-133

Location 492 Cumberland Ave.

Date Received 8/10/49

Date Disposed of

NOTES

SURVEY AND INVESTIGATION OF TENEMENT AND LODGING HOUSES  
QUESTIONABLE AS TO LEGAL AND SAFE USE

1. Location 492 5th St. etc. Date investigation commenced 7/10/49
2. References: Complaints \_\_\_\_\_ Appl. \_\_\_\_\_ Inq. \_\_\_\_\_
3. Present Owner and Address Betty Leffler, 492 5th St. etc.
4. Present Lessee and Address \_\_\_\_\_
5. Building Permit Record: 1917 self business

Assessors' Record

6. Survey 1924: Owner Suzan Caley : No. tenants 2  
No. rooms \_\_\_\_\_; Class of Use Dwelling
7. Assessors' change record since 1924 \_\_\_\_\_

8. Change of Owners, 1924 to date 1924 Susan C. Caley; 1930 Katherine B. Ball; 1939 Martha J. Leary; 1945 1947; G. Leffler

9. City Directory Record

1926 <u>Suzan Caley</u>	1936 <u>Suzan Caley</u>
1927 " "	1937 " "
1928 " "	1938 " "
1929 " + <u>Paul Dennis O'Brien</u>	1939 " "
1930 <u>Edwin W. Baker</u>	1940 " "
1931 " "	1941 " "
1932 <u>John J. McCann</u> <sup>Mrs. Lina</sup> <sub>McCart</sub>	1942 " "
1933 " "	1943 <u>Miss Olga Leffler, Lodging</u>
1934 <u>Mrs. Aloncia M. Lybenton</u>	1944 " "
<u>cc, C. Stone</u>	1945 " "

10. Miscellaneous 946

Rent Control - Lodging house 10/27/42 - Leffler

Conclusions and Action

This property has been changed into lodging house in 1935. No permits.



FILL IN AND SIGN WITH INK  
**APPLICATION FOR PERMIT FOR  
 HEATING, COOKING OR POWER EQUIPMENT**

PERMIT NO. 002105  
 FEB 3 1947

Portland, Maine, February 1, 1947

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 492 Cumberland Ave. Use of Building Dwelling No. Stories  New Building  
 Existing  
 Name and address of owner of appliance Patrick Loftus, 492 Cumberland Ave.  
 Installer's name and address Randall & McAllister, 84 Commercial St. Telephone 3-2941

**General Description of Work**

To install oil burning equipment in connection with existing steam heat

**IF HEATER, OR POWER BOILER**

Location of appliance or source of heat Type of floor beneath appliance  
 If wood, how protected? Kind of fuel  
 Minimum distance to wood or combustible material, from top of appliance or casing top of furnace  
 From top of smoke pipe From front of appliance From sides or back of appliance  
 Size of chimney flue Other connections to same flue  
 If gas fired, how vented? Rated maximum demand per hour

**IF OIL BURNER**

Name and type of burner Tinken Labelled by underwriters' laboratories?  Yes  
 Will operator be always in attendance? Does oil supply line feed from top or bottom of tank? bottom  
 Type of floor beneath burner concrete  
 Location of oil storage basement Number and capacity of tanks 1-275 gal.  
 If two 275-gallon tanks, will three-way valve be provided?  
 Will all tanks be more than five feet from any flame?  Yes How many tanks fire proofed?

**IF COOKING APPLIANCE**

Location of appliance Kind of fuel Type of floor beneath appliance  
 If wood, how protected?  
 Minimum distance to wood or combustible material from top of appliance:  
 From front of appliance From sides and back From top of smokepipe  
 Size of chimney flue Other connections to same flue  
 Is hood to be provided? If so, how vented?  
 If gas fired, how vented? Rated maximum demand per hour

**MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION**

Amount of fee enclosed? 1.00 (\$1.00 for one heater, etc., 50 cents additional for each additional heater, etc., in same building at same time.)

APPROVED: *OK 2-1-47 Pmg*

Will there be in charge of the above work competent to see that the State and City requirements pertaining thereto are observed?  Yes

Randall & McAllister

Signature of Installer

By:

*Richard Riley*

INSPECTION COPY

Permit No. 47/195  
Location 452 Cumberland Ave.  
Owner Patrick Loftis  
Date of permit 2/3/43  
Approved 2-15-47 MM

NOTES

- 1. Fill Pipe
- 2. Vent Pipe
- 3. Flue  5 feet
- 4. Chimney Head & Support
- 5. ...
- 6. ...
- 7. High Limit Control
- 8. ...
- 9. Piping Support & Protection
- 10. Valves in Pipe
- 11. Capacity of Tank
- 12. Particularity Support

