

53 Bramhall Street 41-E-3

LONGF SQ 1



*File*

November 23, 1971

Mr. Norman Gerrish  
53 Bramhall Street  
Portland, Maine 04102

Dear Mr. Gerrish:

Re: 53 Bramhall Street

Your property has been surveyed by the Portland Housing Division and has met Minimum Code Standards. Congratulations are extended to you for the general condition of your property. Good maintenance is the best way to preserve the useful life of your property and neighborhood.

If we can be of further help, please feel free to call on us.

Sincerely yours,

*L. D. Noyes / PK*  
Lyle D. Noyes  
Chief of Housing Inspections

Inspector *Anthony J. Alvino*

LDN:gg







Photos  yes  no

Date 11-7-71

Proj. No.  C.I. LONGFELLOW Ass'rs  Zone  Zone Viol

Stories  IKEM  ASMO  SAR  NS  NA  ASST P Com. Units  Rmg Units  Dwl. Units 2

LOCATION	<u>53 Beanhall St</u>	COMP.	
OWNER		PEND.	
AGENT	<u>Norman Beside</u>		
OWNER			
AGENT	<u>same</u>		
OWNER			
AGENT	<u>Paul Me</u>		
		VTS	

Occupants	Information			Occupancy				Facilities				Violations			
	LOC.	RENT	FURN.	WK. I.	RMS	PER.	ALL'D	LGRS	HEAT	BATH	FLSH		K.	SK	H.W.
1.															
2.															
3.															
4.															
5.															
6.															
7.															
8.															

### STRUCTURE SCHEDULE

STRUCTURE RATING **SFD**

**YARD**

GARBAGE & RUBBISH

CONTAINERS COMPLY

DRAINAGE

ZONE VIOL.

**STRUCTURE EXTERIOR**

STEPS, STAIRS, PORCHES

FOUNDATION

WALLS

WINDOWS, DOORS

ROOF, DRAINS

OUT BUILDINGS

**INFESTATION**

RATS  R.  O.  I.

OTHER (SPECIFY)

**EGRESS**

DUAL  YES,  NO

OBST'N

**OK**

**STRUCTURE INTERIOR**

WALL, OBST'N

WALL, LIGHTING

WALL, 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  R.  O.

STAIRS

LIGHTING

**BASE DWL. UNIT**

MIN 7' - 3'

DAMPNSS  R.  O. 3 more

WINDOW 1/12 X 8"

DUAL EGRESS  YES,  NO

**PROHIBITED COMB'N USE**

SPEC. USE HAZARD

HALARDOUS VENTS

Remarks

Portland Health Dept.

CS-8

Inspector 900

LDN/9-71

DWELLING UNIT

Location 53 Bramhall  
D.U. Location Single House  
Occupant Norman Dorris

Inspector AOO Date 11-7-71  
Project Name/No. 8-1-5 Photos Yes No  
Allowed 8

Rent	Furn.	Wkly. Inc.	Rooms	Bath	Flush	Lavatory	Hot Water	Cooking	Dual Egress	Heat	
			5	N/A/S	N/A/S		Y	40	(Yes) No	40	
KITCHEN						CODE	BATHROOM				CODE
<input checked="" type="checkbox"/> Plaster - L,C,M - Ceiling/Walls						3(b)	<input checked="" type="checkbox"/> Plaster - L,C,M - Ceiling/Walls				3(b)
<input checked="" type="checkbox"/> Windows - loose, broken glass, glaze						3(c)	<input checked="" type="checkbox"/> Window - l or e, broken glass, glaze				3(c)
<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn						3(c)	<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn				3(c)
<input checked="" type="checkbox"/> Floor - loose, worn, dam., buckled						3(b)	<input checked="" type="checkbox"/> Floor - loose, worn, dam., buckled				3(b)
<input checked="" type="checkbox"/> Doors - Knob/Ik - missing - Panels/Frames dam.						3(b)	<input checked="" type="checkbox"/> Door - Knob/Ik - missing - Panels/Frames dam.				3(b)
<input checked="" type="checkbox"/> Counter/Stor. Space Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						-	<input checked="" type="checkbox"/> Toilet - Tnk - brkn, loose, leaks, Seat, l'se, crkd.				6(d)
<input checked="" type="checkbox"/> Sink - chipped, cracked, leaks						6(d)	<input checked="" type="checkbox"/> Lavatory - chipped, crkd, leaks, trap leaks				6(d)
<input checked="" type="checkbox"/> Range - improper stack, flue, vent						3(e)	<input checked="" type="checkbox"/> Bathtub/Shower - leaks, cross con.				6(d)
<input checked="" type="checkbox"/> Refrigerator Space Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						-	<input checked="" type="checkbox"/> Ventilation Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				7
<input checked="" type="checkbox"/> Plumbing (a) 6(a) Water Supply Hot <input checked="" type="checkbox"/> Cold <input checked="" type="checkbox"/>						6(c)	<input checked="" type="checkbox"/> Plumbing (b) 6(a) Water Supply Hot <input checked="" type="checkbox"/> Cold <input checked="" type="checkbox"/>				6(c)
<input checked="" type="checkbox"/> Electrical (a)							<input checked="" type="checkbox"/> Electrical (b)				
<input checked="" type="checkbox"/> Sanitation (a)							<input checked="" type="checkbox"/> Sanitation (b)				
LIVING ROOM						CODE	DINING ROOM				CODE
<input checked="" type="checkbox"/> Plaster - L,C,M - Ceiling/Walls						3(b)	<input checked="" type="checkbox"/> Plaster - L,C,M - Ceiling/Walls				3(b)
<input checked="" type="checkbox"/> Windows - loose, broken, glaze						3(c)	<input checked="" type="checkbox"/> Windows - loose, broken, glaze				3(c)
<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn						3(c)	<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn				3(c)
<input checked="" type="checkbox"/> Floor - loose, worn, damaged						3(b)	<input checked="" type="checkbox"/> Floor - loose, worn, damaged				3(b)
<input checked="" type="checkbox"/> Door - Knob/Ik - missing - Panels/Frames dam.						3(b)	<input checked="" type="checkbox"/> Doors - Knobs/Ik - missing - Panels/Frames dam.				3(b)
<input checked="" type="checkbox"/> Electrical (c)							<input checked="" type="checkbox"/> Electrical (d)				
<input checked="" type="checkbox"/> Sanitation (c)							<input checked="" type="checkbox"/> Sanitation (d)				
Bedrooms and/or Other Rooms											
							<input checked="" type="checkbox"/> Plaster - L,C,M - Ceilings/Walls				CODE
							<input checked="" type="checkbox"/> Windows - Loose, broken, glaze				3(b)
							<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn				3(c)
							<input checked="" type="checkbox"/> Floors - loose, worn, damaged				3(c)
							<input checked="" type="checkbox"/> Door - knobs/Ik - missing - Panels/Frames dam.				3(b)
							<input checked="" type="checkbox"/> Electrical (e)				3(b)
							<input checked="" type="checkbox"/> Sanitation (e)				
							<input checked="" type="checkbox"/> Clothes Closet Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

Plumbing  Electrical  Sanitation - Vermin  O R

OK

REMARKS:

