

299 Brackett Street
301

LONGFELLOW



585087

X
✓
January 5, 1979

Ms. Pamela Rogers
440 Forest Avenue
Portland, Maine 04101

Dear Ms. Rogers Re: 299-301 Brackett Street, Portland, Maine NCP-WE
54-F-35

Your property has been surveyed by the Housing Inspections Division, of this department, 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.

In order to aid in the preservation of Portland's existing housing inventory, it shall be the policy of this department to inspect each residential building at least once every five years. Although a property is subject to re-inspection at any time during the said five year period, the next regular inspection of this property is scheduled for January 1984.

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

Sincerely yours,
Joseph E. Gray, Jr., Director
Neighborhood Conservation

By 
Lyle D. Noyes,
Chief of Housing Inspections

Inspector 
M. Leary

City of Portland

NEIGHBORHOOD CONSERVATION
Check Off Sheet
STRUCTURE INSPECTION SCHEDULE

Housing Inspection Division
2) Insp. Name M. Leahy

Standard First Inspection

2) Insp. Date	3) Insp. Type	4) Proj. Code	5) Assr's: Chart	6) Bl.	7) Lot	8) Censds: Tract	9) Blk.	10) Insp.	11) Form No.
1-2-79	NCP	West 44	54	1	35			12	121015
12) Hous No.	13) Sec. H. No.	14) Suff.	15) Direct	16) Street Name		17) St. Design.		18) Owner or Agent:	
229	301			Rackett		Street		Mr. Ronald Vincent	
21) Address:		94 Park Avenue		775 Pamela Rogers		19) Status		20) E.	
				440 Forest Ave		ABO		1	
				City 04101					
22) City and State:		Portland, Maine				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) O. B's
6	9					Semi-D	3	Wod	1
33) C.H.	34) Pho.	35) Zoned For	36) Actual Land Use	37) D. D.	38) Lks. Ad. Bth. Fac.	39) Disp.	40) Closing Date		
Yes	Yes	R-3	R-3		Yes No				
EXTERIOR Structure				Cd. Viol.	INTERIOR - Structure				
Foundation	EX/FO	✓	3a		Light	LI	✓	8	
Walls	EX/WA	✓	3a		Elec. Wiring	EW	✓	8e	
Roof	RO	✓	3a		Floors	FL	✓	3b	
Perch	PO	✓	3d		Walls	IN/WA	✓	3b	
Stairs	EX/SR	✓	3d		Ceilings	CE	✓	3b	
Steps	SP	✓	3d		Windows	IN/WI	✓	3c	
Doors	DO	✓	3c		Airshafts	AS	✓	3c	
Windows	EX/WI	✓	3c		Roof Rafters	ROR	✓	3a	
Eaves	EA	✓	3a		Sanitation	SAN	✓	4e	
Trim	TR	✓	3a		Stairways	IN/SRW	✓	3d	
Chimney	EX/CH	✓	3e		Stair Treads	SRT	✓	3d	
Gutters	GU	✓	3a		Wastelines	WSL	✓	6d	
Roof Drains	RD	✓	3a		Supply Lines	SUL	✓	6e	
Bulkhead	BU	✓	3d		Stacks	ST	✓	3e	
Outbuildings	GR - SH	✓	4e		Flues	FU	✓	3e	
Yard	YA	✓	4d		Vents	VE	✓	3e	
Garbage	GA	✓	4d		Chimney	IN/Ch	✓	9c	
Rubbish	RU	✓	4d		Heating Equip. Furnace - FU	Spaceheater - SPH	✓	4b	
Containers	CO	✓	4d		Bsmt. Sanitation Litter - LI	Debris - DE	✓	3a	
Drainage	DR	✓	3a		Dampness - DM		✓	8c	
Infestation	IN-CR-FL	✓	4e		Lighting	BS/LI	✓	8e	
Rats	RA	✓	4e		Elec. Panel	EL/PA	✓	3d	
Other		✓	4e		Stairs	ES/SR	✓	3a	
Fire Escape	FE	✓	10		Foundation	IN/FO	✓	3a	
Dual Egress	DE	✓	10		Floor Joists	FL/JO	✓	3a	
Driveways	DW	✓			Carrying Timbers	CA/TI	✓	3a	
Walks	WA	✓			Sills	SI	✓	5f	
Fences	FN	✓			Bsmt. D. U. Conforms BDU				

Remarks on reverse side

City of Portland

Health Department
DWELLING UNIT SCHEDULE

Housing Inspection Division

INSP DATE

12 21 71

INSP

FORM NO.

12 209

OK 1st Inspection

FLR.# LOCATION RMG.TP. #RMS. #PEO. #ALL'D SLRRM.
1 LE DU 5 2 75 1

TENANTS NAME

LUCILLE M^c KENZIE

Child Un.10 Child 1-6 + Lead Survey - Results Rent Rent Code Furn Hot Water Dual Egrs. Ck'ng. Heat Lav. Bath Flush
NO YES YES LG F.O.F. PL PB PB

KITCHEN
 Plaster - L, C, M, - Ceiling/Walls
 Windows - loose, broken glass, glaze
 Sash/Frames - broken, missing, worn
 Floor - loose, worn, dam., buckled
 Doors - Knob/lk - missing - Panels/Frames dam.
 Counter/Stor. Space Yes No
 Sink - chipped, cracked, leaks
 Range - improper stack, flue, vent
 Refrigerator Space Yes No
 Plumbing (a) 6(a) Water Supply Hot Cold
 Electrical (a)
 Sanitation (a)

BATHROOM
 Plaster - L, C, M - Ceiling/Walls
 Window - loose, broken glass, glaze
 Sash/Frames - broken, missing, worn
 Floor - loose, worn, dam., buckled
 Door - knob/lk - missing - Panels/Frames dam.
 Toilet - Tnk - brkn, loose, leaks, Seat, 1'se crkd.
 Lavatory - chipped, crkd, leaks, trap leaks
 Bathtub/Shower - leaks cross connection
 Ventilation Yes No
 Plumbing (b) 6(a) Water Supply Hot Cold
 Electrical (b)
 Sanitation (b)

LIVING ROOM
 Plaster - L, C, M, - Ceiling/Walls
 Windows - loose, broken, glaze
 Sash/Frames - broken, missing, worn
 Floor - loose, worn, damaged
 Door - knob/lk - missing - Panels/Frames dam.
 Electrical (c)
 Sanitation (c)

DINING ROOM
 Plaster - L, C, M - Ceiling/Walls
 Windows - loose, broken, glaze
 Sash/Frames - broken, missing, worn
 Floor - loose, worn, damaged
 Doors - Knobs/lk - missing, Panels/Frames dam.
 Electrical (d)
 Sanitation (d)

Bedrooms and/or other rooms

Plaster - L, C, M - Ceiling/Walls
 Windows - Loose, broken, glaze
 Sash/Frames - broken, missing, worn
 Floors - loose, worn, damaged
 Door - knobs/lk - missing - Panels/Frames dam.
 Electrical (e)
 Sanitation (e)
 Clothes Closet Yes No
 Sanitation - Vermin O R

Plumbing Electrical

REMARKS:

City of Portland

Health Department
DWELLING UNIT SCHEDULE

Housing Inspection Division

INSP DATE

7/2/79

OK 1st Inspection

INSP

FORM NO.

72-20A

TENANTS NAME										FLR.#	LOCATION	RMG.TP.	#RMS.	#PEO.	#ALL'D	SLRM.
PAMELA HODGDON										2	LE DU	3	2	4	1	

Child Un.10	Child 1-6	+ Lead Survey - Results	Rent	Rent Code	Furn	Hot Water	Dual Egrs.	Ck'ng.	Heat	Lav.	Bath	Flush
					NO	YES	YES	LE	F OFF	PL	PB	PIE

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 - loose, 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/lk - missing - Panels/Frames dam.	3(b)	<input checked="" type="checkbox"/> Door - knob/lk - missing - Panels/Frames dam.	3(b)
<input checked="" type="checkbox"/> Counter/Stor. Space Yes <u>No</u>	-	<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 connection	6(d)
<input checked="" type="checkbox"/> Refrigerator Space Yes <u>No</u>	-	<input checked="" type="checkbox"/> Ventilation Yes <u>No</u>	7
<input checked="" type="checkbox"/> Plumbing (a) 6(a) Water Supply Hot <u>Cold</u>	6(c)	<input checked="" type="checkbox"/> Plumbing (b) 6(a) Water Supply Hot <u>Cold</u>	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 - ioose, 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/lk - missing - Panels/Frames dam.	3(b)	<input checked="" type="checkbox"/> Doors - Knobs/lk - 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	Code
<input type="checkbox"/> Plaster - L, C, M - Ceiling/Walls	3(b)
<input type="checkbox"/> Windows - Loose, broken, glaze	3(c)
<input type="checkbox"/> Sash/Frames - broken, missing, worn	3(c)
<input type="checkbox"/> Floors - loose, worn, damaged	3(b)
<input type="checkbox"/> Door - knobs/lk - missing - Panels/Frames dam.	3(b)
<input type="checkbox"/> Electrical (e)	
<input type="checkbox"/> Sanitation (e)	
<input type="checkbox"/> Clothes Closet Yes <u>No</u>	

Plumbing	Electrical	Sanitation - Vermin O R
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REMARKS:

City of Portland

Health Department
DWELLING UNIT SCHEDULE

Housing Inspection Division

INSP DATE

7/2/29

OK 1st Inspection

INSP

FORM NO.

7 200

TENANTS NAME VAVIANT FLR.# 2 LOCATON R1 RMG.TP. DU #RMS. 3 #PEO. 0 #ALL'D 44 SLRRM. 1

Child Un.10	Child 1-6	+ Lead Survey - Results	Rent	Rent Code	Furn	Hot Water	Dual Egrs.	Ck'ng.	Heat	Lav.	Bath	Flush
					LU	YES	YES	LE	1-0FF	PL	PB	PL

KITCHEN	CODE	BATHROOM	CODE
(X) Plaster - L, C, M, - Ceiling/Walls	3(b)	(X) Plaster - L, C, M - Ceiling/Walls	3(b)
(X) Windows - loose, broken glass, glaze	3(c)	(X) Window - loose, broken glass, glaze	3(c)
(X) Sash/Frames - broken, missing, worn	3(c)	(X) Sash/Frames - broken, missing, worn	3(c)
(X) Floor - loose, worn, dam., buckled	3(b)	(X) Floor - loose, worn, dam., buckled	3(b)
(X) Doors - Knob/lk - missing - Panels/Frames dam.	3(b)	(X) Door - knob/lk - missing - Panels/Frames dam.	3(b)
(X) Counter/Stor. Space Yes <u>No</u>	-	(X) Toilet - Tnk - brkn, loose, leaks, Seat, l'se crkd	6(d)
(X) Sink - chipped, cracked, leaks	6(d)	(X) Lavatory - chipped, crkd, leaks, trap leaks	6(d)
(X) Range - improper stack, flue, vent	3(e)	(X) Bathtub/Shower - leaks cross connection	6(d)
(X) Refrigerator Space Yes <u>No</u>	-	(X) Ventilation Yes <u>No</u>	7
(X) Plumbing (a) 6(a) Water Supply Hot <u>Cold</u>	6(c)	(X) Plumbing (b) 6(a) Water Supply Hot <u>Gold</u>	6(c)
(X) Electrical (a)		(X) Electrical (b)	
(X) Sanitation (a)		(X) Sanitation (b)	
LIVING ROOM	CODE	DINING ROOM	CODE
(X) Plaster - L, C, M, - Ceiling/Walls	3(b)	(X) Plaster - L, C, M - Ceiling/Walls	3(b)
(X) Windows - loose, broken, glaze	3(c)	(X) Windows - loose, broken, glaze	3(c)
(X) Sash/Frames - broken, missing, worn	3(c)	(X) Sash/Frames - broken, missing, worn	3(c)
(X) Floor - loose, worn, damaged	3(b)	(X) Floor - loose, worn, damaged	3(b)
(X) Door - knob/lk - missing - Panels/Frames dam.	3(b)	(X) Doors - Knobs/lk - missing, Panels/Frames dam.	3(b)
(X) Electrical (c)		(X) Electrical (d)	
(X) Sanitation (c)		(X) Sanitation (d)	
Bedrooms and/or other rooms			Code
		() Plaster - L, C, M - Ceiling/Walls	3(b)
		() Windows - Loose, broken, glaze	3(c)
		() Sash/Frames - broken, missing, worn	3(c)
		() Floors - loose, worn, damaged	3(b)
		() Door - knobs/lk - missing - Panels/Frames dam.	3(b)
		() Electrical (e)	
		() Sanitation (e)	
		() Clothes Closet Yes <u>No</u>	
Plumbing	Electrical	Sanitation - Vermin 0 R	

REMARKS:

City of Portland

Health Department
DWELLING UNIT SCHEDULE

Housing Inspection Division

INSP DATE

7 2 79

Ok 1st Inspection

INSP

7 2 2011

FORM NO.

TENANTS NAME

ARTHUR MORCAV

FLR.# LOCATION RMG.TP. #RMS. #PEO. #ALL'D SLRRM.

3 LE DU 3 1 4 1/2

Child Un. 10	Child 1 - 6	+ Lead Survey - Results	Rent	Rent Code	Furn	Hot Water	Dual Egrs.	Ck'ng.	Heat	Lav.	Bath	Flush
					NO	YES	YES	LE	F-OFF	PL	PB	PF

KITCHEN	CODE	BATHROOM	CODE
(X) Plaster - L, C, M, - Ceiling/Walls	3(b)	(X) Plaster - L, C, M - Ceiling/Walls	3(b)
(X) Windows - loose, broken glass, glaze	3(c)	(X) Window - loose, broken glass, glaze	3(c)
(X) Sash/Frames - broken, missing, worn	3(c)	(X) Sash/Frames - broken, missing, worn	3(c)
(X) Floor - loose, worn, dam., buckled	3(b)	(X) Floor - loose, worn, dam., buckled	3(b)
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(X) Sink - chipped, cracked, leaks	6(d)	(X) Lavatory - chipped, crkd, leaks, trap leaks	6(d)
(X) Range - improper stack, flue, vent	3(e)	(X) Bathtub/Shower - leaks cross connection	6(d)
(X) Refrigerator Space Yes <u>No</u>	-	(X) Ventilation Yes <u>No</u>	7
(X) Plumbing (a) 6(a) Water Supply Hot <u>Leold</u>	6(c)	(X) Plumbing (b) 6(a) Water Supply Hot <u>Leold</u>	6(c)
(X) Electrical (a)		(X) Electrical (b)	
(X) Sanitation (a)		(X) Sanitation (b)	

LIVING ROOM	CODE	DINING ROOM	CODE
(X) Plaster - L, C, M, - Ceiling/Walls	3(b)	(X) Plaster - L, C, M - Ceiling/Walls	3(b)
(X) Windows - loose, broken, glaze	3(c)	(X) Windows - loose, broken, glaze	3(c)
(X) Sash/Frames - broken, missing, worn	3(c)	(X) Sash/Frames - broken, missing, worn	3(c)
(X) Floor - loose, worn, damaged	3(b)	(X) Floor - loose, worn, damaged	3(b)
(X) Door - knob/lk - missing - Panels/Frames dam.	3(b)	(X) Doors - Knobs/lk - missing, Panels/Frames dam.	3(b)
(X) Electrical (c)		(X) Electrical (d)	
(X) Sanitation (c)		(X) Sanitation (d)	

Bedrooms and/or other rooms	Code
() Plaster - L, C, M - Ceiling/Walls	3(b)
() Windows - Loose, broken, glaze	3(c)
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() Floors - loose, worn, damaged	3(b)
() Door - knobs/lk - missing - Panels/Frames dam.	3(b)
() Electrical (e)	
() Sanitation (e)	
() Clothes Closet Yes No	

Plumbing	Electrical	Sanitation - Vermin O R
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REMARKS:

X
January 5, 1979

~~Mr. Ronald Vincent~~ *Ms. Pamela Rogers*
~~24 Park Avenue~~ *440 Forest Ave*
Portland, Maine 04101 *04101*

Dear Mr. Vincent Re: 299-301 Brackett Street, Portland, Maine NCIWest End
54-W-35

Your property has been surveyed by the Housing Inspections Division, of this department, 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.

In order to aid in the preservation of Portland's existing housing inventory, it shall be the policy of this department to inspect each residential building at least once every five years. Although a property is subject to re-inspection at any time during the said five year period, the next regular inspection of this property is scheduled for January 1984.

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

Sincerely yours,
Joseph E. Gray, Jr., Director
Neighborhood Conservation

By *Lyle D. Moyes*
Lyle D. Moyes,
Chief of Housing Inspections

Inspector *M. Leary*
M. Leary

CITY OF PORTLAND - HEALTH DEPARTMENT
LEAD POISONING and LEAD BASE PAINT DETECTION PROGRAM

Address: 299 Brackett Street Date: 1-16-75
 D.U. Location: First Fl. Right Owner: Roland H. Johnston
 Occupant: Donald Cannell Owner's Address: 377 Bridgton Road, Westbrook 04092
 Children: 4 Ages: 8, 7, 3 and 3 wks Project Area: _____
 Referred By: PHN Chittick Patient's Name: Bernard Harmon
 Building Type: _____ Building Condition: Good No. D.U.: 6

DIGITAL ANALYZER (LEAD DETECTOR) READINGS Mg/cm²

388
Feb 1975

INTERIOR ROOMS:	Kitchen	Bath	Living	Dining	Front Bd#1	Lcm Bd#2	Ler Bd#3	Bd#4	Pantry Other
W. Sills	23.3	14.3	25.3		34.2				21.1
Doors	42.2	30.3	38.4		33.7	35.2	27.5		
Walls	29.8	Neg.							19.0
M. Board	19.3		27.6		35.1	32.8	18.7		
Cabinets									
Furniture									
Floor Other			5.9			2.8			
COMMON AREAS:	Hall	Stair	F.Porch	R.Porch	Entry	Other	Other	Other	Other
Steps									
Rails									
Doors									
Walls									
Other									

THE AREAS ABOVE CONTAIN A HIGH CONCENTRATION OF LEAD BASED PAINT (OVER 2.0 mg/cm²). THESE AREAS MUST BE DETOXIFIED, ON OR BEFORE FEBRUARY 20, 1975

Comments: IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE DO NOT HESITATE TO CALL THIS OFFICE.

Housing Inspector: D. Phipps

Health Dept. - Housing Division - 775-5451
Ext. 448

PORTLAND HEALTH DEPARTMENT - NURSING DIVISION - HOUSING INSPECTIONS DIVISION - LABORATORY

CITY OF PORTLAND - HEALTH DEPARTMENT
LEAD POISONING and LEAD BASE PAINT DETECTION PROGRAM

Address: 299 Brackett Street Date: 1-16-75
 D.U. Location: First Fl. Right Owner: Roland H. Johnston
 Occupant: Donald Cannell Owner's Address: 377 Bridgton Road, Westbrook
 Children: 4 Ages: 8,7,3 and 3 yrs. Project Area: 04092
 Referred By: PHN Chittick Patient's Name: Bernard Harmon
 Building Type: SDE Building Condition Good No. D.U.: 6

DIGITAL ANALYZER (LEAD DETECTOR) READINGS Mg/cm²

INTERIOR ROOMS:	Kitchen	Bath	Living	Dining	Front Bd#1	Lem Bd#2	Ler Bd#3	Bd#4	Pantry Other
W. Sills	23.3	14.3	25.3		34.2				21.1
Doors	42.2	30.3	38.4		33.7	35.2	27.5		
Walls	29.8	Neg.							19.0
M. Board	19.3		27.6		35.1	32.8	18.7		
Cabinets									
Furniture									
Floor Other			5.9			2.8			
COMMON AREAS:	Hall	Stair	F.Porch	R.Porch	Entry	Other	Other	Other	Other
Steps									
Rails									
Doors									
Walls									
Other									

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Housing Inspector: D. Phipps
D. Phipps

Health Dept. - Housing Division - 775-5451
Ext. 448

PORTLAND HEALTH DEPARTMENT - NURSING DIVISION - HOUSING INSPECTIONS DIVISION - LABORATORY

PS Form 3811, Nov. 1973

RETURN RECEIPT REGISTERED, INSURED AND CERTIFIED MAIL

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

1. The following service is requested (check one):

Show to whom and date delivered: 15¢

Show to whom, date, & address of delivery: 35¢

DELIVER ONLY TO ADDRESSEE and show to whom and date delivered: 65¢

DELIVER ONLY TO ADDRESSEE and show to whom, date, and address of delivery: 85¢

2. ARTICLE ADDRESSED TO:

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	121716	

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE: *Barbara J. [Signature]*

4. DATE OF DELIVERY: *1/22/75*

5. ADDRESS (Complete only if requested):

6. UNABLE TO DELIVER BECAUSE:

CLERK'S INITIALS:

CERTIFICATE

OF

COMPLIANCE

April 10, 1973

CITY OF PORTLAND
Health Department - Housing Division
Tel. 775-5451 Ext 226
Mr. Roland Johnson
377 Bridgton Road
Westbrook, Maine 04092

Re: Premises located at 299-301 Brackett Street, Portland, Maine

Dear Mr. Johnson:

A re-inspection of the premises noted above was made on April 9, 1973
by Housing Inspector Brasier, of the Health Department.

This is to certify that you have complied with our request to correct the violations
of the Municipal Codes relating to housing conditions described in our "Notice of
Housing Conditions" dated November 2, 1971.

Thank you for your cooperation and your efforts to help us maintain decent, safe and
sanitary housing for all Portland residents.

Sincerely yours,

Arthur A. Hughson, CPH, MPH
Health Director

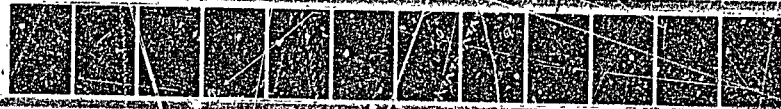
By *Wyle D. Royce*
Chief of Housing Inspections

Inspector
CW

Jeffrey V. Brown

299-301 BRACKETT ST

Housing



C 30
BSL

NOTICE OF HOUSING CONDITIONS

CITY OF PORTLAND, MAINE

Department of Planning & Urban Development
Inspection Services Division
Tel. 775-5451 - Ext. 311 - 318 - 319

Peter & Mary Rogers
440 Forest Avenue
Portland, Maine 04102

DU 6

CH. 54 BLK. F LOT 35

LOCATION: 299-301 Brackett St.

PROJECT: NCP-WE
ISSUED: April 19, 1984
EXPIRES: June 19, 1984

Dear Mr. & Mrs. Rogers:

You are hereby notified, as owner or agent, that an inspection was made of the premises at 299-301 Brackett Street by Code Enforcement Officer Arthur Rowe. Violations of Article V of the Municipal Ordinance (Housing Code) were found as described in detail on the attached "Housing Inspection Report".

In accordance with the provisions of the above-mentioned Code, you are hereby ordered to correct those defects on or before June 19, 1984. 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 re-inspection within the time set forth above, will anticipate that the premises have been brought into compliance with the Housing Code Standards.

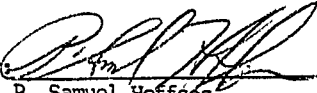
Please Note: You should consult the Inspection Services Division to insure that any corrective action you undertake complies with the building, plumbing, electrical, zoning and any other Article of the City Code.


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.

Very truly yours,

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

By: 
P. Samuel Hoffes
Chief of Inspection Services


Code Enforcement Officer - Arthur Rowe (8)

Attachments:

jmr

HOUSING INSPECTION REPORT

OWNER: Peter & Mary Rogers

LOCATION: 299-301 Brackett St. 54-F-35 WE

CODE ENFORCEMENT OFFICER: Arthur Rowe (8)

HOUSING CONDITIONS DATED: April 19, 1984 , EXPIRES: June 19, 1984

ITEMS LISTED BELOW ARE IN VIOLATION OF ARTICLE V OF THE MUNICIPAL CODES, "HOUSING CODE",
AND MUST BE CORRECTED ON OR BEFORE THE EXPIRATION DATE.

1. FRONT & REAR HALL - stairs - missing handrails.
2. SECOND FLOOR FRONT - storm window - broken.

SEC. (S)

108-4

108-3

THIRD FLOOR - APARTMENT #3 (301)
Not available at time of inspection.

SECOND FLOOR - APARTMENT #2 (301)
3. KITCHEN - wall - inoperative outlet.

112

NOTE: At the time of the survey, we were unable to gain access to the Third Floor Apartment #3 (301 Brackett). We suggest that if there are any conditions which need correcting in this apartment, that you make the repairs while doing the work on the rest of the structure.

City of Portland

INSPECTION SERVICES DIVISION

Housing Inspection

DWELLING UNIT SCHEDULE

2) INSP. ST

3) FORM NO.

1) INSP. DATE

2/13/87

5) Flr # 301

6) location Apt 3

7) Rmg. To Dec

8) #Rms 4

9) #Poc 2

10) #A11's

11) Slip 2

3) TENANT'S NAME

8

12) Child Under 10

13) Child 1-6

14)

15) Rent

16) Rent Code

17) Furn.

18) Heat

19) Hot Water

20) Dual Egress

21) Cling

22) Lav

23) Bath

24) Flus

Viol No

Remedy

Cond

Violation

Location

Room Type

Type

Resp Party

Code Sect Violated

Violation Rem Date

not accessible

City of Portland

INSPECTION SERVICES DIVISION

Housing Inspection

DWELLING UNIT SCHEDULE

1) INSP DATE

2/13/84

2) INSP

8

3) FORM NO

4) TENANT'S NAME

Morton

299

5) Flr #

3

6) Location

3 DU

7) Rm. Tp

5

8) #Rms

3

9) #Peo

3

10) #All'd

3

11) #Inj

3

12) Child Under 10

13) Child 1-6

14)

15) Rent

16) Rent Code

17) Furn

18) Heat

19) Hot Water

20) Dual Egress

21) CK'ng

22) Lay

23) Bath

24) Flu

Viol No

Remedy

Cond

Violation

off Location

off Room Type

4 Area Type

2 Resp Party

Code Violated

Seet

Violation

Rem. Date

Standard

City of Portland

INSPECTION SERVICES DIVISION

Housing Inspection

DWELLING UNIT SCHEDULE

1) INSP. DATE: 2/12/84
2) INSP. #: 8
3) FORM NO.:
5) FILE #: 299
6) Location: 1
7) Rmg. Tp.: Apt 1 on
8) #Rms: 4
9) #Poc: 3
10) #All'd: 2
11) Slt:
12) Child Under 10: 1-6
13) Child 1-6:
14) Rent:
15) Rent Code:
16) Rent Code:
17) Furn:
18) Heat: off
19) Hot Water: off
20) Dual Egress: 4
21) Clng: el
22) Lav:
23) Bath:
24) Flus:
Viol No. Remedy Cond. Violation Location Type Party Code Sect Violated Rem. Date

Standard

City of Portland

INSPECTION SERVICES DIVISION

Housing Inspection

DWELLING UNIT SCHEDULE

1) INSP. DATE

2/13/04

2) INSP.

8

3) FORM NO

4) TENANT'S NAME

Mr. Kuznetsov

5) Flr #

301

6) Location

Appt 1

7) Rmg. Tp

Du

8) #Rms

4

9) #Peo.

3

10) #All'g.

2

11) Slip

2

12) Child Under 10

13) Child 1-6

14)

15) Rent

16) Rent Code

17) Furn.

18) Heat

19) Hot Water

20) Dual Egress

21) Clng

22) Lav

23) Bath

24) Flu

Viol No

Remedy

Cond.

Violation

Location

Room Type

Area Type

Resp Party

Code Sect Violated

Violat

Rem. Date

Sublet

City of Portland

INSPECTION SERVICES DIVISION

Housing Inspection

DWELLING UNIT SCHEDULE

1) INSP. DATE				2) INSP.				3) FORM NO.				
2/13/84				294				8				
4) TENANT'S NAME				5) Flr #	6) Location	7) Rmg. To	8) #Rms	9) #Peo	10) #All'd	11) Slip		
L. Blake				2	Bas 2	DH	4	2		2		
12) Child Under 10	13) Child 1-6	14)	15) Rent	16) Rent Code	17) Furn	18) Heat	19) Hot Water	20) Dual Egress	21) Ck'ng	22) Lav	23) Bath	24) Fire
						SA	SA	Y	el	SA	SA	SA
Viol No	Remedy	Cond.	Violation									
			Struct									

BB
BSL

CERTIFICATE
OF
COMPLIANCE

DATE: May 9, 1984

DU: 6

CITY OF PORTLAND

Department of Planning & Urban Development
Housing Inspections Division
Telephone: 775-5451 - Extension 311 - 318

Peter & Mary Rogers
440 Forest Avenue
Portland, Maine 04102

Re: Premises located at 299-301 Brackett St. 54-F-35 WE

Dear Mr. & Mrs. Rogers:

A re-inspection of the premises noted above was made on May 4, 1984
by Code Enforcement Officer Arthur Rowe.

This is to certify that you have complied with our request to correct the violation of
the Municipal Codes relating to housing conditions as described in our "Notice of Housing
Conditions" dated April 19, 1984.

Thank you for your cooperation and your efforts to help us maintain decent, safe and
sanitary housing for all Portland residents.

In order to aid in the preservation of Portland's existing housing
inventory, it shall be the policy of this department to inspect each
residential building at least once every five years. Although a
property is subject to re-inspection at any time during the said
five-year period, the next regular inspection of this property is
scheduled for May 1989.

Sincerely yours,

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

By John E. Vandolostek
Asst. P. Samuel Hoffses,
Chief of Inspection Services

Arthur Rowe
Code Enforcement Officer - Arthur Rowe (8)

jmr

NOTICE OF HOUSING CONDITIONS

CITY OF PORTLAND, MAINE

Department of Planning & Urban Development
Inspection Services Division
Tel. 775-5451 - Ext. 311 - 318 - 319

Peter & Mary Rogers
440 Forest Avenue
Portland, Maine 04102

DU 6

CH. 54 BLK. F LOT 35

LOCATION: 299-301 Brackett St.

PROJECT: NCP-WE
ISSUED: April 19, 1984
EXPIRES: June 19, 1984

Dear Mr. & Mrs. Rogers:

You are hereby notified, as owner or agent, that an inspection was made of the premises at 299-301 Brackett Street by Code Enforcement Officer Arthur Rowe. Violations of Article V of the Municipal Ordinance (Housing Code) were found as described in detail on the attached "Housing Inspection Report".

In accordance with the provisions of the above-mentioned Code, you are hereby ordered to correct those defects on or before June 19, 1984. 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 re-inspection within the time set forth above, will anticipate that the premises have been brought into compliance with the Housing Code Standards.

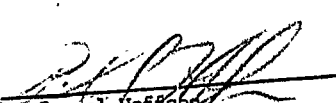
Please Note: You should consult the inspection Services Division to insure that any corrective action you undertake complies with the building, plumbing, electrical, zoning and any other Article of the City Code.

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Very truly yours,

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

By: 
P. Samuel Hoffes
Chief of Inspection Services


Code Enforcement Officer Arthur Rowe (8)

Attachments

jmr

HOUSING INSPECTION REPORT

OWNER: Peter & Mary Rogers

LOCATION: 299-301 Brackett St. 54-F-35 WE

CODE ENFORCEMENT OFFICER: Arthur Rowe (8)

HOUSING CONDITIONS DATED: April 19, 1984 EXPIRES: June 19, 1984

ITEMS LISTED BELOW ARE IN VIOLATION OF ARTICLE V OF THE MUNICIPAL CODES, "HOUSING CODE",
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1. ~~FRONT & REAR HALL - stairs missing handrails.~~
2. ~~SECOND FLOOR FRONT - storm window - broken.~~

~~THIRD FLOOR - APARTMENT #3 (301) -~~
NOT available at time of inspection.

- ~~SECOND FLOOR - APARTMENT #2 (301) -~~
3. ~~KITCHEN - wall - inoperative outlet.~~

SEC. (S)

108-4
108-3

113

NOTE: At the time of the survey, we were unable to gain access to the Third Floor Apartment #3 (301 Brackett). We suggest that if there are any conditions which need correcting in this apartment, that you make the repairs while doing the work on the rest of the structure.

C. J. J.



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

August 13, 1984

Mr. Peter Rogers
440 Forest Avenue
Portland, Maine 04101

OK
MJ
DATE *8-27-84*

Re: 301 Brackett Street --Apr. #2, 2nd. Fl.

Dear Mr. Rogers:

We recently received a complaint and an inspection was made by Code Enforcement Officer Merlin Leary of the property owned by you at 301 Brackett St., Apt. #2, 2nd. Fl., Portland, Maine. As a result of the inspection, you are hereby ordered to correct the following substandard housing conditions:

- ~~1. KITCHEN & BEDROOM - ceilings (closet) - buckled tiles. 108-2~~
- ~~2. KITCHEN & BEDROOM - ceilings - loose plaster. 108-2~~
- ~~3. HALL - ceiling - loose light fixture. 113-5~~

The above mentioned conditions are in violation of Article V of the Municipal Code of the City of Portland, Maine, and must be corrected on or before Sept. 13, 1984.

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

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

[Signature]
By _____
P. Samuel Hoffses
Chief of Inspection Services

Code Enforcement Officer - Merlin Leary (5)

jmr

REINSPECTION RECOMMENDATIONS

LOCATION 301 Brackett St
 PROJECT NDP
 OWNER Peter Rogers

INSPECTOR LEZLY

NOTICE OF HOUSING CONDITIONS		HEARING NOTICE		FINAL NOTICE	
Issued	Expired	Issued	Expired	Issued	Expired
<u>8-13-84</u>	<u>9-13-84</u>				

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

DATE	ALL VIOLATIONS HAVE BEEN CORRECTED _____ "POSTING RELEASE" _____ Send "CERTIFICATE OF COMPLIANCE" _____
	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 "LEGAL ACTION" To Be Taken _____

8-14-84 INSPECTOR'S REMARKS: Mr Rogers called the office & informed us that Modern Pest Control terminated the premises. I contacted them & they said they wanted the entire building. All violations corrected.

8-24-84

INSTRUCTIONS TO INSPECTOR: _____



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

August 13, 1984

Mr. Peter Rogers
440 Forest Avenue
Portland, Maine 04101

Re: 301 Brackett Street - Apr. #2, 2nd. Fl.

Dear Mr. Rogers:

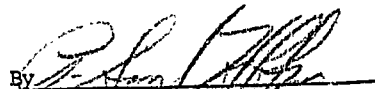
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Sincerely yours,
Joseph E. Gray, Jr., Director of
Planning & Urban Development


P. Samuel Hoffses
Chief of Inspection Services

Code Enforcement Officer - Merlin Leary (5)

jmr

City of Portland, Maine

REQUEST FOR SERVICE

INSPECTION SERVICES DIVISION

DATE RECEIVED 8-1-84		BY Joyce		DISTRICT Merle Leary	
NAME OF REQUESTOR David Scott Trask-774-7718			ADDRESS		
NAME OF OWNER Peter Rogers			ADDRESS 440 Forest Ave		
ADDRESS SERVICE REQUESTED AT 301 Bracket St, Apt. # 2, 2nd fl.					
CONDITIONS: Mice, Pull ceilings falling, windows loose and rotten. Please call in morn. for appoint.					
COMMENTS: Buckled tiles in kitchen & living bedroom Loose light fixture in the hall/ceiling					
SPECIAL INSTRUCTIONS: Send a letter of defects. M & S					
ENVIRONMENT:		HOUSING		BUILDING	
ROUTINE	URGENT	SPECIAL	REPORT TO	BY DATE	

INSPECTOR'S COPY