

92 Carleton Street 55-6-6-23

LONGF SQ 1





CITY OF PORTLAND

JOSEPH E. GRAY, JR.
DIRECTOR OF PLANNING
AND URBAN DEVELOPMENT

March 24, 1983

Mr. Reuben Katz
47 Woodmont Street
Portland, Maine 04102

DU: 6

Re: 92 Carleton Street 55-G-6 NDP

The Housing Inspections Division of the Department of Planning & Urban Development has recently completed an overall inspection of your property.

Congratulations are extended to you for the general condition of your property which was found to meet the standards established by the City's Housing Code.

Good maintenance is the best way to protect the value of your property and neighborhood.

Please feel free to call on us if we can be of assistance to you.

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

By Lyle D. Hoyes
Lyle D. Hoyes
Inspection Services Division

M. Leary
Code Enforcement Officer - M. Leary (5)

Jar

City of Portland

Check Off Sheet
STRUCTURE INSPECTION SCHEDULE

Housing Inspection Division

1) Insp. Name LEAHY

2) Insp. Date 3-17-67 3) Insp. Type NCP 4) Proj. Code 1100 5) Assr.'s: Chart 55 E 6 6) Bl. 7) Lot 8) Census: Tract 9) Blk. 10) Insp. 11) Form No.

12) House No. 92 13) Sec. H. No. 14) Suffix 15) District 16) Street Name Cathlamet 17) St. Design. ST

18) Owner or Agent: Mr. Reuben Katz 19) Status ABO 20) Bldg's Rat. 1

21) Address: 47 Woodmont St. Zip Code

22) City and State: Portland, Maine

23) D. Units 6 24) Occ. D.U.'s 6 25) Rm. Units 6 26) Occ. R.U.'s 6 27) No. Occupants 12 28) Com' IU. DE 29) Bldg. Type DE 30) Stories 3 31) Const. Mat. WOOD 32) O.B.'s NO

33) C.H. YES 34) Pho. NO 35) Zoned For R-3 36) Actual Land Use Res 37) D.D. 38) Lka. Ad. Bch. Fac. Yes No 39) Disp. 40) Closing Date

EXTERIOR - Structure		Cd. Viol.	INTERIOR - Str.		Cd. Viol.
Foundation	EX/FO ✓	3a	Lighting	✓	8
Walls	EX/WA ✓	3a	Elec. Wiring	EW ✓	8e
Roof	RO ✓	3a	Floors	FL ✓	3b
Porch	PO ✓	3d	Walls	IN/WA ✓	3b
Stairs	EX/SR ✓	3d	Ceilings	CE ✓	3c
Steps	SP ✓	3d	Windows	IN/WI ✓	3c
Doors	DO ✓	3c	Airshafts	AS ✓	3c
Windows	EX/WI ✓	3c	Roof Patters	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 ✓	6c
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 ✓	3e
Rubbish	RU ✓	4d	Heating Equip. Furnace - FU Spaceheater - SPH		9c
Containers	CO ✓	4d	Bsmt. Sanitation Litter - LI Debris - DE		4b
Drainage	DR ✓	3a	Dampness - DM	✓	3a
Infestation	IN-CR-FL ✓	4e	Lighting	BS/LI ✓	8c
Ra	RA ✓	4e	Elec. Panel	EL/PA ✓	8e
Ucher		4e	Stairs	BS/SR ✓	3d
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 ✓	3a
Fence	FN ✓				3a
Remarks on reverse side			Bsmt D D Conforms RDU		

City of Portland

Housing Inspection Division

DWELLING UNIT SCHEDULE

INSP DATE

3/17/87

INSP

FORM NO.

5

OK 1st Inspection

TENANTS NAME

JOAN ROBBIN

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

1 FR DU 3 1 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	LG	FUELE PL		PB	DF

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/Star. Space Yes <u>No</u>	-	(X) Toilet - Tank - brkn, loose, leaks, Seat, 1 se crkd.	6(d)
(X) Sink - chipped, cracked, leaks	6(d)	(X) Lavatory - tipped, 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>Cold</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)	() Plaster - L, C, M - Ceiling/Walls	3(b)
(X) Windows - loose, broken, glaze	3(c)	() Windows - loose, broken, glaze	3(c)
(X) Sash/Frames - broken, missing, worn	3(c)	() Sash/Frames - broken, missing, worn	3(c)
(X) Floor - loose, worn, damaged	3(b)	() Floor - loose, worn, damaged	3(b)
(X) Door - knob/lk - missing - Panels/Frames dam.	3(b)	() Doors - Knobs/lk - missing, Panels/Frames dam.	3(b)
(X) Electrical (c)		() Electrical (d)	
(X) Sanitation (c)		() 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
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REMARKS:

City of Portland

Housing Inspection Division

DWELLING UNIT SCHEDULE

INSP DATE

3/18/13

INSP

FOR 1 NO.

3

TENANTS NAME

OK 1st Inspection

FLR.#

LOCATION

RMG.TP

#RMS.

#PED.

#ALL'D

SLRRM.

RALPH DOUGHTY

1 REDU 3 1 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
					ND	YES	YES	LG	F-DIE	DL	PB	PI-

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 - nk - 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)	() Plaster - L, C, M - Ceiling/Walls	3(b)
(<input checked="" type="checkbox"/>) Windows - loose, broken, glaze	3(c)	() Windows - loose, broken, glaze	3(c)
(<input checked="" type="checkbox"/>) Sash/Frames - broken, missing, worn	3(c)	() Sash/Frames - broken, missing, worn	3(c)
(<input checked="" type="checkbox"/>) Floor - loose, worn, damaged	3(b)	() Floor - loose, worn, damaged	3(b)
(<input checked="" type="checkbox"/>) Door - knob/lk - missing - Panels/Frames dam.	3(b)	() Doors - Knobs/lk - missing - Panels/Frames dam.	3(b)
(<input checked="" type="checkbox"/>) Electrical (c)		() Electrical (d)	
(<input checked="" type="checkbox"/>) Sanitation (c)		() 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 No

Plumbing	Electrical	Sanitation - Vermin O R

REMARKS:

City of Portland

Housing Inspection Division

DWELLING UNIT SCHEDULE

INSP DATE

3/17/13

INSP

FORM NO.

OK 1st Inspection

TENANTS NAME

ROBERT MALONEK

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

2 1R 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
					ND	YES	YES	LE	FOIA	PC	PB	DE

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/1k - missing - Panels/Frames dam.	3(b)	(<input checked="" type="checkbox"/>) Door - knob/1k - missing - Panels/Frames dam.	3(b)
(<input checked="" type="checkbox"/>) Counter/Stor. Space Yes <u>No</u>	-	(<input checked="" type="checkbox"/>) Toilet - 1k - brkn, loose, leaks, Seat, 1'se crkd.	6(d)
(<input checked="" type="checkbox"/>) Sink - chipped, cracked, leaks	6(d)	(<input checked="" type="checkbox"/>) Lavatory - nipped, 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 type="checkbox"/>) Plaster - L, C, M - Ceiling/Walls	3(b)
(<input checked="" type="checkbox"/>) Windows - loose, broken, glaze	3(c)	(<input type="checkbox"/>) Windows - loose, broken, glaze	3(c)
(<input checked="" type="checkbox"/>) Sash/Frames - broken, missing, worn	3(c)	(<input type="checkbox"/>) Sash/Frames - broken, missing, worn	3(c)
(<input checked="" type="checkbox"/>) Floor - loose, worn, damaged	3(b)	(<input type="checkbox"/>) Floor - loose, worn, damaged	3(b)
(<input checked="" type="checkbox"/>) Door - knob/1k - missing - Panels/Frames dam.	3(b)	(<input type="checkbox"/>) Doors - Knobs/1k - missing, Panels/Frames dam.	3(b)
(<input checked="" type="checkbox"/>) Electrical (c)		(<input type="checkbox"/>) Electrical (d)	
(<input checked="" type="checkbox"/>) Sanitation (c)		(<input 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/1k - missing - Panels/Frames dam.	3(b)
(<input type="checkbox"/>) Electrical (e)	
(<input type="checkbox"/>) Sanitation (e)	
(<input type="checkbox"/>) Clothes Clos. yes No	

Plumbing	Electrical	Sanitation - Vermin O R
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REMARKS:

City of Portland

Health Department
DWELLING UNIT SCHEDULE

Housing Inspection Division

INSP DATE

3/12/83

INSP

3

FORM NO.

TENANTS NAME

JACK DEWITT

FLR.#

3

LOCATION

FR DU

RMG.TP.

#RMS.

3

#PEO.

#ALL'D

SL.RRM.

4/1

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

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/ik - missing - Panels/Frames dam.	3(c)	<input checked="" type="checkbox"/> Door - knob/ik - 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, 1'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>1 Cold</u>	6(c)	<input checked="" type="checkbox"/> Plumbing (b) 6(a) Water Supply Hot <u>1 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 type="checkbox"/> Plaster - L, C, M - Ceiling/Walls	3(b)
<input checked="" type="checkbox"/> Windows - loose, broken, glaze	3(c)	<input type="checkbox"/> Windows - loose, broken, glaze	3(c)
<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn	3(c)	<input type="checkbox"/> Sash/Frames - broken, missing, worn	3(c)
<input checked="" type="checkbox"/> Floor - loose, worn, damaged	3(b)	<input type="checkbox"/> Floor - loose, worn, damaged	3(b)
<input checked="" type="checkbox"/> Door - knob/ik - missing - Panels/Frames dam.	3(b)	<input type="checkbox"/> Doors - Knobs/ik - missing, Panels/Frames dam.	3(b)
<input checked="" type="checkbox"/> Electrical (c)		<input type="checkbox"/> Electrical (d)	
<input checked="" type="checkbox"/> Sanitation (c)		<input 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/ik - 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

REMARKS:

OK 1st Inspection

City of Portland

Health Department
DWELLING UNIT SCHEDULE

Housing Inspection Division

INSP DATE

3/12/83

OK 1st Inspection

INSP

FORM NO.

FLR.#	LOCATION	RMG.TP	#RMS.	#PEO.	#ALL'D	SLRRM.
3	RE DU		3	2	4	1

Child Un.10	Child i - 6	+ Lead Survey - Results	Rent	Rent Code	Furn	Hot Water	Dual Egrs.	Ck'ing.	Heat	Lav.	Bath	Flush
					NO	YES	YES	LC	FOFA PL		P/B	PF

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

REMARKS:

X
November 16, 1978 ✓
November 16, 1978

Mr. Reuben Katz
47 Woodmont Street
Portland, Maine 04102

Dear Mr. Katz Re: 92 Carleton Street, Portland, Maine NCP-West Ltd
55-G-6

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 November 1983.

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
Lyle D. Noyes,
Chief of Housing Inspections

Inspector M. Leary
M. Leary

VW

City of Portland

NEIGHBORHOOD CONSERVATION
Check Off Sheet
STRUCTURE INSPECTION SCHEDULE

Housing Inspection Division

Insp. Name M Leary

Standard First Inspect

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.
11-14-78	NCP	WALTON	55 G	6				17	161831
12) Hous No.	13) Sec. H. No.	14) St. ff.	15) Direct	16) Street Name				17) St. Design.	
92				21st St					
18) Owner or Agent: <u>Mr. Reuben Katz</u>								19) Status	20) Bldg's Rat.
21) Address: <u>47 Woodmont St</u>								ABU	1
22) City and State: <u>Portland, ME</u>								Zip Code <u>04102</u>	

23) D. Units	24) Occ. D. U. 's	25) Rm Jnits	26) Occ. R. U. 's	27) No. Occ. ants	28) Com'l U.	29) Bldg Type	30) Stories	31) Const. Mat.	32) O.B's
6	6		17			121	2 1/2	Wood	U
33) C.R.	34) Plo.	35) Zoned For	36) Actual Land Use	37) D.D.	38) Lks. Ad. Bch. Fac		39) Disp.	40) Closing Date	
VES	AL	K-5	RES		Yes No				
EXTERIOR - Structure					INTERIOR - Structure				
Foundation	EX/FO	✓	Cd. Viol.	3a	LI	LI	✓	Cd. Viol.	8
Walls	EX/WA	✓	3a		Elec Wiring	EW	✓	8e	
Roof	RO	✓	3a		Floors	FL	✓	3b	
Porch	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	✓	6c	
Bulkhead	BU	✓	3d		Stacks	ST	✓	3e	
Outbuildings	GR - SH	✓	4e		Flues	FL	✓	3e	
Yard	YA	✓	4d		Vents	VE	✓	3e	
Garbage	GA	✓	4d		Chimney	IN/Ch	✓	3e	
Rubbish	RU	✓	4d		Heating Equip, Furnace - FU	Spaceheater - SPH		9c	
Containers	CO	✓	4d		Bsmt. Sanitation Litter - LI	Debris - DE		4b	
Drainage	DR	✓	3a		Dampness - DM			3a	
Infestation	IN-CR-FL	✓	4e		Lighting	BS/LI		8c	
Rats	RA	✓	4e		Elec. Panel	EL/PA		8e	
Other		✓	4e		Stairs	BS/SR		3d	
Fire Escape	FE	✓	10		Foundation	IN/FO		3a	
Dual Egress	DE	✓	10		Floor Joists	FL/JO		3a	
D. eeways	DW	✓			Carrying Timbers	CA/TI		3a	
Walks	WA	✓			Sills	SI		3a	
Fences	FA	✓			Bsmt. D. U. Conforms BDU			5f	

Remarks on reverse side

City of Portland

Health Department
DWELLING UNIT SCHEDULE

Housing Inspection Division

INSP DATE

7/19/71

OK 1st Inspection

INSP

PH NO.

TENANTS NAME: J. P. ROBBINS

FLR.#: 1 LOCATION: FR DU #RMS: 3 #PEO: 2 #ALL'D: 4 SLRRM: 1

Child Un.10: 1 Child 1-6: 6 Lead Survey Results: Rent: Rent Code: Furn: Hot Water: Dual Egrs.: CK'ng.: Heat: Lav.: Bath: Flush:

KITCHEN
 Plaster - L, C, M, - Ceiling/Walls CODE 3(b)
 Windows - loose, broken glass, glaze 3(c)
 Sash/Frames - broken, missing, worn 3(c)
 Floor - loose, worn, dam., buckled 3(b)
 Doors - Knob/ik - missing - Panels/Frames dam. 3(b)
 Counter/Stor. Space Yes No
 Sink - chipped, cracked, leaks 6(d)
 Range - improper stack, flue, vent 3(e)
 Refrigerator Space Yes No
 Plumbing (a) 6(a) Water Supply Hot Cold 6(c)
 Electrical (a)
 Sanitation (a)

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

BATHROOM
 Plaster - L, C, M - Ceiling/Walls CODE 3(b)
 Window - loose, broken glass, glaze 3(c)
 Sash/Frames - broken, missing, worn 3(c)
 Floor - loose, worn, dam., buckled 3(b)
 Door - knob/ik - missing - Panels/Frames dam. 3(b)
 Toilet - Tnk - brkn, loose, leaks, Seat, l'se crkd. 6(d)
 Lavatory - chipped, crkd, leaks, rap leaks 6(d)
 Bathtub/Shower - leaks cross connection 6(d)
 Ventilation Yes No 7
 Plumbing (b) 6(a) Water Supply Hot Cold 6(c)
 Electrical (b)
 Sanitation (b)

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

Bedrooms and/or other rooms

Plumbing: Electrical: Sanitation - Vermin O R

REMARKS:

City of Portland

Health Department
DWELLING UNIT SCHEDULE

Housing Inspection Division

INSP DATE

11/14/77

OK 1st Inspection

INSP

FORM NO.

TENANTS NAME

JACK PETAUT

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

3 FD DL 3 2 1 1

Child Un. 10 Child 1-6 + Lead Survey - Results Rent Rent Code Furn Hot Water Dual Egrs. Ck'ng. Heat Lav. Bath Flush

KITCHEN

- Plaster - L, C, M, - Ceiling/Walls 3(b)
- Windows - loose, broken glass, glaze 3(c)
- Sash/Frames - broken, missing, worn 3(c)
- Floor - loose, worn, dam., buckled 3(b)
- Doors - Knob/lk - missing - Panels/Frames dam. 3(b)
- Counter/Stor. Space Yes No
- Sink - chipped, cracked, leaks 6(d)
- Range - Improper stack, flue, vent 3(e)
- Refrigerator Space Yes No
- Plumbing (a) 6(a) Water Supply Hot L Cold
- Electrical (a)
- Sanitation (a)

CODE

BATHROOM

- Plaster - L, C, M - Ceiling/Walls 3(b)
- Window - loose, broken glass, glaze 3(c)
- Sash/Frames - broken, missing, worn 3(c)
- Floor - loose, worn, dam., buckled 3(b)
- Door - knob/lk - missing - Panels/Frames dam. 3(b)
- Toilet - Tnk - brkn, loose, leaks, Seat, l'se crkd. 6(d)
- Lavatory - chipped, crkd, leaks, trap leaks 6(d)
- Bathtub/Shower - leaks cross connection 6(d)
- Ventilation Yes No 7
- Plumbing (b) 6(a) Water Supply Hot L Cold
- Electrical (b)
- Sanitation (b)

CODE

LIVING ROOM

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

CODE

DINING ROOM

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

CODE

Bedrooms and/or other rooms

Child Un. 10	Child 1-6	+ Lead Survey - Results	Rent	Rent Code	Furn	Hot Water	Dual Egrs.	Ck'ng.	Heat	Lav.	Bath	Flush

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 No

Plumbing

Electrical

Sanitation - Vermin O R

REMARKS:

City of Portland

Health Department
DWELLING UNIT SCHEDULE

Housing Inspection Division

INSP. DATE

11/19/77

OK 1st Inspection

INSP

FORM NO.

77 262

TENANTS NAME

STELLA EL FIRTH INC

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

1 RE 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
						YES	YES	LC	PL	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>Cold</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)	() Plaster - L, C, M - Ceiling/Walls	3(b)
(X) Windows - loose, broken, glaze	3(c)	() Windows - loose, broken, glaze	3(c)
(X) Sash/Frames - broken, missing, worn	3(c)	() Sash/Frames - broken, missing, worn	3(c)
(X) Floor - loose, worn, damaged	3(b)	() Floor - loose, worn, damaged	3(b)
(X) Door - knob/lk - missing - Panels/Frames dam.	3(b)	() Doors - Knobs/lk - missing, Panels/Frames dam.	3(b)
(X) Electrical (c)		() Electrical (d)	
(X) Sanitation (c)		() 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 O R
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REMARKS:

City of Portland

Health Department
DWELLING UNIT SCHEDULE

Housing Inspection Division

INSP. DATE

7/14/77

OK 1st inspection

INSP

FORM NO.

TENANTS NAME

ANN SCOTT

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

2 RE DU 3 1 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
						✓	✓	✓	FOFA	P.	NA	h

- KITCHEN**
- Plaster - L, C, M, - Ceiling/Walls 3(b)
 - Windows - loose, broken glass, glaze 3(c)
 - Sash/Frames - broken, missing, worn 3(c)
 - Floor - loose, worn, dam., buckled 3(b)
 - Doors - Knob/lk - missing - Panels/Frames dam. 3(b)
 - Counter/Stor. Space Yes No
 - Sink - chipped, cracked, leaks 6(d)
 - Range - improper stack, flue, vent 3(e)
 - Refrigerator Space Yes No
 - Plumbing (a) 6(a) Water Supply Hot Cold 6(c)
 - Electrical (a)
 - Sanitation (a)

- BATHROOM**
- Plaster - L, C, M - Ceiling/Walls 3(b)
 - Window - loose, broken glass, glaze 3(c)
 - Sash/Frames - broken, missing, worn 3(c)
 - Floor - loose, worn, dam., buckled 3(b)
 - Door - knob/lk - missing - Panels/Frames dam. 3(b)
 - Toilet - Trk - brkn, loose, leaks, Seat, l'se crkd. 6(d)
 - Lavatory - chipped, crkd, leaks, trap leaks 6(d)
 - Bathtub/Shower - leaks cross connection 6(d)
 - Ventilation Yes No 7
 - Plumbing (b) 6(a) Water Supply Hot Cold 6(c)
 - Electrical (b)
 - Sanitation (b)

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

- DINING ROOM**
- Plaster - L, C, M - Ceiling/Walls 3(b)
 - Windows - loose, broken, glaze 3(c)
 - Sash/Frames - broken, missing, worn 3(c)
 - Floor - loose, worn, damaged 3(b)
 - Doors - Knobs/lk - missing, Panels/Frames dam. 3(b)
 - Electrical (d)
 - 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 No

Plumbing	Electrical	Sanitation - Vermin O R
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REMARKS:

City of Portland

Health Department
DWELLING UNIT SCHEDULE

Housing Inspection Division

INSP DATE

7/14/75

OK 1st Inspection

INSP

FORM NO.

TENANTS NAME

JACK RAMSEY

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

3 REDU 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

NU YES YES LE F-O-EA. RL PB DL

KITCHEN
 Plaster - L, C, M, - Ceiling/Walls 3(b)
 Windows - loose, broken glass, glaze 3(c)
 Sash/Frames - broken, missing, worn 3(c)
 Floor - loose, worn, dam., buckled 3(b)
 Doors - Knob/ik - missing - Panels/Frames dam. 3(b)
 Counter/Stor. Space Yes No
 Sink - chipped, cracked, leaks 6(d)
 Range - improper stack, flue, vent 3(e)
 Refrigerator Space Yes No
 Plumbing (a) 6(a) Water Supply Hot Cold
 Electrical (a)
 Sanitation (a)

BATHROOM
 Plaster - L, C, M - Ceiling/Walls 3(b)
 Window - loose, broken glass, glaze 3(c)
 Sash/Frames - broken, missing, worn 3(c)
 Floor - loose, worn, dam., buckled 3(b)
 Door - knob/ik - missing - Panels/Frames dam. 3(b)
 Toilet - Tnk - brkn, loose, leaks, Seat, 1'se crkd. 6(d)
 Lavatory - chipped, crkd, leaks, trap leaks 6(d)
 Bathtub/Shower - leaks cross connection 6(d)
 Ventilation Yes No 7
 Plumbing (b) 6(a) Water Supply Hot Cold 6(c)
 Electrical (b)
 Sanitation (b)

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

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

Bedrooms and/or other rooms
 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/ik - missing - Panels/Frames dam. 3(b)
 Electrical (e)
 Sanitation (e)
 Clothes Closet Yes No

Plumbing Electrical Sanitation - Vermin O R

REMARKS:

✓

CERTIFICATE
OF
COMPLIANCE

CITY OF PORTLAND
Health Department - Housing Division
Tel. 775-5451 Ext 226

August 22, 1972

Mr. Reuben Katz
173 Neal Street
Portland, Maine 04102

Re: Premises located at 92 Carleton Street, Portland, Maine

Dear Mr. Katz:

A re-inspection of the premises noted above was made on August 18, 1972
by Housing Inspector Oliver, 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 1, 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 Lyle D. Boyce
Chief of Housing Inspections

Inspector Anthony J. Alvin

/gg

CERTIFICATE
OF
COMPLIANCE

CITY OF PORTLAND
Health Department - Housing Division
Tel. 775-5451 Ext 226

August 22, 1972

Mr. Reuben Katz
173 Neal Street
Portland, Maine 04102

Re: Premises located at 92 Carlton Street, Portland, Maine

Dear Mr. Katz:

A re-inspection of the premises noted above was made on August 18, 1972
by Housing Inspector Oliver 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 1, 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 Lyle D. Royce
Chief of Housing Inspections

Inspector Anthony J. Oliver

/99

OK

July 18, 1972

Mr. Rauben Katz
173 Neal Street
Portland, Maine 04102

Re: 92 Carleton Street

Dear Mr. Katz:

As owner of the above referred property, you were notified on May 5, 1972 by Certified United States mail receipt #402212, to correct certain substandard conditions in violation of Chapter 307 of the City of Portland Municipal Codes "Minimum Standards for Housing". Several reinspections have been made and we find that you have not complied with our request.

A final reinspection was made on July 13, 1972 by Housing Inspector Oliver and, as a result, you are hereby ordered to correct the violations listed below on or before August 18, 1972.

Sincerely yours,

Arthur A. Hughson, CPH, MPH
Health Director

By Lyle D. Thomas / AK
Chief of Housing Inspections

Inspector 4-5

EXISTING VIOLATIONS OF CHAPTER 307 OF THE CITY OF PORTLAND MUNICIPAL CODE - Section(s)

- | | |
|---|------|
| 1. Determine the reason and remedy the condition which causes the floor boards of the rear porch to sag. | 3(d) |
| 2. Determine the reason and remedy the condition which causes the rear porch to be separated from the main structure. | 3(d) |
| 3. Repair the holes of the right front and left front of the roof gutter. | 3(a) |
| 4. Repair or replace the broken plaster on the ceiling and in the rear hallway on the first to the second floor. | 3(b) |
| <u>First Floor Apartment</u> | |
| 5. Repair or replace the broken plaster in the front bedroom ceiling. | 3(b) |
| 6. Repair or replace the loose window sash in the front bedroom. | 3(c) |

ADMINISTRATIVE HEARING DECISION

Date May 24, 1972

City of Portland
Health Department - Housing Division
Tel. 775-5451 Ext. 226

Mr. Hauben Katz
173 Neal Street
Portland, Maine 04102

Re: Premises located at 92 Carleton Street

Dear Mr. Katz:

You are hereby notified that your request in your discussions with Housing Inspector

Oliver

on May 8, 1972, regarding our "NOTICE OF HOUSING CONDITIONS" at the
above referred premises resulted in the decision noted below.

7 Expiration time extended to June 24, 1972 to complete work now in progress to
correct the remaining ten (10) Housing Code violations on the attached Notice.

Notice modified as follows:

Please notify this office if all violations are corrected before the above mentioned date
so that a "CERTIFICATE OF COMPLIANCE" may be issued.

In Attendance

Very truly

Arthur A.
Health Dir

PH MPH

By [Signature]
Chief of Housing Inspections

May 19, 1972

OK

Re: 92 Carleton Street

Remaining Housing Code Violations to be corrected within time extension granted on attached "Administrative Decision Notice".

- 1. ~~Repair or replace the loose and sagging front steps.~~ 6/28/72 3(d)
- 2. ~~Determine the reason and remedy the condition which causes the wooden side rails of the front stairway to be loose and pulling away from the main structure.~~ 6/28/72 3(d)
- 3. ~~Determine the reason and remedy the condition which causes the floor boards of the rear porch to sag.~~ 3(d)
- 4. ~~Determine the reason and remedy the condition which causes the rear porch to be separated from the main structure.~~ 3(d)
- 5. ~~Replace the missing bricks and point up the loose joints on the front and right sides of the foundation.~~ 6/28 3(a)
- 6. ~~Repair the holes of the right front and left front of the roof gutter.~~ 3(a)
- 7. ~~Repair or replace the defective mortar bricks on the middle chimney above the roof line.~~ 6/28 3(a)
- 8. ~~Repair or replace the broken plaster on the ceiling and in the rear hallway on the first to the second floor.~~ 5(b)
- 9. First Floor Apartment 3(b)
- 9. ~~Repair or replace the broken plaster in the front bedroom ceiling.~~ 3(c)
- 10. ~~Repair or replace the loose window sash in the front bedroom.~~

CITY OF PORTLAND, MAINE
Health Department - Housing Inspection Division

Arthur A. Hughson, CPH, MPH
Health Director

NOTICE OF HEARING

May 4, 1972

To: Mr. Reuben Katz
173 Neal Street
Portland, Maine 04102

In Re: Premises located at 92 Carlton Street, Portland, Maine

Dear Mr. Katz:

Because of your failure to comply with previous NOTICES, you are hereby invited to appear in Room 317, City Hall, 389 Congress Street, Portland, Maine, at 9 A.M. on Friday May 12, 1972, to show cause why legal action should not be taken against you for violations of the Municipal Codes relating to housing conditions at the above referred premises, as described more fully in the attached copy of the original NOTICE received by you on or about November 2, 1971. Hearing requested by Inspector Oliver.

FAILURE TO APPEAR MAY RESULT IN PROSECUTION

Please notify this office at once if you have corrected all violations before the above noted hearing date.

Lytle D. Royce
Chief of Housing Inspections

Inspector Anthony J. Albee

/cc
encl

ADMINISTRATIVE HEARING DECISION

Date January 4, 1972

City of Portland
Health Department - Housing Division
Tel. 774-8221 Ext. 226

Mr. Reuben Katz
173 Neal Street
Portland, Maine 04102

Re: Premises located at 92 Carleton Street, Portland, Maine

Dear Mr. Katz:

You are hereby notified that as a result of a phone conversation between you and Housing Inspector Oliver

on January 3, 1972, regarding our "NOTICE OF HOUSING CONDITIONS" at the above referred premises resulted in the decision noted below.

Expiration time extended to APRIL 30, 1972 - In order to complete work now in progress to correct the eighteen (18) remaining Interior Housing Code deficiencies listed on enclosed "Notice" - the exterior work to be started the first of April, 1972.

Notice modified as follows:

Please notify this office if all violations are corrected before the above mentioned date, so that a "CERTIFICATE OF COMPLIANCE" may be issued.

In Attendance:

Very truly yours,

Arthur A. Hughson, CPH MPH
Health Director

BY [Signature]
Chief of Housing Inspections

NOTICE OF HOUSING CONDITIONS

DU 3

CITY OF PORTLAND
Health Department - Housing Division
Telephone 775-5451 - Extension 226

Location: 92 Carleton Street
Project: Longfellow Square
Issued: 11/8/71
Expires: 12/1/71

OK

Mr. Reuben Katz
173 Neal Street
Portland, Maine 04102

Dear Mr. Katz:

An examination was made of the premises at 92 Carleton Street, Portland, Maine, by Housing Inspector Oliver. 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 December 1, 1971. 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 reinspection within the time set forth above, will anticipate that the premises have been brought into compliance with Code Standard.

Your cooperation will help this Department in its goal to maintain all Portland residents in decent, safe and sanitary housing.

8/18/72
a20

Very truly yours,

Arthur A. Hughson, CPH, MPH
Health Director

Inspector Oliver

By [Signature]
Chief of Housing Inspections

EXISTING VIOLATIONS OF CHAPTER 307 - "MINIMUM STANDARDS FOR HOUSING" -	Section(s)
1. Repair or replace the loose and sagging front steps.	3(a)
2. Determine the reason and remedy the condition which causes the wooden side rails of the front stairway to be loose and pulling away from the main structure.	3(a)
3. Determine the reason and remedy the condition which causes the floor boards of the rear porch to sag.	3(a)
4. Determine the reason and remedy the condition which causes the rear porch to be separated from the main structure.	3(a)
5. Replace the missing bricks and point up the loose joints on the front and right sides of the foundation.	3(a)
6. Repair the holes of the right front and left front of the roof gutter.	3(a)
7. Repair or replace the defective mortar bricks on the middle chimney above the roof line.	3(a)
8. Determine the reason and remedy the condition which causes the furnace pipe line rear of the cellar to leak.	3(a)
9. Repair or replace the broken treads on the cellar stairs.	3(a)
10. Repair or replace the broken plaster on the ceiling and walls in the rear hallway on the first to the second floor. <i>cell steps</i>	3(b)
11. Repair or replace the loose banister of the rear hall stairway on the first to the second floor.	3(b)
12. Repair or replace the broken plaster on the ceiling and walls of the front hallway on the first to the third floor. <i>4/13/72 912</i>	3(b)

continued

~~Spleton Street - continued~~

Section(s)

- ~~13. Repair or replace the loose banister on the front hall stairway on the first to the third floor. 2/3-72 RD 3(d) *~~
- ~~14. Replace the broken window glass in the window of the second floor hallway. 4/2/72 3(c) *~~
- ~~First Floor Apartment~~
- ~~15. Repair or replace the broken plaster on the kitchen walls. 2/11/72 3(b)~~
- ~~16. Repair the damaged floor boards by the radiator in the living room. 2/7/72 3(b)~~
- ~~17. Repair or replace the broken plaster in the front bedroom. 2/7/72 3(b)~~
- ~~18. Repair or replace the loose window sash in the front bedroom. 2/7/72 3(c)~~
- ~~19. Correct the condition of the fixture that causes a cross connection at the bathtub in the bathroom. 2/17/72 6(d)~~
- ~~Second Floor Apartment~~
- ~~20. Correct the condition of the fixture that causes a cross connection at the bathtub in the bathroom. 6(d)~~
- ~~21. Putty the loose window panes and tighten the loose window sashes in the living room. 4/3/72 3(c)~~
- ~~22. Repair or replace the broken plaster on the ceilings of the rear, middle and left side bedrooms. 3(b)~~
- ~~23. Determine the reason and remedy the condition which causes the signs of ceiling leakage in the middle and left side bedrooms. 4/3/72 3(b)~~
- ~~24. Repair or replace the defective ceiling light fixture in the left side bedroom. 2/7/72 RD NOT descriptive 3(c)~~
- ~~Third Floor Apartment~~
- ~~25. Tighten the loose window sash in the kitchen. 2/7/72 RD 3(c)~~
- ~~26. Putty the loose window panes in the living room. 2/4/72 RD 3(c)~~
- ~~27. Correct the condition of the fixture that causes a cross connection at the bathtub in the bathroom. 2/7/72 RD 6(d)~~

* FIRST PRIORITY IS TO BE GIVEN TO ITEMS NUMBERED 1, 2, 3, 4, 5, 7, 8, 9, 13, and 14 when MAKING YOUR REPAIRS AS THEY CONSTITUTE EXTREME HAZARDS TO THE HEALTH OR SAFETY OF THE OCCUPANTS OF THIS STRUCTURE.

773-3343 office
 Idn: 1971, 773-5102 home

(13)

REINSPECTION RECOMMENDATIONS

INSPECTOR QJO

LOCATION 92 Carlisle St
 Project Longfellow
 Owner Robert Katz

NOTICE OF HOUSING CONDITIONS		HEARING NOTICE		FINAL NOTICE	
Issued	Expired	Issued	Expired	Issued	Expired
11-1-71	12-1-71				

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

8/18/72	QJO	ALL VIOLATIONS HAVE BEEN CORRECTED <input checked="" type="checkbox"/> Send "CERTIFICATE OF COMPLIANCE" <input checked="" type="checkbox"/> "POSTING RELEASE" <input type="checkbox"/>
11/3/72	QJO	SATISFACTORY Rehabilitation In Progress Time Extended To <u>Feb 1, 1972</u> Time Extended To _____ Time Extended To _____
5/11/72	QJO	UNSATISFACTORY Progress Send "HEARING NOTICE" <input checked="" type="checkbox"/> <u>July 5-12-72</u> "FINAL NOTICE" <input checked="" type="checkbox"/> "NOTICE TO VACATE" _____ POST Entire _____ POST Dwelling Units _____
		UNSATISFACTORY Progress Request "LEGAL ACTION" Be Taken _____
11/3/72	QJO	INSPECTOR'S REMARKS: <u>C.O. He will start inside work</u> <u>within two weeks, the outside work in the spring</u>
2/7/72	BB	<u>Active on exterior</u>
4/4/72	QJO	<u>C.O. act exterior exterior items will be</u> <u>complete this month.</u>
5/11/72	QJO	<u>Send hearing notice</u>
6/20/72	QJO	<u>Hoped to finish in 2 wks. Recheck 7/13</u>
7/13/72	QJO	<u>Send final notice</u>
		INSTRUCTIONS TO INSPECTOR: _____ _____ _____ _____

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

February 15, 1995

KATZ REUBEN
47 WOODMONT ST
PORTLAND ME 04102

Re: 92 Carleton St
CBL: 054- - G-006-001-01
DU: 7

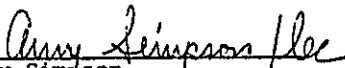
Dear Mr. Katz:

I am sending you this letter to request an inspection at the property which you own or manage at the above referenced address.

This is for the City of Portland's program to inspect all multi-family buildings in the City every three years.

Please contact me in this office at 874-8300 X 8707 between 7:00-8:00 a.m. or 3:00-3:30 p.m. to make arrangements to inspect the building.

Sincerely,


Amy Simpson
Code Enforcement Officer