

11 Carleton Street

BRAMHALL

STAMMILLER
NEW YORK

L -

major
File 1-2

Ken

WESLEY
Wesley Kinney
Yarmouth

January 2, 1969

OK
DATE 2-3-70

Mr. J. Armand Gendron
Box 291
Sanford, Maine 04173

Dear Mr. Gendron: Res 11 Carleton Street

Your property has been surveyed by the Portland Housing Division, and certain deficiencies to the minimum Code standards were noted. A list of these deficiencies is attached, and we suggest that you make the necessary corrections.

The Bramhall Hill Program staff is ready to help you improve your property. If you want advice on repairs, cost estimates, contractors, plans, or financing, please call 773-1773 for an appointment.

There are many free services available through the site office, and we urge you to use them. Good maintenance is the best way to preserve the useful life of your property and neighborhood.

Thank you for your cooperation in making Bramhall Hill a more beautiful residential area.

Sincerely,
Gordon E. Martin
Gordon E. Martin
Housing Supervisor

GLS:apc
Enclosure

RECEIVED
FEB 8 1969
Bramhall Hill Neighborhood
Conservation Program

Westly Kinney
Yarmouth

11 Carleton Street

Area: Bramhall

DEFECTS NEEDING CORRECTION - continued

Inspection Date: December 20, 1968

PLUMBING

- Check and have all defective plumbing and piping repaired throughout the structure.
- a. Repair or replace the defective sink in the kitchen of the second floor apartment.

Dwelling Units: 3

Owner: Mr. J. Armond Gendron
Box 291, Sanford, Maine 04073

DEFECTS NEEDING CORRECTION

STRUCTURAL

Repair and put in good order all dilapidated and hazardous parts of the structure as follows:

- a. Repair or replace the loose, worn, deteriorated and hazardous parts of the first floor rear porch.
- ✓ b. Repair or replace the loose, worn, deteriorated and hazardous parts of the fire escape from the first to the third floor.
- ✓ c. Replace the missing bricks and point up the loose joints on the right side and rear of structure.
- ✓ d. Replace all broken window panes throughout the structure.
- ✓ e. Repair or replace the defective doors throughout the structure.
- ✓ f. Repair or replace the loose, worn and deteriorated gutters and downspouts.
- ✓ g. Determine the reason and remedy the condition which causes the roof to leak.
- ✓ h. Repair or replace the defective garage doors.
- ✓ i. Repair or replace the loose, cracked or missing plaster on the walls and ceilings in all of the hallways throughout the structure.
- ✓ j. Repair or replace the loose, cracked or missing plaster on the ceiling of the boiler room.
- ✓ k. Repair or replace the loose, cracked or missing plaster on the walls of the cellar stairway.
- ✓ l. Repair or replace the loose, cracked or missing plaster on the walls of the bathroom on the first floor.
- ✓ m. Repair or replace the loose, cracked or missing plaster on the ceiling of the dining room on the first floor.
- ✓ n. Determine the reason and remedy the condition which causes the ceiling in the living room of the first floor apartment to leak.
- ✓ o. Repair or replace the loose, cracked or missing plaster on the ceiling of the bathroom on the second floor.
- ✓ p. Repair or replace the loose, cracked or missing plaster on the ceiling of the rear bedroom, on the second floor.
- ✓ q. Repair or replace the loose, cracked or missing plaster on the walls of the kitchen and bathroom in the third floor apartment.
- ✓ r. Repair or replace the loose, cracked or missing plaster on the ceilings of the front and rear bedrooms in the third floor apartment.

HEATING

- ✓ a. Replace the missing bricks for the chimney.
- ✓ b. Have the chimney pointed above the roof line.

ELECTRICAL

- Check and have repaired all defective electric wiring and electrical equipment throughout the structure.
- ✓ a. Repair or replace the defective plate on wall outlet in the bathroom on the first floor.

DEFECTS NEEDING CORRECTION - continued

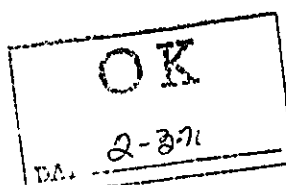
PLUMBING

Check and have all defective plumbing and plumbing fixtures throughout the structure.

- ✓ a. Repair or replace the defective sink in the kitchen of the second floor apartment.

January 2, 1969

Mr. J. Armand Gendron
Box 211
Sanford, Maine 04073



Dear Mr. Gendron Res 11 Carleton Street

Your property has been surveyed by the Portland Housing Division, and certain deficiencies to the minimum Code standards were noted. A list of these deficiencies is attached, and we suggest that you make the necessary corrections.

The Bramhall Hill Program staff is ready to help you improve your property. If you want advice on repairs, cost estimates, contractors, plans, or financing, please call 773-1773 for an appointment.

There are many free services available through the site office, and we urge you to use them. Good maintenance is the best way to preserve the useful life of your property and neighborhood.

Thank you for your cooperation in making Bramhall Hill a more beautiful residential area.

Sincerely,

Gordon E. Martin
Gordon E. Martin
Housing Supervisor

GLS:epc

Enclosure

11 Carleton Street

Area: Bramhall

DEFECTS REQUIRING CORRECTION - continued

Inspection Date: December 20, 1968

PLASTER

Check and have all defective plaster and missing plaster throughout the structure.
a. Repair or replace defective areas in Owner's (Mr. J. J. Armand Gendron apartment, Box 29), Sanford, Maine 04073

Dwelling Units: 3

DEFECTS NEEDING CORRECTION

STRUCTURAL

Repair and put in good order all dilapidated and hazardous parts of the structure as follows:

- a. Repair or replace the loose, worn, deteriorated and hazardous parts of the first floor rear porch.
- b. Repair or replace the loose, worn, deteriorated and hazardous parts of the fire escape from the first to the third floor.
- c. Replace the missing bricks and point up the loose joints on the right side and rear of structure.
- d. Replace all broken window panes throughout the structure.
- e. Repair or replace the defective doors throughout the structure.
- f. Repair or replace the loose, worn and deteriorated gutters and downspouts.
- g. Determine the reason and remedy the condition which causes the roof to leak.
- h. Repair or replace the defective garage doors.
- i. Repair or replace the loose, cracked or missing plaster on the walls and ceilings in all of the hallways throughout the structure.
- j. Repair or replace the loose, cracked or missing plaster on the ceiling of the boiler room.
- k. Repair or replace the loose, cracked or missing plaster on the walls of the cellar stairway.
- l. Repair or replace the loose, cracked or missing plaster on the walls of the bathroom or the first floor.
- m. Repair or replace the loose, cracked or missing plaster on the ceiling of the dining room on the first floor.
- n. Determine the reason and remedy the condition which causes the ceiling in the living room of the first floor apartment to leak.
- o. Repair or replace the loose, cracked or missing plaster on the ceiling of the bathroom on the second floor.
- p. Repair or replace the loose, cracked or missing plaster on the ceiling of the rear bedroom, on the second floor.
- q. Repair or replace the loose, cracked or missing plaster on the walls of the kitchen and bathroom in the third floor apartment.
- r. Repair or replace the loose, cracked or missing plaster on the ceilings of the front and rear bedrooms in the third floor apartment.

HEATING

- a. Replace the missing bricks for the chimney.
- b. Have the chimney pointed above the roof line.

ELECTRICAL

- Check and have repaired all defective electric wiring and electrical equipment throughout the structure.
- a. Repair or replace the defective plate on wall outlet in the bathroom on the first floor.

DEFECTS NEEDING CORRECTION - continued

PLUMBING

Check and have all defective plumbing and plumbing fixtures throughout the structure.

a. Repair or replace the defective sink in the kitchen of the second floor apartment.

Photos yes no
 Proj. No.

Bramhall

Date *12/20/68*

CROWDING	LOCATION <i>11 CARLETON ST.</i>	COMP. <input type="checkbox"/>
SANIT.	P.O. LOC. <i>1ST Floor</i>	PEND. <input type="checkbox"/>
INFEST.	OCCPNT <i>1 ACANT</i>	YES <input type="checkbox"/>
BASE D.U.	OWNER ASERT	
DET'N	ADDRESS	

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy		Facilities							Violations				
		LOC.	RENT	FURN.	WK. I.	RMS	PER.	ALL'D	LGRS	HEAT		BATH	FLSH	K. JK	H.W.
1.		1			6	9									
2.															
3.															
4.															

	KITCHEN	BATH	TOILET	DINING	BR	BR	BR	BR	OTHER	TOTAL
OVERCROWDING 85' x 7'	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
NO BLEEP'G	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
VENTILATION 1/12 x 1/2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
LIGHTING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
DET'N FALLS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
CEILING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
WINDOWS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
DOORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
FLOORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Remarks
 1. Replace face plate on wall outlet *plus*
 2. CLMP. on wires ✓
 3. Cracked ceiling ✓
 4. " " " " SIGNS OF LEAKAGE ✓

KITCHEN SINK & WATER

SINK

SUPPLY & WASTE

PLS. GEN'L

HEATING

STACKS, FLUES, VENTS

INT'S VENTED, REV'D

BATHING FACILITIES

SHARED MAX. 4 DU

SHG U. 1 PER 15

MIN. 7' STG HT.

VENT'LN

PROPER ACCESS

PLS'G

SANIT'N

TOILET FACILITIES

SHARED MAX. 2 DU

SHG U FLSH & LAV 1 PER 10

VENT'LN

PROPER ACCESS

PLS'G

SANIT'N

INFESTATION

RATS RI DI C

OTHER (SPECIFY)

EGRESS

EQUAL YES NO

DET'N

Portland Health Dept.
 OS-7

Inspector: *Bob Bailey*

Photos yes no
 Proj. No.

Beamball

Date *12/20/68*

CROWDING	LOCATION <i>11 Coakton St</i>	COMP. PERM.
SANIT.	B.U. LOC. <i>2nd floor</i>	
INFEST.	OCCUPY <i>Wacker</i>	
BASE G.V.	OWNER AGENT	YES
DET'N	ADDRESS	

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy				Facilities				Violations				
		LOC. RENT	FURN.	WK. I.	RMS	PER.	ALL'D	LGRS	HEAT		BATH	FLSH	K.SK	H.W.
1.		<i>2</i>			<i>5</i>	<i>8</i>				<i>NO</i>	<i>CS</i>			
2.														
3.														
4.														

	KITCHEN	BATH	TOILET	DINING	1 BED	2 BED	3 BED	4 BED	BED	OTHER	TOTAL
OVERCROWDING 65' x 7'	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
50 SLEEP'G	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
VENTILATION 1/12 x 1/2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
LIGHTING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
WIRING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
DET'N HALLS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
CEILING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
WINDORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
DOORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
FLOORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

- plumbing*
- KITCHEN SINK & WATER**
- SINK *Replaced kitchen sink*
 - SUPPLY & WASTE
 - FLO. G.W.L.
- HEATING**
- RADIATORS, FLUES, VENTS
 - INT'RS VENTED, REP'N
- BATHING FACILITIES**
- SHARED MAX. 60U
 - SHG U. 1 PER 15
 - MIN. 7' STOD HT.
 - VENT'LN
 - PROPER ACCESS
 - FLD'G
 - SANIT'N
- TOILET FACILITIES**
- SHARED MAX. 2' 0U
 - SHG U. FLSH & LAY 1 PER 10
 - VENT'LN
 - PROPER ACCESS
 - FLD'G
 - SANIT'N
- INFESTATION**
- RATS INT. O. C.
 - OTHER (SPECIFY)
- EGGERS**
- EQUAL YES NO
 - OBST'N

Remarks *1. C.C.M.P.*
2. C.C.M.P. Redd bedroom

Portland Health Dept.
 OS-7

Inspector *Ben Baaloy*

Photos yes no
 Proj. No.

Branchell

Date *12/20/68*

CROWDING	LOCATION	<i>11 Carlton St</i>	COMP?
SANIT.	D.U. LOC	<i>3rd floor -</i>	PENR.
INFEST.	OCCUPY	<i>2 accounts</i>	
BASE D.U.	OWNER		
DET'RN	ADDRESS		VTS

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities							Violations									
			LOC.	RENT	FURN.	WK. I.	RMS	PER.	ALL'D		LGNS	HEAT	BATH	FLSH	K	SK	H.W.	CK'G	
1.			<i>3</i>					<i>5</i>											
2.																			
3.																			
4.																			

	KITCHEN	BATH	TOILET	DINING	W/room				OTHER	TOTAL
					1	2	3	4		
OVERCROWDING 65' - 7'	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
NO SLEEP'G	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
VENTILATION 1/12 x 1/2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
LIGHTING WIRING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
DET'RN W/ LB	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
CEILINGS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
WINDOWS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
DOORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
FLOORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

KITCHEN SINK & WATER

SINK

SUPPLY & WASTE

F.L.G. SER.

HEATING

STACKS, FLUES, VENTS

VENTS VENTED, REP'D

BATHING FACILITIES

SHARED MAX. 40U

100 U. 1 PER 10

MIN. 7' STUB HT.

VENT'LN

PROPER ACCESS

PLB'S

SANIT'N

TOILET FACILITIES

SHARED MAX. 20U

100 U FLSH & LAV 1 PER 10

VENT'LN

PROPER ACCESS

PLB'S

SANIT'N

INFESTATION

RATS FI OI C

OTHER (SPECIFY)

EGRESS

DUAL YES NO

OBST'N

Remarks *Fire escape in rear of unit from third floor. (1)*

1. O.I.M.P.

2. One electric on ceiling of front room near bedroom

Portland Health Dept.
CS-7

Inspector *Bob Bailey*



CITY OF PORTLAND

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

October 28, 1985

#DU: 7

Mr. Wesley A. Kinney, Jr.
Thorndike, Maine 04986

Re: 11 Carleton Street 55-A-3 WE

The Housing Inspections Division of the Department of Planning and Urban Development has recently completed an overall inspection of the above referred 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
Planning & Urban Development

By: 
P. Samuel Hoffses,
Chief of Inspection Services

Code Enforcement Officer


Merlin Heary (5)

jmr

City of Portland

PLANNING AND URBAN DEVELOPMENT

Inspection Services Division

DWELLING UNIT SCHEDULE

ARTICLE 5 - HOUSING CODE

INSP DATE

10/1/21

OK 1st Inspection

INSP

FORM NO.

5

TENANT'S NAME

Holtzman, D. 4.1.6

Flr.# Location Bmg. Tp.# Bms.# Pco.# All'd Slp.Rm.

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

NO YES YES IE FOF PL PB 0/

Table with columns for Kitchen and Bathroom items and codes. Includes items like Plaster, Windows, Sash/Frames, Floor, Doors, Counter/Storage, Sink, Range, Refrigerator, Plumbing, Electrical, and Sanitation.

Table with columns for Living Room and Dining Room items and codes. Includes items like Plaster, Windows, Sash/Frames, Floor, and Doors.

Table with columns for Bedrooms and/or other rooms items and codes. Includes items like Plaster, Windows, Sash/Frames, Floors, and Doors.

Plumbing Electrical Sanitation - Vermin O R

REMARKS:

City of Portland

PLANNING AND URBAN DEVELOPMENT

Inspection Services Division

DWELLING UNIT SCHEDULE

ARTICLE 5 - HOUSING CODE

INSP DATE

2/10/11

1st Inspection

INSP

FORM NO.

TENANTS NAME

Patricia Lannan

Flr. # Location Bng. Tp. # Bms. # Peo. # All'd Slp. Rm.

1 2 DU. B. 1 4

Child Un. 10	Child 1 - 6	+ Lead Survey - Results	Rent Code	Furn	Hot Water	Dual Egrs.	Ck'ing	Heat	Lav.	Bath	Flush
				NO	YES	YES	1/1	1/0/1	PL	PB	P/1

KITCHEN

DESCRIPTION	CODE
(X) Plaster - L, C, M, - Ceiling/Walls	108-2
(X) Windows - loose, broken glass, glaze	108-3
(X) Sash/Frames - broken, missing, worn	108-3
(X) Floor - loose, worn, dam., buckled	108-2
(X) Doors - Knob/lk - miss.-Pan./Fram.dam.	108-3
(X) Counter/Stor. Space Yes No	-
(X) Sink - chip., crack., leaks	111-1
(X) Range - improper stack, flue, vent	114-1
(X) Refrigerator Space Yes No	-
(X) Plumbing (a)6 (a)Water Sup. Hot Cold	111.3
(X) Electrical (a)	113
(X) Sanitation (a)	109

BATHROOM

DESCRIPTION	CODE
(X) Plaster - L, C, M - Ceiling/Walls	108-2
(X) Window - loose, broken glass, glaze	108-3
(X) Sash/Frames - broken, missing, worn	108-3
(X) Floor - loose, worn, dam., buckled	108-2
(X) Door - knob/lk - miss.-Pan./Fram. dam.	108-3
(X) Toilet-Tnk-brkn, loose, leaks, seat, crkd.	111-1
(X) Lavatory - chip., crkd, leaks, trap leaks	111-1
(X) Bathtub/shower- leaks, cross connect.	111-1
(X) Ventilation Yes No	112
(X) Plumb. (b)6(a)Water Sup. Hot Cold	111-3
(X) Electrical (b)	113
(X) Sanitation (b)	109

LIVING ROOM

DESCRIPTION	CODE
(X) Plaster - L, C, M, - Ceil./Walls	108-2
(X) Windows - loose, broken, glaze	108-3
(X) Sash/Frames - broken, missing, worn	108-3
(X) Floor - loose, worn, damaged	108-2
(X) Door - knob/lk - miss. - panels/frames	dam. 108-3
(X) Electrical (c)	113
(X) Sanitation (c)	109

DINING ROOM

DESCRIPTION	CODE
() Plaster - L,C,M - Ceil/Walls	108-2
() Windows - loose, broken, glaze	108-3
() Sash/Frames - broken, missing, worn	108-3
() Floor - loose, worn, damaged	108-2
() Doors - Knobs/lk - miss. - panels/frames	dam. 108-3
() Electrical (d)	113
() Sanitation (d)	109

Bedrooms and/or other rooms

DESCRIPTION	CODE
() Plaster - L,C,M - Ceiling/Walls	108-2
() Windows - loose, broken, glaze	108-3
() Sash/Frames - broken, missing, worn	108-3
() Floors - loose, worn, damaged	108-2
() Door - knobs/lk - miss.-Panels/Frames	dam. 108-3
() Electrical (e)	113
() Sanitation (e)	109
() Clothes Closet Yes No	

Plumbing	Electrical	Sanitation - Vermin O R
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REMARKS:

City of Portland

PLANNING AND URBAN DEVELOPMENT

DWELLING UNIT SCHEDULE

Inspection Services Division

ARTICLE 5 - HOUSING CODE

INSP DATE

10/11/15

INSP

FORM NO.

TENANTS NAME

Alexander Bruce

Fir # Location Rm. Tp # Rms # Peo # All'd Slp. Rm

#1 DU 3 1 4 1

Child Un. 10	Child 1 - 6	+ Lead Survey Results	Rent	Rent Code	Furn	Hot Water	Dual Egrs.	Living	Heat	Lav.	Bath	Flush
					NO	VES	VES	LI	F-0FF	PL	PB	PI

KITCHEN	CODE	BATHROOM	CODE
(V) Plaster - L, C, M, - Ceiling/Walls	108-2	(V) Plaster - L, C, M - Ceiling/Walls	108-2
(V) Windows - loose, broken glass, glaze	108-3	(V) Window - loose, broken glass, glaze	108-3
(V) Sash/Frames - broken, missing, worn	108-3	(V) Sash/Frames - broken, missing, worn	108-3
(V) Floor - loose, worn, dam., buckled	108-2	(V) Floor - loose, worn, dam., buckled	108-2
(V) Doors - knob/lk - miss. - Pan./Fram.dam.	108-3	(V) Door - knob/lk - miss. - Pan./Fram. dam.	108-3
(V) Counter/Stor. Space Yes <u>No</u>	-	(V) Toilet-Tnk-brkn, loose, leaks, seat, crkd.	111-1
(V) Sink - chip., crack., leaks	111-1	(V) Lavatory - chip., crkd, leaks, trap leaks	111-1
(V) Range - improper stack, flue, vent	114-1	(V) Bathtub/shower- leaks, cross connect.	111-1
(V) Refrigerator Space Yes <u>No</u>	-	(V) Ventilation Yes <u>No</u>	112
(V) Plumbing (a)6 (a)Water Sup. Hot <u>Cold</u>	111.3	(V) Plumb. (b)6(a)Water Sup. Hot <u>Cold</u>	111-3
(V) Electrical (a)	113	(V) Electrical (b)	113
(V) Sanitation (a)	109	(Sanitation (b)	109
LIVING ROOM	CODE	DINING ROOM	CODE
(V) Plaster - L, C, M, - Ceil./Walls	108-2	() Plaster - L,C,M - Ceil/Walls	108-2
(V) Windows - loose, broken, glaze	108-3	() Windows - loose, broken, glaze	108-3
(V) Sash/Frames - broken, missing, worn	108-3	() Sash/Frames - broken, missing, worn	108-3
(V) Floor - loose, worn, damaged	108-2	() Floor - loose, worn, damaged	108-2
(V) Door - knob/lk - miss. - panels/frames	dam. 108-3	() Doors - Knobs/'k - miss. - panels/frames	dam. 108-3
(V) Electrical (c)	113	() Electrical (d)	113
(V) Sanitation (c)	109	() Sanitation (d)	109
Bedrooms and/or other rooms	CODE		CODE
() Plaster - L,C,M - Ceiling/Walls	108-2	() Plaster - L,C,M - Ceiling/Walls	108-2
() Windows - loose, broken, glaze	108-3	() Windows - loose, broken, glaze	108-3
() Sash/Frames - broken, missing, worn	108-3	() Sash/Frames - broken, missing, worn	108-3
() Floors - loose, worn, damaged	108-2	() Floors - loose, worn, damaged	108-2
() Door - knobs/lk - miss. - Panels/Frames	dam. 108-3	() Door - knobs/lk - miss. - Panels/Frames	dam. 108-3
() Electrical (e)	113	() Electrical (e)	113
() Sanitation (e)	109	() Sanitation (e)	109
() Clothes Closet Yes <u>No</u>		() Clothes Closet Yes <u>No</u>	

Plumbing	Electrical	Sanitation - Vermin O R
----------	------------	-------------------------

REMARKS:

City of Portland

PLANNING AND URBAN DEVELOPMENT

Inspection Services Division

DWELLING UNIT SCHEDULE

ARTICLE 5 - HOUSING CODE

INSP DATE

10/11/15

INSP

FORM NO.

OK 1st Inspection

TENANTS NAME

Tan. D. ...

Fir. # Location Rm. Tp. # Rm. # Pco. # All'd Slp. Rm.

2 # 3. DU 3. 1 4 /

Child Un. 10	Child 1 - 6	+ Lead Survey + Results	Rent	Rent Code	Furn	Hot Water	Dual Egrs.	Ck'ing	Heat	Lav.	Bath	Flush
					NO	YES	YES	LE	FOFA	PL	NB	DI
KITCHEN					CODE	BATHROOM					CODE	
<input checked="" type="checkbox"/> Plaster - L, C, M, - Ceiling/Walls					108-2	<input checked="" type="checkbox"/> Plaster - L, C, M - Ceiling/Walls					108-2	
<input checked="" type="checkbox"/> Windows - loose, broken glass, glaze					108-3	<input checked="" type="checkbox"/> Window - loose, broken glass, glaze					108-3	
<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn					108-3	<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn					108-3	
<input checked="" type="checkbox"/> Floor - loose, worn, dam., buckled					108-2	<input checked="" type="checkbox"/> Floor - loose, worn, dam., buckled					108-2	
<input checked="" type="checkbox"/> Doors - Knob/lk - miss.-Pan./Fram.dam.					108-3	<input checked="" type="checkbox"/> Door - knob/lk - miss.-Pan./Fram. dam.					108-3	
<input checked="" type="checkbox"/> Counter/Stor. Space Yes <u>No</u>					-	<input checked="" type="checkbox"/> Toilet-Tnk-brkn, loose, leaks, seat, crkd.					111-1	
<input checked="" type="checkbox"/> Sink - chip., crack., leaks					111-1	<input checked="" type="checkbox"/> Lavatory - chip., crkd, leaks, trap leaks					111-1	
<input checked="" type="checkbox"/> Range - improper stack, flue, vent					114-1	<input checked="" type="checkbox"/> Bathtub/shower- leaks, cross connect.					111-1	
<input checked="" type="checkbox"/> Refrigerator Space Yes <u>No</u>					-	<input checked="" type="checkbox"/> Ventilation Yes <u>NO</u>					112	
<input checked="" type="checkbox"/> Plumbing (a)6 (a)Water Sup. Hot <u>Cold</u>					111.3	<input checked="" type="checkbox"/> Plumb. (b)6(a)Water Sup. Hot <u>Cold</u>					111-3	
<input checked="" type="checkbox"/> Electrical (a)					113	<input checked="" type="checkbox"/> Electrical (b)					113	
<input checked="" type="checkbox"/> Sanitation (a)					109	<input checked="" type="checkbox"/> Sanitation (b)					109	
LIVING ROOM					CODE	DINING ROOM					CODE	
<input checked="" type="checkbox"/> Plaster - L, C, M, - Ceil./Walls					108-2	<input type="checkbox"/> Plaster - L,C,M - Ceil/Walls					108-2	
<input checked="" type="checkbox"/> Windows - loose, broken, glaze					108-3	<input type="checkbox"/> Windows - loose, broken, glaze					108-3	
<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn					108-3	<input type="checkbox"/> Sash/Frames - broken, missing, worn					108-3	
<input checked="" type="checkbox"/> Floor - loose, worn, damaged					108-2	<input type="checkbox"/> Floor - loose, worn, damaged					108-2	
<input checked="" type="checkbox"/> Door - knob/lk - miss. - panels/frames					dam. 108-3	<input type="checkbox"/> Doors - Knobs/lk - miss. - panels/frames					dam. 108-3	
<input checked="" type="checkbox"/> Electrical (c)					113	<input type="checkbox"/> Electrical (d)					113	
<input checked="" type="checkbox"/> Sanitation (c)					109	<input type="checkbox"/> Sanitation (d)					109	
Bedrooms and/or other rooms						CODE						
<input type="checkbox"/>						<input type="checkbox"/> Plaster - L,C,M - Ceiling/Walls					108-2	
<input type="checkbox"/>						<input type="checkbox"/> Windows - loose, broken, glaze					108-3	
<input type="checkbox"/>						<input type="checkbox"/> Sash/Frames - broken, missing, worn					108-3	
<input type="checkbox"/>						<input type="checkbox"/> Floors - loose, worn, damaged					108-2	
<input type="checkbox"/>						<input type="checkbox"/> Door - knobs/lk - miss.-Panels/Frames					dam. 108-3	
<input type="checkbox"/>						<input type="checkbox"/> Electrical (e)					113	
<input type="checkbox"/>						<input type="checkbox"/> Sanitation (e)					109	
<input type="checkbox"/>						<input type="checkbox"/> Clothes Closet Yes <u>No</u>						
Plumbing			Electrical			Sanitation - Vermin O R						

REMARKS:

City of Portland

PLANNING AND URBAN DEVELOPMENT

DWELLING UNIT SCHEDULE

Inspection Services Division

ARTICLE 5 HOUSING CODE

INSP DATE

10/17/15

TENANT'S NAME

Sylvia Davis

INSP

FORM NO.

Flr. # Location Rm. Tp. # Bms. # Pco. # All'd Slp. Rm.

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

NO YES YES LE F-0199 PL 113 113

KITCHEN CODE BATHROOM CODE

(X) Plaster - L, C, M, - Ceiling/Walls 108-2 (X) Plaster - L, C, M - Ceiling/Walls 108-2

(X) Windows - loose, broken glass, glaze 108-3 (X) Window - loose, broken glass, glaze 108-3

(X) Sash/Frames - broken, missing, worn 108-3 (X) Sash/Frames - broken, missing, worn 108-3

(X) Floor - loose, worn, dam., buckled 108-2 (X) Floor - loose, worn, dam., buckled 108-2

(X) Doors - Knob/lk - miss.-Pan./Fram.dam. 108-3 (X) Door - knob/lk - miss.-Pan./Fram. dam. 108-3

(X) Counter/Stor. Space Yes No (X) Toilet-Tnk-brkn, loose, leaks, seat, crkd. 111-1

(X) Sink - chip., crack., leaks 111-1 (X) Lavatory - ch r. crkd, leaks, trap leaks 111-1

(X) Range - improper stack, flue, vent 114-1 (X) Bathtub/shower- leaks, cross connect. 111-1

(X) Refrigerator Space Yes No (X) Ventilation Yes No 112

(X) Plumbing (a)6 (a)Water Sup. Hot Cold 111.3 (X) Plumb. (b)6(a)Water Sup. Hot Cold 111-3

(X) Electrical (a) 113 (X) Electrical (b) 113

(X) Sanitation (a) 109 (X) Sanitation (b) 109

LIVING ROOM CODE DINING ROOM CODE

(X) Plaster - L, C, M, - Ceil./Walls 108-2 () Plaster - L,C,M - Ceil/Walls 108-2

(X) Windows - loose, broken, glaze 108-3 () Windows - loose, broken, glaze 108-3

(X) Sash/Frames - broken, missing, worn 108-3 () Sash/Frames - broken, missing, worn 108-3

(X) Floor - loose, worn, damaged 108-2 () Floor - loose, worn, damaged 108-2

(X) Door - knob/lk - miss. - panels/frames dam. 108-3 () Doors - Knobs/lk - miss. - panels/frames dam. 108-3

(X) Electrical (c) 113 () Electrical (d) 113

(X) Sanitation (c) 109 () Sanitation (d) 109

Bedrooms and/or other rooms () Plaster - L,C,M - Ceiling/Walls 108-2

() Windows - loose, broken, glaze 108-3

() Sash/Frames - broken, missing, worn 108-3

() Floors - loose, worn, damaged 108-2

() Door - knobs/lk - miss.-Panels/Frames dam. 108-3

() Electrical (e) 113

() Sanitation (e) 109

Plumbing Electrical Sanitation - Vermin O R

REMARKS:

Ok 1st Inspection

City of Portland

PLANNING AND URBAN DEVELOPMENT

DWELLING UNIT SCHEDULE

Inspection Services Division

ARTICLE 5 HOUSING CODE

INSP DATE

10/1/85

OK 1st Inspection

INSP

FORM NO.

TENANT'S NAME

Elizabeth Dodge

Flr. # Location Bmg. Tp. # Rms. # Pcs. # All'd Slip. Rm.

3 #5 DU 3 1 4

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

KITCHEN NO YES YES LG F O H PL PB

- (X) Plaster - L, C, M, - Ceiling/Walls 108-2
- (X) Windows - loose, broken glass, glaze 108-3
- (X) Sash/Frames - broken, missing, worn 108-3
- (X) Floor - loose, worn, dam., buckled 108-2
- (X) Door - Knob/lk - miss.-Pan./Fram.dam. 108-3
- (X) Counter/Stor. Space Yes/No
- (X) Sink - chip., crack., leaks 111-1
- (X) Range - improper stack, flue, vent 114-
- (X) Refrigerator Space Yes/No
- (X) Plumbing (a)6 (a)Water Sup. Hot/Cold 111.3
- (X) Electrical (a) 113
- (X) Sanitation (a) 109

LIVING ROOM CODE

- (X) Plaster - L, C, M, - Ceil./Walls 108-2
- (X) Windows - loose, broken, glaze 108-3
- (X) Sash/Frames - broken, missing, worn 108-3
- (X) Floor - loose, worn, damaged 108-2
- (X) Door - knob/lk - miss. - panels/frames dam. 108-3
- (X) Electrical (c) 113
- (X) Sanitation (c) 109

Bedrooms and/or other rooms

- () Plaster - L,C,M - Ceiling/Walls CODE
- () Windows - loose, broken, glaze 108-2
- () Sash/Frames - broken, missing, worn 108-3
- () Floors - loose, worn, damaged 108-3
- () Door - knobs/lk - miss.-Panels/Frames 108-2
- () Electrical (e) dam. 108-3
- () Sanitation (e) 113
- () Clothes Closet Yes No 109

Plumbing Electrical Sanitation - Vermin O R

REMARKS:

City of Portland

PLANNING AND URBAN DEVELOPMENT

DWELLING UNIT SCHEDULE

Inspection Services Division

ARTICLE 5 - HOUSING CODE

INSP DATE

10/17/81

INSP

FORM NO.

TENANTS NAME

Benjamin Meyer

Flr # Location g. Tp # Rms # Peo # All'd Slp. Rm.

3 # 6 DU 3 1 4

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

NO YES YES LE F O F R D P B D =

KITCHEN

- (✓) Plaster - L, C, M, - Ceiling/Walls 108-2
- (✓) Windows - loose, broken glass, glaze 108-3
- (✓) Sash/Frames - broken, missing, worn 108-3
- (✓) Floor - loose, worn, dam., buckled 108-2
- (✓) Doors - Knob/lk - miss.-Pan./Fram.dam. 108-3
- (✓) Counter/Stor. space Yes No
- (✓) Sink - chip., crack., leaks 111-1
- (✓) Range - improper stack, flue, vent 114-1
- (✓) Refrigerator Space Yes No
- (✓) Plumbing (a)6 (a)Water Sup. Hot Cold 111.3
- (✓) Electrical (a) 113
- (✓) Sanitation (a) 109

BATHROOM

- (✓) Plaster - L, C, M - Ceiling/Walls 108-2
- (✓) Window - loose, broken glass, glaze 108-3
- (✓) Sash/Frames - broken, missing, worn 108-3
- (✓) Floor - loose, worn, dam., buckled 108-2
- (✓) Door - knob/lk - miss.-Pan./Fram.dam. 108-3
- (✓) Toilet-Tnk-brkn, loose, leaks, seat, crkd. 111-1
- (✓) Lavatory - chip., crkd, leaks, trap leaks 111-1
- (✓) Bathtub/shower- leaks, cross connect. 111-1
- (✓) Ventilation Yes No 112
- (✓) Plumb. (b)6(a)Water Sup. Hot Cold 111-3
- Electrical (b) 113
- Sanitation (b) 109

LIVING ROOM

- (✓) Plaster - L, C, M, - Ceil./Walls 108-2
- (✓) Windows - loose, broken, glaze 108-3
- (✓) Sash/Frames-broken, missing, worn 108-3
- (✓) Floor - loose, worn, damaged 108-2
- (✓) Door - knob/lk - miss. - panels/frames dam. 108-3
- (✓) Electrical (c) 113
- (✓) Sanitation (c) 109

DINING ROOM

- () Plaster - L, C, M - Ceil/Walls 108-2
- () Windows - loose, broken, glaze 108-3
- () Sash/Frames-broken, missing, worn 108-3
- () Floor - loose, worn, damaged 108-2
- () Doors - Knobs/lk - miss. - panels/frames dam. 108-3
- () Electrical (d) 113
- () Sanitation (d) 109

Bedrooms and/or other rooms

Code	Description	Code
()	Plaster - L, C, M - Ceiling/Walls	108-2
()	Windows - loose, broken, glaze	108-3
()	Sash/Frames - broken, missing, worn	108-3
()	Floor - loose, worn, damaged	108-2
()	Door - knob/lk - miss. - Panels/Frames	dam. 108-3
()	Electrical (e)	113
()	Sanitation (e)	109

Plumbing

Electrical

Sanitation - Vermin O R

REMARKS:

OK 1st Inspection

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

May 08, 1995

KINNEY, WESLEY A

THORNDIKE ME 04986

Re: 11 Carleton St
CBL: 055- - A-003-001-01
DU: 7

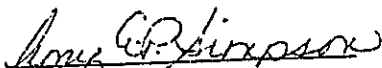
Dear Mr. Kinney:

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 the office at 874-8300 x 2707 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

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph B. Gray Jr.
Director

CITY OF PORTLAND

APRIL 16, 1997

KINNEY WESLEY A
THORNDIKE ME 04986

Re: 11 CARLETON ST
CBL: 055- - A-003-001-01
DU: 7

Dear Mr. Kinney:

The Housing Inspections Division of the Department of Planning and Urban Development has recently completed an overall inspection of the above-referred 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. We did, however, note the following items that could cause future problems:

1. INT - OVERALL - 113.50
HARD-WIRED BATTERY-BACKUP SMOKE DETECTORS ARE REQUIRED IN EACH UNIT

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,

Tammy Munson
Code Enfc. Offc./ Field Supv.

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

May 08, 1995

KINNEY WESLEY A

THORNDIKE ME 04986

Re: 11 Carleton St
CBL: 055- - A-003-001-01
DU: 7

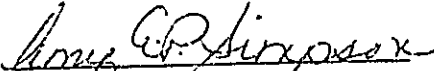
Dear Mr. Kinney:

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

4736

CITY OF PORTLAND, MAINE
BOARD OF APPEALS

June 9, 1947

Elton M. Thompson, Esq.
85 Exchange Street
Portland, Maine

Dear Sir:

The Board of Appeals will hold a public hearing in the Council Chamber, City Hall, Portland, Maine at ten-thirty o'clock in the forenoon, Friday, June 13, 1947, relating to the appeal of Mildred A. Craig concerning alterations in and change of use of the building at 11 Carleton Street.

Please be present at this hearing in support of Miss Craig's appeal.

Yours truly,

BOARD OF APPEALS

Edward T. Colley, Chairman

WARREN McDONALD
INSPECTOR OF BUILDINGS

On reply refer
to File AP 11 Carlton Street-I

CITY OF PORTLAND, MAINE

Department of Building Inspection

FU

April 17, 1947

Mrs Mildred A. Craig
11 Carlton Street
Portland, Maine

Subject: Application for building permit to make alterations in the building at 11 Carlton Street and change the use from single family dwelling house to a lodging house

Dear Madam:

C
O
P
Y

There is enclosed a check list against compliance with Building Code requirements with a copy to contractor and architect, but it appears likely that the building permit will include the outside stairway is not issuable under the Zoning Ordinance on account of proposed location of the stairway with relation to the side property line.

The property is located in an Apartment House Zone where, under Section 7C of the Zoning Ordinance, an obstructed open space from the ground upwards is required no less than 10 feet in width between the side lot line farther from Pine Street and the outside of proposed new outside stairway intended as a fire escape.

While the distance which would exist from the outside of the outside stairway to the side property line is not shown on the plans, it hardly seems likely that it could be as much as ten feet—probably much less than ten feet. If this space would be less than ten feet wide, the building permit is not issuable under the precise terms of the ordinance.

In view of the need of the proposed stairway to serve as fire escape and since you have appeal rights to the Board of Appeals seeking a variance in such a case, there is enclosed an outline of the appeal procedure, and I am told that the best time to file such an appeal at the office of Corporation Counsel is in the afternoon.

If there would be ten feet or more between the new stairway and the side property line, the architect should show that on the revised plans and the matter will be taken care of when checking the revised plans against Building Code requirements.

You will probably remember our telephone conversation concerning the use of one room in the first story as a telephone answering bureau and my reference to that room in my letter of December 16. Since that time, the question has been submitted to the Corporation Counsel for his opinion as to whether or not the room as used could be allowed as a use commonly accessory to your own home in the building. He has replied that in his opinion the use of the room as a telephone answering service or bureau is an allowable use in the Apartment House Zone where the property is located as a use commonly accessory to living quarters of the operator of the room.

Very truly yours,

Warren McDONALD

Inspector of Buildings

WMC/S

Encl: Outline of appeal procedure and check list as to compliance with Building Code requirements
CC: Mr. George E. Sears, 22 Cottage Street
Mr. William B. Millward, 37 Lane Avenue
✓ Edward T. Gignoux, Assistant Corporation Counsel

Abetting owner
is City of
Portland.



APPLICATION FOR PERMIT

Class of Building or Type of Structure Installation

Portland, Maine, May 8, 1947

PERMIT ISSUED

00975
MAY 10 1947

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for a permit to ~~construct~~ install the following building structure equipment in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Location 11 Carleton Street Within Fire Limits? Yes Dist. No. 3
 Owner's name and address Miss Mildred P. Craig, 11 Carleton St. Telephone _____
 Lessee's name and address _____ Telephone _____
 Contractor's name and address E. S. Boulos Co., 52 Free Street Telephone 2-3707
 Architect _____ Specifications: _____ Plans no No of sheets _____
 Proposed use of building Lodging House No. families _____
 Last use _____ " _____ No. families _____
 Material brick No. stories 2 1/2 Heat _____ Style of roof _____ Roofing _____
 Other buildings on same lot _____ Fee \$ 1.00
 Estimated cost \$ _____ Fee \$ 1.00

General Description of New Work

To install automatic fire alarm using "Protectowire" lines of fire-detecting wire (made by The Protectowire Co.) not more than 15' apart nor more than 7'6" from any wall or partition extending to ceiling, to cover entire basement or cellar and sub-cellar, if any, all public and stair halls, all closets off halls or under stairs, all hazardous rooms and attached garage, if any--alarm gongs, distinctive in tone, in such strength of signal, number and location as to arouse all persons for whose protection intended--current supplied by dry batteries of capacity to ring all gongs simultaneously at full signal strength and to operate system for at least one year from installation of batteries. Batteries installed in substantial cabinet of no less than 14 gauge steel or well-seasoned wood at least 3/4" thick, with hinged door and catch, located not less than 6" nor more than 6' above floor in dry, clean place where temperature will not go below 40 degrees F. nor above 100 degrees. Switch will be provided in battery cabinet arranged to shut off gongs in case of false alarm. System will have suitable button or switch so arranged and conveniently located to permit testing the system at frequent intervals. Installer will give full instructions to owner or operator of system as to proper operation of system and whom to secure for servicing if system gets out of order.

It is understood that this permit does not include installation of heating apparatus which is to be taken out separately by and in the name of the heating contractor.

Permit Issued with Memo (Fire Alarm)

Details of New Work

Is any plumbing involved in this work? _____ Is any electrical work involved in this work? _____
 Height average grade to top of plate _____ Height average grade to highest point of roof _____
 Size, front _____ depth _____ No. stories _____ solid or filled land? _____ earth or rock? _____
 Material of foundation _____ Thickness, top _____ bottom _____ cellar _____
 Material of underpinning _____ Height _____ Thickness _____
 Kind of roof _____ Rise per foot _____ Roof covering _____
 No. of chimneys _____ Material of chimneys _____ of lining _____ Kind of heat _____ fuel _____
 Framing lumber--Kind _____ Dressed or full size? _____
 Corner posts _____ Sills _____ Girt or ledger board? _____ Size _____
 Girders _____ Size _____ Columns under girders _____ Size _____ Max. on centers _____
 Stairs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
 Joists and rafters: 1st floor _____, 2nd _____, 3rd _____, roof _____
 On centers: 1st floor _____, 2nd _____, 3rd _____, roof _____
 Maximum span: 1st floor _____, 2nd _____, 3rd _____, roof _____
 If one story building with masonry walls, thickness of walls? _____ height? _____

If a Garage

No. cars now accommodated on same lot _____, to be accommodated _____ number commercial cars to be accommodated _____
 Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? _____

Miscellaneous

Will work require disturbing of any tree on a public street? _____
 Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? _____

APPROVED:

Signature of owner

E. S. Boulos Co.
[Signature]

ACTION COPY

Permit No 47/975

Location 11 Carleton St

Owner Mildred Craig

Date of permit 5/10/47

Notif. closing-in

Inspn closing-in

Final Notif.

Final Inspn. 8/15/47

rt. of Occupancy issued

NOTES

5-27-47 No work started
9/15/47 Ready for
inspection. C.K.

APARTMENT HOUSE 7024T

Complaint No. C-46-165

Location 11 Coulton Street

Date Received 12/16/46

Date Disposed of

NOTES

719147

see letter to

and conf. by v. l.

~~UMP~~

File: C-46-165-I

✓ATH
✓ESS
✓ERT
✓ATS
✓PH
✓VDC
✓WJ
✓BS

March 20, 1947

To: Edward T. Gignoux
Assistant Corporation Counsel

Subject: Request for opinion as to classification
of use of one room in the building at 11 Carle-
ton Street in an Apartment House Zone

May I have the benefit of your opinion as to the classification of the use of
one room in the building of Mildred A. Craig at 11 Carleton Street?

This question comes to my attention because we have found the building in vio-
lation of the Building Code in that it was converted in 1943 from a single family
dwelling house with private office of the doctor resident there to a lodging house
without a building permit or certificate of occupancy and without complying with the
Building Code as to safety features required for a lodging house.

At the same time that the change was made from dwelling to lodging house, a
telephone answering service was established by the owner in one room in the first
story and is still being conducted there. It appears that this answering service
consists of taking calls for doctors and others that may be away and referring them
to the proper place and perhaps calls are received for nurses also and nurses supplied
from this office. The owner lives in the building and conducts the lodging house,
also the telephone answering service which I understand is operated 24 hours a day
with two full-time employees besides the owner.

The lodging house use, if we can get it straightened out under the Building
Code, is a conforming use in the Apartment House Zone where the property is located,
and the owner has her apartment or home in the building. The question is if the use
of this room is an accessory use customarily incident to the operator's apartment.

There is an interesting discussion of this subject on Page 101 of "Zoning"
by Edward M. Bassett.

Inspector of Buildings

WMCD/S



FILL IN COMPLETELY AND SIGN WITH INK

PERMIT ISSUED

Permit No. 112813

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

Portland, Maine, July 5, 1940

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 11 Carleton Street Use of Building dwelling house No. Stories 2 1/2 New Building Existing Name and address of owner of appliance Mr. William H. Bradford, 11 Carleton St. Installer's name and address Harris Oil Co., 17 Main St., So. Portland Telephone 2-8304

General Description of Work:

To install Oil Burning Equipment in connection with existing steam heat

REGULATION BEFORE LAYING OR CLOSING UP

IF HEATER, POWER BOILER OR COOKING DEVICE

APPLY CASE OF UNDERWRITERS LABORATORY MEASUREMENT IS WANTED OIL

Is appliance or source of heat to be in cellar? yes If not, which story Kind of Fuel Material of supports of appliance (concrete floor or what kind) concrete 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 OIL BURNER

Name and type of burner Fluid Heat Labeled and approved by Underwriters' Laboratories? yes Will operator be always in attendance? Type of oil feed (gravity or pressure) gravity Location oil storage basement No. and capacity of tanks 1 - 275 gal. Will all tanks be more than seven feet from any flame? yes How many tanks fireproofed?

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.)

Harris Oil Co.

Signature of Installer by Dan E. Archer

INSPECTION COPY

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Permit No. 40/873

Location 11 Carleton St.

Owner Dr. Wm. H. Bradford

Date of Permit 7/5/40

Post Card sent

Notif. for insp. None

Approval Tag issued 7/7/41

Oil Burner Check last (date) 7/17/41

- 1. Kind of heat Gas
- 2. Label
- 3. Anti-siphon
- 4. Oil storage
- 5. Tank distance
- 6. Vent Pipe
- 7. Fill Pipe
- 8. Gauge
- 9. Rigidity
- 10. Feed safety
- 11. Pipe sizes and material
- 12. Control valve
- 13. Ash pit vent
- 14. Temp. or pressure safety
- 15. Instruction card
- 16. Soft line attached to the pipe

NOTES



Application for Permit for Alterations and Miscellaneous Structures

CLASS OF BUILDING OR TYPE OF STRUCTURE 1st

Portland, Maine, September 13/26 19

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to alter the following described building according to the following specifications, the Laws of the State of Maine, and the Building Ordinance of the City of Portland:

Location 11 Carleton Street Ward 6 Within Fire Limits? no

Owner's name and address? Dr. H Bradford, 200 State Street

Contractor's name and address? Frank J. Perry, Inc., Prospect Building

Architect's name and address? _____

Last use of building? dwelling No. Families? 1

Proposed use of building? dwelling private car garage No. Families? 1

Description of Present Building

Material brick No. of Stories 3 1/2 Style of Roof pitch Roofing slate

General Description of New Work

Build addition of brick one story, high 6x20 feet with flat tar & gravel roof to be used as reception room and toilet, etc. in full size window in toilet, put in six partitions, change location of inside doors, change location of bathroom on 2nd floor and install new bathroom on 3rd floor. All bathrooms to have full size windows. Garage in basement as per sketch attached

Size of New Framing Members

Corner posts? _____ Sills? _____ Rafters or roof beams? _____ on center? _____

Material and size of columns under girders? _____ on center? _____

Ledger board used? _____ Size? _____ Studs (outside walls and carrying partitions) 2 x 4 16" O. C.

Girders 7" x 8" or larger. Bridging in every floor and flat roof span over 8 feet. Sills and corner posts will be all one piece in cross section.

Floor timbers: 1st floor _____, 2nd _____, 3rd _____, 4th _____

On centers: 1st floor _____, 2nd _____, 3rd _____, 4th _____

Span: 1st floor _____, 2nd _____, 3rd _____, 4th _____

If 1st or 2nd Class Construction

External walls } thickness { 1st story _____, 2nd story _____

Party walls } thickness { 1st story _____, 2nd story _____

Other Details New Construction

To be erected on solid or filled land? solid earth or rock? _____

Material of foundation? stone Thickness, top? 18 bottom? 18

Material of underpinning? brick over 4 ft. high? 3/4 thickness? 8in

Kind of roof (pitch, hip, etc.)? flat Kind of roofing? tar & gravel

No. of new chimneys? no Material of chimneys? _____ of lining? _____

If a Private Garage

No. cars now accommodated on lot? none Total number to be accommodated? 1

Other buildings on same lot? none none

Distance from nearest present building to proposed garage? _____ in basement

All parts of garage, including eaves, will be at least 2 ft. from all lot lines.

Garage will be at least 10 feet from nearest windows of adjoining property.

Miscellaneous

Will the above construction require the removal or disturbing of any shade tree on the public street? no

Plans filed as part of this application? sketch No. sheets? 1

Estimated total cost \$ 4,000. Fee? 2.00

Signature of owner or authorized representative? [Signature]