

254 Brackett Street

BRAINMAN

SHAW-WALKER
#8502-1R



CITY OF PORTLAND

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

January 19, 1982

Mr. & Mrs. Hazell & Michael H. Kearney, Jts.
23 Pine Street
Portland, Maine 04102

Re: 254 Brackett St. 55-B-9 NDP

Dear Mr. & Mrs. Kearney:

The Housing Inspections Division of the Department of Planning and Urban Development has recently completed an inspection of your property in conjunction with the above referred program.

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 item that could cause future problems.

RIGHT FRONT EXTERIOR ROOF - broken fascia board.

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. Noyes
Lyle D. Noyes,
Inspection Services Division

Wanda Leary
Code Enforcement Officer Leary (5)

jmr



CITY OF PORTLAND

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

January 19, 1982

Mr. & Mrs. Hazell & Michael H. Kearney, Jts.
23 Pine Street
Portland, Maine 04102

Re: 254 Brackett St. 55-B-9 NDP

Dear Mr. & Mrs. Kearney:

The Housing Inspections Division of the Department of Planning and Urban Development has recently completed an inspection of your property in conjunction with the above referred program.

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 item that could cause future problems.

RIGHT FRONT EXTERIOR ROOF - broken fascia board.

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. Moyer
Lyle D. Moyer,
Inspection Services Division

Wanda Leary
Code Enforcement Officer - Leary (5)

jmr

City of Portland

Neighborhood Conservation Department
DWELLING UNIT SCHEDULE

Housing Inspection Division

INSP DATE: 1/19/12
 TENANT'S NAME: ROBERT SAVAGE
 FLR.#: 1
 LOCATION: DU
 RMG. TP.: 3
 #RMS.: 2
 #PEO.: 4
 #ALL'D SLP RM.: 1
 INSP: 1/2
 FORM NO.:
 Handwritten: OK 1st Inspection

Rent	Rent Code	Furn	Heat	Hot Water	Dual Egress	CK'ng	Lav.	Bath	Flush
		No	None	Yes	Yes	LC	DL	DL	DL

KITCHEN

<input checked="" type="checkbox"/> Plaster - L,C,M, - Ceiling/Walls	3(b)	CODE
<input checked="" type="checkbox"/> Windows - loose, broken glass, glaze	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"/> Doors - Knob/lk - missing - Panels/Frames dam.	3(b)	
<input checked="" type="checkbox"/> Counter/Stor. Space Yes ___ No ___	-	
<input checked="" type="checkbox"/> Sink - chipped, cracked, leaks	6(d)	
<input checked="" type="checkbox"/> Range - improper stack, flue, vent	3(a)	
<input checked="" type="checkbox"/> Refrigerator Space Yes ___ No ___	-	
<input checked="" type="checkbox"/> Plumbing (a) 6(a) Water Supply Hot ___ Cold ___	6(c)	
<input checked="" type="checkbox"/> Electrical (a)		
<input checked="" type="checkbox"/> Sanitation (a)		

BATHROOM

<input checked="" type="checkbox"/> Plaster - L, C, M - Ceiling/Walls	3(b)	CODE
<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"/> Floor - loose, worn, dam., buckled	3(b)	
<input checked="" type="checkbox"/> Door - knob/lk - missing - Panels/Frames dam.	3(b)	
<input checked="" type="checkbox"/> Toilet - Tnk - brkn, loose, leaks, Seat, 1' se-crkd	6(d)	
<input checked="" type="checkbox"/> Lavatory - chipped, crkd, leaks, trap leaks	6(d)	
<input checked="" type="checkbox"/> Bathtub/Shower - leaks cross connection	6(d)	
<input checked="" type="checkbox"/> Ventilation Yes ___ No ___	7	
<input checked="" type="checkbox"/> Plumbing (b) 6(a) Water Supply Hot ___ Cold ___	7(c)	
<input checked="" type="checkbox"/> Electrical (b)		
<input checked="" type="checkbox"/> Sanitation (b)		

LIVING ROOM

<input checked="" type="checkbox"/> Plaster -L, C, M, - Ceiling/Walls	3(b)	CODE
<input checked="" type="checkbox"/> Windows - loose, broken, glaze	3(c)	
<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn	3(c)	
<input checked="" type="checkbox"/> Floor - loose, worn, damaged	3(b)	
<input checked="" type="checkbox"/> Door - knob/lk - missing -Panels/Frames dam.	3(b)	
<input checked="" type="checkbox"/> Electrical (c)		
<input checked="" type="checkbox"/> Sanitation (c)		

DINING ROOM

<input type="checkbox"/> Plaster - L, C, M- Ceiling/Walls	3(b)	CODE
<input type="checkbox"/> Windows - loose, broken, glaze	3(c)	
<input type="checkbox"/> Sash/Frames - broken, missing, worn	3(c)	
<input type="checkbox"/> Floor - loose, worn, damaged	3(b)	
<input type="checkbox"/> Doors - knobs/lk - missing, Panels/Frames dam.	3(b)	
<input type="checkbox"/> Electrical (d)		
<input type="checkbox"/> Sanitation (d)		

Bedrooms and/or other rooms

		Code
<input type="checkbox"/> Plaster - L, C, M -Ceilings/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: _____

REMARKS:

City of Portland

Neighborhood Conservation Department
DWELLING UNIT SCHEDULE

Housing Inspection Division

INSP DATE
11/11/87

OK 1st Inspection

INSP FORM NO.

TENANTS NAME	FLR.#	LOCATION	RMG. TP.	#RMS.	#PEO.	#ALL'D	SLP RM.
MARGARET FREDERIX	2	FL	DU	1	1	2	1

Rent	Rent Code	Furn	Heat	Hot Water	Dual Egress	Ck'ng	Lav.	Bath	Flush
			05	105	265		PL	PH	

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 ___ No ___	-	<input checked="" type="checkbox"/> Toilet - Tnk - brkn, loose, leaks, Seat, 1'se-crkd6(d)	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 ___ No ___	-	<input checked="" type="checkbox"/> Ventilation Yes ___ No ___	7
<input checked="" type="checkbox"/> Plumbing (a) 6(a) Water Supply Hot ___ Cold ___	6(c)	<input checked="" type="checkbox"/> Plumbing (b) 6(a) Water Supply Hot <u>Cold</u>	7(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/lk - missing-Panels/Frames dam.	3(b)	<input type="checkbox"/> Doors - knobs/lk - 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 -Ceilings/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

Neighborhood Conservation Department
DWELLING UNIT SCHEDULE

Housing Inspection Division

INSP DATE		TENANT'S NAME		FLR.#	LOCATION	RMG. TP.	#RMS.	#PEO.	#ALL'D	SLP RM.	FORM NO.
1/18/72		D. D. UGAT		2	R/E	DV	2	1	1		
Rent	Rent Code	Furn	Heat	Hot Water	Dual Egrcss	Ck'ng	Lav.	Bath	Flush		
		NO	F-OFF	YES	YES	IG	PL	PB			
KITCHEN				BATHROOM							
<input checked="" type="checkbox"/> Plaster - L, C, M, - Ceiling/Walls <input checked="" type="checkbox"/> Windows - loose, broken glass, glaze <input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn <input checked="" type="checkbox"/> Floor - loose, worn, dam., buckled <input checked="" type="checkbox"/> Doors - Knob/lk - missing - Panels/Frames dam. <input checked="" type="checkbox"/> Counter/Stor. Space Yes ___ No ___ <input checked="" type="checkbox"/> Sink - chipped, cracked, flue, vent <input checked="" type="checkbox"/> Range - Improper stack, flue, vent <input checked="" type="checkbox"/> Refrigerator Space Yes ___ No ___ <input checked="" type="checkbox"/> Plumbing (a) 6(a) Water Supply Hot ___ Cold ___ <input checked="" type="checkbox"/> Electrical (a) <input checked="" type="checkbox"/> Sanitation (a)				CODE 3(b) 3(c) 3(b) 3(b) 6(d) 3(e) 6(c) CODE 3(b) 3(c) 3(c) 3(b) 6(d) 6(d) 7 7(c) CODE 3(b) 3(c) 3(c) 3(b)							
LIVING ROOM				DINING ROOM							
<input checked="" type="checkbox"/> Plaster - L, C, M, - Ceiling/Walls <input checked="" type="checkbox"/> Windows - loose, broken, glaze <input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn <input checked="" type="checkbox"/> Floor - loose, worn, damaged <input checked="" type="checkbox"/> Door - knob/lk - missing - Panels/Frames dam. <input checked="" type="checkbox"/> Electrical (c) <input checked="" type="checkbox"/> Sanitation (c)				CODE 3(b) 3(c) 3(c) 3(b) 3(b) CODE 3(b) 3(c) 3(c) 3(b)							
Bedrooms and/or other rooms											
				<input type="checkbox"/> Plaster - L, C, M - Ceilings/Walls <input type="checkbox"/> Windows - Loose, broken, glaze <input type="checkbox"/> Sash/Frames - broken, missing, worn <input type="checkbox"/> Floors - loose, worn, damaged <input type="checkbox"/> Door - knobs/lk - missing - Panels/Frames dam. <input type="checkbox"/> Electrical (e) <input type="checkbox"/> Sanitation (e) <input type="checkbox"/> Clothes Closet Yes ___ No ___							
				Sanitation - Vermin 0 R							
Plumbing				Electrical							

OK 1st Inspection

REMARKS:

City of Portland

Neighborhood Conservation Department
DWELLING UNIT SCHEDULE

Housing Inspection Division

INSPECTION DATE: 1/18/82
 TENANT'S NAME: COLCINS
 FLR.#: 1
 LOCATION: LE DU 2
 RMG.TP: 1
 #RMS: 2
 #PEO: 1
 #ALL'D SLP RM: 3
 INSPECTION TYPE: 1
 FORM NO.:

OK 1st Inspection

Room	Code	Plaster	Windows	Sash/Frames	Floor	Doors	Counters	Sinks	Ranges	Refrigerators	Plumbing	Electrical	Sanitation
KITCHEN		(<input checked="" type="checkbox"/>) Plaster - L, C, M, - Ceiling/Walls	(<input checked="" type="checkbox"/>) Windows - loose, broken glass, glaze	(<input checked="" type="checkbox"/>) Sash/Frames - broken, missing, worn	(<input checked="" type="checkbox"/>) Floor - loose, worn, dam., buckled	(<input checked="" type="checkbox"/>) Doors - Knob/lk - missing - Panels/Frames dam.	(<input checked="" type="checkbox"/>) Counter/Stor. Space Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(<input checked="" type="checkbox"/>) Sink - chipped, cracked, flue, vent	(<input checked="" type="checkbox"/>) Range - improper stack, flue, vent	(<input checked="" type="checkbox"/>) Refrigerator Space Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(<input checked="" type="checkbox"/>) Plumbing (a) 6(a) Water Supply Hot <input checked="" type="checkbox"/> Cold <input checked="" type="checkbox"/>	(<input checked="" type="checkbox"/>) Electrical (a)	(<input checked="" type="checkbox"/>) Sanitation (a)
LIVING ROOM		(<input checked="" type="checkbox"/>) Plaster - L, C, M, - Ceiling/Walls	(<input checked="" type="checkbox"/>) Windows - loose, broken, glaze	(<input checked="" type="checkbox"/>) Sash/Frames - broken, missing, worn	(<input checked="" type="checkbox"/>) Floor - loose, worn, damaged	(<input checked="" type="checkbox"/>) Door - knob/lk - missing - Panels/Frames dam.	(<input checked="" type="checkbox"/>) Electrical (c)	(<input checked="" type="checkbox"/>) Sanitation (c)					
BATHROOM		(<input checked="" type="checkbox"/>) Plaster - L, C, M - Ceiling/Walls	(<input checked="" type="checkbox"/>) Window - loose, broken glass, glaze	(<input checked="" type="checkbox"/>) Sash/Frames - broken, missing, worn	(<input checked="" type="checkbox"/>) Floor - loose, worn, dam., buckled	(<input checked="" type="checkbox"/>) Door - knob/lk - missing - Panels/Frames dam.	(<input checked="" type="checkbox"/>) Toilet - Tnk - brkn, loose, leaks, Seat, 1'se-crkd	(<input checked="" type="checkbox"/>) Lavatory - chipped, crkd, leaks, trap leaks	(<input checked="" type="checkbox"/>) Bathtub/Shower - leaks cross connection	(<input checked="" type="checkbox"/>) Ventilation Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(<input checked="" type="checkbox"/>) Plumbing (b) 6(a) Water Supply Hot <input type="checkbox"/> Cold <input checked="" type="checkbox"/>	(<input checked="" type="checkbox"/>) Electrical (b)	(<input checked="" type="checkbox"/>) Sanitation (b)
DINING ROOM		(<input type="checkbox"/>) Plaster - L, C, M - Ceiling/Walls	(<input type="checkbox"/>) Windows - loose, broken, glaze	(<input type="checkbox"/>) Sash/Frames - broken, missing, worn	(<input type="checkbox"/>) Floor - loose, worn, damaged	(<input type="checkbox"/>) Doors - knobs/lk - missing, Panels/Frames dam.	(<input type="checkbox"/>) Electrical (d)	(<input type="checkbox"/>) Sanitation (d)					
Bedrooms and/or other rooms		(<input type="checkbox"/>) Plaster - L, C, M - Ceilings/Walls	(<input type="checkbox"/>) Windows - Loose, broken, glaze	(<input type="checkbox"/>) Sash/Frames - broken, missing, worn	(<input type="checkbox"/>) Floors - loose, worn, damaged	(<input type="checkbox"/>) Door - knobs/lk - missing - Panels/Frames dam.	(<input type="checkbox"/>) Electrical (e)	(<input type="checkbox"/>) Sanitation (e)	(<input type="checkbox"/>) Clothes Closets	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sanitation - Vermin O R		

REMARKS:

Plumbing

Electrical

CERTIFICATE
OF
COMPLIANCE

CITY OF PORTLAND
Health Department - Housing Inspections Division
Telephone: 775-5451 - Extension 448

July 21, 1975 /

Mr. Micheal Kearny
690 Congress Street
Portland, Maine 04102

Re: Premises located at 254 Brackett Street, Portland, Maine 55-B-9

Dear Mr. Kearny:

A re-inspection of the premises noted above was made on July 16, 1975
by Housing Inspector Balley.

This is to certify that you have complied with our request to correct the violation of
the Municipal Codes relating to housing conditions as described in our "Notice of
Housing Conditions" dated May 14, 1975.

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

In order to aid in the preservation of Portland's existing
housing inventory, it shall be the policy of this department
to inspect each residential building at least once every
five years. Although a property is subject to re-inspection
at any time during the said five year period, the next regular
inspection of this property is scheduled for 1980.

Sincerely yours,
David C. Bittenbender
(Acting)
Health Director

By Luke D. Hayes
Chief of Housing Inspections

Inspector

Robert Bailey
R. Bailey

LDN:rl

LDN/72

NOTICE OF HOUSING CONDITIONS

DU 5

CITY OF PORTLAND
Health Department - Housing Division
Telephone 775-5451 - Extension 448

Ch.-Bl.-Lot: 55-B-9
Location: 254 Brackett Street
Project: General
Issued: May 14, 1975
Expires: July 14, 1975

Mr. Micheal Kearny
690 Congress Street
Portland, Maine 04102

OK
DATE 7-16-75

Dear Mr. Kearny:

An examination was made of the premises at 254 Brackett Street, Portland, Maine, by Housing Inspector Bailey. 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 July 14, 1975. 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 re-inspection within the time set forth above, will anticipate that the premises have been brought into compliance with Code Standards.

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

Sincerely yours,

David C. Bittenbender
Health Director (Acting)

Inspector R. Bailey

By [Signature]
Chief of Housing Inspections

EXISTING VIOLATIONS OF CHAPTER 307 - "MINIMUM STANDARDS FOR HOUSING" - Section(s)

First Floor

1. ~~Provide a bathtub or shower in the bathroom of this dwelling unit.~~ 6d

Second Floor - Front

2. ~~Provide a three-piece bath for this dwelling unit consisting of a flush toilet, lavatory, bathtub or shower.~~ 6d

Third Floor - Front

3. ~~Provide a three-piece bath for this dwelling unit consisting of a flush toilet, lavatory, bathtub or shower.~~ 6d

LDN:rl

NOTICE OF HOUSING CONDITIONS

CITY OF PORTLAND
Health Department - Housing Division
Telephone 775-5451 - Extension 448

Mr. Arthur E. Fulton
254 Brackett Street
Portland, Maine 04102

DU 5

Chart-Bl.-Lot: 55-B-9
Locatic.: 254 Brackett Street
Project: General
Issued: 4-16-75
Expires: 6-16-75

Dear Mr. Fulton:

An examination was made of the premises at 254 Brackett Street
Portland, Maine, by Housing Inspector Bailey. 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 the
defect on or before June 16, 1975. 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 re-inspection within the time set forth above, will anticipate that the
premises have been brought into compliance with Code Standards.

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

Very truly yours,
David C. Bittenbender
Health Director (Acting)

Inspector

R. Bailey
R. Bailey

By [Signature]
Chief of Housing Inspections

EXISTING VIOLATIONS OF CHAPTER 307 - "MINIMUM STANDARDS FOR HOUSING"

- | | Section(s) |
|--|------------|
| <u>First Floor</u> | |
| 1. Provide a bathtub or shower in the bathroom of this dwelling unit. | 6-d |
| <u>Second Floor - front</u> | |
| 2. Provide a three-piece bath for this dwelling unit consisting of a flush toilet,
lavatory, bathtub or shower. | 6-d |
| <u>Third Floor - front</u> | |
| 3. Provide a three-piece bath for this dwelling unit consisting of a flush toilet,
lavatory, bathtub or shower. | 6-d |

REINSPECTION RECOMMENDATIONS

INSPECTOR B. Bailey

LOCATION 254 Brackett St
 PROJECT GEN
 OWNER BEHAVY FULTON

NOTICE OF HOUSING CONDITIONS		HEARING NOTICE		FINAL NOTICE	
Issued	Expired	Issued	Expired	Issued	Expired
<u>4-16-75</u>	<u>6-16-75</u>				

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

DATE		ALL VIOLATIONS HAVE BEEN CORRECTED	Send "CERTIFICATE OF COMPLIANCE"	"POSTING RELEASE"
<u>7-16-75</u>	<u>DB</u>	<u>X</u>	<u>X</u>	
		SATISFACTORY Rehabilitation in Progress		
		Time Extended To _____		
		Time Extended To _____		
		Time Extended To _____		
		UNSATISFACTORY Progress		
		Send "HEARING NOTICE" _____ "FINAL NOTICE" _____		
		"NOTICE TO VACATE" _____		
		POST Entire _____		
		POST Dwelling Units _____		
		UNSATISFACTORY Progress		
		Request "LEGAL ACTION" Be Taken _____		
		INSPECTOR'S REMARKS: _____		

		INSTRUCTIONS TO INSPECTOR: _____		

P 032 225 373

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

RE: 254 Brackett St. - J. Torres - Housing

Sent to James & Theresa Quincannon	
Street and No. Susan Lane	
P.C. State and ZIP Code Palmouth, ME 04105	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, Feb 1982 * U.S.G.P.O. 1984-446-014

Re: 254 Brackett St - J. Torres - Housing

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)
3. Insured (Extra charge)

3. Article Addressed to: James & Theresa Quincannon Susan Lane Palmouth, ME 04105	4. Article Number 225 373
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee <i>James Quincannon</i>	6. Addressee's Address (ONLY if Requested and fee paid)
6. Signature - Agent <i>[Signature]</i>	
7. Date of Delivery	

PS Form 3811, Mar 1987 * U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

February 6, 1989

James E. & Theresa R. Quincannon
Susan Lane
Falmouth, ME 04105

Re: 254 Brackett Street 55-B-9

Dear Mr. & Mrs. Quincannon:

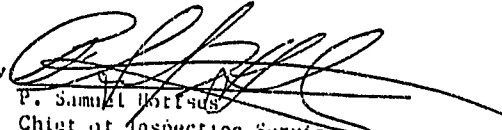
We recently received a complaint and an inspection was made by Code Enforcement Officer Joseph Torres of the property owned by you at 254 Brackett Street, Portland, Maine. As a result of the inspection, you are hereby ordered to correct the following substandard housing conditions:

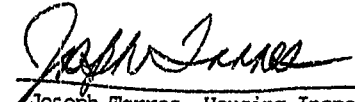
1. INTERIOR SECOND FLOOR, APT. #4 - BEDROOM WINDOW - broken glass. 108-3
2. INTERIOR SECOND FLOOR, APT. #4 - BATHROOM - inadequate hot water. 111-3
3. INTERIOR SECOND FLOOR, APT. #5 - FRONT DOOR - broken. 108-3

The above mentioned conditions are in violation of Article V of the Municipal Code of the City of Portland, Maine, and must be corrected on or before Item #2, February 9, 1989, Items #1 & #3, February 17, 1989.

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

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

By 
P. Samuel Torres
Chief of Inspection Services


Joseph Torres, Housing Inspector

jmr

CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND MAINE 04101
(207)874-8300



DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

DATE: June 14, 1990

DD.

Housing Inspections Division
Telephone: 874-8300

James E. & Theresa R. Quincannon
Susan Lane
Falmouth, ME 04105

RE: Premises located at 254 Brackett St. 55-B-9

Dear Mr. & Mrs. Quincannon:

A re-inspection of the premises noted above was made on May 5, 1989
by Code Enforcement Officer Marland Wing.


This is to certify that you have complied with our request to correct the
violation(s) of the Municipal Code relating to housing conditions as described
in our "Letter of Defects" dated February 6, 1989.


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

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

Sincerely yours,

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

By 
P. Samuel Hoffses
Chief of Inspection Services


Marland Wing (5)
Code Enforcement Officer



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

February 6, 1989

James E. & Theresa R. Quincannon
Susan Lane
Falmouth, ME 04105

797-6530

Re: 254 Brackett Street 55-B-9

Dear Mr. & Mrs. Quincannon:

We recently received a complaint and an inspection was made by Code Enforcement Officer Joseph Torres of the property owned by you at 254 Brackett Street, Portland, Maine. As a result of the inspection, you are hereby ordered to correct the following substandard housing conditions:

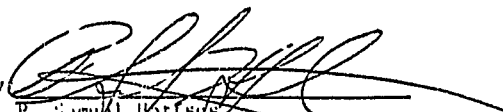
- 1. INTERIOR SECOND FLOOR, APT. #4 - BEDROOM WINDOW - broken glass. 108-3
- 5-5-89 2. INTERIOR SECOND FLOOR, APT. #4 - BATHROOM - inadequate hot water. 111-3
- 5-5-89 3. INTERIOR SECOND FLOOR, APT. #5 - FRONT DOOR - broken. 108-3

Corrected

The above mentioned conditions are in violation of Article V of the Municipal Code of the City of Portland, Maine, and must be corrected on or before Item #2, February 9, 1989, Items #1 & #3, February 17, 1989.

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

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

By 
P. Samuel Kottus
Chief of Inspection Services

Joseph Torres, Housing Inspector

jmr



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

December 14, 1988

Mr. John Cutler
P. O. Box 804
Kennebunk ME 04043

OK
DATE 1/12/89

Re: 234 Brackett St.
1st Floor Rear Apt.

Dear Mr. Cutler:

We recently received a complaint and an inspection was made by Code Enforcement Officer Merlin Leary of the property owned by you at 234 Brackett St., 2nd Fl. Re., Portland, Maine. As a result of the inspection, you are hereby ordered to correct the following substandard housing conditions:

- * 1. ~~Lack of heat in habitable room. Required temperature 68°. Sec. 6-114-2.~~
- 2. ~~Exterior door needs to be weathertight. 108-3.~~

The above mentioned conditions are in violation of Article V of the Municipal Code of the City of Portland, Maine, and must be corrected on or before Item #1, December 15, 1988 and Item #2, January 14, 1989.

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

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

P. Samuel Holmes
Chief of Inspection Services

Merlin Leary (5)
Code Enforcement Officer (5)

imr

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

May 3, 1993

Scott Joslyn
P.O. Box 362
Portland, ME 04112

Re: 254 Brackett St
CBL: 055-B-039009
DU: 5

Dear Mr. Joslyn,


As owner or agent of the above referred property, you are hereby notified that as a result of its opened condition, the structure poses a serious threat to the public health and safety.


You are hereby ordered to make the structure secure by boarding up all doors, windows and other openings on all vertical walls of the structure, so that no damage to life or property or fire hazard shall exist. You must also remove all debris, if any, from the yard surrounding the structure.

Pursuant to State Statute 17 MRSA Section 2856, the City has the right, and may exercise that right, to secure the structure and to recover, from you, the expense in so doing if you have not completed the order by May 14, 1993.

If you have any questions regarding this action, please do not hesitate to contact this office.

Sincerely,


Kathleen A. Lowe
Code Enforcement Officer


P. Samuel Hoffses
Chief of Inspection Services

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr
Director

CITY OF PORTLAND

September 17, 1993

BRICKHOUSE PROPERTIES
PO BOX 103
PORTLAND ME 04112

Re: 254 Brackett St
CBL: 055- - B-009-001-01
DU: 5

Dear Sir,


As owner or agent of the above referred property, you are hereby notified that as a result of its opened condition, the structure poses a serious threat to the public health and safety.


You are hereby ordered to make the structure secure by boarding up all doors, windows and other openings on all vertical walls of the structure, so that no damage to life or property or fire hazard shall exist. You must also remove all debris, if any, from the yard surrounding the structure.

Pursuant to State Statute 17 MRSA Section 2856, the City has the right, and may exercise that right, to secure the structure and to recover, from you, the expense in so doing if you have not completed the order by September 27, 1993.

If you have any questions regarding this action, please do not hesitate to contact this office.

Sincerely,


Kathleen A. Lowe
Code Enforcement Officer


P. Samuel Hoffses
Chief of Inspection Services