

80 Carleton Street 51-6-6-7-15

91

LONGF-SO. 1



SHAW-WALKER
CORPORATION

X

CERTIFICATE
OF
COMPLIANCE

CITY OF PORTLAND

March 12, 1979

Department of Neighborhood Conservation
Housing Inspections Division
Telephone: 775-5451 - Extension 448 - 358

Mr. Robert A. McDougal
P.O. Box 1744
Portland, Maine 04102

Re: Premises located at 89-91 Carleton Street, Portland, Maine NCP-WE 55-C-6-7-15

Dear Mr. McDougal:

A re-inspection of the premises noted above was made on March 12, 1979
by Housing Inspector Leary.

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 Nov. 30, 1978.

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 March 1984.

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

NOTICE OF HOUSING CONDITIONS

DU-10

City of Portland
 Department of Neighborhood Conservation
 Housing Inspections Division
 Tel. 775-5451 - Ext. 358 - 448

Ch.-Bl.-Lot: 55-C-6-7-15
 Location: 89-91 Carleton Street
 Project: MCP-West End
 Issued: 11-30-78
 Expired: 2-28-79

Mr. Robert A. McDougal
 P. O. Box 1744
 Portland, Maine 04102

2100
 DATE 3/12/79

Dear Mr. McDougal:

An examination was made of the premises at 89-91 Carleton Street, Portland, Maine, by Housing Inspector Leary. 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 February 28, 1979. 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 Standards. Please contact this office if you have any questions regarding this notice.

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

Very truly yours,
 Joseph E. Gray, Jr., Director
 Neighborhood Conservation

Inspector Leary

By Lyle D. Noyes
 Lyle D. Noyes,
 Chief of Housing Inspections

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

2.4.1	REAR PORCH	stairs - install railing and handrail	3-d
2.4.2	LEFT FRONT AND LEFT REAR CELLAR	windows - replace broken glass	3-c
2.4.3	THIRD FLOOR LEFT FRONT HALL	wall - replace missing switch cover	3-a
2.4.4	REAR CELLAR	ceiling - replace missing junction box cover	3-a
2.4.5	FRONT CELLAR	foundation - replace missing mortar	3-a
2.4.6	First Floor - right rear	LIVING ROOM window - replace missing counter balance cords allowing window sash to remain elevated when opened	3-c
2.4.7	Second Floor - right rear	KITCHEN, LIVING ROOM AND BEDROOM windows - replace missing counter balance cords allowing window sash to remain elevated when opened	3-c
2.4.8	Third Floor - right	KITCHEN window - replace missing counter balance cords allowing window sash to remain elevated when opened	3-c

continued -

89-91 Carleton Street - continued

~~First Floor - left front~~

- ~~7-9 9. KITCHEN window replace broken glass.~~
- ~~7-9 10. KITCHEN window replace missing counter-balance cords allowing window sash to remain elevated when opened.~~

~~First Floor - left rear~~

- ~~7-9 11. KITCHEN window replace broken glass.~~
- ~~7-9 12. KITCHEN window replace missing counter-balance cords allowing window sash to remain elevated when opened.~~
- ~~7-9 13. KITCHEN wall replace missing outlet cover.~~

~~Second Floor - left front~~

- ~~7-9 14. KITCHEN window replace broken glass.~~
- ~~7-9 15. KITCHEN wall replace missing outlet switch covers.~~

*WHEN MAKING YOUR REPAIRS, FIRST PRIORITY IS TO BE GIVEN TO ITEMS WITH ASTERISKS, AS THEY CONSTITUTE EXTREME HAZARDS to the HEALTH OR SAFETY OF THE OCCUPANTS OF THE STRUCTURE.

We suggest you contact the City of Portland Building Inspection Department, 389 Congress Street - tel. 775-5451 - to determine if any of the items listed above require a building or alteration permit.

REINSPECTION RECOMMENDATIONS

LOCATION 89-91 Calator

INSPECTOR M Leary

PROJECT NCP West End

OWNER Robert McDougal

NOTICE OF HOUSING CONDITIONS		HEARING NOTICE		FINAL NOTICE	
Issued	Expired	Issued	Expired	Issued	Expired
<u>11-30-78</u>	<u>2-28-79</u>				

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

DATE <u>3-9-79 ml</u>	<p>ALL VIOLATIONS HAVE BEEN CORRECTED Send "CERTIFICATE OF COMPLIANCE" POSTING RELEASE</p>
	<p>SATISFACTORY Rehabilitation in Progress</p> <p>Time Extended To: _____</p> <p>Time Extended To: _____</p> <p>Time Extended To: _____</p>
	<p>UNSATISFACTORY Progress Send "HEARING NOTICE" _____ "FINAL NOTICE" _____</p>
	<p>"NOTICE TO VACATE" _____ POST Entire _____ POST Dwelling Units _____</p>
	<p>UNSATISFACTORY Progress "LEGAL ACTION" To Be Taken _____</p>
<u>3-9-79 ml</u>	<p>INSPECTOR'S REMARKS: <u>All violations corrected.</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>INSTRUCTIONS TO INSPECTOR: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>



CITY OF PORTLAND

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

January 17, 1984

#DU: 6

Mr. Robert McLaughal
P. O. Box 1744
Portland, Maine 04104

Re: 89-91 Carlton St. 55-C-6 WE


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

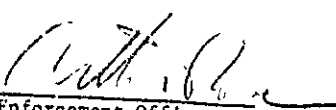
Congratulations are extended to you for the general condition of your property which was found to meet the standards established by the City's Housing Code.

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 
Lyle D. Noyes
Inspections Services Division


Code Enforcement Officer
Arthur Rowe (8)

jmr



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DIRECTOR OF PLANNING
AND URBAN DEVELOPMENT

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

By Lyle D. Noyes
Lyle D. Noyes
Inspections Services Division

Arthur Rowe
Code Enforcement Officer
Arthur Rowe (8)

jmr

Check out sheet
STRUCTURE INSPECTION SCHEDULE
 ARTICLE 5 HOUSING CODE

Housing Inspection Division

1) Insp. Name Terrell

2) Insp. Date 11/9/84 3) Insp. Type NCP 4) Proj. Code WLE 5) Assn.'s. Check 55 6) Blk. C 7) Lot 6 8) Conts. I. 1 9) Bldg. 8 10) Insp. 8 11) P.D. No. 89-91

12) Bus. No. 89-91 13) Sec. H. No. 122 14) Suff. ous 15) Direct. 122 16) Street Name CARLTON 17) Bldg. Design ST

18) Owner or Agent: Robert Mc Dougal 19) Status ABO 20) Bldg.'s Ra. 1

21) Address: PO Box 1744 Zip Code P/om 04104

22) City and State: P/om 04104

23) D. Units 6 24) Occ. D.U.'s 005 25) Rm. Units - 26) Occ. R.U.s - 27) No. Occupants 12 28) Com' IU. - 29) Bldg. Type DC 30) Stairs 3 31) Const. Mt. WD 32) O.B.'s N

33) C.H. N 34) Pho. 122 35) Zoned For ous 36) Actual Land Use ous 37) D.D. Mo 38) L.L. Ad. Bth. Fac. Mo 39) Disp. Mo 40) Closing Date -

EXTERIOR - Structure		Cd. Viol.	INTERIOR - Structure		Cd. Viol.
Foundation	EX/FO	108-2	Lighting		113
Walls	EX/WA	108-2	Elec. Wiring	EW	113
Roof	RO	108-2	Floors	FL	108-2
Porch	PO	108-4	Walls	IN/WA	108-2
Stairs	EX/SR	108-4	Ceilings	CE	108-2
Steps	SP	108-4	Windows	IN/WI	108-3
Doors	DO	108-3	Airshafts	AS	108-3
Windows	EX/WI	108-3	Roof Rafters	ROR	108-1
Eaves	EA	108-1	Sanitation	SAN	109-5
Trim	TR	108-1	Stairways	IN/SRW	108-4
Chimney	EX/CH	108-5	Stair Treads	SRT	108-4
Gutters	GU	108-1	Wastelines	WSL	111-4
Roof Drains	RD	108-1	Supply Lines	SUL	111-3
Bulkhead	BU	108-4	Stacks	ST	112-1
Outbuildings	GR - SH	108-4	Pipes	FU	112-1
Yard	YA		Vents	VE	112-1
Garbage	GA	109-4	Chimney	IN/CH	112-1
Radish	RU	109-4	Heating Equip. Furnace	FU	114-2
Containers	CO	109-4	Basmt. Sanitation	L1/tec - L1	109-4
Drainage	DR	108-1	Dampness	DMP	108-1
Distastation	IN-CR-FL	109-5	Lighting	BS/LI	113
Arts	RA	109-5	Elec. Panel	EL/pa	113
Other		109-5	Stairs	BS/SR	108-2
Fire Escape	FE	116-2	Foundation	IN/FO	108-2
Coal Egress	DE	116-2	Roof Joists		108-2
Walkways	DW		Carrying Timbers		108-2
Walks	WA				108-2
Fences	FN		Basmt. Dwelling Unit	BQU	110-6

Remarks on reverse side

89 Carlton St. ARTICLE 5 HOUSING CODE

City of Portland

Health Department
DWELLING UNIT SCHEDULE

Housing Inspection Division

INSP DATE 1/2/84 INSP FORM NO. 8

FLR.#	LOCATION	RMG.TP.	#RMS.	#PEO.	#ALL'D	SLRRM.
<u>1</u>	<u>Du</u>	<u>4</u>	<u>2</u>	<u>2</u>		<u>2</u>

TENANTS NAME Howley

Child Un. ID	Child	+ Lead Survey - Results	Rent	Rent Code	Furn	Hot Water	Dual Egrs.	Ck'ng.	Heat	Lav.	Bath	Flush
	<u>6</u>								<u>off</u>	<u>P</u>	<u>P</u>	<u>P</u>

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 - missing - Panels/Frames dam.	108-3	<input checked="" type="checkbox"/> Door - knob/lk - missing - Panels/Frames dam.	108-3
<input checked="" type="checkbox"/> Counter/Stor. Space Yes <u>No</u>	-	<input checked="" type="checkbox"/> Toilet - Tnk - brkn, loose, leaks, Seat, 'ise crkd.	111-1
<input checked="" type="checkbox"/> Sink - chipped, cracked, leaks	111-1	<input checked="" type="checkbox"/> Lavatory - shipped, crkd, leaks, rap leaks	111-1
<input checked="" type="checkbox"/> Range - improper stack, flue, vent	114-	<input checked="" type="checkbox"/> Bathtub/Shower - leaks cross connection	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 Supply Hot <u>Cold</u>	111-3	<input checked="" type="checkbox"/> Plumbing (b) 6(a) Water Supply 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, - Ceiling/Walls	108-2	<input checked="" type="checkbox"/> Plaster - L, C, M - Ceiling/Walls	108-2
<input checked="" type="checkbox"/> Windows - loose, broken, glaze	108-3	<input checked="" type="checkbox"/> Windows - loose, broken, 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, damaged	108-2	<input checked="" type="checkbox"/> Floor - loose, worn, damaged	108-2
<input checked="" type="checkbox"/> Door - knob/lk - missing - Panels/Frames dam.	108-3	<input checked="" type="checkbox"/> Doors - knobs/lk - missing, Panels/Frames dam.	108-3
<input checked="" type="checkbox"/> Electrical (c)	113	<input checked="" type="checkbox"/> Electrical (d)	113
<input checked="" type="checkbox"/> Sanitation (c)	109	<input checked="" type="checkbox"/> Sanitation (d)	109

Bedrooms and/or other rooms	Code
<input checked="" type="checkbox"/> Plaster - L, C, M - Ceiling/Walls	108-2
<input checked="" type="checkbox"/> Windows - Loose, broken, glaze	108-3
<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn	108-3
<input checked="" type="checkbox"/> Floors - loose, worn, damaged	108-2
<input checked="" type="checkbox"/> Door - knobs/lk - missing - Panels/Frames dam.	108-3
<input checked="" type="checkbox"/> Electrical (e)	113
<input checked="" type="checkbox"/> Sanitation (e)	109
<input checked="" type="checkbox"/> Clothes Closet Yes <u>No</u>	
Sanitation - Vermin <u>O</u> <u>R</u>	

Plumbing _____ Electrical _____ Sanitation - Vermin O R

REMARKS:

City of Portland

ARTICLE 5 HOUSING CODE
Health Department
DWELLING UNIT SCHEDULE

Housing Inspection Division

INSP DATE

1/9/84

FORM NO.

Act 2 15

TENANTS NAME										FLR.#	LOCATION	RMG. TP.	#RMS.	#PEO.	#ALL'D	SLRRM.
Vacant										2			4	2		2

Child Un. 10	Child 1 - 6	+ Lead Survey - Results	Rent	Rent Code	Furn	Hot Water	Dual Egrs.	Ck'ng.	Heat	Lav.	Bath	Flush		
						Y	Y	9	86	P	P	P		
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 - missing - Panels/Frames dam.					108-3	<input checked="" type="checkbox"/> Door - knob/lk - missing - Panels/Frames dam.					108-3			
<input checked="" type="checkbox"/> Counter/Stor. Space Yes <u>No</u>					111-1	<input checked="" type="checkbox"/> Toilet - Tnk - brkn, loose, leaks, Seat, l'se crkd.					111-1			
<input checked="" type="checkbox"/> Sink - chipped, cracked, leaks					114-1	<input checked="" type="checkbox"/> Lavatory - chipped, 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 connection					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 Supply Hot <u>Cold</u>					111-3	<input checked="" type="checkbox"/> Plumbing (b) 6(a) Water Supply 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, - Ceiling/Walls					108-2	<input checked="" type="checkbox"/> Plaster - L, C, M - Ceiling/Walls					108-2			
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<input checked="" type="checkbox"/> Floor - loose, worn, damaged					108-2	<input checked="" type="checkbox"/> Floor - loose, worn, damaged					108-2			
<input checked="" type="checkbox"/> Door - knob/lk - missing - Panels/Frames dam.					108-3	<input checked="" type="checkbox"/> Doors - Knobs/lk - missing, Panels/Frames dam.					108-3			
<input checked="" type="checkbox"/> Electrical (c)					113	<input checked="" type="checkbox"/> Electrical (d)					113			
<input checked="" type="checkbox"/> Sanitation (c)					109	<input checked="" type="checkbox"/> Sanitation (d)					109			
Bedrooms and/or other rooms														
<input checked="" type="checkbox"/> Plaster - L, C, M - Ceiling/Walls					108-2	<input checked="" type="checkbox"/> Plaster - L, C, M - Ceiling/Walls					108-2			
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<input checked="" type="checkbox"/> Floors - loose, worn, damaged					108-2	<input checked="" type="checkbox"/> Floors - loose, worn, damaged					108-2			
<input checked="" type="checkbox"/> Door - knobs/lk - missing - Panels/Frames dam.					108-3	<input checked="" type="checkbox"/> Door - knobs/lk - missing - Panels/Frames dam.					108-3			
<input checked="" type="checkbox"/> Electrical (a)					113	<input checked="" type="checkbox"/> Electrical (a)					113			
<input checked="" type="checkbox"/> Sanitation (c)					109	<input checked="" type="checkbox"/> Sanitation (c)					109			
<input checked="" type="checkbox"/> Clothes Closet Yes <u>No</u>						<input checked="" type="checkbox"/> Clothes Closet Yes <u>No</u>								

Plumbing	Electrical	Sanitation - Vermin O R
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REMARKS:

City of Portland

ARTICLE 5 HOUSING CODE
Health Department
DWELLING UNIT SCHEDULE

Housing Inspection Division

INSPECTION DATE

11/9/84

3 A23

FORM NO.

FLR.#	LOCATION	RMG. TP.	#RMS.	#PEO.	#ALL'D	SLRRM.
			04	3	2	1

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

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
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<input checked="" type="checkbox"/> Refrigerator Space Yes No	111-3	<input checked="" type="checkbox"/> Ventilation Yes No	112
<input checked="" type="checkbox"/> Plumbing (a) 6(a) Water Supply Hot Cold	113	<input checked="" type="checkbox"/> Plumbing (b) 6(a) Water Supply Hot Cold	111-3
<input checked="" type="checkbox"/> Electrical (a)	109	<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
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Bedrooms and/or other rooms	CODE		CODE
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<input checked="" type="checkbox"/> Electrical (e)	113	<input checked="" type="checkbox"/> Electrical (e)	113
<input checked="" type="checkbox"/> Sanitation (e)	109	<input checked="" type="checkbox"/> Sanitation (e)	109
		<input checked="" type="checkbox"/> Clothes Closet Yes No	

Plumbing	Electrical	Sanitation - Vermin O R
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REMARKS:

ARTICLE 5 HOUSING CODE

City of Portland

Health Department

Housing Inspection Division

DWELLING UNIT SCHEDULE

INSP DATE 1/9/81

91 Carlton

Ap 2

INSP FORM NO.

CHILD UP	CHILD 1-6	+ LEAD SURVEY RESULTS	RENT	RENT CODE	FURN	HOT WATER	DUAL EQRS.	CK'NG.	HEAT	LAV.	BATH	FLUSH
						<u>Y</u>				<u>Y</u>		<u>Y</u>

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 - missing - Panels/Frames dam.	108-3	<input checked="" type="checkbox"/> Door - knob/lk - missing - Panels/Frames dam.	108-3
<input checked="" type="checkbox"/> Counter/Stor. Space Yes <u>No</u>	-	<input checked="" type="checkbox"/> Toilet - Tnk - brkn, loose, leaks, Seat, 1 1/2" se crkd.	111-1
<input checked="" type="checkbox"/> Sink - chipped, cracked, leaks	111-1	<input checked="" type="checkbox"/> Lavatory - chipped, 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 connection	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 Supply Hot <u>Cold</u>	11-3	<input checked="" type="checkbox"/> Plumbing (b) 6(a) Water Supply 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, - Ceiling/Walls	108-2	<input type="checkbox"/> Plaster - L, C, M - Ceiling/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 - missing - Panels/Frames dam.	108-3	<input type="checkbox"/> Doors - Knobs/lk - missing - 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 checked="" type="checkbox"/> Plaster - L, C, M - Ceiling/Walls	108-2
<input checked="" type="checkbox"/> Windows - Loose, broken, glaz	108-3
<input checked="" type="checkbox"/> Sash/Frames - broken, missing	108-3
<input checked="" type="checkbox"/> Floors - loose, worn, damaged	108-2
<input checked="" type="checkbox"/> Door - knobs/lk - missing - Panels/Frames dam.	108-3
<input checked="" type="checkbox"/> Electrical (e)	113
<input checked="" type="checkbox"/> Sanitation (e)	109
<input checked="" type="checkbox"/> Clothes Closet Yes <u>No</u>	

Plumbing _____ Electrical _____ Sanitation - Vermin O R _____

REMARKS:

ARTICLE 5 HOUSING CODE
Health Department
DWELLING UNIT SCHEDULE

Housing Inspection Division

FORM NO.

City of Portland

INSP DATE 7/9/84

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

TENANTS NAME		Child Un. 10	Child 1-6	+ Lead Survey - results	Rent	Rent Code	Furn	Hot Water	Dual Egrs.	Ck'ng.	Heat	Lav.	Bath	Flush
<p>KITCHEN</p> <p>(X) Plaster - L, C, M, - Ceiling/Walls 108-2</p> <p>(X) Windows - loose, broken glass, glaze 108-3</p> <p>(X) Sash/Frames - broken, missing, worn 108-3</p> <p>(X) Floor - loose, worn, dam., buckled 108-2</p> <p>(X) Doors - Knob/lk - missing - Panels/Frames dam. 108-3</p> <p>(X) Counter/Stor. Space Yes <u>No</u> 111-1</p> <p>(X) Sink - chipped, cracked, leaks 114-1</p> <p>(X) Range - improper stack, flue, vent 111-3</p> <p>(X) Refrigerator Space Yes <u>No</u> 113</p> <p>(X) Plumbing (a) 6(a) Water Supply Hot <u>Cold</u> 109</p> <p>(X) Electrical (a) CODE</p> <p>(X) Sanitation (a) 108-2</p> <p>LIVING ROOM</p> <p>(X) Plaster - L, C, M, - Ceiling/Walls 108-3</p> <p>(X) Windows - loose, broken, glaze 108-3</p> <p>(X) Sash/Frames - broken, missing, worn 108-2</p> <p>(X) Floor - loose, worn, damaged 108-3</p> <p>(X) Door - knob/lk - missing - Panels/Frames dam. 113</p> <p>(X) Electrical (c) 109</p> <p>(X) Sanitation (c) CODE</p> <p>Bedrooms and/or other rooms</p> <p>(X) Plaster - L, C, M - Ceiling/Walls 108-2</p> <p>(X) Windows - loose, broken, glaze 108-3</p> <p>(X) Sash/Frames - broken, missing, worn 108-2</p> <p>(X) Floors - loose, worn, damaged 108-3</p> <p>(X) Door - knobs/lk - missing - Panels/Frames dam. 113</p> <p>(X) Electrical (e) 109</p> <p>(X) Sanitation (e) CODE</p> <p>(X) Clothes Closet Yes <u>No</u> Sanitation - Vermin 0 F.</p>														
<p>BATHROOM</p> <p>(X) Plaster - L, C, M - Ceiling/Walls 108-2</p> <p>(X) Window - loose, broken glass, glaze 108-3</p> <p>(X) Sash/Frames - broken, missing, worn 108-3</p> <p>(X) Floor - loose, worn, dam., buckled 108-2</p> <p>(X) Door - knob/lk - missing - Panels/Frames dam. 108-3</p> <p>(X) Toilet - Tnk - rkn, loose, leaks, trap leaks 111-1</p> <p>(X) Lavatory - chipped, crkd, leaks 111-1</p> <p>(X) Bathtub/Shower - leaks cross connection 112</p> <p>(X) Ventilation Yes <u>No</u> 111-3</p> <p>(X) Plumbing (b) 6(a) Water Supply Hot <u>Cold</u> 113</p> <p>(X) Electrical (b) 109</p> <p>(X) Sanitation (b) CODE</p> <p>DINING ROOM</p> <p>(X) Plaster - L, C, M - Ceiling/Walls 108-2</p> <p>(X) Windows - loose, broken, glaze 108-3</p> <p>(X) Sash/Frames - broken, missing, worn 108-2</p> <p>(X) Floor - loose, worn, damaged 108-3</p> <p>(X) Doors - Knobs/lk - missing, Panels/Frames dam. 113</p> <p>(X) Electrical (d) 109</p> <p>(X) Sanitation (d) CODE</p>														

REMARKS:

Electrical



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

October 18, 1988

Mr. Robert McDougal
47 West Street
Portland, ME 04101

DU: 6 55-C-6

Re: 89 Carleton Street

Dear Mr. McDougal:

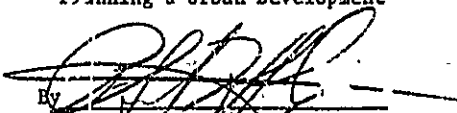
The Housing Inspections Division of the Department of Planning and Urban Development has recently completed an overall inspection of the above referred property.

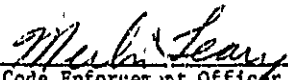
Congratulations are extended to you for the general condition of your property which was found to meet the standards established by the City's Housing Code.

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 Hoffes,
Chief of Inspection Services


Code Enforcement Officer
Merlin Leary (5)

jmr

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

JULY 08, 1997

CITY OF PORTLAND

MCDUGAL ROBERT A, TRSTE
8955 ELLINGTON ST
FORT MYERS FL 33907

Re: 89 CARLETON ST
CBL: 055 - - C-006-001-01
DU: 6

Dear Mr. McDougal:

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

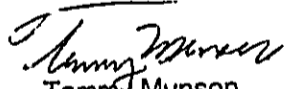
Congratulations are extended to you for the general condition of your property which was found to meet the standards established by the City's Housing Code. We did, however, note the following items that could cause future problems:

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

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.