

89 Pine Street

BRAVEHALL

OK

DATE 1/9/68

June 15, 1967

J. B. Brown and Sons  
57 Exchange Street  
Portland, Maine

Dear Sirs: RE: 89 Pine 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  
Housing Supervisor

GLS:ac

Enclosure

89 Pine Street

Area: Bramhall

Inspection Date: June 11, 1967

Dwelling Units: 2

Owner: J. B. Brown and Sons  
57 Exchange Street  
Portland, Maine

#### 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 bricks and missing mortar for the chimney at the rear of the structure - above the roof line.
- b. Repair or replace the loose, cracked or missing plaster on the walls and ceilings for the bathroom, living room, and den on the first floor.
- c. Determine the reason and remedy the condition which causes the walls and ceilings in the kitchen and bedroom on the first floor to leak.
- d. Determine the reason and remedy the condition which causes the window in the living room on the first floor to leak.
- e. Repair or replace the loose, cracked or missing plaster on the walls and ceiling in the bathroom on the second floor.
- f. Determine the reason and remedy the condition which causes the walls and ceiling in the rear bedroom on the third floor to leak.
- g. Determine the reason and remedy the condition which causes the windows in the dining room and the living room on the second floor to leak.
- h. Determine the reason and remedy the condition which causes the windows in the front bedroom on the third floor to leak.
- i. Determine the reason and remedy the condition which causes the skylight in the back wall on the fourth floor to leak.

Photos  yes  no

Date 3/11/67

Proj. No.  C.I.  Ass'ts  Zone  Zone Viol

Stories  3  BFM  ASDD  S.A.R.  A.S.A.  N.A.  N.S.  S.T.  P. Com. Units  Rmg Units  Dwl. Units  2

LOCATION	<u>89 Pine Street</u>	COMP	<input type="checkbox"/>
OWNER		AGENT	<input type="checkbox"/>
OWNER	<u>J. B. Barrow Co.</u>	AGENT	<input type="checkbox"/>
OWNER	<u>57 Exchange St.</u>	AGENT	<input type="checkbox"/>
OWNER		AGENT	<input type="checkbox"/>

Occupants	Information LOC. RENT FURN. WK. I. RMS	Occupancy PER. ALLD LGRS	Facilities					Violations
			HEAT	BATH	FLSH	K. SK	H.N. CK 'G	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

STRUCTURE SCHEDULE

STRUCTURE RATING

**YARD**

WASTE & RUBBISH

CONTAINERS COMPLY

DRAINAGE

ZONE VIOL.

**STRUCTURE EXTERIOR**

STEPS, STAIRS, PORCHES

FOUNDATION

WINDOWS, DOORS

ROOF, DRAINS

OUT BUILDINGS

**INFESTATION**

RATS  RE  OI  E

OTHER (SPECIFY)

**EGRESS**

EQUAL  YES  NO

OBST'N

**STRUCTURE INTERIOR**

HALL OBST'N

HALL LIGHTING

HALL FLOOR WALLS CEILING

STAIRWAYS

WINDOWS, AIRHAFT

SELECT. WIRING

**HEATING CENTRAL** YES  NO

STACKS FLU'S, VENTS

CHIMNEY Replace base by new masonry on top at

EQUIPMENT, REPAIR then above roof.

**PLUMBING**

SUPPLY LINE

WASTE LINE

**BASEMENT**

OPEN'L SANIT'N

DAMPNES  RE  O

STAIRS

LIGHTING

**BASE DVL. UNIT**

MIN 7' x 3'

DAMPNES  RE  O

WINDOW 1/12" x 11"

DUAL CORERS  YES  NO

**PROHIBITED COM'N USE**

ASSOC. USE HAZARD

HAZARDOUS VENTS

Remarks \_\_\_\_\_

Postcard Health Dept.

CS-8

Inspector Mingo

Photos  YES  NO

Proj. No.

Date 5/10/66

CROWDING	LOCATION <u>89 Pine St.</u>	COMP.
SAFETY	P.U. LOC. <u>1st floor</u>	PEND.
INFEST.	OCCUPY <u>Miss Estelina Pavesi</u>	
BASL P.U.	DWNR ASSEY	
DET'FR	ADDRESS	YES

### DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities				Violations
			LOC. RENT	FURN. WK. I. RMS	PEN. AL'D LGRS HEAT	BATH FLSH K.SK H.W. CK'G	
1.							
2.							
3.							
4.							

	KITCHEN	BATH	TOILET	DINING	LIV Den'			OTHER	TOTAL
					BD	BD	BD		
OVERCROWDING 65' - 7'									
50 SLEEP'G									
VENTILATION 1/12" x 1/2"					✓	✓	✓		
LIGHTING WIRING	✓				✓	✓	✓		
DET'RN HALL	✓	①			✓	✓	②		
CEILING	②	①			①	①	②		
WINDOWS	✓	✓			②	✓	✓		
DOORS	✓	✓			✓	✓	✓		
FLOORS	✓	✓			✓	✓	✓		

**KITCHEN SINK & WATER**

SINK \_\_\_\_\_

SUPPLY & WASTE \_\_\_\_\_

PLUG. GEN'L \_\_\_\_\_

**HEATING**

STACES, FLUES, VENTS \_\_\_\_\_

HT'GS VENTED, REP'A \_\_\_\_\_

**BATHING FACILITIES**

SHARED MAX. 4DU \_\_\_\_\_

SHG U. 1 PER 15 \_\_\_\_\_

MIN. 7' STOD HT. \_\_\_\_\_

VENT'LN \_\_\_\_\_

PROPER ACCESS \_\_\_\_\_

PLD'G \_\_\_\_\_

SANIT'N \_\_\_\_\_

**TOILET FACILITIES**

SHARED MAX. 2 DU \_\_\_\_\_

SHG U. FLSH & LAV 1 PER 10 \_\_\_\_\_

VENT'LN \_\_\_\_\_

PROPER ACCESS \_\_\_\_\_

PLD'G \_\_\_\_\_

SANIT'N \_\_\_\_\_

**INFESTATION**

RATS  R'  DI  L \_\_\_\_\_

OTHER (SPECIFY) \_\_\_\_\_

**EGRESS**

DUAL  YES  NO \_\_\_\_\_

OBST'N \_\_\_\_\_

Remarks  
 1. Plaster L.C.H.  
 2. Signs of leakage

Portland Health Dept.  
 CS-8

Inspector Mary

Photos  yes  no  
 Proj. No.

Date 3/10/67

CROWDING	LOCATION <u>574 Pine St</u>	COMP.
SANIT.	D.U. LOC. <u>2nd floor</u>	PEND.
INFEST.	OCCUPY <u>Chas. Perry</u>	
BASE D.U.	OWNER AGENT <u>J.B.B. Co.</u>	
DET'N	ADDRESS	VTS

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities					Violations									
			LOC. RENT	FURN.	WK. I.	RMS	PER. AL'D		EGRS	HEAT	BATH	FLSH	K.SK	H.W.	CK'G		
1			2	✓	✓	✓	6	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.																	
3.																	
4.																	

	KITCHEN	BATH	TOILET	DINING	BED	LIT BED	BED	R BED	2 BED	OTHER	TOTAL
OVERCROWDING 45' x 7'											
50 SLEEP'G	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
VENTILATION 1/12 x 1/2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
LIGHTING	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WIRING	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
DET-AN WALLS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CEILING	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WINDOWS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
DOORS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
FLOORS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

**KITCHEN SINK & WATER**

SINK

SUPPLY & WASTE

FLSH. GEN'L

**HEATING**

STACS, FLUES, VENTS

ST'RS VENTED. REP'D

**BATHING FACILITIES**

SHARED MAX. 4DU

RMB U. 1 PER 15

MIN. 7' STG HT.

VENT'LN

PROPER ACCESS

FLSH'G

SANIT'N

**TOILE FACILITIES**

SHARED MAX. 2 DU

RMB FLSH & LAV 1 PER 10

VENT'LN

PROPER ACCESS

FLSH'G

SANIT'N

**INFESTATION**

RATS  N  O  E

OTHER (SPECIFY)

**EGGIES**

DUAL  YES  NO

BEST'

Remarks

1. Plaster L.C.M.  
 a. Shows signs of leakage.

Back hall way -

Big light in floor - broken  
in floor - broken - OK

Portland Health Dept.  
 GS-7

Inspector [Signature]