

246 Brackett Street


SHAW-WALKER
#8503-1R

May 5, 1975 ✓

Mr. Deane Seavey
Mr. Elmer Martin
244 Brackett Street
Portland, Maine 04101

Re: 246 Brackett Street 55-B-18
Portland, Maine - 2nd Floor

Dear Sirs:

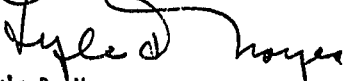
This is to inform you, as owners or agents of the property located at 246 Brackett Street, Portland, Maine, that we have released the 2nd Floor Apartment from posting.

Therefore, you may rent the apartment to others or occupy it yourself.

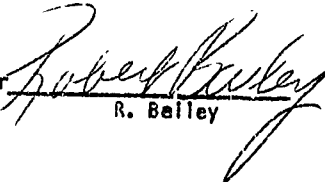
If any additional information is desired, visit or call this office.

Sincerely yours,

David C. Bittenbender
Acting Health Director


Lyle D. Noyes
Chief of Housing Inspections

Inspector


R. Bailey

LN:rl

XXXXXXXXXXXXXXXXXXXX

August 28, 1974

Mr. Dwayne Seavey
Mr. Elmer Martin
244 Brackett Street
Portland, Maine 04101

Gentlemen: Re: 246 Brackett Street, Portland, Maine - 55-B-18

As owner or agent of the property located at 246 Brackett Street, Portland, Maine, you are hereby notified that as the result of a recent inspection the structure is hereby declared unfit for human occupancy.

You must take immediate steps to vacate the second floor apartment now occupied by Mr. and Mrs. Beryl Lorrian and the third floor apartment now occupied by Mrs. Violet Haskell. The structure is to be kept vacant so long as the following conditions continue to exist thereon:

- a. The property is damaged, decayed, deteriorated, unsanitary and unsafe in such a manner as to create a serious hazard to the health, safety and general welfare of the occupants or the public.

Therefore, you will not occupy, permit anyone to occupy, or rent the above mentioned without the written consent of the Health Officer or his agent, certifying that the conditions have been corrected.

Sincerely yours,


Lyle D. Noyes
Chief of Housing Inspections

Inspector 

LDN:gg

No. 121801

RECEIPT FOR CERTIFIED MAIL—30¢ (plus postage)

SENT TO <i>Desiree Seavey - Almer Drexler</i>	POSTMARK OR DATE
STREET AND NO. <i>244 Buckle St.</i>	
P.O., STATE AND ZIP CODE <i>City</i>	
OPTIONAL SERVICES FOR ADDITIONAL FEES	
RETURN	1. Shows to whom and date delivered 15¢
RECEIPT	With delivery to addressee only 65¢
SERVICES	2. Shows to whom, date and where delivered 35¢
	With delivery to addressee only 50¢
DELIVER TO ADDRESSEE ONLY	
SPECIAL DELIVERY (extra fee required)	

P5 Form 3800 NO INSURANCE COVERAGE PROVIDED— (See other side)
Apr. 1971 NOT FOR INTERNATIONAL MAIL GPO : 972 O - 460-743

246 Blackett St.

SENDER: Be sure to follow instructions on other side

PLEASE FURNISH SERVICE(S) INDICATED BY CHECKED BLOCK(S)
(Additional charges required for these services)

Show address where delivered

Deliver ONLY to addressee

RECEIPT

Received the numbered article described below

REGISTERED NO.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO.

121.801

Thomas A. Severy

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

DATE DELIVERED

8/30/74

SHOW WHERE DELIVERED (Only if requested, and include ZIP Code)

246 Brackett St.

SENDER: Be sure to follow instructions on other side

PLEASE FURNISH SERVICE(S) INDICATED BY CHECKED BLOCK(S)
(Additional charges required for these services)

Show address where delivered

Deliver ONLY to addressee

RECEIPT

Received the numbered article described below

REGISTERED NO.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO.

121803

1

Violet Haskell

INSURED NO.

2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED

9-3-74

3

SHOW WHERE DELIVERED (Only if requested, and include ZIP Code)

No. 121803

RECEIPT FOR CERTIFIED MAIL—30¢ (plus postage)

SENT TO	<i>Mrs. Violet Haskell</i>	POSTMARK OR DATE
STREET AND NO.	<i>246 Bushnell St.</i>	
P.O., STATE AND ZIP CODE	<i>City</i>	
OPTIONAL SERVICES FOR ADDITIONAL FEES		
RETURN RECEIPT SERVICES	1. Shows to whom and date delivered	15¢
	With delivery to addressee only	65¢
	2. Shows to whom, date and where delivered	35¢
	With delivery to addressee only	85¢
DELIVER TO ADDRESSEE ONLY		50¢
SPECIAL DELIVERY (extra fee required)		

PS Form
Apr. 1971 3800

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See other side)

• GPO 1972 O - 460-743

246 Brackett St
SENDER: Be sure to follow instructions on other side

PLEASE FURNISH SERVICE(S) INDICATED BY CHECKED BLOCK(S)
(Additional charges required for these services)

Show address where delivered Deliver ONLY to addressee

RECEIPT
Received the numbered article described below

REGISTERED NO.	1 2 3	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO. <i>121 002</i>		<i>Beryl Larson</i> SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
INSURED NO.		
DATE DELIVERED <i>8/21/74</i>	4	SHOW WHERE DELIVERED (Only if requested, and include ZIP Code)

No. 121802

RECEIPT FOR CERTIFIED MAIL—30¢ (plus postage)

SENT TO	<i>Mrs Mrs Berge Larion</i>	POSTMARK OR DATE
STREET AND NO.	<i>246 Brackett St.</i>	
P.O., STATE AND ZIP CODE	<i>City</i>	
OPTIONAL SERVICES FOR ADDITIONAL FEES		
RETURN RECEIPT SERVICES	1. Shows to whom and date delivered With delivery to addressee only	15¢ 65¢
DELIVER TO ADDRESSEE ONLY	2. Shows to whom, date and where delivered With delivery to addressee only	35¢ 85¢
SPECIAL DELIVERY (extra fee required)		50¢

PS Form
Apr. 1971 3800

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See other side)

• GPO • 1972 O - 460-743

August 28, 1974 ✓

Mr. & Mrs. Beryl Lorrain
246 Brackett Street
Portland, Maine 04101

Dear Mr. and Mrs. Lorrain:

Re: 246 Brackett Street - 55-B-10
Second Floor Apartment

A recent inspection by Housing Inspector Bailey of the second floor apartment you are now occupying found that it does not meet the requirements of Chapter 307 (Minimum Standards for Housing) of the City of Portland Municipal Code and is hereby declared unfit for human habitation.

The owners, Mr. Deane Seavey and Mr. Elmer Martin, have been notified of the above mentioned conditions and have been directed to take immediate steps to vacate the apartment.

Sincerely yours,


Lyle D. Noyes
Chief of Housing Inspections

Inspector



LDN:gg

REQUEST FOR SERVICE

PORTLAND HEALTH DEPARTMENT

RECEIVED	6-14-74	BY	llb	DISTRICT	Bainy
REQUEST BY	NAME	Mrs. Lorrain		55-B-18	
	ADDRESS	246 Brackett St.		1300-101	
OWNER	NAME	Elmer Martin - Don Levey -			
	ADDRESS				
CONDITIONS	ADDRESS	246 Brackett St. Apt #1-2nd fl.			

Ceiling in children's bedroom flaking.

COMMENTS CL Pl2-M1 Be RM - CL Pl2 M1 RM - CL Bv BA -
 WI - WENT LOCK KI - MI SASH CO KI - MI SASH POUNDS LIV RM -
 By WI - SASH CO FV LR Bc-RM, CL-FIX Bv FR LR Bc-RM
 SPECIAL INSTRUCTIONS Surveyed 6-26-74 PM
 6-24-74 BB To Survey

DIVISION	SANITATION	HOUSING	NURSING	BY	5-11-74
	ROUTINE	SPECIAL		DATE	
	URGENT	REPORT TO			

REQUEST FOR SERVICE

PORTLAND HEALTH DEPARTMENT

DATE RECEIVED	7-26-74	BY	Kir	DISTRICT	Baile	
REQUEST BY	NAME	Mrs. Kossman				
	ADDRESS	246 Brackett St.				
OWNER	NAME	Deane Leamy				
	ADDRESS	244 Brackett St.				
CONDITIONS	ADDRESS	246 Brackett St. 2nd floor				
	<p>She is in the process of being evicted has been given until Sept. 3 by the court to move. The landlord has shut her water completely off she has a baby in her apartment.</p>					
COMMENTS	<p>WATER IS BACK ON. TALKED AND THEY AGREE TO HOLD THE SUITS</p>					
SPECIAL INSTRUCTIONS	BOTH TENANTS					
DIVISION	SANITATION			HOUSING	<input checked="" type="checkbox"/>	
	ROUTINE			SPECIAL		
	URGENT			REPORT TO		
PRIORITY					BY	BP
					DATE	7-26

246 Brickett St

SENDER: Be sure to follow instructions on other side

PLEASE FURNISH SERVICE(S) INDICATED BY CHECKED BLOCK(S)
 (Additional charges required for these services)

Show address where delivered Deliver ONLY to addressee

RECEIPT

Received the numbered article described below

REGISTERED NO.	1 2	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO. 772824		<i>John A. Martin</i>
INSURED NO.	3	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED 6-28-74		SHOW WHERE DELIVERED (Only if requested, and include ZIP Code)

NOTICE OF HOUSING CONDITIONS

LDN/72

DU 2

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

55-B-18
Location: **246 Brackett Street**
Project: **General**
Issued: **6/26/74**
Expires: **3/26/74**

Mr. Deane Seavey
Mr. Elmer Martin
244 Brackett Street
Portland, Maine 04101

Dear Mr. Seavey & Mr. Martin:

An examination was made of the premises at 246 Brackett Street
Portland, Maine, by Housing Inspector Barley. 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 August 26, 1974. 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,

Arthur A. Hughson, CPH, MPH
Health Director

Inspector _____ By [Signature]
Chief of Housing Inspections

EXISTING VIOLATIONS OF CHAPTER 307 - "MINIMUM STANDARDS FOR HOUSING"		Section(s)
1.	Replace missing mortar on the overall exterior walls.	3-a
*2.	Replace missing bricks on the overall exterior walls.	3-a
3.	Replace missing plaster on the ceilings of the first, second, and third floor halls - front and rear.	3-b
*4.	Repair loose hand rail on the stairs of the first, second, and third floor front hall.	3-d
*5.	Replace broken tread on the third floor rear hall stairs.	3-d
<u>Second Floor</u>		
6.	Provide missing locks on the left kitchen windows.	3-c
7.	Replace broken sash cords in the left kitchen windows.	3-c
8.	Replace broken sash cords in the left dining room windows.	3-c
9.	Replace missing plaster on the bathroom ceiling.	3-b
10.	Replace missing plaster on the dining room ceiling.	3-b
*11.	Replace missing plaster on the front bedroom ceiling.	3-b
*12.	Replace broken glass in the front bedroom window.	3-c
13.	Replace missing sash cords in the front bedroom window.	3-c
*14.	Repair the broken electrical light fixture on the front bedroom ceiling.	8-a
15.	Replace missing plaster on the middle bedroom ceiling.	3-b
16.	Replace missing plaster on the rear bedroom ceiling.	3-b
17.	Replace missing plaster on the rear bedroom wall.	3-b
18.	Remove rubbish and debris from the rear bedroom floor.	4-b

Continued--

City of Portland

Health Department

Housing Inspection Division

DWELLING UNIT SCHEDULE

(1) INSP. DATE		(2) INSP.				(3) FORM NO.						
06	24	0	1	2	0	3						
(4) TENANT'S NAME					(5) Flr.#	(6) Location	(7) Rmg.Tp.	(8) #Rms	(9) #Peo	(10) #All'd	(11) Slip.Rms	
BERYL LORRIAN					2	v	DV	6	5	9	3	
(12) Child Un. 10	(13) Child 1-6	(14) + Lead Survey Results	(15) Per-Code	(16) Rent Code	(17) Furn.	(18) Heat	(19) Hot Water	(20) Dual Ears	(21) Ck'ng	(22) Lav.	(23) Bath	(24) Flush
3	3	v	160	MO	NO	OFF	v	v	EL	PL	PB	PF
Viol. No.	Remedy	Cond.	Violation	Location	Room Type	Area Type	Responsible Party	Code Sect. Violated	Viol. Ref.-Date			
6.	PR	MI	Locks	LE	KI	WI'S	2	3C				
7.	Re	BY	SASH cords	LE	KI	WI'S	2	3C				
8.	Re	BY	SASH cords	LE	DI	WI'S	2	3C				
9.	Re	MI	Plaster	-	BA	CL	2	3B				
10.	Re	MI	Plaster	-	DI	CL	2	3B				
11.	Re	MI	Plaster	FR	BE	CL	2	3B				
12.	Re	BY	g/ass	FR	BE	WI	2	3C				
13.	Re	MI	SASH cords	FR	BE	WI	2	3C				
14.	RR	BY	Electrical Fixture	FR	BE	CL	2	8C				
15.	Re	MI	Plaster	MI	BE	CL	2	3b				
16.	Re	MI	Plaster	Re	BE	CL	2	3b				
17.	Re	MI	Plaster	Re	BE	WA	2	3b				
18.	RM	DE		Re	BE	FL	2	4B				

City of Portland

Health Department

Housing Inspection Division

DWELLING UNIT SCHEDULE

(1) INSP. DATE: 9/24/79

(2) INSP. 01203

(3) FORM NO. 203

(4) TENANT'S NAME: VIOLET HASKELL

(5) Flr.#: 3

(6) Location: ✓

(7) Rm. Tp.: DV

(8) #Rms: 6

(9) #Peo: 5

(10) #All'c: 9

(11) Slp. Rms: 3

(12) Child Un. 10: -

(13) Child 1-6: -

(14) + Lead Survey Results: -

(15) Rent Code: 165 MO

(17) Furn.: NO

(18) Heat: OFF

(19) Hot Water: ✓

(20) Dual Ears: ✓

(21) Ck'ng: EL

(22) Lav.: PL

(23) Bath: PB

(24) Flush: PF

Viol. No.	Remedy	Cond.	Violation	Location	Room Type	Area Type	Responsible Party	Code Sect. Violated	Viol. Rem. -Date
19	RR	BR	Sashcord	-	KI	WI	2	3C	
20	RR	LG	Electrical Outlet		KI	WA	2	8C	
21	RR	LO	Plaster		LI	CL	2	3B	
22	RR	MI	Plaster		LI	WA	2	3B	
23	Re	MI	Sashcords		LI	WI	2	3C	
24	Re	MI	Sashcords		BA	WI	2	3C	
25	RR	PE	PAINT		DI	CL	2	3B	
26	Re	MI	Sashcords		DI	WI	2	3C	
27	RR	BR	Panel	FR	DI	DO	2	3B	
28	Re	MI	Electrical Fixture	MI	BE	CL	2	8C	
29	Re	MI	Sash	Re	Be	WI	2	3C	
30	Re	MI	Windows	Re	Be	WA	2	3C	

246 Brackett Street - Continued

Third Floor

- | | | |
|------|---|-----|
| 19. | Repair broken sash cord in the kitchen windows. | 3-c |
| *20. | Repair loose electrical outlet on the kitchen wall. | 8-e |
| 21. | Repair loose plaster on the living room ceiling. | 3-b |
| 22. | Repair missing plaster on the living room wall. | 3-b |
| 23. | Replace missing sashcords in the living room windows. | 3-c |
| 24. | Replace missing sashcords in the bathroom windows. | 3-c |
| 25. | Remove peeling paint from the dining room ceiling. | 3-b |
| 26. | Replace missing sashcords in the dining room windows. | 3-c |
| 27. | Repair broken panels in the front dining room door. | 3-b |
| *28. | Replace missing electrical light fixture on the middle bedroom ceiling. | 8-c |
| *29. | Replace missing sash in the rear bedroom window. | 3-c |
| *30. | Replace missing windows on the rear bedroom wall. | 3-c |

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

NOTICE OF HOUSING CONDITIONS

DU 2

LDN/72

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

55-B-18
Location: **246 Brackett Street**
Project: **General**
Issued: **6/26/74**
Expires: **8/26/74**

Mr. Deane Seavey
Mr. Elmer Martin
244 Brackett Street
Portland, Maine 04101

Dear Mr. Seavey & Mr. Martin:

An examination was made of the premises at 246 Brackett Street
Portland, Maine, by Housing Inspector Balley. 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 August 26, 1974. 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,

Arthur A. Hughson, CPH, MPH
Health Director

Inspector *[Signature]*

By *[Signature]*

Chief of Housing Inspections

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*2.	Replace missing bricks on the overall exterior walls.	3-a
3.	Replace missing plaster on the ceilings of the first, second, and third floor halls - front and rear.	3-b
*4.	Repair loose hand rail on the stairs of the first, second, and third floor front hall.	3-d
*5.	Replace broken tread on the third floor rear hall stairs.	3-d
Second Floor		
6.	Provide missing locks on the left kitchen windows.	3-c
7.	Replace broken sash cords in the left kitchen window.	3-c
8.	Replace broken sash cords in the left dining room.	3-b
9.	Replace missing plaster on the bathroom ceiling.	3-b
10.	Replace missing plaster on the dining room.	3-b
*11.	Replace missing plaster on the front.	3-c
*12.	Replace broken glass in the front.	3-c
13.	Replace missing sash cords in the front bedroom ceiling.	3-b
*14.	Repair the broken electrical light fixture.	3-b
15.	Replace missing plaster on the middle bedroom ceiling.	3-b
16.	Replace missing plaster on the rear bedroom ceiling.	3-b
17.	Replace missing plaster on the rear bedroom wall.	4-b
18.	Remove rubbish and debris from the rear bedroom floor.	4-b

Continued

246 Brackett Street - Continued

Third Floor

- | | | |
|------|---|-----|
| 19. | Repair broken sash cord in the kitchen windows. | |
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| | | 3-c |

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

Arg

*Refer to
Health Dept*

LAW OFFICES OF
BERMAN, LEBLANC, PALLAS & CLARK
825 MAIN STREET
WESTBROOK, MAINE 04092
TEL. 854-2521

RAY R. PALLAS
PERRY H. CLARK

AND LEBLANC 1904 - 66
WILLIAM BERMAN - GENERAL COUNSEL
1893-1973

June 24, 1974

City of Portland
Building Inspector
City Hall
Portland, ME

RE: 246 Brackett Street

Gentlemen:

This letter is merely to confirm existing facts and to establish a written record of a formal complaint.

My client, Beryl Lorrain, is a resident of the structure at 246 Brackett Street, Portland, Maine.

On or about June 19, 1974 part of the ceiling in the apartment caved in. When this happened, Ms. Lorrain's young son, Mark, was injured.

To date the landlord has not even stopped to look at the problem even though Ms. Lorrain has complained of this and other matters.

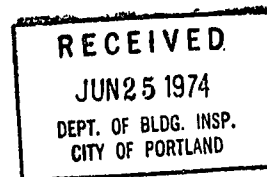
I realize that Inspector Downs has seen the building but I felt that attention should again be brought to this matter. Thus, this formal complaint.

Would you please advise either my client or me if you have any success in getting the landlord to correct the above captioned conditions.

Sincerely yours,

Ray R. Pallas
Ray R. Pallas

cc: Beryl Lorrain
PO Box 4545
Portland, ME



LAW OFFICES OF
BERMAN, LEBLANC, PALLAS & CLARK
825 MAIN STREET
WESTBROOK, MAINE 04092



City of Portland
Building Inspector
City Hall
Portland, ME

✓
September 9, 1971

Mr. Elmer Martin
Spar Cove
Freeport, Maine 04032

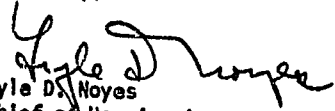
Re: 246 Brackett Street
Portland, Maine

Dear Mr. Martin:

Your property has been surveyed by the Portland Housing Division and has met Minimum Code Standards. Congratulations are extended to you for the general condition of your property. Good maintenance is the best way to preserve the useful life of your property and neighborhood.

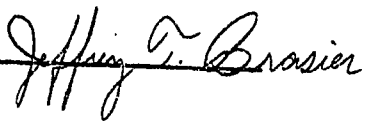
If we can be of further help, please feel free to call on us.

Sincerely,


Lyle D. Noyes
Chief of Housing Inspections

LDN:clb

Inspector



Photos yes no

Date June 14 1955

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

Stories B/M ASDD SAR SA NA MS/ST P Com.Units Rmg Units Dwl.Units 2

LOCATION	<u>946 Union St</u>	COMP	<input type="checkbox"/>
OWNER AGENT	<u>Elmer Martin</u>	PEND	<input type="checkbox"/>
OWNER AGENT	<u>SPAR Cove</u>	RENT	<input type="checkbox"/>
OWNER AGENT	<u>Freeport, Maine 04032</u>	VTS	<input type="checkbox"/>

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

STRUCTURE SCHEDULE

STRUCTURE RATING

<p>YARD</p> <p><input checked="" type="checkbox"/> GARBAGE & RUBBISH</p> <p><input checked="" type="checkbox"/> CONTAINERS COMPLY</p> <p><input checked="" type="checkbox"/> DRAINAGE</p> <p><input checked="" type="checkbox"/> ZONE VIOL.</p> <p>STRUCTURE EXTERIOR</p> <p><input checked="" type="checkbox"/> STEPS, STAIRS, PORCHES</p> <p><input checked="" type="checkbox"/> FOUNDATION</p> <p><input checked="" type="checkbox"/> WALLS</p> <p><input checked="" type="checkbox"/> WINDOWS, DOORS</p> <p><input checked="" type="checkbox"/> ROOF, DRAINS</p> <p><input checked="" type="checkbox"/> OUT BUILDINGS</p> <p>INFESTATION</p> <p><input checked="" type="checkbox"/> RATS <input type="checkbox"/> RI <input type="checkbox"/> DI <input type="checkbox"/> E</p> <p><input checked="" type="checkbox"/> OTHER (SPECIFY)</p> <p>EGRESS</p> <p><input checked="" type="checkbox"/> DUAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> OBST'N</p>	<p>STRUCTURE INTERIOR</p> <p><input checked="" type="checkbox"/> HALL, OBST'N</p> <p><input checked="" type="checkbox"/> HALL, LIGHTING</p> <p><input checked="" type="checkbox"/> HALL, FLOOR WALLS CEILING</p> <p><input checked="" type="checkbox"/> STAIRWAYS</p> <p><input checked="" type="checkbox"/> WINDOWS, AIRSHAFF</p> <p><input checked="" type="checkbox"/> ELECT. WIRING</p> <p>HEATING CENTRAL YES: <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> STACKS FLUES, VENTS</p> <p><input checked="" type="checkbox"/> CHIMNEY</p> <p><input checked="" type="checkbox"/> EQUIPMENT, REPAIR</p> <p>PLUMBING</p> <p><input checked="" type="checkbox"/> SUPPLY LINE</p> <p><input checked="" type="checkbox"/> WASTE LINE</p> <p>BASEMENT</p> <p><input checked="" type="checkbox"/> GEN'L SANIT'N</p> <p><input checked="" type="checkbox"/> DAMPNSS - RI - 0</p> <p><input checked="" type="checkbox"/> STAIRS</p> <p><input checked="" type="checkbox"/> LIGHTING</p> <p>BASE DWL. UNIT</p> <p><input type="checkbox"/> MIN 7' - 3'</p> <p><input type="checkbox"/> DAMPNSS <input type="checkbox"/> RI <input type="checkbox"/> 0</p> <p><input type="checkbox"/> WINDOW 1/12 X 8"</p> <p><input type="checkbox"/> DUAL EGRESS <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>PROHIBITED COMB'N USE</p> <p><input type="checkbox"/> ASSOC. USE HAZARD</p> <p><input type="checkbox"/> HAZARDOUS VENTS</p>
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Remarks _____

Inspector BRASSIER

Portland Health Dept.

CS-8

Handwritten notes: "N/A" and "Bureau" with a signature.

Idn:71

Location 246 Brook St

D.U. Location 1st Floor

Occupant W. ...

DWELLING UNIT

Inspector BRASIER

Project Name/No. G.C.R.

Allowed 4

Date 9/7/71

Photos Yes ___ No ___

Rent	Furn.	Wkly. Inc.	Room:	Bath N-P-S	Flush N-P-S	Lavatory N-P-S	Hot Water Oil	Cooking Gas	Dual Egress (Yes) No	Heat FHW Oil	CODE		
			KITCHEN										
												BATHROOM	
												(-) Plaster - L, C, M - Ceiling/Walls 3(b)	
												(-) Window - loose, broken glass, glaze 3(c)	
												(-) Sash/Frames - broken, missing, worn 3(b)	
												(-) Floor - loose, worn, dam., buckled 3(b)	
												(-) Door - Knob/ik - missing - Panels/Frames dam. 6(d)	
												(-) Toilet - Tnk - brkn, loose, leaks, Seat, l'se, crkd. 6(d)	
												(-) Lavatory - chipped, crked, leaks, trap leaks 6(d)	
												(-) Bathup/Shower - leaks, cross con. 7	
												(-) Ventilation Yes ___ No ___ 5(c)	
												(-) Plumbing (b) 6(a) Water Supply Hot ___ Cold ___	
												(-) Electrical (b)	
												(-) Sanitation (b)	
			LIVING ROOM										DINING ROOM
												(-) Plaster - L, C, M - Ceiling/Walls 3(b)	
												(-) Windows - loose, broken, glaze 3(c)	
												(-) Sash/Frames - broken, missing, worn 3(b)	
												(-) Floor - loose, worn, damaged 3(b)	
												(-) Doors - Knobs/ik - missing - Panels/Frames dam. 3(b)	
												(-) Electrical (c)	
												(-) Sanitation (d)	
			Bedrooms and/or Other Rooms										
												(-) Plaster - L, C, M - Ceilings/Walls 3(b)	
												(-) Windows - Loose, broken, glaze 3(c)	
												(-) Sash/Frames - broken, missing, worn 3(b)	
												(-) Floors - loose, worn, damaged 3(b)	
												(-) Door - knobs/ik - missing - Panels/Frames dam.	
												(-) Electrical (e)	
												(-) Sanitation (e)	
												(-) Clothes Closet Yes No	
												Sanitation - Vermin O R	
												Plumbing	
												Electrical	

REMARKS:

In:71

DWELLING UNIT

Location 246 BRACKNATH ST.
D.U. Location 3rd Floor apt
Occupant Wanda...

Inspector J.P.P. Date 9/7/71
Project Name/No. EC Photos Yes No ✓
Allowed ✓

Rent	Furn.	Wkly. Inc.	Rooms	Bath	Flush	Lavatory	Hot Water	Cooking	Dual Egress	Heat
			5	N-P-S	N-P-S	N-P-S	✓	✓	(Yes) No	Heat Oil
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., bkld. <input checked="" type="checkbox"/> Doors - Knob/Ik - missing - Panels/Frames dam. <input checked="" type="checkbox"/> Counter/Stor. Space Yes ___ No ___ <input checked="" type="checkbox"/> Sink - chipped, cracked, leaks <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)						<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/Ik - missing - Panels/Frames dam. <input checked="" type="checkbox"/> Toilet - Tank - brkn, loose, leaks, Seat, l'se, crkd. <input checked="" type="checkbox"/> Lavatory - chipped, crkd, leaks, trap leaks <input checked="" type="checkbox"/> Bathtub/Shower - leaks, cross con. <input checked="" type="checkbox"/> Ventilation Yes ___ No ___ <input checked="" type="checkbox"/> Plumbing (b) 6(a) Water Supply Hot ___ Cold ___ <input checked="" type="checkbox"/> Electrical (b) <input checked="" type="checkbox"/> Sanitation (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/Ik - missing - Panels/Frames dam. <input checked="" type="checkbox"/> Electrical (c) <input checked="" type="checkbox"/> Sanitation (c)						<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 - Knobs/Ik - missing - Panels/Frames dam. <input checked="" type="checkbox"/> Electrical (d) <input checked="" 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/Ik - missing - Panels/Frames dam. <input type="checkbox"/> Electrical (e) <input type="checkbox"/> Sanitation (e) <input type="checkbox"/> Clothes Closet Yes No										
Plumbing			Electrical			Sanitation - Vermin O R				

REMARKS:

P 755 081 994

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Pa: 246 Brackett St. - M. Leary - Housing

★ U.S.G.P.O. 1963-403-517

Sent to	Mr. Deane Seavey &
Street and	Owner Martin 246 Brackett Street
P.O., State and ZIP Code	Portland, ME. 04101
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. 1962



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

October 24, 1985

Mr. Deane Scavey &
Mr. Elmer Martin
246 Brackett Street
Portland, ME 04101

Re: 246 Brackett Street

Dear Sirs:

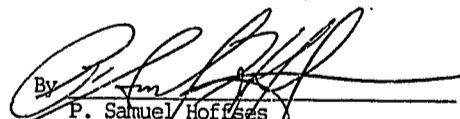
We recently received a complaint and an inspection was made by Code Enforcement Officer Merlin Leary of the property owned by you at 246 Brackett Street, Portland, Maine. As a result of the inspection, you are hereby ordered to correct the following substandard housing conditions:

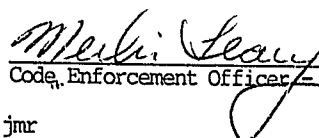
1. RIGHT REAR EXTERIOR - wall - missing mortar. 108-2
- *2. RIGHT REAR EXTERIOR - wall - sagging conditions. 108-2
- *3. RIGHT REAR - window sill & lintel - missing bricks. 108-2

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 November 24, 1985.

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 Hoffses
Chief of Inspection Services


Code Enforcement Officer - Merlin Leary (5)

jmr

CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 775-5451



PLANNING & URBAN DEVELOPMENT

JOSEPH E. GRAY, JR.
DIRECTOR

July 15, 1988

Mr. Deane Seavey
Mr. Elmer Martin
244 Brackett Street
Portland, Maine 04101

Re: 246 Brackett Street 55-B-16

Dear Mr. Seavey:

As owners of the above property, a copy of the posting notice is being sent out to remind you that this building is still posted against occupancy. If any work is being done that requires a building permit, you should come into this office and apply for one.

If you have any questions about this, please do not hesitate to call this office, 775-5451, Ext. 317.

Sincerely,


Merlin Leary
Code Enforcement Officer (5)

jmr

Enclosure