

9 Houlton Street

BRAIN 411



WES03JK

✓

September 26, 1966

Mr. Raymond A. Henderson
9 Moulton Street
Portland, Maine 04102

Dear Mr. Henderson:

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

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

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

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

Sincerely,

Gordon E. Martin

Gordon E. Martin
Housing Supervisor

GLS:apc

Enclosure

9 Houlton Street

Area: Bramhall

Survey Date: September 18, 1968

Dwelling Units: 2

Owner: Mr. Raymond A. Henderson
9 Houlton Street
Portland, Maine 04102

DEFECTS NEEDING CORRECTION

STRUCTURAL

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

- a. Repair or replace the loose, worn, deteriorated, and hazardous parts of the front and rear porches.
- b. We suggest that you make the exterior walls of the structure weather-tight and watertight by painting or any other suitable means.
- c. Connect all the downpipes to the sides of the structure.
- d. Replace the broken window panes in all of the windows in the garages.
- e. Replace the missing plaster for the walls in the rear hall.

HEATING

- a. Have the chimney pointed above the roof line.

HAZARDOUS

Proj. No.

BRAMHALL

COORDS	LOCATION	9 HOUTON ST	COMP.
SANIT.	D.N. LOC.	2nd	FEED.
INVEST.	OCCUPY	R. HENDERSON	
BASE D.U.	OWNER	SAME	
DET'N	AGENT		
	ADDRESS		HTS

Violations

LOC. RENT FURN. WK. I. DMS PER. ALL'D LGRS HEAT BATH FLSH K.SK H.W. CK'G

[illegible][illegible]

Remarks

KITCHEN SINK & WATER

SINK _____

☐ SUPPLY & TASTE _____

☐ PLUG. GEN'L _____

HEATING

STACKS, FLUES, VENTS _____

NY'S VENTED. REP'D AL

BATHING FACILITIES

UNCLASSIFIED MAX. 400

ONE W. 1 PER 15

min. 7' STOS MT. _____

VENT'LN _____

☐ **PROPER ACCESS** _____

☐ FLS'G _____

SAINT

TOILET FACILITIES

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WMS U FL3N & LAY 1 PER 10

100-443610-100

☐ PROPER ACCESS 1/10

☐ FLS'G _____

SAINT

INFESTATION

☐ DAYS ☐ H: ☐ O: ☐ E _____

☐ OTHER (SPECIFY) _____

ECRESS

☐ DUAL ☐ YES. ☐ NO

☐ **OBSTⁿ**

CS-7

Inspector

Photos ☐ yes ☐ no

Proj. No. ☐

DRANK HALL

Date 9/15/68

DWELLING UNIT SCHEDULE

CROWDING	LOCATION	9 HOWARD ST	COMP.
SANIT.	R.U. LOC.	1 T	PEND.
INFEST.	OCCUP	ETHEL MORIN	
BASE R.U.	OWNER	R. HEADIERSON	
DETACH	ADDRESS	SAME	

Occupants

Information

Occupancy

Facilities

Violations

	LOC.	RENT	FURN.	WK. I.	RMS	PER.	ALL'D	LONG	HEAT	BATH	FLSH	K.SK	H.W.	CK'G
1. E. MORIN														
2.	151					5								
3.														
4.														

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING	✓	✓	✓	✓	✓	✓	✓				
NO SLEEP'G											
VENTILATION											
1/12 X 1/2											
LITIGATING											
WIRING											
WY'IN											
WALLS											
CEILINGS											
WINDOWS											
DOORS											
FLOORS											

Remarks

KITCHEN SINK & WATER

☐ SINK

☐ SUPPLY & WASTE

☐ PLUGS, GEN'L

HEATING

☐ STACKS, FLUES, VENTS

☐ HT'GS VENTED, REP'G

BATHING FACILITIES

☐ SHARED MAX. ADU

☐ RMS U. 1 PER 15

☐ MIN. 7' STOG HT.

☐ VENT'LN

☐ PROPER ACCESS

☐ PLB'G

☐ SANIT'N

TOILET FACILITIES

☐ SHARED MAX. 2 DU

☐ RMS U. FLSH & LAV 1 PER 10

☐ VENT'LN

☐ PROPER ACCESS

☐ PLB'G

☐ SANIT'N

INFESTATION

☐ RATS ☐ FI ☐ OI ☐ E

☐ OTHER (SPECIFY)

EGRESS

☐ DUAL ☐ YES ☐ NO

☐ OBST'N

Portland
Health Dept.
CS-7

Inspector FD

Photos ☐ yes ☒ no

Proj. No. ☐ C.I. 1218431 Ass'ts ☐ Zone ☐ Zone Viol ☐

Stories ☒ BFM ☒ ASD ☒ SAR ☒ MS ☒ PA ☒ MS ☒ ST ☒ P Com. Units ☐ Rng Units ☐ Del. Units 2

Date 5/15/56

LOCATION	<u>9 HOUTON</u>	COND
OWNER AGENT		PEND
OWNER AGENT	<u>RICHARD L. P. 57</u>	
OWNER AGENT		
OWNER AGENT	<u>9 HOUTON</u>	VTS

Occupants		Information					Occupancy			Facilities						Violations
		LOC.	RENT	FURN.	WK. P.	RMS	PER.	ALLD	LGRS	HEAT	BATH	FLSH	K. SK	H. W.	CK*G	
1.	RICHARD L. P. 57	3	12	9	4	11	12	12	12	12	12	12	12	12		
2.	EDWIN J. MARRIMAN	2	12	12	12	12	12	10	12	12	12	12	12	12		
3.																
4.																
5.																
6.																
7.																
8.																

STRUCTURE SCHEDULE

STRUCTURE RATING ☐

YARD

- ☒ GARBAGE & RUBBISH
☒ CONTAINERS CIMPY
☒ DRAINAGE
☒ ZONE VIOL.

STRUCTURE EXTERIOR

- ☒ STEPS, STAIRS, PORCHES
☒ FOUNDATION
☒ WALLS
☒ WINDOWS, DOORS
☒ ROOF, GUTTERS
☒ OUT BUILDINGS

INFESTATION

- ☒ RATS ☐ R1 ☐ R2 ☐ R3
☒ OTHER (SPECIFY) _____

EGRESS

- ☒ EQUAL ☐ YES ☐ NO
☒ OBST'N

Remarks _____

Portland
Health Dept.

H I 1

K-18

Inspector T. J. Joyce

STRUCTURE INTERIOR

- ☒ HALL, OBST'N
☒ WALL, LIGHTING
☒ HALL, FLOOR HALLS CEILING
☒ STAIRWAYS
☒ HANDS, AIRSHFT
☒ ELECTR. WIRING

HEATING CENTRAL YES ☐ NO ☐

- ☒ STACKS FLUES, VENTS
☒ CHIMNEY
☒ EQUIPMENT, REPAIR

PLUMBING

- ☒ SUPPLY LINE
☒ WASTE LINE

BASEMENT

- ☒ GEN'L SANIT'N
☒ DAMPNES ☐ R1 ☐ R2
☒ STAIRS
☒ LIGHTING

BASE DWL. UNIT

- ☒ WITH 7' x 3'
☒ DAMPNES ☐ R1 ☐ R2
☒ WINDOW 1/12 x 6"
☒ EQUAL EGRESS ☐ YES ☐ NO

PROHIBITED COMP'N USE

- ☒ ASSOC. USE MATERIALS
☒ DANGEROUS VENTS

VENUE

Photo: ☐ yes ☒ no
 Proj. No. 16-8458

Date 5/15/56

DWELLING UNIT SCHEDULE

CROWDING	LOCATION <u>9 HAVILTON ST</u>	PROP.
SANIT.	P.O. LOC. <u>1ST FLOOR</u>	FIN.
INFEST.	OCCUP.	DATE
BASE P.C.	OWNER	AGE
DET'N	ADDRESS	

Occupants

Information

Occupancy

Facilities

Violations

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.
<u>RICHARD LOPEZ</u>	<u>3</u>	<u>13</u>	<u>9</u>	<u>4</u>	<u>1F</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>

OVERCROWDING 65' - 7'	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	STOVE	STOVE	TOTAL
<u>NO SLEEP'G</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
<u>VENTILATION</u> <u>1/12 x 1/2</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
<u>LIGHTING</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
<u>WATER</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
<u>CEILING</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
<u>WINDOWS</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
<u>DOORS</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
<u>FLOORS</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>

Remarks

KITCHEN SINK & TUBS

☒ SINK

☒ SUPPLY & WASTE

☒ WASH. BASIN

HEATING

☒ STOVES, FLUES, VENTS

☒ HOT WATER, HEAT'G

BATHING FACILITIES

☒ SHOWER MAX. 400'

☒ TUB W. 1 PER 15'

☒ TUB, 3' STG. HT.

☒ VENT'LN

☒ PROPER ACCESS

☒ HOT W.

☒ SANIT'N

TOILET FACILITIES

☒ SHOWER MAX. 2' W.

☒ TUB W. FLNG & LAV 1 PER 10'

☒ VENT'LN

☒ PROPER ACCESS

☒ HOT W.

☒ SANIT'N

INFESTATION

☒ RATS ☐ BE ☐ CO ☐ C

☒ OTHER (SPECIFY) _____

EGGESS

☒ EGGS ☐ YES ☐ NO

☒ DET'N

For: Health Dept.

CS-7

Inspector T. J. [Signature]

Proj. No.

Date 2/15/54

DWELLING UNIT SCHEDULE

CROSSING	LOCATION	9. HAVLTON	CONF.
SANIT.	D.W. LOC.	2ND FLOOR	FOUND
INFEST.	OCCUPY		
RACE D.W.	OWNER		
DET'ED	ADDRESS		WTS

Occupants

Information

Осиревсу

Facilities

Violations

[illegible][illegible]

Remarks

KITCHEN SINK & UTENS

☒ SINK _____

☒ SUPPLY & WASTE _____

☒ PLBG. CLR'L _____

HEATING

☒ STACES, FLUES, VENTS _____

☒ BT'S VENTED, REP'D _____

BATHING FACILITIES

☒ SHARED MAX. 40U _____

☒ AVG U. 1 PER 15 _____

☒ MIN. 7' STOD HT. _____

☒ VENT'LY _____

☒ PROPER ACCESS _____

☒ PLB'S _____

☒ SANIT'N _____

TOILET FACILITIES

☒ SHARED MAX. 2 BU _____

☒ AVG U FLSH & LAV. 1 PER 10 _____

☒ VENT'LY _____

☒ PROPER ACCESS _____

☒ PLB'S _____

☒ SANIT'N _____

INFESTATION

☒ RATS ☐ R1 ☐ R2 ☐ R3 _____

☒ OTHER (SPECIFY) _____

EGRESS

☒ EQUAL ☐ YES ☐ NO _____

☒ GOOD'N _____

Portland
Health Dept.

CS-7

Inspector