

7-15-77 WEST STREET

May 27, 1975 ✓

J. B. Brown Co.
57 Exchange Street
Portland, Maine 04111

Dear Sirs:

Re: 13-15-17 West Street - 55-B-14

Your property has been surveyed by the Portland Housing Inspection Division, Health Department, 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.

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 reinspection at any time during the said five year period, the next regular inspection of this property is scheduled for May 1980.

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

Sincerely yours,

David G. Hitenbender
Acting Health Director.

By 
Chief of Housing Inspections

Inspector 
K. Bailey

LDW:CG

1
P
MAY 5, 1967

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

SI:01

RB: 17 West Street

Photos yes no

Date 4/18/62

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

Stories 2 DFM SID PAR NA ST P Com. Units _____ Rmg Units _____ Del. Units 1

LOCATION	<u>17 WEST ST</u>	COMP
OWNER	<u>J.B. BROWN & SONS</u>	PEND
AGENT	<u>57 Exchange St</u>	
OWNER	<u>Portland, Me.</u>	
AGENT		
AGENT		VIS

Occupants	Information	Occupancy		Facilities				Violations						
		LOC.	RENT	PER	ALL'D	LGRS	HEAT	BATH	FLSH	K.SK	H.W.	CK'G		
1. <u>G. GIBSON</u>	<u>177-5-3</u>													
2.														
3.														
4.														
5.														
6.														
7.														
8.														

STRUCTURE SCHEDULE

STRUCTURE RATING

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

Portland Health Dept.

CS-8

Inspector J. Beaman

Photos yes no

Date 4/14/67

Proj. No.

BRAMHALL

DWELLING UNIT SCHEDULE

CROWDING	LOCATION <u>17 WEST ST</u>	COMP.
SANIT.	D.U. LOC. <u>R/W</u>	PERD.
INFEST.	OCCPNT	
BASE D.U.	OWNER ASST <u>T B (BROWN)</u>	
DET'N	ADDRESS	DATE

Occupants

Information

Occupancy

Facilities

Violations

1.	2.	3.	4.	LOC.	RENT	FURN.	WK.I.	RMS	PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K-SK	H.W.	CK'G	Violations		
																		5	6	
<u>(C. Carlson)</u>	<u>177 1/2 - 1/2 - 3</u>	<u>512</u>	<u>24</u>	<u>9</u>																

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 85' 7"											
SO SLEEP'G	X	X	X								
VENTILATION 1/12" x 1/2"											
LIGHTING WIRING											
DET'N BALLS											
Ceilings											
Windows											
Bugs											
Floors											

Remarks

KITCHEN SINK & WATER
<input type="checkbox"/> SINK
<input type="checkbox"/> SUPPLY & WASTE
<input type="checkbox"/> PLB'G, SER'G
HEATING
<input type="checkbox"/> STACKS, FLUES, VENTS
<input type="checkbox"/> HT'RS VENTED, REP'N
BATHING FACILITIES
<input type="checkbox"/> SHARED MAX. 4DU
<input type="checkbox"/> RMB U. 1 PER 15
<input type="checkbox"/> MIN. 7' STOR MT.
<input type="checkbox"/> VENT'LN
<input type="checkbox"/> PROPER ACCESS
<input type="checkbox"/> PLB'G
<input type="checkbox"/> SANIT'N
TOILET FACILITIES
<input type="checkbox"/> SHARED MAX. 2 DU
<input type="checkbox"/> RMB U FLSH & LAV 1 PER 10
<input type="checkbox"/> VENT'LN
<input type="checkbox"/> PROPER ACCESS
<input type="checkbox"/> PLB'G
<input type="checkbox"/> SANIT'N
INFESTATION
<input type="checkbox"/> RATS <input type="checkbox"/> RI <input type="checkbox"/> OI <input type="checkbox"/> C
<input type="checkbox"/> OTHER (SPECIFY)
EGRESS
<input type="checkbox"/> DUAL <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> OBST'N

Portland Health Dept.
OS-7

Inspector J. [Signature]

Photos yes no
 Proj. No. C.I. **GRANHAILE** Area Zone Zone Viol
 Storage **DEM** **ASPD** **STAIN** **NA** **ST IP** Com. Units _____ Hog Units _____ Det. Units **1**

Date **3/11/77**

13-17

Location		1-15-112851 ST
Street	Address	58A Adams St
City	State	Portland OR
Occupancy	Facilities	57 Exchange SFE
Violations		

1. MAS. HIE RGT		Occupants	32, 24, 76, 3	Information	Loc. Rent Num. W.I. 105	Per. All'd Lems	Heat	Bath	Risu	K.S.R.	H.R.	Org.	Violations
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													

STRUCTURE SCHEDULE

STRUCTURE EXTERIOR

YARD **BARBIC** & SUSPENS _____

SIGNIFICANT CORNYL _____

ONE VIOL. _____

STRUCTURE INTERIOR

STEPS, STAIRS, PORCHES _____

DEGRADATION _____

SILLS _____

SINGLES, DOORS _____

FLOOR, CEILING _____

PART ATTACHMENTS _____

INSULATION

FLOOR _____

OTHER (SPECIFY) _____

FINISHES

WALK _____

YES _____

NO _____

Remarks

Inspector **Ted Beck**

STRUCTURE INTERIOR

WALL, CEILING

WALL, OBBYS

WALL, FLOOR SILLS CEILING

STAIRWAYS

WINDOWS, AIRSHADTS

ELECT. PIPING

HEATING GENERAL YES NO

STACKS, FLUES, VENTS

CHIMNEY

EQUIPMENT, REPAIR

PLUMBING

SUPPLY LINE

WASTE LINE

BASEMENT

GEN'L. SANIT'Y

DRAINAGES _____

STAIRS _____

LITRINING

BASE DTL. UNIT

MIN 7' x 31'

DRAINAGE _____

WINDOW 1/12 x 9'

DUAL EGRESS _____

PROHIBITED COND'N USE

ASSOC. USE HAZARDOUS

HAZARDOUS VENTS