

12 Walker Street 55-D-1  
(227 Brackett Street)

LUNGE SUIT









Health Department  
STRUCTURE INSPECTION SCHEDULE

Housing Inspection Division

City of Portland

Insp. Date	Insp. Type	Project Code	Assr's: Chart	Bl.	Lot	Census: Blk.	Tract	Insp.	Form No.
3/17/72	F	LS	55	0	3	206	10	01000017	
House No.	Sec. H No.	Suff.	Direct.	Street Name				St. Desig'n	
12				Walker				Street	
Owner or Agent: <i>Inestor N Mc Intire</i>							Status	Bldg's Rating	
Address: <i>27 Skullys St</i>							Zip Code <i>04106</i>		
City and State: <i>South Portland Me</i>									

D. Units	Occ. D.U.'s	Ra. Units	Occ. R.U.'s	No. Occupants	Com'l. U.	Bldg. Type	Stories	Const. Mat.	#D.B.'s	C.H.	Photo
2	2			3		A	2 1/2	Br etc		Y	✓

Zoned For	Actual Land Use	D.D.	Orig. Ist. Res.	Fin. Res.	Disp.	Closing Date
R-6	Resid				CC	3/17/72

EXTERIOR - STRUCTURE	Cd. Viol.	INTERIOR - STRUCTURE	Cd. Viol.
Foundation	3a	Lighting	8
Walls	3a	Elec. Wiring	8e
Roof	3a	Floors	3b
Porch	3d	Walls	3b
Stairs	3d	Ceilings	3c
Steps	3d	Windows	3c
Doors	3c	Airshafts	3a
Windows	3c	Roof rafters	4e
Eaves	3a	Sanitation	3d
Trim	3a	Stairways	3d
Chimney	3e	Stair treads	6d
Gutters	3a	Wastelines	6c
Roof drains	3a	Supply lines	3e
Bulkhead	3d	Stacks	3e
Outbuildings	4e	Flues	3e
Yard	4e	Vents	3e
Garbage	4d	Chimney	9c
Rubbish	4d	Heating Equip.	4b
Containers	4d	Bsmt. Sanitation	3a
Drainage	3a	Dampness	8c
Infestation	4e	Lighting	8e
Rats	4e	Elec. Panel	3d
Other	4e	Stairs	3a
Fire Escape	10	Foundation	3a
Dual Egress	10	Floor Joists	3a
Driveways		Carrying Timbers	3a
Walks		Sills	5f
Fences		Bsmt. D.U. Conforms	

REMARKS ON REVERSE SIDE



City of Portland

Health Department  
DWELLING UNIT SCHEDULE

Housing Inspection Division

INSP DATE		INSP		FORM NO.							
3/1/72		06000012									
TENANT'S NAME					Flr.#	Location	Rmg.Tp.	#Rms	#Pco	#All'd	Sip.Rmg
MISS PEACOCK					1	OA		4	7	0	1

Child Un.10	Child 1-6	+ Lead Survey - Results	Rent	Rent Code	Furn	Heat	Hot Water	Dual Egrs	Ck'ng.	Lav.	Path	Flush
			115/MO	OCMG	-	0/0	Y	Y	EG	P	P	P

**KITCHEN**

(X) Plaster - L,C,M - Ceiling/Walls 3(b)  
 (X) Windows - loose, broken glass, glaze 3(c)  
 (X) Sash/Frames - broken, missing, worn 3(c)  
 (X) Floor - loose, worn, dam., buckled 3(b)  
 (X) Doors - Knob/lk - missing - Panels/Frames dam. 3(b)  
 Counter/Stor. Space Yes  No   
 Sink - chipped, cracked, leaks 6(d)  
 Range - improper stack, flue, vent 3(e)  
 Refrigerator Space Yes  No   
 Plumbing (a) 6(a) Water Supply Hot  Cold  -6(c)  
 (X) Electrical (a)  
 (X) Sanitation (a)

**BATHROOM**

(X) Plaster - L,C,M - Ceiling/Walls 3(b)  
 (X) Window - loose, broken glass, glaze 3(c)  
 (X) Sash/Frames - broken, missing, worn 3(c)  
 (X) Floor - loose, worn, dam., buckled 3(b)  
 (X) Door - Knob/lk - missing - Panels/Frames dam. 3(b)  
 (X) Toilet - Tnk - brkn, loose, leaks, Seat, lise crkd. 6(d)  
 (X) Lavatory - chipped, crkd, leaks, trap leaks 6(d)  
 (X) Bathtub/Shower - leaks, cross con. 6(d)  
 (X) Ventilation Yes  No   
 (X) Plumbing (b) 6(a) Water Supply Hot  Cold  7  
 (X) Electrical (b)  
 (X) Sanitation (b)

**LIVING ROOM**

(X) Plaster - L,C,M - Ceiling/Walls 3(b)  
 (X) Windows - loose, broken, glaze 3(c)  
 (X) Sash/Frames - broken, missing worn 3(c)  
 (X) Floor - loose, worn, damaged 3(b)  
 (X) Door - Knob/lk - missing - Panels/Frames dam. 3(b)  
 (X) Electrical (c)  
 (X) Sanitation (c)

**DINING ROOM**

(X) Plaster - L,C,M - Ceiling/Walls 3(b)  
 (X) Windows - loose, broken, glaze 3(c)  
 (X) Sash/Frames - broken, missing, worn 3(c)  
 (X) Floor - loose, worn, damaged 3(b)  
 (X) Doors - Knobs/lk - missing - Panels/Frames dam. 3(b)  
 (X) Electrical (d)  
 (X) Sanitation (d)

**Bedrooms and/or Other Rooms**

	(X) Plaster - L,C,M - Ceiling/Walls 3(b)
	(X) Windows - loose, broken, glaze 3(c)
	(X) Sash/Frames - broken, missing, worn 3(c)
	(X) Floors - loose, worn, damaged 3(b)
	(X) Door - knobs/lk - missing - Panels/Frames dam. 3(b)
	(X) Electrical (e)
	(X) Sanitation (e)
	(X) Clothes Closet Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Plumbing	Electrical	Sanitation - Vermin O R
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REMARKS:

City of Portland

Health Department  
DWELLING UNIT SCHEDULE

Housing Inspection Division

INSP DATE

INSP FORM NO.

9 11 7 2 2

061000017

TENANT'S NAME										Flr.#	Location	Rmg.Tp.	#Rm	#Peo	#All'd	Slp.Rms
DR HARRISON										2	FR		4	2	6	2

Child Un.10	Child 1-6	+ Lead Survey - Results	Rent	Rent Code	Furn	Heat	Hot Water	Dual Egrs	Ck'ng.	Lav.	Bath	Flush
			115/NO	occup	7	a/o	7	7	4/6	P	P	P

KITCHEN	CODE
(X) Plaster - L,C,M - Ceiling/Walls	3(b)
(X) Windows - loose, broken glass, glaze	3(c)
(X) Sash/Frames - broken, missing, worn	3(c)
(X) Floor - loose, worn, dam., buckled	3(b)
(X) Doors - Knob/lk - missing - Panels/Frames dam.	3(b)
(X) Counter/Stor. Space Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	-
(X) Sink - chipped, cracked, leaks	6(d)
(X) Range - improper stack, flue, vent	3(e)
(X) Refrigerator Space Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	-
(X) Plumbing (a) 6(a) Water Supply Hot <input checked="" type="checkbox"/> Cold <input checked="" type="checkbox"/>	6(c)
(X) Electrical (a)	-
(X) Sanitation (a)	-

BATHROOM	CODE
(X) Plaster - L,C,M - Ceiling/Walls	3(b)
(X) Window - loose, broken glass, glaze	3(c)
(X) Sash/Frames - broken, missing, worn	3(c)
(X) Floor - loose, worn, dam., buckled	3(b)
(X) Door - Knob/lk - missing - Panels/Frames dam.	3(b)
(X) Toilet - Tnk - brkn, loose, leaks, Seat, Rise crkd.	6(d)
(X) Lavatory - chipped, crkd, leaks, trap leaks	6(d)
(X) Bathtub/Shower - leaks, cross con.	6(d)
(X) Ventilation Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	7
(X) Plumbing (b) 6(a) Water Supply Hot <input checked="" type="checkbox"/> Cold <input checked="" type="checkbox"/>	6(c)
(X) Electrical (b)	-
(X) Sanitation (b)	-

LIVING ROOM	CODE
(X) Plaster - L,C,M - Ceiling/Walls	3(b)
(X) Windows - loose, broken, glaze	3(c)
(X) Sash/Frames - broken, missing, worn	3(c)
(X) Floor - loose, worn, damaged	3(b)
(X) Door - Knob/lk - missing - Panels/Frames dam.	3(b)
(X) Electrical (c)	-
(X) Sanitation (c)	-

DINING ROOM	CODE
( ) Plaster - L,C,M - Ceiling/Walls	3(b)
( ) Windows - loose, broken, glaze	3(c)
( ) Sash/Frames - broken, missing, worn	3(c)
( ) Floor - loose, worn, damaged	3(b)
( ) Doors - Knobs/lk - missing - Panels/Frames dam.	3(b)
( ) Electrical (d)	-
( ) Sanitation (d)	-

Bedrooms and/or Other Rooms	CODE
(X) Plaster - L,C,M - Ceiling/Walls	3(b)
(X) Windows - loose, broken, glaze	3(c)
(X) Sash/Frames - broken, missing, worn	3(c)
(X) Floors - loose, worn, damaged	3(b)
(X) Door - knobs/lk - missing - Panels/Frames dam.	3(b)
(X) Electrical (e)	-
(X) Sanitation (e)	-
(X) Clothes Closet Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	-

Plumbing	Electrical	Sanitation - Vermin O R

REMARKS:



CITY OF PORTLAND

JOSEPH E. GRAY, JR.  
DIRECTOR OF PLANNING  
AND URBAN DEVELOPMENT  
October 11, 1985

#DU: 3

Ms. Jane W. Weiss  
12 Walker Street  
Portland, ME 04102

Re: 12 Walker Street 55-D-1 WE

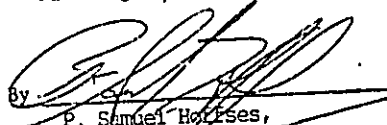
The Housing Inspections Division of the Department of Planning and Urban Development has recently completed an overall inspection of the above referred property.

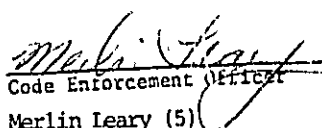
Congratulations are extended to you for the general condition of your property which was found to meet the standards established by the City's Housing Code.

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   
P. Samuel Hoffses,  
Chief of Inspection Services

  
Code Enforcement Officer  
Merlin Leary (5)

jmr





City of Portland

PLANNING AND URBAN DEVELOPMENT

DWELLING UNIT SCHEDULE

Inspection Services Division

ARTICLE 5 - HOUSING CODE

INSP DATE

10/1/01

OK 1st Inspection

INSP

FORM NO.

TENANTS NAME: Deborah Andrews  
 Flr. # Location Rm. Tp. # Rms. # Peop. # All'd Slp. Rm.

Child Un. 10	Child 1 - 6	+ Lead Survey - Results	Rent	Rent Code	Furn	Hot Water	Dual Egrs.	Ck'ing	Heat	Lav.	Bath	Flush
						V/S	V/S	A.C.	F.O.F.	UL	P/B	D.F.

**KITCHEN**

DESCRIPTION	CODE
(✓) Plaster - L, C, M, - Ceiling/Walls	108-2
(✓) Windows - loose, broken glass, glaze	108-3
(✓) Sash/Frames - broken missing, worn	108-3
(✓) Floor - loose wor., dam., buckled	108-2
(✓) Doors - Knob/lk - miss. - Pan./Fram.dam.	108-3
(✓) Counter/Stor. Space Yes/No	-
(✓) Sink - chip., crack., leaks	111-1
(✓) Range - improper stack, flue, vent	114-1
(✓) Refrigerator Space Yes/No	-
(✓) Plumbing (a)6 (a)Water Sup. Hot/Cold	111-3
(✓) Electrical (a)	113
(✓) Sanitation (a)	109

**BATHROOM**

DESCRIPTION	CODE
(✓) Plaster - L, C, M - Ceiling/Walls	108-2
(✓) Window - loose, broken glass, glaze	108-3
(✓) Sash/Frames - broken, missing, worn	108-3
(✓) Floor - loose, worn, dam., buckled	108-2
(✓) Door - knob/lk - miss. - Pan./Fram. dam.	108-3
(✓) Toilet-Tnk-brkn, loose, leaks, seat, crkd.	111-1
(✓) Lavatory - chip., crkd, leaks, trap leaks	111-1
(✓) Bathtub/shower- leaks, cross connect.	111-1
(✓) Ventilation Yes/No	112
(✓) Plumb. (b)6(a)Water Sup. Hot/Cold	111-3
(✓) Electrical (b)	113
(Sanitation (b))	109

**LIVING ROOM**

DESCRIPTION	CODE
(✓) Plaster - L, C, M, - Ceil./Walls	108-2
(✓) Windows - loose, broken, glaze	108-3
(✓) Sash/Frames - broken, missing, worn	108-3
(✓) Floor - loose, worn, damaged	108-2
(✓) Door - knob/lk - miss. - panels/frames	dam. 108-3
( ) Electrical (c)	113
( ) Sanitation (c)	109

**DINING ROOM**

DESCRIPTION	CODE
( ) Plaster - L, C, M - Ceil/Walls	108-2
( ) Windows - loose, broken, glaze	108-3
( ) Sash/Frames - broken, missing, worn	108-3
( ) Floor - loose, worn, damaged	108-2
( ) Doors - Knobs/lk - miss. - panels/frames	dam. 108-3
( ) Electrical (d)	113
( ) Sanitation (d)	109

**Bedrooms and/or other rooms**

DESCRIPTION	CODE
( ) Plaster - L, C, M - Ceiling/Walls	108-2
( ) Windows - loose, broken, glaze	108-3
( ) Sash/Frames - broken, missing, worn	108-3
( ) Floors - loose, worn, damaged	108-2
( ) Door - knobs/lk - miss. - Panels/Frames	dam. 108-3
( ) Electrical (e)	113
( ) Sanitation (e)	109

**Plumbing**

DESCRIPTION	CODE
( ) Plaster - L, C, M - Ceiling/Walls	108-2
( ) Windows - loose, broken, glaze	108-3
( ) Sash/Frames - broken, missing, worn	108-3
( ) Floors - loose, worn, damaged	108-2
( ) Door - knobs/lk - miss. - Panels/Frames	dam. 108-3
( ) Electrical (e)	113
( ) Sanitation (e)	109

Plumbing Electrical Sanitation - Vermin O R

REMARKS:

DWELLING UNIT SCHEDULE

ARTICLE 5 - HOUSING CODE

INSP DATE

7/10/70

INSP

FORM NO.

TENANTS NAME

Rick

Flr. # Location Bng. Tp. # Rms. # Pco. # All'd Slp. Rm.

Child Un.10	Child 1 - 6	+ Lead Survey - Results	Rent	Rent Code	Furn	Hot Water	Dual Egrs.	Ck'ing	Heat	Lav.	Bath	Flush
					VO	KS	KS	LC	F.A.M.	HL	FB	11
KITCHEN						BATHROOM						
<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"/> Sash/Frames - broken, missing, worn 108-3 <input checked="" type="checkbox"/> Floor - loose, worn, dam., buckled 108-2 <input checked="" type="checkbox"/> Doors - Knob/lk - miss.-Pan./Fram.dam. 108-3 <input checked="" type="checkbox"/> Counter/Stor. Space Yes No <input checked="" type="checkbox"/> Sink - chip., crack., leaks 111-1 <input checked="" type="checkbox"/> Range - improper stack, flue, vent 114-1 <input checked="" type="checkbox"/> Refrigerator Space Yes No <input checked="" type="checkbox"/> Plumbing (a)6 (a)Water Sup. Hot Cold 111.3 <input checked="" type="checkbox"/> Electrical (a) 113 <input checked="" type="checkbox"/> Sanitation (a) 109						<input checked="" type="checkbox"/> Plaster - L, C, M - Ceiling/Walls 108-2 <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"/> Floor - loose, worn, dam., buckled 108-2 <input checked="" type="checkbox"/> Door - knob/lk - miss -Pan./Fram. dam. 108-3 <input checked="" type="checkbox"/> Toilet-Tnk-brkn, loose, leaks, seat, crkd. 111-1 <input checked="" type="checkbox"/> Lavatory - chip., crkd, leaks, trap leaks 111-1 <input checked="" type="checkbox"/> Bathtub/shower- leaks, cross connect. 111-1 <input checked="" type="checkbox"/> Ventilation Yes No 112 <input checked="" type="checkbox"/> Plumb. (b)6(a)Water sup. Hot Cold 111-3 <input checked="" type="checkbox"/> Electrical (b) 113 <input checked="" type="checkbox"/> Sanitation (b) 109						
LIVING ROOM						DINING ROOM						
<input checked="" type="checkbox"/> Plaster - L, C, M, - Ceil./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"/> Floor - loose, worn, damaged 108-2 <input checked="" type="checkbox"/> Door - knob/lk - miss. - panels/frames dam. 108-3 <input checked="" type="checkbox"/> Electrical (c) 113 <input checked="" type="checkbox"/> Sanitation (c) 109						<input type="checkbox"/> Plaster - L,C,M - Ceil/Walls 108-2 <input type="checkbox"/> Windows - loose, broken, glaze 108-3 <input type="checkbox"/> Sash/Frames - broken, missing, worn 108-3 <input type="checkbox"/> Floor - loose, worn, damaged 108-2 <input type="checkbox"/> Doors - Knobs/lk - miss. - panels/frames dam. 108-3 <input type="checkbox"/> Electrical (d) 113 <input type="checkbox"/> Sanitation (d) 109						
Bedrooms and/or other rooms												
						<input type="checkbox"/> Plaster - L,C,M - Ceiling/Walls 108-2 <input type="checkbox"/> Windows - loose, broken, glaze 108-3 <input type="checkbox"/> Sash/Frames - broken, missing, worn 108-3 <input type="checkbox"/> Floors - loose, worn, damaged 108-2 <input type="checkbox"/> Door - knobs/lk - miss.-Panels/Frames dam. 108-3 <input type="checkbox"/> Electrical (e) 113 <input type="checkbox"/> Sanitation (e) 109						
Plumbing			Electrical			Sanitation - Vermin			O R			
REMARKS:												

City of Portland

PLANNING AND URBAN DEVELOPMENT

Inspection Services Division

DWELLING UNIT SCHEDULE

ARTICLE 5 - HOUSING CODE

INSP DATE

10/17/01

INSP

5

FORM NO.

10

TENANTS NAME

Jack Wilson

Flr. # Location Bldg. Tp. # Rms. # Peo. # All'd Slip. Rm.

2 D 7 2 10

Child Un.10	Child 1 - 6	+ Lead Survey - Results	Rent	Rent Code	Furn	Hot Water	Dual Egrs.	Ck'ing	Heat	Lav.	Bath	Flush
					NO	YES	YES	LC	DEF	PL	PA	PF

KITCHEN					CODE	BATHROOM					CODE	
<input checked="" type="checkbox"/>					108-2	<input checked="" type="checkbox"/>						108-2
<input checked="" type="checkbox"/>					108-3	<input checked="" type="checkbox"/>						108-3
<input checked="" type="checkbox"/>					108-3	<input checked="" type="checkbox"/>						108-3
<input checked="" type="checkbox"/>					108-2	<input checked="" type="checkbox"/>						108-2
<input checked="" type="checkbox"/>					108-3	<input checked="" type="checkbox"/>						106-3
<input checked="" type="checkbox"/>					111-1	<input checked="" type="checkbox"/>						111-1
<input checked="" type="checkbox"/>					114-1	<input checked="" type="checkbox"/>						111-1
<input checked="" type="checkbox"/>					-	<input checked="" type="checkbox"/>						112
<input checked="" type="checkbox"/>					111.3	<input checked="" type="checkbox"/>						111-3
<input checked="" type="checkbox"/>					113	<input checked="" type="checkbox"/>						113
<input checked="" type="checkbox"/>					109	<input checked="" type="checkbox"/>						109
LIVING ROOM					CODE	DINING ROOM					CODE	
<input checked="" type="checkbox"/>					108-2	<input type="checkbox"/>						108-2
<input checked="" type="checkbox"/>					108-3	<input type="checkbox"/>						108-3
<input checked="" type="checkbox"/>					108-3	<input type="checkbox"/>						108-3
<input checked="" type="checkbox"/>					108-2	<input type="checkbox"/>						108-2
<input checked="" type="checkbox"/>					dam.108-3	<input type="checkbox"/>						dam. 108-3
<input checked="" type="checkbox"/>					113	<input type="checkbox"/>						113
<input checked="" type="checkbox"/>					109	<input type="checkbox"/>						109
Bedrooms and/or other rooms					CODE						CODE	
						<input type="checkbox"/>						108-2
						<input type="checkbox"/>						108-3
						<input type="checkbox"/>						108-3
						<input type="checkbox"/>						108-2
						<input type="checkbox"/>						dam. 108-3
						<input type="checkbox"/>						113
						<input type="checkbox"/>						109
						<input type="checkbox"/>						
Plumbing					Electrical	Sanitation - Vermin					O P	

REMARKS: