

223 Brackett Street 55-D-7

LONGFORD



SHAW-WALKER

#8503 3R7

City of Portland

Health Department
DWELLING UNIT SCHEDULE

Housing Inspection Division

INSP DATE

10 12 72

INSP

FORM NO.

06000007

TENANT'S NAME

VACANT

Flr.#

Location

Rmp.Tp.

#Rms

#Peo

#All'd

Slp.Rms

3

RE

1

0

1

Child Un.10

Child 1-6

+ Lead Survey - Results

Rent

Rent Code

Furn

Heat

Hot Water

Dual Egrs

Ck'ng.

Lav.

Bath

Flush

AP

VAC

Y

CTG

-

Y

-

S

S

S

Viol No.

Remedy

Cond.

Violation Description

Location

Room Type

Area Type

Responsible Party

Code Sect. Violated

Viol Rem.-Date

Photos yes no
 Proj. No. C.I. Large fellow Ass'rs _____ Zone Zone Viol _____
 Stories 2 1/2 M A.S.D. S.A.R. S.A. S.T.P. Com Units _____ Rmg Units _____ Del. Units _____

Date 10-12-71

LOCATION	<u>223 Brewer St</u>	COMP
OWNER	<u>Mrs. Mildred Hodgkiss</u>	PEND
OWNER	<u>same</u>	
OWNER	<u>Port Me.</u>	VIS

OK

Occupants	Information	Occupancy	Facilities										Violations								
			LOC.	RENT	FURN	WK	RMS	PER.	AL	LG'S	HEAT	BATH		FL.H	K	SK	H.W.	CK'G			
1.																					
2.																					
3.																					
4.																					
5.																					
6.																					
7.																					
8.																					

STRUCTURE RATING 5/6

STRUCTURE SCHEDULE

YARD

RAMPAGE & RUBBIS _____
 CONTAINERS COMPL' _____
 DRAINAGE _____
 ZONE VIOL. _____

STRUCTURE EXTERIOR

STEPS, STAIRS, PORCHES _____
 FOUNDATION _____
 WALLS _____
 WINDOWS, JOISTS _____
 ROOF, DRAINS _____
 OUT BUILDINGS _____

INFESTATION

RATS R. O. E. _____
 OTHER (SPECIFY) _____

EGRESS

EGRESS YES NO _____
 EGRESS _____

Remarks _____

Portland Health Dept.
 CS-8

Inspector ajd

STRUCTURE INTERIOR

HALL LIGHTING _____
 HALL LIGHTING _____
 HALL FLOOR WALLS CEILING _____
 STAIRWAYS _____
 WINDOWS, AIRSHAFT _____
 ELECT. WIRING _____

HEATING CENTRAL YES NO

STACKS FLUES, VENTS _____
 CHIMNEY _____

EQUIPMENT, REPAIR

PLUMBING

SUPPLY LINE _____
 WASTE LINE _____

BASEMENT

GEN'L SANIT'M _____
 DAMPNES - R. O. _____
 STAIRS _____
 LIGHTING _____

BASE DWL. UNIT

DAMPNES - R. O. _____
 WINDOW 1/12 X 8" None
 DUAL EGRESS YES NO _____

PROHIBITEL COMD'N USE

ASSOC. USE HAZARD _____
 HAZARDOUS VENTS _____

LDN/9-71

DWELLING UNIT

Location 223 Broadwell St
 D.U. Location 2nd floor
 Occupant W. J. ...

Inspector ... Date 10-12-71
 Project Name/No: LS Photos Yes No
 Allowed 5

Rent	Furn.	Wkly. Inc.	Rooms	Bath	Flush	Lavatory	Hot Water	Cooking	Dual Egress	Heat	CODE	
				N-P-S/	N-P-S/				Yes No	Yes No		
			3			3		7/8				
KITCHEN						CODE	BATHROOM	<i>shared with 1st & 2nd floors</i>				CODE
<input checked="" type="checkbox"/> Plaster - L,C,M - Ceiling/Walls						3(b)	<input checked="" type="checkbox"/> Plaster - L,C,M - Ceiling/Walls					3(b)
<input checked="" type="checkbox"/> Windows - loose, broken glass, glaze						3(c)	<input checked="" type="checkbox"/> Window - loose, broken glass, glaze					3(c)
<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn						3(c)	<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn					3(c)
<input checked="" type="checkbox"/> Floor - loose, worn, dam., buckled						3(b)	<input checked="" type="checkbox"/> Floor - loose, worn, dam., buckled					3(b)
<input checked="" type="checkbox"/> Doors - Knob/Ik - missing - Panels/Frames dam.						3(b)	<input checked="" type="checkbox"/> Door - Knob/Ik - missing - Panels/Frames dam.					3(b)
<input checked="" type="checkbox"/> Counter/Stor. Space Yes ___ No ___						-	<input checked="" type="checkbox"/> Toilet - Tnk - brkn, loose, leaks, Seat, rise, crck.					6(d)
<input checked="" type="checkbox"/> Sink - chipped, cracked, leaks						6(d)	<input checked="" type="checkbox"/> Lavatory - chipped, crkd, leaks, trap leaks					6(d)
<input checked="" type="checkbox"/> Range - improper stack, flue, vent						3(e)	<input checked="" type="checkbox"/> Bathtub/Shower - leaks, cross con.					6(d)
<input checked="" type="checkbox"/> Refrigerator Space Yes ___ No ___						-	<input checked="" type="checkbox"/> Ventilation Yes <u>1</u> No ___					7
<input checked="" type="checkbox"/> Plumbing (a) 6(a) Water Supply Hot <u>L</u> Cold <u>✓</u>						6(c)	<input checked="" type="checkbox"/> Plumbing (b) 6(a) Water Supply Hot <u>✓</u> Cold <u>✓</u>					6(c)
<input checked="" type="checkbox"/> Electrical (a)							<input checked="" type="checkbox"/> Electrical (b)					
<input checked="" type="checkbox"/> Sanitation (a)							<input checked="" type="checkbox"/> Sanitation (b)					
LIVING ROOM						CODE	DINING ROOM					CODE
<input type="checkbox"/> Plaster - L,C,M - Ceiling/Walls						3(b)	<input type="checkbox"/> Plaster - L,C,M - Ceiling/Walls					3(b)
<input type="checkbox"/> Windows - loose, broken, glaze						3(c)	<input type="checkbox"/> Windows - loose, broken, glaze					3(c)
<input type="checkbox"/> Sash/Frames - broken, missing, worn						3(c)	<input type="checkbox"/> Sash/Frames - broken, missing, worn					3(c)
<input type="checkbox"/> Floor - loose, worn, damaged						3(b)	<input type="checkbox"/> Floor - loose, worn, damaged					3(b)
<input type="checkbox"/> Door - Knob/Ik - missing - Panels/Frames dam.						3(b)	<input type="checkbox"/> Doors - Knobs/Ik - missing - Panels/Frames dam.					3(b)
<input type="checkbox"/> Electrical (c)							<input type="checkbox"/> Electrical (d)					
<input type="checkbox"/> Sanitation (c)							<input type="checkbox"/> Sanitation (d)					
Bedrooms and/or Other Rooms							<input type="checkbox"/> Plaster - L,C,M - Ceilings/Walls					3(b)
<input type="checkbox"/>							<input type="checkbox"/> Windows - Loose, broken, glaze					3(c)
<input type="checkbox"/>							<input type="checkbox"/> Sash/Frames - broken, missing, worn					3(c)
<input type="checkbox"/>							<input type="checkbox"/> Floors - loose, worn, damaged					3(b)
<input type="checkbox"/>							<input type="checkbox"/> Door - knobs/Ik - missing - Panels/Frames dam.					3(b)
<input type="checkbox"/>							<input type="checkbox"/> Electrical (e)					
<input type="checkbox"/>							<input type="checkbox"/> Sanitation (e)					
<input type="checkbox"/>							<input type="checkbox"/> Clothes Closet Yes ___ No ___					

Plumbing	Electrical	Sanitation - Vermin O R

REMARKS:

LDN/9-71

DWELLING UNIT

Location 223 Brookly 457
 D.U. Location 2nd floor front
 Occupant vacant

Inspector GJC Date 10-12-71
 Project Name/No. LP Photos Yes No
 Allowed

Rent	Furn.	Wkly. Inc.	Rooms	Bath	Flush	Lavatory	Hot Water	Cooking	Dual Egress	Heat
				N-P-S	N-P-S				(Yes) No	
<u>NA</u>	<u>-</u>	<u>-</u>	<u>1</u>	<u>N-P-S</u>	<u>N-P-S</u>	<u>0</u>	<u>Y</u>	<u>NO</u>	<u>(Yes)</u> <u>No</u>	<u>90</u>
KITCHEN					CODE	BATHROOM				CODE
<input type="checkbox"/> Plaster - L,C,M - Ceiling/Walls					3(b)	<input type="checkbox"/> Plaster - L,C,M - Ceiling/Walls				3(b)
<input type="checkbox"/> Windows - loose, broken glass, glaze					3(c)	<input type="checkbox"/> Window - loose, broken glass, glaze				3(c)
<input type="checkbox"/> Sash/Frames - broken, missing, worn					3(c)	<input type="checkbox"/> Sash/Frames - broken, missing, worn				3(c)
<input type="checkbox"/> Floor - loose, worn, dam., buckled					3(b)	<input type="checkbox"/> Floor - loose, worn, dam., buckled				3(b)
<input type="checkbox"/> Doors - Knob/Ik - missing - Panels/Frames dam.					3(b)	<input type="checkbox"/> Door - Knob/Ik - missing - Panels/Frames dam.				3(b)
<input type="checkbox"/> Counter/Stor. Space Yes ___ No ___					-	<input type="checkbox"/> Toilet - Tnk - brkn, loose, leaks, Seat, l'se, crkd.				6(d)
<input type="checkbox"/> Sink - chipped, cracked, leaks					6(d)	<input type="checkbox"/> Lavatory - chipped, crkd, leaks, trap leaks in kitchen				6(d)
<input type="checkbox"/> Range - improper stack, flue, vent					3(e)	<input type="checkbox"/> Bathtub/Shower - leaks, cross con.				6(d)
<input type="checkbox"/> Refrigerator Space Yes ___ No ___					-	<input type="checkbox"/> Ventilation Yes ___ No ___				7
<input type="checkbox"/> Plumbing (a) 6(a) Water Supply Hot ___ Cold ___					6(c)	<input type="checkbox"/> Plumbing (b) 6(a) Water Supply Hot ___ Cold ___				6(c)
<input type="checkbox"/> Electrical (a)						<input type="checkbox"/> Electrical (b)				
<input type="checkbox"/> Sanitation (a)						<input type="checkbox"/> Sanitation (b)				
LIVING ROOM					CODE	DINING ROOM				CODE
<input type="checkbox"/> Plaster - L,C,M - Ceiling/Walls					3(b)	<input type="checkbox"/> Plaster - L,C,M - Ceiling/Walls				3(b)
<input type="checkbox"/> Windows - loose, broken, glaze					3(c)	<input type="checkbox"/> Windows - loose, broken, glaze				3(c)
<input type="checkbox"/> Sash/Frames - broken, missing, worn					3(c)	<input type="checkbox"/> Sash/Frames - broken, missing, worn				3(c)
<input type="checkbox"/> Floor - loose, worn, damaged					3(b)	<input type="checkbox"/> Floor - loose, worn, damaged				3(b)
<input type="checkbox"/> Door - Knob/Ik - missing - Panels/Frames dam.					3(b)	<input type="checkbox"/> Doors - Knobs/Ik - missing - Panels/Frames dam.				3(b)
<input type="checkbox"/> Electrical (c)						<input type="checkbox"/> Electrical (d)				
<input type="checkbox"/> Sanitation (c)						<input type="checkbox"/> Sanitation (d)				
Bedrooms and/or Other Rooms										CODE
						<input checked="" type="checkbox"/> Plaster - L,C,M - Ceilings/Walls				3(b)
						<input checked="" type="checkbox"/> Windows - Loose, broken, glaze				3(c)
						<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn				3(c)
						<input checked="" type="checkbox"/> Floors - loose, worn, damaged				3(b)
						<input checked="" type="checkbox"/> Door - knobs/Ik - missing - Panels/Frames dam.				3(b)
						<input checked="" type="checkbox"/> Electrical (e)				
						<input checked="" type="checkbox"/> Sanitation (e)				
						<input checked="" type="checkbox"/> Clothes Closet Yes <input checked="" type="checkbox"/> No				
Plumbing			Electrical			Sanitation - Vermin O R				

REMARKS:

LDN/9-71

DWELLING UNIT

Location 223 Bradwell St
D.U. Location 310 AC 22
Occupant V. P. P. 1

Inspector 990 Date 10-12-71
Project Name/No. LS Photos Yes No
Allowed 2

Rent	Furn.	Wkly. Inc.	Rooms	Bath	Flush	Lavatory	Hot Water	Cooking	Dual Egress	Heat	CODE
				N-P-S	N-P-S				(Yes) No		
<u>NA</u>	<u>—</u>	<u>—</u>	<u>1</u>			<u>5</u>	<u>7</u>	<u>NO</u>		<u>OK</u>	
KITCHEN						BATHROOM					
<input type="checkbox"/> Plaster - L,C,M - Ceiling/Walls <input type="checkbox"/> Windows - loose, broken glass, glaze <input type="checkbox"/> Sash/Frames - broken, missing, worn <input type="checkbox"/> Floor - loose, worn, dam., buckled <input type="checkbox"/> Doors - Knob/Ik - missing - Panels/Frames dam. <input type="checkbox"/> Counter/Stor. Space Yes ___ No ___ <input type="checkbox"/> Sink - chipped, cracked, leaks <input type="checkbox"/> Range - improper stack, flue, vent <input type="checkbox"/> Refrigerator Space Yes ___ No ___ <input type="checkbox"/> Plumbing (a) 6(a) Water Supply Hot ___ Cold ___ <input type="checkbox"/> Electrical (a) <input type="checkbox"/> Sanitation (a)						<input type="checkbox"/> Plaster - L,C,M - Ceiling/Walls <input type="checkbox"/> Window - loose, broken glass, glaze <input type="checkbox"/> Sash/Frames - broken, missing, worn <input type="checkbox"/> Floor - loose, worn, dam., buckled <input type="checkbox"/> Door - Knob/Ik - missing - Panels/Frames dam. <input type="checkbox"/> Toilet - Tnk - brkn, loose, leaks. Seat, l'se, crkd. <input type="checkbox"/> Lavatory - chipped, crkd, leaks, trap leaks <input type="checkbox"/> Bathtub/Shower - leaks, cross con <input type="checkbox"/> Ventilation Yes ___ No ___ <input type="checkbox"/> Plumbing (b) 6(b) Water Supply Hot ___ Cold ___ <input type="checkbox"/> Electrical (b) <input type="checkbox"/> Sanitation (b)					
LIVING ROOM						DINING ROOM					
<input type="checkbox"/> Plaster - L,C,M - Ceiling/Walls <input type="checkbox"/> Windows - loose, broken, glaze <input type="checkbox"/> Sash/Frames - broken, missing, worn <input type="checkbox"/> Floor - loose, worn, damaged <input type="checkbox"/> Door - Knob/Ik - missing - Panels/Frames dam. <input type="checkbox"/> Electrical (c) <input type="checkbox"/> Sanitation (c)						<input type="checkbox"/> Plaster - L,C,M - Ceiling/Walls <input type="checkbox"/> Windows - loose, broken, glaze <input type="checkbox"/> Sash/Frames - broken, missing, worn <input type="checkbox"/> Floor - loose, worn, damaged <input type="checkbox"/> Door - Knobs/Ik - missing - Panels/Frames dam. <input type="checkbox"/> Electrical (d) <input type="checkbox"/> Sanitation (d)					
Bedrooms and/or Other Rooms											
						<input checked="" type="checkbox"/> Plaster - L,C,M - Ceilings/Walls <input checked="" 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 checked="" type="checkbox"/> Clothes Closet Yes ___ No ___					

Plumbing	Electrical	Sanitation - Vermin O R

REMARKS:
OK

LDN/9-71

DWELLING UNIT

Date 12-12-71

Location 223 Blackett
D.U. Location 2, 4/10/71
Occupant

Inspector JAO
Project Name/No. 23
Allowed
Photos Yes No

Rent	Furn.	Wkly. Inc.	Rooms	Bath N-P-S	Flush N-P-S	Lavatory	Hot Water	Cooking	Dual Egress Yes No	Heat	CODE
NA			1					NO		1/0	
KITCHEN											
<input type="checkbox"/> Plaster - L,C,M - Ceiling/Walls <input type="checkbox"/> Windows - loose, broken glass, glaze <input type="checkbox"/> Sash/Frames - broken, missing, worn <input type="checkbox"/> Floor - loose, worn, dam., buckled <input type="checkbox"/> Doors - Knob/ik - missing - Panels/Frames dam. <input type="checkbox"/> Counter/Stor. Space Yes ___ No ___ <input type="checkbox"/> Sink - chipped, cracked, leaks <input type="checkbox"/> Range - improper stack, flue, vent <input type="checkbox"/> Refrigerator Space Yes ___ No ___ <input type="checkbox"/> Plumbing (a) 6(a) Water Supply Hot ___ Cold ___ <input type="checkbox"/> Electrical (a) <input type="checkbox"/> Sanitation (a)											
BATHROOM											
<input type="checkbox"/> Plaster - L,C,M - Ceiling/Walls <input type="checkbox"/> Window - loose, broken glass, glaze <input type="checkbox"/> Sash/Frames - broken, missing, worn <input type="checkbox"/> Floor - loose, worn, dam., buckled <input type="checkbox"/> Door - Knob/ik - missing - Panels/Frames dam. <input type="checkbox"/> Toilet - Tnk - brkn, loose, leaks, Seat, l'se, crkd. <input type="checkbox"/> Lavatory - chipped, crkd, leaks, trap leaks <input type="checkbox"/> Bathtub/Shower - leaks, cross con. <input type="checkbox"/> Ventilation Yes ___ No ___ <input type="checkbox"/> Plumbing (b) 6(a) Water Supply Hot ___ Cold ___ <input type="checkbox"/> Electrical (b) <input type="checkbox"/> Sanitation (b)											
LIVING ROOM											
<input type="checkbox"/> Plaster - L,C,M - Ceiling/Walls <input type="checkbox"/> Windows - loose, broken, glaze <input type="checkbox"/> Sash/Frames - broken, missing, worn <input type="checkbox"/> Floor - loose, worn, damaged <input type="checkbox"/> Door - Knob/ik - missing - Panels/Frames dam. <input type="checkbox"/> Electrical (c) <input type="checkbox"/> Sanitation (c)											
DINING ROOM											
<input type="checkbox"/> Plaster - L,C,M - Ceiling/Walls <input type="checkbox"/> Windows - loose, broken, glaze <input type="checkbox"/> Sash/Frames - broken, missing, worn <input type="checkbox"/> Floor - loose, worn, damaged <input type="checkbox"/> Doors - Knobs/ik - missing - Panels/Frames dam. <input type="checkbox"/> Electrical (d) <input type="checkbox"/> Sanitation (d)											
Bedrooms and/or Other Rooms											
<input checked="" type="checkbox"/> Plaster - L,C,M - Ceilings/Walls <input checked="" type="checkbox"/> Windows - Loose, broken, glaze <input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn <input checked="" type="checkbox"/> Floors - loose, worn, damaged <input checked="" type="checkbox"/> Door - knobs/ik - missing - Panels/Frames dam. <input checked="" type="checkbox"/> Electrical (e) <input checked="" type="checkbox"/> Sanitation (e) <input checked="" type="checkbox"/> Clothes Closet Yes ___ No ___											
Plumbing Electrical Sanitation - Vermin O R											

REMARKS: