

207 Prescott Street 55-D-1
(Walker)

LONGF-SO



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.	
2/17/72	F	25	55	0	1	205	10	0600015		
House No.	Sec. H No.	Suff.	Direct.	Street Name				St. Desig'n		
227	227			Brackett				street		
Owner or Agent: Milton J Mc Intire							Status	Bldg's Rating		
Address: 27 Skollings St							Zip Code 04106			

City and State: South Portland ME

D. Units	Occ. D.U.'s	Rm. Units	Occ. R.U.'s	No. Occupants	Com'l. U.	Bldg Type	Stories	Const. Mat.	#O.B.'s	C.H.	Photo
2	1			1		A	2 1/2	Brick		Y	Y

Zoned For	Actual Land U.e	D.D.	Orig. 1st. Res.	Fin. Res.	Disp.	Closing Date	
R 6	Residential		same	same	C.C	3-18-72	

	Cd. Viol.	INTERIOR - STRUCTURE	Cd. Viol.
EXTERIOR - STRUCTURE	3a	Lighting	8
Foundation	3a	Elec. Wiring	8e
Walls	3a	Floors	3b
Roof	3d	Walls	3b
Porch	3d	Ceilings	3c
Stairs	3d	Windows	3c
Steps	3c	Airshafts	3a
Doors	3c	Roof rafters	4e
Windows	3a	Sanitation	3d
Eaves	3a	Stairways	3d
Trim	3e	Stair treads	6d
Chimney	3a	Wastelines	6c
Gutters	3a	Supply lines	3e
Roof drains	3d	Stacks	3e
Bulkhead	4e	Flues	3e
Outbuildings		Vents	3e
Yard	4d	Chimney	9c
Garbage	4d	Heating Equip.	4b
Rubbish	4d	Bsmt. Sanitation	3a
Containers	3a	Dampness	8c
Drainage	4e	Lighting	8e
Infesta. 1	4e	Elec. Panel	3d
Rats	4e	Stairs	3a
Other	10	Foundation	3a
Fire Escape	10	Floor Joists	3a
Dual Egress		Carrying Timbers	3a
Driveways		Sills	5f
Walks		Bsmt. D.U. Conforms	
Fences			

REMARKS ON REVERSE SIDE

City of Portland

Health Department
DWELLING UNIT SCHEDULE

Housing Inspection Division

INSP FORM NO.
04000016

INSP DATE: 3/1/97
TENANT'S NAME: [Blank]
Flr.#: 1 Location: 0A Rmg.Tp.: [Blank] #Rms: 2 #Pco: 0 #All'd: 2 Slp.Rms: 1

Child Un.10: [Blank] Child: 1-6 + Lead Survey Results: [Blank] Rent Code: 88MDJAR. Furn: [Blank] Heat: 0/0 Hot Water: [Blank] Dual Egrs: [Blank] Ck'ng.: [Blank] Lav.: [Blank] Bath: [Blank] Flush: [Blank]

KITCHEN
 Plaster - L,C,M - Ceiling/Walls 3(b)
 Windows - loose, broken glass, glaze 3(c)
 Sash/Frames - broken, missing, worn 3(c)
 Floor - loose, worn, dam., buckled 3(b)
 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)
 Electrical (a) 6(c)
 Sanitation (a) 6(c)

LIVING ROOM
 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)
 Door - Knob/lk - missing - Panels/Frames dam. 3(b)
 Electrical (d) 3(b)
 Sanitation (d) 3(b)

Bedrooms and/or Other Rooms
 Plaster - L,C,M - Ceiling/Walls 3(b)
 Windows - loose, broken, glaze 3(c)
 Sash/Frames - broken, missing, worn 3(c)
 Floors - loose, worn, damaged 3(b)
 Door - knobs/lk - missing - Panels/Frames dam. 3(b)
 Electrical (e) 3(b)
 Sanitation (e) 3(b)
 Clothes Closet Yes No
 Sanitation - Vermin 0 R

Plumbing: [Blank] Electrical: [Blank] Sanitation: [Blank]

REMARKS: [Blank]

City of Portland

Health Department
DWELLING UNIT SCHEDULE

Housing Inspection Division

INSP FORM NO.
06001016

INSP DATE
3/27/72

INSP DATE	3/27/72	Flr. #	2	Location	Rear	Rmg. Tp.		#Rms	4	#Peo	1	#All'd	6	Slp. Rms	1
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TENANT'S NAME
MRS TOPLIFFE

Child Un. 10	Child 1-6	+ Lead Survey - Results	Rent Code	Rent Code	Furn	Heat	Hot Water	Dual Egrs	Ck'ng.	Lav.	Btch	Flush
		NONE	75110	Occp.	No	90	Y	Y	YG	P	P	P

KITCHEN	CODE	BATHROOM	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/lk - missing - Panels/Frames dam.	3(b)	<input checked="" type="checkbox"/> Door - Knob/lk - missing - Panels/Frames dam.	3(b)
<input checked="" type="checkbox"/> Counter/Stor. Space Yes <input checked="" type="checkbox"/> No	6(d)	<input checked="" type="checkbox"/> Toilet - Tnk - brkn, loose, leaks, Seat, l'se crkd.	6(d)
<input checked="" type="checkbox"/> Sink - chipped, cracked, leaks	3(e)	<input checked="" type="checkbox"/> Lavatory - chipped, crkd, leaks, trap leaks	6(d)
<input checked="" type="checkbox"/> Range - improper stack, flue, vent	-	<input checked="" type="checkbox"/> Bathtub/Shower - leaks, cross con.	7
<input checked="" type="checkbox"/> Refrigerator Space Yes <input checked="" type="checkbox"/> No	-	<input checked="" type="checkbox"/> Ventilation Yes <input checked="" type="checkbox"/> No	6(c)
<input checked="" type="checkbox"/> Plumbing (a) 6(a) Water Supply Hot <input checked="" type="checkbox"/> Cold <input checked="" type="checkbox"/>	6(c)	<input checked="" type="checkbox"/> Plumbing (b) 6(a) Water Supply Hot <input checked="" type="checkbox"/> Cold <input checked="" type="checkbox"/>	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 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, glaze	3(c)	<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"/> Sash/Frames - broken, missing, worn	3(c)
<input checked="" type="checkbox"/> Floor - loose, worn, damaged	3(b)	<input checked="" type="checkbox"/> Floor - loose, worn, damaged	3(b)
<input checked="" type="checkbox"/> Door - Knob/lk - missing - Panels/Frames dam.	3(b)	<input checked="" type="checkbox"/> Doors - Knobs/lk - missing - Panels/Frames dam.	3(b)
<input checked="" type="checkbox"/> Electrical (c)	-	<input checked="" type="checkbox"/> Electrical (d)	-
<input checked="" type="checkbox"/> Sanitation (c)	-	<input checked="" type="checkbox"/> Sanitation (d)	-

Bedrooms and/or Other Rooms	CODE
<input checked="" type="checkbox"/> Plaster - L,C,M - Ceiling/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"/> Doors - Knobs/lk - 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 0 R

REMARKS: