

241 & 241½ Spring Street

NDP-RETR/3



✓

CERTIFICATE  
OF  
COMPLIANCE

November 9, 1972

CITY OF PORTLAND  
Health Department - Housing Division  
Tel. 775-5451 Ext 226

Mr. Clayson Harris  
241 Spring Street  
Portland, Maine 04102

Re: Premises located at 241 Spring Street

Dear Mr. Harris:

A re-inspection of the premises noted above was made on October 18, 1972  
by Housing Inspector Gough, of the Health Department.

This is to certify that you have complied with our request to correct the violations  
of the Municipal Codes relating to housing conditions described in our "Notice of  
Housing Conditions" dated February 16, 1971.

Thank you for your cooperation and your efforts to help us maintain decent, safe and  
sanitary housing for all Portland residents.

Sincerely yours,

Arthur A. Hughson, CPH, MPH  
Health Director

By [Signature]  
Chief of Housing Inspections

Inspector [Signature]

CW

NOTICE OF HOUSING CONDITIONS

DU 2

CITY OF PORTLAND  
Health Department - Housing Division  
Tel. 774-8221 - Ext. 226

Location: 241 Spring Street  
Project: Unit #1  
Issued: 2/15/71  
Expires: 3/16/71

Mr. Clayson Harris  
241 Spring Street  
Portland, Maine 04102

*10/10/71 MS  
OK*

Dear Mr. Harris:

An examination was made of the premises at 241 Spring Street,  
Portland, Maine, by Housing  
Inspector Gough. Violations of Municipal Codes relating to hous-  
ing conditions were found as described in detail below.

In accordance with provisions of the above mentioned Codes, you are  
requested to correct these defects on or before March 16, 1971. You  
may contact this office to arrange a satisfactory repair schedule if you are unable  
to make such repairs within the specified time. We will assume the repairs to be  
in progress if we do not hear from you within ten days from this date and, on  
reinspection within the time set forth above, will anticipate that the premises  
have been brought into compliance with Code Standards.

Your cooperation will help this Department in its goal to maintain all Port-  
land residents in decent, safe and sanitary housing.

Very truly yours,

Arthur A. Hughson, CPH MPH  
Health Director

Inspector *P. M. Gough*

By: *John D. ...*

Chief of Housing Inspections

EXISTING VIOLATIONS OF CHAPTER 307 - "MINIMUM STANDARDS FOR HOUSING" -

Section(s)

- |  |                 |
|--|-----------------|
| <del>1. Replace the broken chair stair treads.</del>   | <del>3(d)</del> |
| <del>2. Replace the loose, sagging and missing siding over eave.</del>   | <del>3(a)</del> |
| <del>First Floor Apartment</del>   |                 |
| <del>3. Replace the loose colling plaster in the kitchen, living and dining room and front and middle right bedrooms.</del>    | <del>3(b)</del> |
| <del>4. Determine the reason and remedy the condition which causes the floor to sag between the kitchen and dining room.</del> | <del>3(b)</del> |
| <del>5. Repair the colling light fixture in the middle left bedroom.</del>   | <del>3(e)</del> |
| <del>6. Install a trap for the kitchen sink.</del>   | <del>3(a)</del> |
| <del>Second Floor Front Apartment</del>  |                 |
| <del>7. Replace the broken window glass in the living room.</del>  | <del>3(c)</del> |
| <del>Second Floor Rear Apartment</del>   |                 |
| <del>8. Replace the broken window glass in the living room.</del>  | <del>3(c)</del> |

REINSPECTION RECOMMENDATIONS

LOCATION 241 SPRING  
 PROJECT 1121  
 OWNER C. HANCOCK

INSPECTOR [Signature]

NOTICE OF HOUSING CONDITIONS		HEARING NOTICE		FINAL NOTICE	
Issued	Expired	Issued	Expired	Issued	Expired
2/14/71	3/12/71				

A reinspection was made of the above premises and I recommend the following action:

DATE		
10/19/72	MS	ALL VIOLATIONS HAVE BEEN CORRECTED Send "CERTIFICATE OF COMPLIANCE" <input checked="" type="checkbox"/> "POSTING RELEASE" <input type="checkbox"/>
		SATISFACTORY Rehabilitation In Progress Time Extended To _____ Time Extended To _____ Time Extended To _____
		UNSATISFACTORY Progress Send "HEARING NOTICE" _____ "FINAL NOTICE" _____
		"NOTICE TO VACATE" _____ POST Evict re _____ POST Dwelling Units _____
		UNSATISFACTORY Progress Request "LEGAL ACTION" Be Taken _____
12/17/72	MS	INSPECTOR'S REMARKS: <u>Delayed with 112,000 party from program</u> <u>NDPA 12/17</u>
		INSTRUCTIONS TO INSPECTOR: _____

PLEASE FURNISH SERVICE(S) INDICATED BY CHECKED BLOCK(S)  
REQUIRED FEE(S) PAID

Show to whom, date and address where delivered  to addressee  to deliver ONLY to addressee

**RECEIPT**  
Received the numbered article described below:

REGISTERED NO.  SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)  
CERTIFIED NO.  *Chas. Harris Jr.*  
INSURED P.O.  SIGNATURE OF ADDRESSEE'S AGENT, IF ANY  
DATE DELIVERED  *2/17/71* SHOW WHERE DELIVERED (only if required)

16-71848-11 847-100 GPO

NOTICE OF HOUSING CONDITIONS

DU 2

CITY OF PORTLAND  
Health Department - Housing Division  
Tel. 774-8221 - Ext. 226

Location: **241 Spring Street**  
Project: **NOP #1**  
Issued: **2/16/71**  
Expires: **3/16/71**

Mr. Clayson Harris  
241 Spring Street  
Portland, Maine 04102

Dear Mr. Harris:

An examination was made of the premises at 241 Spring Street Portland, Maine, by Housing Inspector Gough. Violations of Municipal Codes relating to housing conditions were found as described in detail below.

In accordance with provisions of the above mentioned Codes, you are requested to correct these defects on or before March 16, 1971. You may contact this office to arrange a satisfactory repair schedule if you are unable to make such repairs within the specified time. We will assume the repairs to be in progress if we do not hear from you within ten days from this date and, on reinspection within the time set forth above, will anticipate that the premises have been brought into compliance with Code Standards.

Your cooperation will help this Department in its goal to maintain all Portland residents in decent, safe and sanitary housing.

Very truly yours,

Arthur A. Hughson, CPH MPH  
Health Director

Inspector *William Gough*

By: *Charles J. ...*

Chief of Housing Inspections

EXISTING VIOLATIONS OF CHAPTER 307 - "MINIMUM STANDARDS FOR HOUSING" -

Section(s)

- |   |      |
|---|------|
| 1. Replace the broken cellar stair treads.  | 3(d) |
| 2. Replace the loose, damaged and missing sliding over-all.   | 3(a) |
| <u>First Floor Apartment</u>  |      |
| 3. Replace the loose ceiling plaster in the kitchen, living room, dining room and front and middle right bedrooms.  | 3(b) |
| 4. Determine the reason and remedy the condition which causes the floor to sag between the kitchen and dining room. | 3(h) |
| 5. Repair the ceiling light fixture in the middle left bedroom.   | 8(e) |
| 6. Install a trap for the kitchen sink.   | 6(a) |
| <u>Second Floor West Apartment</u>  |      |
| 7. Replace the broken window glass in the living room.  | 3(c) |
| <u>Second Floor East Apartment</u>  |      |
| 8. Replace the broken window glass in the living room.  | 3(c) |



NOTICE OF HOUSING CONDITIONS

CITY OF PORTLAND  
Health Department - Housing Division  
Tel. 774-8221 - Ext. 226

Location: 241 & 241 1/2 Spring Street  
Project: NDP #1  
Issued: May 14, 1970  
Expires: September 14, 1970

Mr. Clayson Harris  
241 1/2 Spring St.  
Portland, Maine

Dear Mr. Harris-

An examination was made of the premises at \_\_\_\_\_  
Portland, Maine,  
241 and 241 1/2 Spring Street  
by Housing Inspector Kneilton. Violations of Municipal Codes relating  
to housing conditions were found as described in detail below.

In accordance with the provisions of the above mentioned Codes, you  
are requested to correct these defects on or before September 14, 1970. You may  
contact the Housing Inspection Supervisor at this office to arrange a satisfactory  
repair schedule if you are unable to make such repairs within the specified time.  
We will assume the repairs to be in progress if we do not hear from you within ten  
days from this date and, on reinspection within the time set forth above, will anti-  
cipate that the premises have been brought into compliance with Code Standards.

Your cooperation will help this Department in its goal to maintain  
all Portland residents in decent, safe and sanitary housing.

Very truly yours,

Arthur A. Hughson CPH MPH  
Health Director

By: Lyle D. Thomas  
Housing Inspection Supervisor

EXISTING VIOLATIONS OF CHAPTER 307 - "MINIMUM STANDARDS FOR HOUSING" - Section(s)

- |    |  |     |
|----|--|-----|
|    | Structure 241  |     |
| 1. | Replace the broken window glass in the storm door on the right side of<br>the structure. | 3-c |
| 2. | Second Floor Rear  |     |
| 2. | Repair the loose and cracked ceiling plaster in the kitchen.                             | 3-b |



NOTICE OF HOUSING CONDITIONS

CITY OF PORTLAND  
Health Department - Housing Division  
Tel. 774-8221 - Ext. 226

Location: 241 & 2 1/2 Spring Street  
Project: NDP #1  
Issued: May 14, 1970  
Expires: September 14, 1970

Mr. Clayton Harris  
241 1/2 Spring St.  
Portland, Maine

Dear Mr. Harris-

An examination was made of the premises at \_\_\_\_\_  
\_\_\_\_\_ Portland, Maine,  
241 and 2 1/2 Spring Street  
by Housing Inspector \_\_\_\_\_ Knowlton. Violations of Municipal Codes relating  
to housing conditions were found as described in detail below.

In accordance with the provisions of the above mentioned Codes, you  
are requested to correct these defects on or before September 14, 1970. You may  
contact the Housing Inspection Supervisor at this office to arrange a satisfactory  
repair schedule if you are unable to make such repairs within the specified time.  
I will assume the repairs to be in progress if we do not hear from you within ten  
days from the date and of reinspection within the time set forth above, will anti-  
cipate that the premises have been brought into compliance with Code Standards.

Your cooperation will help this Department in its goal to maintain  
all Portland residents in decent, safe and sanitary housing.

Very truly yours,

Arthur A. Hutchison CPH MPH  
Health Director

By: Gyle D. [Signature]  
Housing Inspection Supervisor

EXISTING VIOLATIONS OF CHAPTER 307 - "MINIMUM STANDARDS FOR HOUSING" - Section(s)

- |   |                   |     |
|---|-------------------|-----|
|   | Structure 241     |     |
| 1. Replace the broken window glass in the storm door on the right side of<br>the structure. |                   | 3-c |
|   | Second Floor Rear |     |
| 2. Repair the loose and cracked ceiling plaster in the kitchen.                             |                   | 3-b |



Photos  yes  no  
 Date 4/16/70  
 Proj. No  C.I. 1708 Ass'rs \_\_\_\_\_ Zone \_\_\_\_\_ Zone Viol \_\_\_\_\_  
 Stories  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  
 Com. Units \_\_\_\_\_ Rmg Units \_\_\_\_\_ Dwl. Units 2

+041 1/2

LOCATION	<u>241 SPRING</u>	COMP
OWNER	<u>MR. CLAYTON HARRIS</u>	PEND
AGENT	<u>241 1/2 SPRING</u>	
OWNER		
AGENT		
OWNER	<u>201-12</u>	VTS
AGENT		

Occupants	Information					Occupancy					Facilities					Violations
	LOC	RENT	FURN.	WK.L.	RMS	PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K.SK	H.W.	CK'D		
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																

**STRUCTURE SCHEDULE**

STRUCTURE RATING 17/11/NOV

**YARD**

WALKWAY & PAVEMENT \_\_\_\_\_  
 CONTAINERS COMPLY \_\_\_\_\_  
 DRAINAGE \_\_\_\_\_  
 ZONE VIOL \_\_\_\_\_

**STRUCTURE EXTERIOR**

STEPS, STAIRS, PORCHES \_\_\_\_\_  
 FOUNDATION \_\_\_\_\_  
 WALLS \_\_\_\_\_  
 WINDOWS, DOORS with double glass. Inches sight scale  
 ROOF, DRAINS \_\_\_\_\_  
 OUT BUILDINGS \_\_\_\_\_

**INFESTATION**

RATS  N.  O.  C. \_\_\_\_\_  
 OTHER (SPECIFY) \_\_\_\_\_

**EGRESS**

DUAL  YES  NO \_\_\_\_\_  
 OBST'N \_\_\_\_\_

Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**STRUCTURE INTERIOR**

HALL, DEST'N \_\_\_\_\_  
 HALL, LIGHTING \_\_\_\_\_  
 HALL, FLOOR WALLS CEILING \_\_\_\_\_  
 STAIRWAYS \_\_\_\_\_  
 WINDOWS, AIRSHAFF \_\_\_\_\_  
 ELECT. WIRING \_\_\_\_\_  
 HEATING CENTRAL YES:  NO

STACKS FLUES, VENTS \_\_\_\_\_  
 CHIMNEY \_\_\_\_\_  
 EQUIPMENT, REPAIR \_\_\_\_\_

**PLUMBING**

SUPPLY LINE \_\_\_\_\_  
 WASTE LINE \_\_\_\_\_

**BASMENT**

GEN'L SANIT'N \_\_\_\_\_ floor C  
 DAMPNES \_\_\_\_\_  
 STAIN \_\_\_\_\_  
 LIGHTING \_\_\_\_\_

**BASE DWL UNIT**

MIN 2' x 3' \_\_\_\_\_  
 DAMPNES  YES  NO \_\_\_\_\_  
 WINDOW 11 1/2" x 8" \_\_\_\_\_  
 DUAL EGRESS  YES  NO \_\_\_\_\_

**PROHIBITED COMB'N USE**

ASSOC. USE HAZARDOUS \_\_\_\_\_  
 HAZARDOUS VENTS \_\_\_\_\_

Portland Health Dept.  
 GS-8

Inspector \_\_\_\_\_

Idn:69

DWELLING UNIT

Location 241 Spring  
O.U. Location 2101 FRONT  
Occupant \_\_\_\_\_

Inspector PK Date 5/13/70  
Project Name/No. \_\_\_\_\_ Photos YES Yes/No  
Allowed \_\_\_\_\_

Rent	Furn.	Wkly. inc.	Rooms	Bath	Flush	Lavatory	Hot Water	Cooking	Dual Egress	Heat
			<u>4</u>	<u>0</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>YES</u>	<u>Y/N</u>

**KITCHEN**  
 Plaster - loose, cracked, missing - Ceiling/Walls  
 Windows - loose, broken glass, glaze  
 Sash/Frames - broken, missing, worn  
 Floor - boards/flooring - loose, worn, dam., bkd.  
 Doors - knobs - loose, missing - Panels/Frames dam.  
 Counter Space Yes  No. Storage Space Yes  No  
 Sink - worn, chipped, cracked, caulking  
 Range Space - Improper stack, flue, vent  
 Refrigerator Space Yes  No  
 Plumbing (a)  
 Electrical (a)  
 Sanitation (a)

**BATHROOM**  
 Plaster - loose, cracked, missing - Ceiling/Walls  
 Window - loose, broken glass, glaze  
 Sash/Frames - broken, missing, worn  
 Floor - boards/flooring - loose, worn, dam., buckled  
 Door - knob, lock - loose, missing - Panels/Frames dam.  
 Toilet - Tank - broken, loose, missing - Seat, loose, cracked  
 Lavatory - worn, chipped, cracked, caulking, trap leaks  
 Bathtub/Shower - worn, leaks, loose con., caulking  
 Ventilation Yes  No  
 Plumbing (b)  
 Electrical (b)  
 Sanitation (b)

**LIVING ROOM**  
 Plaster - loose, cracked, missing - Ceiling/Walls  
 Windows - loose, broken, glaze  
 Sash/Frames - broken, missing, worn  
 Floor - boards/flooring - loose, worn, damaged  
 Doors - knobs - loose, missing - Panels/Frame dam.  
 Electrical (c)  
 Sanitation (c)

**DINING ROOM**  
 Plaster - loose, cracked, missing - Ceiling/Walls  
 Windows - loose, broken, glaze  
 Sash/Frames - broken, missing, worn  
 Floor - boards/flooring - loose, worn, damaged  
 Doors - knobs - loose, missing - Panels/Frames dam.  
 Electrical (d)  
 Sanitation (d)

Bed Rooms and/or Other Rooms

Room	Plaster	Windows	Sash/Frames	Floor	Doors	Electrical	Sanitation	Clothes Closet
<u>Den B</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plumbing	Electrical	Sanitation - Vermin O R

REMARKS:  
 \_\_\_\_\_  
 \_\_\_\_\_

Idn:69

DWELLING UNIT

Location 2415 Spring  
D.U. Location 2nd of Room 100  
Occupant \_\_\_\_\_

Inspector JK Date 5/13/70  
Project Name/No. \_\_\_\_\_ Photos Yes No  
Allowed \_\_\_\_\_

Rent	Furn.	Wkly. Inc.	Rooms	Bath	Flush	Lavatory	Hot Water	Cooking	Dual Egress	Heat
			<u>3</u>	<u>P</u>	<u>L</u>	<u>L</u>	<u>L</u>	<u>L</u>	<u>YES</u>	<u>NO</u>

KITCHEN  
 Plaster - loose, cracked, missing - Ceiling/Walls  
 Windows - loose, broken glass, glaze  
 Sash/Frames - broken, missing, worn  
 Floor - boards/flooring - loose, worn, dam., blkd.  
 Doors - knobs - loose, missing - Panels/Frames dam.  
 Counter Space L Yes \_\_\_ No. Storage Space L Yes \_\_\_ No  
 Sink - worn, chipped, cracked, caulking  
 Range Space - improper stack, flue, vent  
 Refrigerator Space \_\_\_ Yes \_\_\_ No  
 Plumbing (a)  
 Electrical (a)  
 Sanitation (a)

BATHROOM  
 Plaster - loose, cracked, missing - Ceiling/Walls  
 Window - loose, broken glass, glaze  
 Sash/Frames - broken, missing, worn  
 Floor - boards/flooring - loose, worn, dam., buckled  
 Door - knob, lock - loose, missing - Panels/Frames dam.  
 Toilet - Tank - broken, loose, leaks - Seat, loose, cracked  
 Lavatory - worn, chipped, cracked, caulking, trap leaks  
 Bath/Shower - worn, leaks, cross con., caulking  
 Ventilation \_\_\_ Yes \_\_\_ No  
 Plumbing (b)  
 Electrical (b)  
 Sanitation (b)

LIVING ROOM  
 Plaster - loose, cracked, missing - Ceiling/Walls  
 Windows - loose, broken, glaze  
 Sash/Frames - broken, missing, worn  
 Floor - boards/flooring - loose, worn, damaged  
 Doors - knobs - loose, missing - Panels/frame dam.  
 Electrical (c)  
 Sanitation (c)

DINING ROOM  
 Plaster - loose, cracked, missing - Ceiling/Walls  
 Windows - loose, broken, glaze  
 Sash/Frames - broken, missing, worn  
 Floor - boards/flooring - loose, worn, damaged  
 Doors - knobs - loose, missing - Panels/Frames dam.  
 Electrical (d)  
 Sanitation (d)

Bed Rooms and/or Other Rooms

Room	Furn.	Wkly. Inc.	Rooms	Bath	Flush	Lavatory	Hot Water	Cooking	Dual Egress	Heat
<u>Room</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
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Plaster - loose, cracked, missing - Ceiling/Walls  
 Windows - loose, broken, glaze  
 Sash/Frames - broken, missing, worn  
 Floors - boards/flooring - loose, worn, damaged  
 Doors - knobs - loose, missing - Panels/Frames damaged  
 Electrical (e)  
 Sanitation (e)  
 Clothes Closet Yes No

Plumbing \_\_\_\_\_ Electrical \_\_\_\_\_ Sanitation - Vermin O R \_\_\_\_\_

REMARKS:  
 \_\_\_\_\_  
 \_\_\_\_\_

Idn:69

DWELLING UNIT

Location 241 W. S  
D.U. Location 2nd flr  
Occupant \_\_\_\_\_

Inspector PK Date 5/13/70  
Project Name/No. \_\_\_\_\_ Photos \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Allowed \_\_\_\_\_

Rent	Furn.	Wkly.Inc.	h	Flush	Lavatory	Hot Water	Cooking	Dual Egress	Heat
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yes	70

**KITCHEN**  
 Plaster - loose, cracked, missing - Ceiling/Walls  
 Windows - loose, broken glass, glaze  
 Sash/Frames - broken, missing, worn  
 Floor - boards/flooring - loose, worn, dam., blkd.  
 Doors - knobs - loose, missing - Panels/Frames dam.  
 Counter Space \_\_\_ Yes \_\_\_ No. Storage Space \_\_\_ Yes \_\_\_ No  
 Sink - worn, chipped, cracked, caulking  
 Range Space - improper stack, flue, vent  
 Refrigerator Space \_\_\_ Yes \_\_\_ No  
 Plumbing (a)  
 Electrical (a)  
 Sanitation (a)

**BATHROOM**  
 Plaster - loose, cracked, missing - Ceiling/Walls  
 Window - loose, broken glass, glaze  
 Sash/Frames - broken, missing, worn  
 Floor - boards/flooring - loose, worn, dam., buckled  
 Door - knob, lock - loose - Panels/Frames dam.  
 Toilet - Tank - broken, Seats - loose, cracked  
 Lavatory - worn, chipped caulking, trap leaks  
 Bathtub/Shower - worn, as con., caulking  
 Ventilation \_\_\_ Yes \_\_\_  
 Plumbing (b)  
 Electrical (b)  
 Sanitation (b)

**LIVING ROOM**  
 Plaster - loose, cracked, missing - Ceiling/Walls  
 Windows - loose, broken, glaze  
 Sash/Frames - broken, missing, worn  
 Floor - boards/flooring - loose, worn, damaged  
 Doors - knobs - loose, missing - Panels/Frame dam.  
 Electrical (c)  
 Sanitation (c)

**DINING ROOM**  
 Plaster - loose, cracked, missing - Ceiling/Walls  
 Windows - loose, broken, glaze  
 Sash/Frames - broken, missing, worn  
 Floor - boards/flooring - loose, worn, damaged  
 Doors - knobs - loose, missing - Panels/Frames dam.  
 Electrical (d)  
 Sanitation (d)

Bed Rooms and/or Other Rooms

let of den. in

Plumber	Electrician	Sanitation	Vermin	O	R
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

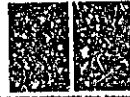
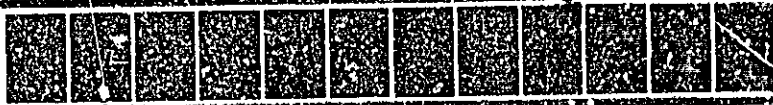
Plaster - loose, cracked, missing - Ceiling/Walls  
 Windows - loose, broken, glaze  
 Sash/Frames - broken, missing, worn  
 Floors - boards/flooring - loose, worn, damaged  
 Doors - knobs - loose, missing - Panels/Frames damaged  
 Electrical (e)  
 Sanitation (e)  
 Clothes Closet Yes No

Plumbing	Electrical	Sanitation - Vermin	O	R

REMARKS:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

241-241 1/2 - SPRING STREET

HOUSING



CVB13  
BSL

NOTICE OF HOUSING CONDITIONS

CITY OF PORTLAND, MAINE

DU 3

Department of Planning & Urban Development  
Inspection Services Division  
Tel. 775-5451 - Ext. 311 - 346

CH. 56 BLK. G LOT 38

LOCATION: 241 Spring St.

Francis P. Drake  
P. O. Box 1378  
Portland, Maine 04104

PROJECT: NCP-NDP  
ISSUED: August 16, 1985  
EXPIRES: October 16, 1985

Dear Mr. Drake:

You are hereby notified, as owner or agent, that an inspection was made of the premises at 241 Spring Street by Code Enforcement Officer Merlin Leary. Violations of Article V of the Municipal Ordinance (Housing Code) were found as described in detail on the attached "Housing Inspection Report".

In accordance with the provisions of the above-mentioned Code, you are hereby ordered to correct those defects on or before October 16, 1985. If you are unable to make such repairs within the specified time, you may contact this office to arrange a satisfactory repair schedule. If we do not hear from you within ten (10) days from this date, we will assume the repairs to be in progress and, on re-inspection within the time set forth above, will anticipate that the premises have been brought into compliance with the Housing Code Standards.

Please Note: You should consult the inspection Services Division to insure that any corrective action you undertake complies with the building, plumbing, electrical, zoning and any other Article of the City Code.

Please contact this office if you have any questions regarding this order.

Your cooperation will aid this department in it's goal to maintain decent, safe, and sanitary housing for all of Portland's residents.

Very truly yours,

Joseph E. Gray, Jr., Director  
Planning & Urban Development

By: P. Samuel Hoffses  
P. Samuel Hoffses  
Chief of Inspection Services

Merlin Leary  
Code Enforcement Officer - Merlin Leary (5)

Attachments

jmr



HOUSING INSPECTION REPORT

OWNER: Francis P. Drake

LOCATION: 241 Spring St. 56-G-38 NDP

CODE ENFORCEMENT OFFICER: Merlin Leary (5)

HOUSING CONDITIONS DATED: August 16, 1985 EXPIRES: October 16, 1985

Items listed below are in violation of Article V of the Municipal Codes, "Housing Code", and must be corrected on or before the expiration date.

	SEC. (S)
1. RIGHT REAR CELLAR - foundation - leaking conditions.	108-1
* 2. LEFT REAR & RIGHT REAR CELLAR - stairs - broken treads.	108-4
* 3. LEFT FRONT EXTERIOR - wall - frayed service entrance cable.	113-5
4. RIGHT REAR HALL - stairway - broken plaster.	108-4
5. FIRST & SECOND FLOOR FRONT & REAR APARTMENTS - infestation (rodents).	108-4
* 6. LEFT REAR & RIGHT REAR CELLAR - stairs - missing safety rails.	108-4
* 7. RIGHT REAR EXTERIOR - wall - inoperative light fixtures.	113-5
8. FIRST FLOOR RIGHT REAR HALL - wall - missing switch cover.	113-5
<u>FIRST FLOOR</u>	
* 9. KITCHEN - floor - rotted and damaged boards.	108-2
*10. BATHROOM & MIDDLE BEDROOM - ceilings - leaking.	108-2
*11. LIVING ROOM - window - broken glass.	108-3
12. KITCHEN, MIDDLE BEDROOM & BATHROOM - ceilings - missing tiles.	108-2
13. BATHROOM - tub - cross connection.	111-1
*14. MIDDLE & REAR BEDROOM - ceilings - loose plaster.	108-2
15. OVERALL DWELLING UNITS - missing counterbalance cords.	108-3
16. LIVING ROOM & REAR BEDROOM - walls - missing switch covers.	113-5
*17. REAR BEDROOM - wall - inoperative outlet.	113-5
<u>SECOND FLOOR FRONT</u>	
*18. DWELLING UNIT - lack of egress.	10(2)
19. BATHROOM - tub - cross connection.	111-1
<u>SECOND FLOOR REAR</u>	
*20. DWELLING UNIT - lack of egress.	10(2)
21. BATHROOM - tub - cross connection.	111-1

\*WHEN MAKING YOUR REPAIRS, FIRST PRIORITY IS TO BE GIVEN TO ITEMS WITH ASTERISKS, AS THEY CONSTITUTE EXTREME HAZARDS TO THE HEALTH OR SAFETY OF THE OCCUPANTS OF THIS STRUCTURE.

City of Portland

Housing Inspection Division

STRUCTURE INSPECTION SCHEDULE

1) Insp. Name MI LORRY

2) Insp. Date	3) Insp. Type	4) Proj. Code	5) Assr's: Chart	6) Bl.	7) Lot	8) Census: Tract	9) Blk.	10) Insp.	11) Form No.	
8-8-85	NCD	ISUD	56	G	36			5		
12) House No.	13) Sec. H. No.	14) Suff.	15) Direct.	16) Street Name				17) St. Design.		
241				Spring				Hick		
18) Owner or Agent:							19) Status	20) Bldg's Rat.		
Francis P. D. ...							ARB	3		
21) Address:							Zip Code: 09104			
22) City and Sta.:							Portland, ME			
23) D. Units	24) Occ. D. U. s	25) Rm. Units	26) Occ. R. U. s	27) No. Occupants	28) Com'l U.	29) Bldg. Type	30) Stor. es	31) Const. Mat.	32) O. Bs	
13	2			6		DE	25	WOOD	NO	
33) C.H.	34) Photo	35) Zoned Fc	36) Actual Land Use	37) D.D.	38) Lks. Ad. Bth Fac	39) Disp.	40) Closing Date			
Yes	NO	P.S.	R.S.		Yes	No				

Viol. No.	Remedy	Cond.	Violation Description	Fl. No.	L	Room Type	Area Type	Resp. Party	ect.	Viol. Rem. Date
1			Lozking conditions			RIR IE	FO	2		
*2	AR		Tras-l			RIR CE	SRS	2	104-4	
*3	FR		Service Entrance Cable			LER EX	WIR	2	113-5	
4	BR		Plaster			RIR HA	SIRW	2	104-4	
5			Infestation (Rodent)	1/2		FR RE	ADTS	2	109-5	
*6	MI		Safety Pails			LER RIR	CE GR	2	104-4	
*7	IN		Light Fixture			RIR EX	WIR	2	113-5	
8	MI		Swirlon Cover	1		RIR	WIR	2	113-5	





City of Portland

PLANNING AND URBAN DEVELOPMENT

Inspection Services Division

DWELLING UNIT SCHEDULE

1) INSP. DATE

8/18/85

2) INSP.

3

3) FORM NO.

4) TENANT'S NAME

Florence Thorn

5) Flr.#

2

6) Location

RE DU

7) Rm. Tp

3

8) #Rms.

2

9) #Peo.

4

10) #All'd

1

11) Slp. R

1

12) Child Under 10

13) Child 1-6

14)

15) Rert

16) Rent Code

17) Furn.

18) Heat

19) Hot Water

20) Dual Egress

21) Ck'ng

22) Lav.

23) Bath

24) Flus

Viol. No.

Remedy

Cond.

Violation

Location

Room Type

Area Type

Resp. Party

Code Sect

Violated

Violation - Rem. - Date

\* 20

Lack of egress

DU

2

10 p)

21

Cross connection

Bath tub

2

111-1

ADMINISTRATIVE DECISION

City of Portland  
Department of Urban Development  
Housing Inspections Division  
Telephone: 775-5451 - Ext. 311 - 318

Date March 12, 1986

Mr. Francis P. Drake  
P. O. Box 1378  
Portland, ME

Ré: Premises located at 241 Spring Street, Portland, Maine

Dear Mr. Drake:

You are hereby notified that a reinspection and your request for additional time on March 7, 1986, regarding our "Notice of Housing Conditions", at the above referred premises, resulted in the decision noted below.

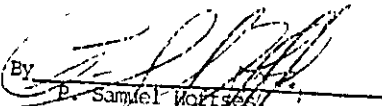
Expiration time extended to April 10, 1986 in order to complete the work in progress to correct the remaining 6 Housing Code violations as listed on attached Notice of Housing Conditions.

       Notice modified as follows: Entire building was also baited on this date.

Please notify this office if all violations are corrected before the above mentioned dates, so that a "Certificate of Compliance" may be issued.

Very truly yours,

Joseph E. Gray, Jr., Director of  
Planning & Urban Development

By   
P. Samuel Morris  
Chief of Inspection Services

In Attendance:

Mr. Drake  
Merlin Leary, C.E.O.

Encl.

JMR

HOUSING INSPECTION REPORT

OWNER: Francis P. Drake

LOCATION: 241 Spring St. 56-G-38 NDP

CODE ENFORCEMENT OFFICER: Merlin Leary (5)

HOUSING CONDITIONS DATED: August 16, 1985 EXPIRES: October 16, 1985

Items listed below are in violation of Article V of the Municipal Codes, "Housing Code", and must be corrected on or before the expiration date.

SEC. (S)

- ~~1. RIGHT REAR CELLAR - foundation - leaking conditions. 108-1~~
- ~~\* 2. LEFT REAR & RIGHT REAR CELLAR - stairs - broken treads. 108-4~~
- ~~\* 3. LEFT REAR EXTERIOR - wall - frayed service entrance cable. 113-5~~
- ~~4. RIGHT REAR HALL - stairway - broken plaster. 108-4~~
- ~~5. FIRST & SECOND FLOOR FRONT & REAR APARTMENTS - infestation (rodents). 109-5~~
- ~~\* 6. LEFT REAR & RIGHT REAR CELLAR - stairs - missing safety rails. 108-4~~
- ~~\* 7. RIGHT REAR EXTERIOR - wall - inoperative light fixtures. 113-5~~
- ~~8. FIRST FLOOR RIGHT REAR HALL - wall - missing switch cover. 113-5~~

FIRST FLOOR

- ~~\* 9. KITCHEN - floor - rotted and damaged boards. 108-2~~
- ~~\* 10. BATHROOM & MIDDLE BEDROOM - ceilings - leaking. 108-2~~
- ~~\* 11. LIVING ROOM - window - broken glass. 108-3~~
- ~~12. KITCHEN, MIDDLE BEDROOM & BATHROOM - ceilings - missing tiles. 108-2~~
- ~~13. BATHROOM - tub - cross connection. 111-1~~
- ~~\* 14. MIDDLE & REAR BEDROOM - ceilings - loose plaster. 108-2~~
- ~~15. OVERALL DWELLING UNITS - missing counterbalance cords. 108-3~~
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SECOND FLOOR FRONT

- ~~18. DWELLING UNIT - lack of egress. 10(2)~~
- ~~1. BATHROOM - tub - cross connection. 111-1~~

SECOND FLOOR REAR

- ~~20. DWELLING UNIT - lack of egress. 10(2)~~
- ~~21. BATHROOM - tub - cross connection. 111-1~~

\*WHEN MAKING YOUR REPAIRS, FIRST PRIORITY IS TO BE GIVEN TO ITEMS WITH ASTERISKS, AS THEY CONSTITUTE EXTREME HAZARDS TO THE HEALTH OR SAFETY OF THE OCCUPANTS OF THIS STRUCTURE.

PS Form 3811, July 1983 247-9415

**SENDER: Complete Items 1, 2, 3 and 4.**  
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1.  Show to whom, date and address of delivery.  
 2.  Restricted Delivery.

3. Article Addressed to:  
 Greater Portland Realty Assoc.  
 P.O. Box 8054  
 Portland, ME 04101

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number   224 042
--	-----------------------------------

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
*X. [Signature]*

6. Signature - Agent  
*X. [Signature]*

7. Date of Delivery  
 [Stamp]

8. Addressee's Address (Only if requested and fee paid)

USPS

Re: 241 1/2 Spring St. - Merlin Realty - Housing

DOMESTIC RETURN RECEIPT

P 032 224 042

RECEIPT FOR CERTIFIED MAIL

PS Form 3800, Feb 1, 82 U.S. G.P.O. 964-446-014

Greater Portland Realty Assoc  
P.O. Box 8054  
Portland, ME 04101

Re: 241 1/2 Spring St. - M. Realty - HOUS



Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

February 19, 1991

Roger H. Flannery, Sr.  
383 U.S. Rte. #1  
Scarborough, ME 04074

Re: 241 Spring Street

Dear Mr. Flannery:

We recently received a complaint and an inspection was made by Code Enforcement Officer Marland Wing of the property owned by you at 241 Spring Street, Portland, Maine. As a result of the inspection, you are hereby ordered to correct the following substandard housing conditions:

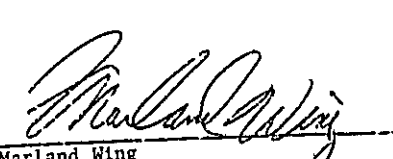
1. To rid premises of cockroaches. 109-5

The above mentioned conditions are in violation of Article V of the Municipal Code of the City of Portland, Maine, and must be corrected on or before March 1, 1991.

Failure to comply with this order may result in a complaint being filed for prosecution in District Court.

Sincerely yours,  
Joseph E. Gray, Jr., Director of  
Planning & Urban Development

By   
S. P. Hoffses  
Chief of Inspection Services

  
Marland Wing  
Code Enforcement Officer

jmr

Letter of Defect

Roger H. Flannery SR.

56-R-38

383 US Rte Loc: 241

Spring St.

Seabrook 04074

1. To Rid premises of  
Cockroaches. 109-5

10 days

for curing

Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

February 19, 1991

Roger H. Flannery, Sr.  
383 U.S. Rte. #1  
Scarborough, ME 04074

Re: 241 Spring Street

Dear Mr. Flannery:

We recently received a complaint and an inspection was made by Code Enforcement Officer Marland Wing of the property owned by you at 241 Spring Street, Portland, Maine. As a result of the inspection, you are hereby ordered to correct the following substandard housing conditions:

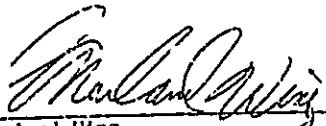
1. To rid premises of cockroaches. 109-5

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Failure to comply with this order may result in a complaint being filed for prosecution in District Court.

Sincerely yours,  
Joseph E. Gray, Jr., Director of  
Planning & Urban Development

By   
S. P. Hoffses  
Chief of Inspection Services

  
Marland Wing  
Code Enforcement Officer

jmr

Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

February 15, 1994

FLANNERY H ROGER SR  
PO BOX 1509  
SCARBOROUGH ME 04070

Re: 241 Spring St  
CBL: 056- - G-038-001-01  
DU: 4  
1st fl rear (apt 2)  
2nd fl front  
2nd fl rear (apt 4)

Dear Mr. Flannery,


During a recent inspection of the property owned by you at the above referred property, it was noted that smoke detectors were missing/inoperable in some locations.

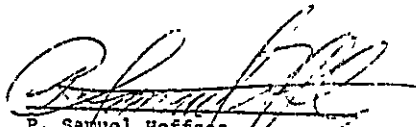
25 MRSA 2464 required that approved smoke detectors be installed in each apartment in the immediate vicinity of the bedrooms. When actuated, the detector shall provide an alarm suitable to warn the occupants within the individual unit. Failure to comply with this statute may result in a fine of up to \$500 for each violation.

Re-inspection of your property will be made in 24 hours. Lack of compliance will result in referral of the matter for legal action.

Loss control is a responsibility of your management. Our observations are intended to assist you. Recommendations are a result of conditions observed at the time of our visits. They do not necessarily include every possible loss potential code violation, or exception to good practice.

Sincerely,

  
Tammy Munson  
Code Enforcement Officer

  
P. Samuel Hoffses  
Chief of Inspection Services

Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

February 15, 1994

FLANNERY H ROGER SR  
PO BOX 1509  
SCARBOROUGH ME 04070

Re: 241 Spring St  
CBL: 056- - G-038-001-01  
DU:

Dear Mr. Flannery,

You are hereby notified, as owner or agent, that an inspection was made of the above referenced property. Violations of Article V of the Municipal Ordinance (Housing Code) were found as described in detail on the attached "Housing Inspections Report".

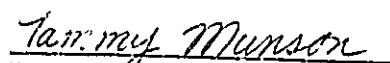
In accordance with the provisions of the above mentioned Code, you are hereby ordered to correct those defects within sixty (60) days. If you are unable to make such repairs within the specified time, you may contact this office to arrange a satisfactory repair schedule. If we do not hear from you within ten (10) days from this date, we will assume the repairs to be in progress and, on re-inspection within the time set forth above, will anticipate that the premises have been brought into compliance with the Housing Code Standards.

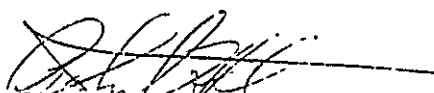
Please Note: You should consult this department to insure that any corrective action you should undertake complies with the building, plumbing, electrical, zoning and other Articles of the City Code.

Please contact this office if you have any questions regarding this order.

Your cooperation will aid this department in its goal to maintain decent, safe, and sanitary housing for all of Portland's residents.

Sincerely,

  
Tammy Munson  
Code Enforcement Officer

  
P. Samuel Hoffses  
Chief of Inspection Services

HOUSING INSPECTION REPORT

Location: 241 Spring St  
 Housing Conditions Date: February 11, 1994  
 Expiration Date: April 15, 1994

Items listed below are in violation of Article V of the Municipal Codes, "Housing Codes", and must be corrected before the expiration date:

1.	EXT - RIGHT FRONT - MISSING SIDING & TRIM	108.10
2.	EXT - FRONT PORCH - ROOF UNDERSIDE PEELING PAINT	108.10
3.	EXT - EXTERIOR DOORS - THROUGHOUT PROVIDE EXTERIOR LIGHTS	113.50
4.	INT - 1ST FL REAR - KITCHEN PROVIDE LIGHT SWITCH COVERS	113.50
5.	INT - 1ST FL REAR - KITCHEN & BATH EVIDENCE OF WATER LEAKS THROUGHOUT LIGHT IN BATH AND LIGHT IN SWITCH IN KITCHEN - MUST HAVE MASTER ELEC- TRICIAN INVESTIGATE	113.50
6.	INT - 1ST FL REAR - KITCHEN BROKEN LINOLEUM	108.20
7.	INT - 1ST FL REAR - BEDROOM WALL - LOOSE AND MISSING PLASTER	108.20
8.	INT - 1ST FL REAR - BATHROOM CEILING - DETERIORATED & DECAYED PLASTER	108.20
9.	INT - BASEMENT - THROUGHOUT FRIABLE ASBESTOS	116.60
10.	INT - BASEMENT - EXTEND RELIEF VALVE ON HOT WATER HEATER	111.40
11.	EXT - 1ST FL FRONT - LIVINGROOM INOPERABLE WINDOW - RIGHT FRONT	108.30
12.	INT - 1ST FL FRONT - KITCHEN INOPERABLE OUTLETS	113.50
13.	EXT - 2ND FL REAR - THROUGHOUT NO COMBINATIONS	108.30
14.	INT - 2ND FL REAR - HALL PEELING PAINT	108.20
15.	INT - THROUGHOUT BUILDING - EVIDENCE OF COCKROACHES	109.50
16.	INT - 2ND FL FRONT - HALL EVIDENCE OF LEAKS	108.20
17.	INT - 2ND FL FRONT - HALL CRACKED AND LOOSE GYPSUM	108.20
18.	INT - 2ND FL FRONT - HALL PROVIDE OPERABLE LIGHT FIXTURE	113.00
19.	INT - 2ND FL FRONT - HALL LOOSE GYPSUM - CEILING NOT STRUCTURALLY SOUND	108.20
20.	INT - 2ND FL FRONT - BATHROOM DOOR NOT TRIMMED OUT	108.20
21.	INT - 2ND FL FRONT - KITCHEN REPAIR ALL HOLES IN WALLS	108.20
22.	INT - 2ND FL FRONT - LIVINGROOM CRACKED WINDOW	108.20

23.	INT - 2ND FL - ENTRY HALL CRACKED PLASTER	108.20
24.	INT - 2ND FL - ENTRY HALL LOOSE HANDRAIL	108.40

Inspection Services  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

MAY 23, 1996

FLANNERY H ROGER SR  
PO BOX 1509  
SCARBOROUGH ME 04070

Re: 241 SPRING ST  
CBL: 056 - G-038-001-01  
DU: 4

Dear Mr. Flannery:

A reinspection at the above noted property was made on April 24, 1996.

This is to certify that you have complied with our request to correct the violations of the Municipal Code relating to housing conditions noted on our letter dated February 11, 1994.

Thank you for your cooperation and your efforts to help us maintain decent, safe and sanitary housing for all Portland residents.

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 three years.

Sincerely,

Handwritten signature of Amy Powers in cursive.

Amy Powers  
Code Enforcement Officer

Handwritten signature of Tammy Munson in cursive.

Tammy Munson  
Code Enfc. Offr./ Field Supv.



Inspection Services  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

MAY 23, 1996

FLANNERY H ROGER SR  
PO BOX 1509  
SCARBOROUGH ME 04070

Re: 241 SPRING ST  
CBL: 056--G-038-001-01  
DU: 4

Dear Mr. Flannery:

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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 three years.

Sincerely,

Amy Powers  
Code Enforcement Officer

Tammy Munson  
Code Enfc. Offr./ Field Supv.