

244 Lanforth Street

NDP-REHAB II



SHAW-WALKER

#8503-12

CERTIFICATE  
OF  
COMPLIANCE

December 21, 1979

CITY OF PORTLAND

Department of Neighborhood Conservation  
Housing Inspections Division  
Telephone: 775-5451 - Extension 448 - 358

Mr. David M. McCain  
244 Dantorth Street  
Portland, Maine 04102

Re: Premises located at 244 Dantorth Street, Portland, Maine NCP-NDP 57-G-17

Dear Mr. McCain:

A re-inspection of the premises noted above was made on 12/18/79  
by Housing Inspector Gough.

This is to certify that you have complied with our request to correct the violation  
of the Municipal Codes relating to housing conditions as described in our "Notice  
of Housing Conditions" dated 8/30/78.

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 five years.  
Although a property is subject to re-inspection at any time during  
the said five year period, the next regular inspection of this  
property is scheduled for December 1984.

Sincerely yours,  
Joseph E. Gray, Jr., Director  
Neighborhood Conservation

By Lyle D. Noyes  
Lyle D. Noyes,  
Chief of Housing Inspections

Inspector M. Gough

dld

NOTICE OF HOUSING CONDITIONS

DU 3

City of Portland  
Department of Neighborhood Conservation  
Housing Inspections Division  
Tel. 775-3451 - Ext. 358 - 448

Ch.-Bl.-Lot: 57-C-17  
Location: 244 Danforth Street  
Project: NCP-NDP  
Issued: 8-30-78  
Expired: 11-30-78

Mr. David H. McCain  
244 Danforth Street  
Portland, Maine 04102

Dear Mr. McCain:

An examination was made of the premises at 244 Danforth Street, Portland, Maine, by Housing Inspector Cough. 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 November 30, 1978. 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. Please contact this office if you have any questions regarding this notice.

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

Very truly yours,  
Joseph E. Gray, Jr., Director  
Neighborhood Conservation

Inspector M. Cough

By Lyle D. Noyes  
Chief of Housing Inspections

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

- |                                                                                                                                      |                |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 1. <del>CELLAR WINDOWS - overall - replace broken glass.</del>                                                                       | <del>3-c</del> |
| 2. <del>EXTERIOR WALLS - overall - replace missing siding.</del>                                                                     | <del>3-a</del> |
| 3. <del>EXTERIOR FOUNDATION - overall - point-up, where necessary.</del>                                                             | <del>3-</del>  |
| 4. <del>ROOF - replace missing downspout.</del>                                                                                      | <del>3-a</del> |
| 5. <del>FIRST, SECOND AND THIRD FLOOR FRONT AND REAR HALLS - ceilings and walls - repair or replace loose and missing plaster.</del> | <del>3-b</del> |
| 6. <del>FIRST FLOOR REAR HALL - ceiling - replace illegal light fixtures.</del>                                                      | <del>8-a</del> |
| 7. <del>CELLAR - door - replace missing door knob.</del>                                                                             | <del>3-d</del> |
| 8. <del>FIRST FLOOR REAR HALL - door - replace broken latch set.</del>                                                               | <del>3-d</del> |
| 9. <del>FIRST FLOOR REAR PORCH - repair or replace loose, broken and rotted treads.</del>                                            | <del>3-d</del> |
| 10. <del>FIRST FLOOR REAR HALL - stairs - replace broken tread.</del>                                                                | <del>3-d</del> |
| 11. <del>FIRST FLOOR REAR HALL - repair loose door.</del>                                                                            | <del>3-d</del> |
| 12. <del>ROOF - overall - repair leaking roof.</del>                                                                                 | <del>3-a</del> |
| 13. <del>THIRD FLOOR REAR HALL - ceiling - repair leaking ceiling.</del>                                                             | <del>3-a</del> |
| 14. <del>REAR FURNACE - replace broken thermal cut-off switch.</del>                                                                 | <del>4-f</del> |
| 15. <del>CELLAR - repair leaking oil tank lines to oil storage tank in cellar.</del>                                                 | <del>4-c</del> |
| 16. <del>CELLAR - overall - clean up rubbish and debris and properly dispose of it.</del>                                            | <del>4-a</del> |
| 17. <del>ROOF - overall - repair or replace loose, rotted and missing eave members.</del>                                            | <del>3-a</del> |

continued -

244 Danforth Street - continued

First Floor

18. FRONT HALL - walls - replace missing plaster. 3-b  
 19. LIVING ROOM - wall - install duplex convenience outlet. 8-a  
 20. LIVING ROOM - window - repair loose sashes. 3-c  
 21. LIVING ROOM - window - provide counter balance cords allowing window sash to remain elevated when opened. 3-c  
 22. LEFT FRONT BEDROOM - ceiling - repair inoperative light fixture. 8-a  
 23. BATHROOM - ceiling - repair inoperative light fixture. 8-a  
 24. LEFT FRONT BEDROOM - walls - replace missing plaster. 3-b  
 25. RIGHT REAR AND LEFT MIDDLE BEDROOM - ceilings - replace frayed wiring to light fixture. 8-a  
 26. MIDDLE HALL - ceiling - replace inoperative light fixture. 8-a  
 27. BATHROOM - ceiling - determine reason and remedy condition causing signs of leakage. 3-a  
 28. BATHROOM - ceiling - replace inoperative light fixture. 8-a  
 29. BATHROOM - ceiling - repair loose tiles. 3-c  
 30. RIGHT FRONT AND RIGHT REAR BEDROOM - ceiling - replace inoperative light fixture. 8-a  
 31. RIGHT FRONT AND RIGHT REAR BEDROOM - windows - replace missing counter balance cords allowing window sash to remain elevated when opened. 3-c  
 32. RIGHT FRONT AND RIGHT REAR BEDROOM - windows - replace broken glass. 3-b  
 33. RIGHT FRONT AND RIGHT REAR BEDROOM - ceiling - repair loose plaster. 3-d  
 34. RIGHT REAR BEDROOM - door - replace missing door knob. 3-d  
 35. KITCHEN - door - replace broken frame. 3-a  
 36. KITCHEN - wall - replace inoperative electrical outlet. 8-a  
 37. RIGHT REAR BEDROOM - wall - replace inoperative electrical outlet. 8-a  
 38. KITCHEN - wall - replace missing electrical outlet cover. 8-a

Second Floor

39. DINING ROOM - ceiling - determine the reason and remedy condition causing signs of leakage. 3-a  
 40. DINING ROOM - wall - install an electrical outlet. 8-a  
 41. DINING ROOM AND LIVING ROOM - ceiling - replace frayed wiring to light fixture. 8-a  
 42. RIGHT FRONT BEDROOM - ceiling - replace frayed wiring to light fixture. 8-a  
 43. BATHROOM - bathtub - repair leaking faucet. 6-d  
 44. BATHROOM - replace broken bathtub over-flow. 3-d  
 45. LIVING ROOM - door - repair sticking door. 3-d

Third Floor

46. FRONT LIVING ROOM - wall - install duplex convenience electrical outlet. 8-a  
 47. FRONT LIVING ROOM - window - secure glass by replacing points and/or reglazing. 3-c  
 48. FRONT LIVING ROOM - window - replace missing counter balance cords allowing window sash to remain elevated when opened. 3-c  
 49. FRONT LIVING ROOM - windows - repair loose sashes. 3-c  
 50. FRONT LIVING ROOM - door - replace broken glass. 3-d  
 51. FRONT LIVING ROOM - door - replace missing door knob. 8-a  
 52. RIGHT FRONT BEDROOM - ceiling - replace missing light fixture. 3-c  
 53. RIGHT FRONT BEDROOM - window - replace missing sash. 3-d  
 54. RIGHT FRONT BEDROOM - door - replace missing door knob. 8-a  
 55. BATHROOM - ceiling - repair loose light fixture. 3-c  
 56. RIGHT REAR BEDROOM - window - replace broken glass. 3-d  
 57. RIGHT REAR BEDROOM - door - replace missing door knob. 3-c  
 58. KITCHEN - windows - repair or replace rotted sashes. 3-c  
 59. KITCHEN - windows - repair loose sashes. 3-c  
 60. KITCHEN - windows - secure glass by replacing points and/or reglazing windows. 3-c

continued -

244 Danforth Street - continued

Third Floor - continued  
12/1/61. \*61. ~~FRONT LIVING ROOM - wall - replace broken electrical outlet.~~

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.

We suggest you contact the City of Portland Building Inspection Department, 389 Congress Street, tel. 775-5451 - to determine if any of the items listed above require a building or alteration permit.

### REINSPECTION RECOMMENDATIONS

INSPECTOR \_\_\_\_\_

LOCATION 2.2/11

PROJECT \_\_\_\_\_

OWNER \_\_\_\_\_

| NOTICE OF HOUSING CONDITIONS |         | HEARING NOTICE |         | FINAL NOTICE |         |
|------------------------------|---------|----------------|---------|--------------|---------|
| Issued                       | Expired | Issued         | Expired | Issued       | Expired |
|                              |         |                |         |              |         |

A reinspection was made of the above property on \_\_\_\_\_

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

|      |  |    |  |
|------|--|----|--|
| DATE |  | BY |  |
|------|--|----|--|

[illegible]

3

DANFORTH STREET

Housing



P 398 935 474  
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED -  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

|                                                               |    |
|---------------------------------------------------------------|----|
| Sent to                                                       |    |
| Mr. William Mathews                                           |    |
| Street and No                                                 |    |
| P. O. Box 722                                                 |    |
| P.O., State and ZIP Code                                      |    |
| Gray, Maine 04039                                             |    |
| Postage                                                       | \$ |
| Certified Fee                                                 |    |
| Special Delivery Fee                                          |    |
| Restricted Delivery Fee                                       |    |
| Return Receipt Showing to whom and Date Delivered             |    |
| Return Receipt Showing to whom, Date, and Address of Delivery |    |
| TOTAL Postage and Fees                                        | \$ |
| Postmark or Date                                              |    |

PS Form 3800, Feb. 1982

(Rover) Pa. 244 Danforth St. - M. Jany

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL  
 Pe: 244 Danforth St. - m. Hwy - (Hwa.)

|                                                                                                                                                                                             |                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| ● SENDER: Complete items 1, 2, 3, and 4.<br>Add your address in the "RETURN TO" space on reverse.                                                                                           |                         |
| (CONSULT POSTMASTER FOR FEES)                                                                                                                                                               |                         |
| 1. The following service is requested (check one)                                                                                                                                           |                         |
| <input type="checkbox"/> Show to whom and date delivered.....                                                                                                                               |                         |
| <input type="checkbox"/> Show to whom, date, and address of delivery...                                                                                                                     |                         |
| 2. <input type="checkbox"/> RESTRICTED DELIVERY<br>(The restricted delivery fee is charged in addition to the return receipt fee.)                                                          |                         |
| TOTAL \$                                                                                                                                                                                    |                         |
| 3. ARTICLE ADDRESSED TO:                                                                                                                                                                    |                         |
| Mr. William Mathews<br>P. O. Box 722<br>Gray, Maine 04039                                                                                                                                   |                         |
| 4. TYPE OF SERVICE:                                                                                                                                                                         | ARTICLE NUMBER          |
| <input type="checkbox"/> REGISTERED <input type="checkbox"/> INSURED<br><input checked="" type="checkbox"/> CERTIFIED <input type="checkbox"/> COO<br><input type="checkbox"/> EXPRESS MAIL | 935 474                 |
| (Always obtain signature of addressee or agent)                                                                                                                                             |                         |
| I have received the article described above.                                                                                                                                                |                         |
| SIGNATURE <input type="checkbox"/> Addressee <input type="checkbox"/> Authorized agent:                                                                                                     |                         |
| 5. DATE OF DELIVERY<br>4-20-84                                                                                                                                                              |                         |
| 6. ADDRESSEE'S ADDRESS (Only if requested)                                                                                                                                                  |                         |
| 7. UNABLE TO DELIVER BECAUSE:                                                                                                                                                               | 7a. EMPLOYEE'S INITIALS |



## CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT  
INSPECTION SERVICES DIVISION

April 18, 1984

Mr. William Mathews  
P. O. Box 722  
Gray, Maine 04039

Re: 244 Danforth St. - First Floor Apt.

Dear Mr. Mathews:

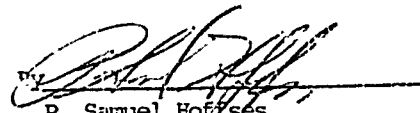
We recently received a complaint and an inspection was made by Code Enforcement Officer Merlin Leary of the property owned by you at 244 Danforth Street, Portland, Maine. As a result of the inspection, you are hereby ordered to correct the following substandard housing conditions:

1. BATHROOM - ceiling - missing tiles. 108-2

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 May 18, 1984.

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

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

  
P. Samuel Hoffses,  
Chief of Inspection Services

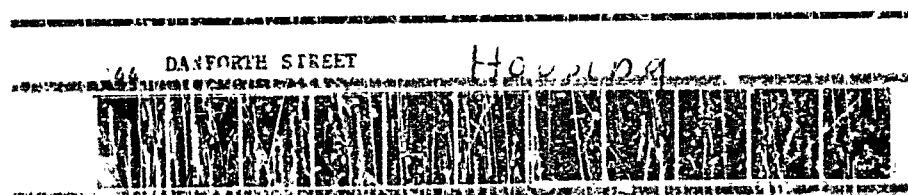
  
Code Enforcement Officer / Merlin Leary (5)

jmr

REQUEST FOR SERVICE

FALMOUTH HEALTH DEPARTMENT

|                                  |                                   |                             |         |          |       |
|----------------------------------|-----------------------------------|-----------------------------|---------|----------|-------|
| RECEIVED                         | 4/10                              | BY                          | Marilyn | DISTRICT | Mirle |
| REQUEST BY                       | NAME                              | Peggy Tharrick              |         |          |       |
|                                  | ADDRESS                           | 244 W. Main St. (1st floor) |         |          |       |
| OWNER                            | NAME                              | Bill Tharrick               |         |          |       |
|                                  | ADDRESS                           | P.O. Box 722                |         |          |       |
| CONDITIONS                       | ADDRESS                           | Gray Maine 04039            |         |          |       |
| Half of kitchen tile sign gone - |                                   |                             |         |          |       |
| COMMENTS                         | Telephone 876-7090                |                             |         |          |       |
|                                  | Missing tile on kitchen ceiling - |                             |         |          |       |
|                                  | concrete                          |                             |         |          |       |
| SPECIAL INSTRUCTIONS             | stand a little off/dry            |                             |         |          |       |
| DIVISION                         | SANITATION                        | HOUSING                     | NURSING |          |       |
| PRIORITY                         | ROUTINE                           | SPECIAL                     | BY      | 7/1      |       |
|                                  | URGENT                            | REPORT TO                   | DATE    | 7/1      |       |





## CITY OF PORTLAND

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

January 24, 1984

#DU: 3

Mr. William Mathews  
P. O. Box 722  
Gray, Maine 04039

Re: 244 Danforth Street 57-G-17 WE

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

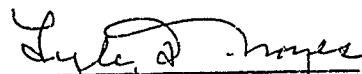
Congratulations are extended to you for the general condition of your property which was found to meet the standards established by the City's Housing Code.

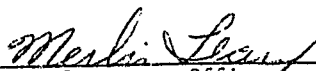
Good maintenance is the best way to protect the value of your property and neighborhood.

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

  
Lyle D. Noyes  
Inspections Services Division

  
Code Enforcement Officer  
Merlin Leary (5)

jmr

City of Portland

## Standard First Inspection

Check Out Sheet  
STRUCTURE INSPECTION SCHEDULE

Housing Inspection Division

ARTICLE 5 HOUSING CODE

1) Insp. Name M. Leary

2) Insp. Date 1-3-84 3) Insp. Type 1 4) Proj. Code 57 G 17 5) Ass't's: Chart 1 6) Bl. 1 7) Lot 1 8) Census: 1 1 9) Bldg. 1 10) Insp. 1 11) Form N. 1  
 12) House No. 244 13) Sec. H. No. 1 14) Sall. 1 15) Direct. 1 16) Street Name Danforth 17) St. Design Street  
 18) Owner or Agent: Mr. William Matthews 19) Status 1 20) Bldg's Ra. 1

21) Address: PO Box 722

00

22) City and State: Gray, MaineZip Code 04039

23) D. Units 3 24) Occ. D. U. 's 3 25) Rm. Units 10 26) Occ. R. U. 's 10 27) No. Occupants 10 28) Com' IU. DE 29) Bldg. Type DE 30) Streets 1 31) Const. Mat. Wood 32) O. B's NL  
 33) C. H. YES 34) P. H. NO 35) Zoned For R-3 36) Actual Land Use R-1 37) D. D. 1 38) L's Ad. B't. Fac. 1 39) Disp. 1 40) Cl. Date 1

| EXTERIOR - Structure |          |   | Cd. Viol. | INTERIOR - Structure        |                   |   | Cd. Viol. |
|----------------------|----------|---|-----------|-----------------------------|-------------------|---|-----------|
| Foundation           | EX/FO    | ✓ | 108-2     | Lighting                    | ✓                 |   | 113       |
| Walls                | EX/WA    | ✓ | 108-2     | Elec. Wiring                | FW                | ✓ | 113       |
| Roof                 | RO       | ✓ | 108-2     | Floors                      | ✓                 |   | 108-2     |
| Porch                | PO       | ✓ | 108-4     | Walls                       | IN/WA             | ✓ | 108-2     |
| Stairs               | EX/SR    | ✓ | 108-4     | Ceilings                    | CE                | ✓ | 108-2     |
| Steps                | SP       | ✓ | 108-4     | Windows                     | IN/WI             | ✓ | 108-3     |
| Doors                | DO       | ✓ | 108-3     | Airshafts                   | AS                | ✓ | 108-3     |
| Windows              | EX/WI    | ✓ | 108-3     | Roof Rafters                | ROR               | ✓ | 108-1     |
| Eaves                | EA       | ✓ | 108-1     | Sanitation                  | SAN               | ✓ | 109-5     |
| Trim                 | TR       | ✓ | 108-1     | Stairways                   | IN/SRW            | ✓ | 108-4     |
| Chimney              | EX/CH    | ✓ | 108-5     | Stair Treads                | SRT               | ✓ | 108-4     |
| Gutters              | GU       | ✓ | 108-1     | Wastelines                  | WSL               | ✓ | 111-4     |
| Roof Drains          | RD       | ✓ | 108-1     | Supply Lines                | SOL               | ✓ | 111-3     |
| Bulkhead             | BU       | ✓ | 108-4     | Stacks                      | ST                | ✓ | 114-1     |
| Outbuildings         | GR - SH  | ✓ |           | Flues                       | FU                | ✓ | 114-1     |
| Yard                 | YA       | ✓ |           | Vents                       | VE                | ✓ | 114-1     |
| Garbage              | GA       | ✓ | 109-4     | Chimney                     | IN/CH             | ✓ | 114-1     |
| Rubbish              | RU       | ✓ | 109-4     | Heating Equip. Furnace - FU | Spa. heater - SPH | ✓ | 114-2     |
| Containers           | CO       | ✓ | 109-4     | Bsmt. Sanitation            | Litter - LI       | ✓ | 109-7     |
| Drainage             | DR       | ✓ | 108-1     | Rampness                    | DMP               | ✓ | 108-1     |
| Infestation          | IN-CR-FL | ✓ | 109-5     | Lighting                    | RS/LI             | ✓ | 113       |
| Rats                 | RA       | ✓ | 109-5     | Elec. Panel                 | EL/pa             | ✓ | 113       |
| Other                |          | ✓ | 109-5     | Stairs                      | RS/SR             | ✓ | 108-2     |
| Fire Escape          | FE       | ✓ | 116-2     | Foundation                  | IN/FO             | ✓ | 108-2     |
| Dual Egress          | DE       | ✓ | 116-2     | Floor Joists                | ✓                 |   | 108-2     |
| Driveways            | DW       | ✓ |           | Carrying Timbers            | ✓                 |   | 108-2     |
| Walks                | WA       | ✓ |           | Sills                       | ✓                 |   | 108-2     |
| Fences               | FN       | ✓ |           | Bsmt. Dwelling Unit RDU     | ✓                 |   | 110-6     |

Remarks on reverse side

City of Portland

Health Department  
DWELLING UNIT SCHEDULE

Housing Inspection Division

| INSP DATE                                                                                                                                       |           | TENANTS NAME            |      | FLR.#     | LOCATION   | RMG.TP.                                                                                                                                             | #RMS.      | #PEO.  | #ALL'D | SLRRM. |      |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|------|-----------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|--------|--------|------|-------|
| 7/5/99                                                                                                                                          |           | AARON BLAKE             |      | 1         |            | DU                                                                                                                                                  | 3          | 2      | 4      | 1      |      |       |
| Child Un.10                                                                                                                                     | Child 1-6 | + Lead Survey - Results | Rent | Rent Code | Furn       | Hot Water                                                                                                                                           | Dual Egrs. | Ck'ng. | Heat   | Lav.   | Bath | Flush |
|                                                                                                                                                 |           |                         |      |           | NO         | YES                                                                                                                                                 | YES        | LC     | OFF    | PL     | PA   | 12"   |
| 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                                              |           |                         |      |           | -          | <input checked="" type="checkbox"/> Toilet - Tnk - brkn, loose, leaks, Seat, 1'se crkd.                                                             |            |        |        |        | 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 connection                                                                         |            |        |        |        | 6(d) |       |
| <input checked="" type="checkbox"/> Refrigerator Space Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>           |           |                         |      |           | -          | <input checked="" type="checkbox"/> Ventilation Yes <input checked="" type="checkbox"/> No                                                          |            |        |        |        | 7    |       |
| <input checked="" type="checkbox"/> Plumbing (a) 6(a) Water Supply <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 type="checkbox"/> Plaster - L, C, M - Ceiling/Walls                                                                                          |            |        |        |        | 3(b) |       |
| <input checked="" type="checkbox"/> Windows - loose, broken, glaze                                                                              |           |                         |      |           | 3(c)       | <input type="checkbox"/> Windows - loose, broken, glaze                                                                                             |            |        |        |        | 3(c) |       |
| <input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn                                                                         |           |                         |      |           | 3(c)       | <input type="checkbox"/> Sash/Frames - broken, missing, worn                                                                                        |            |        |        |        | 3(c) |       |
| <input checked="" type="checkbox"/> Floor - loose, worn, damaged                                                                                |           |                         |      |           | 3(b)       | <input type="checkbox"/> Floor - loose, worn, damaged                                                                                               |            |        |        |        | 3(b) |       |
| <input checked="" type="checkbox"/> Door - knob/lk - missing - Panels/Frames dam.                                                               |           |                         |      |           | 3(b)       | <input type="checkbox"/> Doors - Knobs/lk - missing, Panels/Frames dam.                                                                             |            |        |        |        | 3(b) |       |
| <input checked="" type="checkbox"/> Electrical (c)                                                                                              |           |                         |      |           |            | <input type="checkbox"/> Electrical (d)                                                                                                             |            |        |        |        |      |       |
| <input checked="" type="checkbox"/> Sanitation (c)                                                                                              |           |                         |      |           |            | <input type="checkbox"/> Sanitation (d)                                                                                                             |            |        |        |        |      |       |
| Bedrooms and/or other rooms                                                                                                                     |           |                         |      |           |            |                                                                                                                                                     |            |        |        |        | Code |       |
|                                                                                                                                                 |           |                         |      |           |            | <input type="checkbox"/> Plaster - L, C, M - Ceiling/Walls                                                                                          |            |        |        |        | 3(b) |       |
|                                                                                                                                                 |           |                         |      |           |            | <input type="checkbox"/> Windows - Loose, broken, glaze                                                                                             |            |        |        |        | 3(c) |       |
|                                                                                                                                                 |           |                         |      |           |            | <input type="checkbox"/> Sash/Frames - broken, missing, worn                                                                                        |            |        |        |        | 3(c) |       |
|                                                                                                                                                 |           |                         |      |           |            | <input type="checkbox"/> Floors - loose, worn, damaged                                                                                              |            |        |        |        | 3(b) |       |
|                                                                                                                                                 |           |                         |      |           |            | <input type="checkbox"/> Door - knobs/lk - missing - Panels/Frames dam.                                                                             |            |        |        |        | 3(b) |       |
|                                                                                                                                                 |           |                         |      |           |            | <input type="checkbox"/> Electrical (e)                                                                                                             |            |        |        |        |      |       |
|                                                                                                                                                 |           |                         |      |           |            | <input type="checkbox"/> Sanitation (e)                                                                                                             |            |        |        |        |      |       |
|                                                                                                                                                 |           |                         |      |           |            | <input type="checkbox"/> Clothes Closet Yes <input checked="" type="checkbox"/> No                                                                  |            |        |        |        |      |       |
| Plumbing                                                                                                                                        |           |                         |      |           | Electrical | Sanitation - Vermin 0 R                                                                                                                             |            |        |        |        |      |       |

REMARKS:

City of Portland

Health Department  
DWELLING UNIT SCHEDULE

Housing Inspection Division

INSP DATE

1 5 12 3

OK 1<sup>st</sup> Inspection

INSP

FORM NO.

TENANTS NAME

SALLY O'MALLEY

FLR.# LOCATION RMG.TP. #RMS. #PEO. #ALL'D SLRRM.

2 DU 6 4 9 3

Child Un.10 Child 1-6 + Lead Survey - Results Rent Rent Code Furn Hot Water Dual Egrs. Ck'ng. Heat Lav. Bath Flush

NO YES YES LE OFF PL PB PL

KITCHEN CODE BATHROOM CODE

(X) Plaster - L, C, M, - Ceiling/Walls 3(b) (X) Plaster - L, C, M - Ceiling/Walls 3(b)

(X) Windows - loose, broken glass, glaze 3(c) (X) Window - loose, broken glass, glaze 3(c)

(X) Sash/Frames - broken, missing, worn 3(c) (X) Sash/Frames - broken, missing, worn 3(c)

(X) Floor - loose, worn, dam., buckled 3(b) (X) Floor - loose, worn, dam., buckled 3(b)

(X) Doors - Knob/lk - missing - Panels/Frames dam. 3(b) (X) Door - knob/lk - missing - Panels/Frames dam. 3(b)

(X) Counter/Stor. Space Yes No (X) Toilet - Tnk - brkn, loose, leaks, Seat, l'se crkd. 6(d)

(X) Sink - chipped, cracked, leaks 6(d) (X) Lavatory - chipped, crkd, leaks, trap leaks 6(d)

(X) Range - improper stack, flue, vent 3(e) (X) Bathtub/Shower - leaks cross connection 6(d)

(X) Refrigerator Space Yes No (X) Ventilation Yes No 7

(X) Plumbing (a) 6(a) Water Supply Hot Cold 6(c) (X) Plumbing (b) 6(a) Water Supply Hot Cold 6(c)

(X) Electrical (a) (X) Electrical (b)

(X) Sanitation (a) (X) Sanitation (b)

LIVING ROOM CODE DINING ROOM CODE

(X) Plaster - L, C, M, - Ceiling/Walls 3(b) (X) Plaster - L, C, M - Ceiling/Walls 3(b)

(X) Windows - loose, broken, glaze 3(c) (X) Windows - loose, broken, glaze 3(c)

(X) Sash/Frames - broken, missing, worn 3(c) (X) Sash/Frames - broken, missing, worn 3(c)

(X) Floor - loose, worn, damaged 3(b) (X) Floor - loose, worn, damaged 3(b)

(X) Door - knob/lk - missing - Panels/Frames dam. 3(b) (X) Doors - Knobs/lk - missing, Panels/Frames dam. 3(b)

(X) Electrical (c) (X) Electrical (d)

(X) Sanitation (c) (X) Sanitation (d)

Bedrooms and/or other rooms Code

( ) 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)

( ) Sanitation (e)

( ) Clothes Closet Yes No

Plumbing Electrical Sanitation - Vermin 0 R

REMARKS:



DANFORTH STREET

Housing





## CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT  
INSPECTION SERVICES DIVISION

April 18, 1984

Mr. William Mathews  
P. O. Box 722  
Gray, Maine 04039



Re: 244 Danforth St. - First Floor Apt.

Dear Mr. Mathews:

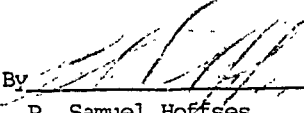
We recently received a complaint and an inspection was made by Code Enforcement Officer Merlin Leary of the property owned by you at 244 Danforth Street Portland, Maine. As a result of the inspection, you are hereby ordered to correct the following substandard housing conditions:

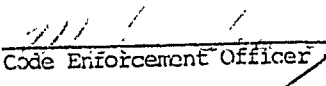
1. BATHROOM - ceiling - missing tiles. 108-2

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 May 18, 1984.

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   
P. Samuel Hoffses,  
Chief of Inspection Services

  
Code Enforcement Officer Merlin Leary (5)

jmr

INSPECTION RECOMMENDATIONS

INSPECTOR LC214

LOCATION 244 Danforth  
PROJECT NAP  
OWNER William Mathews

| NOTICE OF HOUSING CONDITIONS |                | HEARING NOTICE |         | FINAL NOTICE |         |
|------------------------------|----------------|----------------|---------|--------------|---------|
| Issued                       | Expired        | Issued         | Expired | Issued       | Expired |
| <u>4-20-54</u>               | <u>5-20-54</u> |                |         |              |         |

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

|      |                                                                                                      |
|------|------------------------------------------------------------------------------------------------------|
| DATE | ALL VIOLATIONS HAVE BEEN CORRECTED<br>Send "CERTIFICATE OF COMPLIANCE" _____ "POSTING RELEASE" _____ |
|      | SATISFACTORY Rehabilitation in Progress<br>Time Extended To: _____                                   |
|      | Time Extended To: _____                                                                              |
|      | Time Extended To: _____                                                                              |
|      | UNSATISFACTORY Progress<br>Send "HEARING NOTICE" _____ "FINAL NOTICE" _____                          |
|      | NOTICE TO VACATE<br>POST Entire _____<br>POST Dwelling Units _____                                   |
|      | UNSATISFACTORY Progress<br>"LEGAL ACTION" To Be Taken _____                                          |

6-7 INSPECTOR'S REMARKS: Ordering this has been refused

INSTRUCTIONS TO INSPECTOR:

Inspection Services  
Samuel P. Hoffes  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

April 9, 1992

William Pearson  
P.O. Box 5069  
Sta. A  
Portland, ME 04101

Re: 244 Danforth St  
CBL #: 057-G-017  
DU: 3

Dear Mr. Pearson,

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. We did, however, note the following items that could cause future problems.

1. Ext - Front Steps - Missing Railing
2. Ext - Rear Steps - Rotted decking
3. Int - Rear Hall - Damaged Wall

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,

Kalowe  
Kathleen Lowe  
Code Enforcement Officer

[Signature]  
S. Samuel Hoffes  
Chief of Inspection Services

389 Congress Street • Portland, Maine 04101 • (207) 874-8704



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT  
INSPECTION SERVICES DIVISION

NOTICE OF HOUSING CONDITIONS

DU: 3  
CHART-BLOCK-LOT - 57-G-17  
LOCATION: 244 Danforth Street

DISTRICT: 5  
ISSUED: October 13, 1988  
EXPIRES: December 13, 1988

Mr. & Mrs. William Gay Matthews Jts.  
P. O. Box 722  
Gray, ME 04039

Dear Mr. & Mrs. Matthews:

You are hereby notified, as owner or agent, that an inspection was made of the premises at 244 Danforth 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 December 13, 1988. 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 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 its 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

[Signature]  
S. Samuel Hoffes  
Chief of Inspection Services

[Signature]  
Merlin Leary (5)  
Code Enforcement Officer

Attachments  
[ ]

389 CONGRESS STREET • PORTLAND, MAINE 04101

HOUSING INSPECTION REPORT

OWNER: William Gay Matthews Jts.

LOCATION: 244 Danforth St. 57-G-17

CODE ENFORCEMENT OFFICER: Merlin Leary (5)

HOUSING CONDITIONS DATED: October 13, 1988

EXPIRES: December 13, 1988

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.

|                                                                             | <u>SEC. (S)</u> |
|-----------------------------------------------------------------------------|-----------------|
| * 1. INTERIOR CELLAR - friable asbestos.                                    | 116-6           |
| 2. INTERIOR SECOND/THIRD REAR HALL - walls - missing switch covers.         | 113-5           |
| * 3. INTERIOR SECOND FLOOR REAR HALL - ceiling - inoperative light fixture. | 113-5           |
| * 4. INTERIOR SECOND FLOOR, APT. #2 - kitchen sink - trap leaks.            | 111-4           |
| 5. INTERIOR SECOND FLOOR, APT. #2 - hall ceiling - inoperative detector.    | 15 MRSA 2464    |
| 6. EXTERIOR THIRD FLOOR HALL - window - missing storm.                      | 108-3           |
| * 7. INTERIOR FIRST FLOOR, APT. #1 - bathroom ceiling - illegal wiring.     | 113-5           |
| * 8. INTERIOR FIRST FLOOR, APT. #1 - HALLWAY - obstructed exit.             | 116-2           |

\*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.

Insp. Date: 9-20-88 Complaint: 5 year ☒ Fire Inspector's Name: M. Leary Dist: 5

Owner or Agent Mr. M. C. Williams & Gay Matthews Jr. Stand. Ist: N.O.H.C. X L.O.D.  
Address 503 Bay St.

| Violation No. | Ext. | Int. | Fl. | Apt. | LOCATION         | VIOLATION DESCRIPTION | CODE            |
|---------------|------|------|-----|------|------------------|-----------------------|-----------------|
| *1            |      | X    |     |      | Cellar           | Friable Asbestos      | 116-6           |
| 2             |      | X    | 2/3 |      | Rear Hall Wall's | Missing Switch Covers | 113-5           |
| *3            |      | X    | 2   |      | " " Ceiling      | 1 Inch Light fixture  | 113-5           |
| *4            |      | X    | 2   | 2    | Kitchen Sink     | Trip Leaks            | 111-0           |
| 5             |      | X    | 2   | 2    | Hall Ceiling     | Thop Detector         | 25 NPSB<br>2464 |
| 6             | X    |      | 3   |      | Hall Window      | Missing Screen        | 10F-3           |
| *7            |      | X    | 1   | 1    | Bedroom Ceiling  | ITP gas wiring        | 113-5           |
| *8            |      | X    | 1   | 1    | Hellway          | Obstructed Exit       | 116-2           |

Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

January 26, 1994

William T. Pearson  
P.O. Box 5069  
Portland, ME 04101

Re: 244 Danforth St  
CBL: 057-G-017

Dear Mr. Pearson:

As owner or agent of the property located at the above referenced address, you are hereby notified that as the result of a recent inspection, the first floor unit, is hereby declared an environmental lead hazard for children under the age of seven.

Due to a lead paint hazard, this vacant apartment must be kept vacant from occupancy of children under the age of seven so long as the following conditions continue to exist thereon.

Article v Section 6-120

(1) Properties which are either damaged, decayed, dilapidated, insanitary, unsafe, or vermin-infested in such a manner as to create a serious hazard to the health, safety, and general welfare of the occupants or the public.

Therefore, you will not occupy, permit anyone to occupy, or rent the above mentioned apartment to families with children under the age of seven without the written consent of the Health Officer or his/her agent.

Sincerely,

  
Arthur Rowe  
Code Enforcement Officer

  
P. Samuel Hoffses  
Chief of Inspection Services

