

39 R Clark Street





CITY OF PORTLAND

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

January 22, 1982

D413

Mr. Robert C. Monks, Jr.
39R Clark Street
Portland, Maine 04102

Dear Mr. Monks:

Re: 39R Clark Street: 58-B-11 NCP-NDP

The Housing Inspections Division of the Department of Planning & Urban Development has recently completed an overall inspection of your 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 of
Planning & Urban Development

By Lyle D. Noyes
Lyle D. Noyes
Inspection Services Division

Merlin Leary
Code Enforcement Officer - Merlin Leary (5)

Jmr



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City of Portland

NEIGHBORHOOD CONSERVATION
Check Off Sheet
STRUCTURE INSPECTION SCHEDULE

Housing Inspection Division

Insp. Name *M. Leary*

Standard First Inspection

2) Insp. Date <i>1-21-82</i>	3) Insp. Type <i>NCP</i>	4) Proj. Code <i>NDP</i>	5) Assr's: Chart <i>5A B II</i>	6) Bl.	7) Lot	8) Census: Tract	9) Blk.	10) Insp.	11) Form No.	
12) Hous. No. <i>39R</i>	13) Sec. H. No.	14) Suff.	15) Direct	16) Street Name <i>Clark</i>			17) St. Design. <i>Street</i>			
18) Owner or Agent: <i>Mr Robert C Monk Jr</i>							19) Status <i>00</i>	20) Bldg's: Rat. <i>1</i>		
21) Address: <i>39R Clark St</i>							Zip Code <i>0411</i>			
22) City and State: <i>Portland, Maine</i>										

23) D. Units <i>3</i>	24) Occ. D. U. 's <i>5</i>	25) Rm Units	26) Occ. R. U. s	27) No. Occupants	28) Com'l U.	29) Bldg. Type <i>DE</i>	30) Stories <i>3</i>	31) Const. Mat. <i>Wood</i>	32) O. B's <i>No</i>
33) C. H. <i>Yes</i>	34) Pho. <i>No</i>	35) Zoned For <i>R-3</i>	36) Actual Land Use <i>Res</i>	37) D. D.	38) Lks. Ad. Bth. Fac. Yes No <i>X</i>		39) Disp.	40) Closing Date	

EXTERIOR - Structure		Cd. Viol.	INTERIOR - Structure		Cd. Viol.
Foundation	EX/FO ✓	3a	Light	LI ✓	8e
Walls	EX/WA ✓	3a	Elec. Wiring	EW ✓	3b
Roof	RO ✓	3a	Floors	FL ✓	3b
Porch	PO ✓	3d	Walls	IN/WA ✓	3b
Stairs	EX/SR ✓	3d	Ceilings	CE ✓	3c
Steps	SP ✓	3d	Windows	IN/WI ✓	3c
Doors	DO ✓	3c	Airshafts	AS ✓	3a
Windows	EX/WI ✓	3c	Roof Rafters	ROR ✓	4e
Eaves	EA ✓	3a	Sanitation	SAN ✓	3d
Trim	TR ✓	3a	Stairways	IN/SRW ✓	3d
Chimney	EX/CH ✓	3e	Stair Treads	SRT ✓	6d
Gutters	GU ✓	3a	Wastelines	WSL ✓	6c
Roof Drains	RD ✓	3a	Supply Lines	SUL ✓	3e
Bulkhead	BU ✓	3d	Stacks	ST ✓	3e
Outbuildings	GR - SH ✓	4e	Flues	FU ✓	3e
Yard	YA ✓	4d	Vents	VE ✓	3e
Garbage	GA ✓	4d	Chimney	IN/Ch ✓	9c
Robbush	RU ✓	4d	Heating Equip. Furnace - FU	Spaceheater - SPH ✓	4b
Containers	CO ✓	4d	Bsmt. Sanitation Litter - LI	Debris - DE ✓	3a
Drainage	DR ✓	3a	Dampness - DM		8c
Infestation	IN-CR-FL	4e	Lighting	BS/LI ✓	8e
Rats	RA	4e	Elec. Panel	EL/PA ✓	3d
Other		4e	Stairs	BS/SR ✓	3a
Fire Escape	FE	10	Foundation	IN/FO ✓	3a
Dual Egress	DE	10	Floor Joists	FL/JO ✓	3a
Driveways	DW		Carrying Timbers	CA/TI ✓	3a
Walks	WA		Sills	SI ✓	5f
Fences	FN		Esmt. D. U. Conforms BDU		

Remarks on reverse side

City of Portland

Neighborhood Conservation Department
DWELLING UNIT SCHEDULE

Housing Inspection Division

INSP DATE

INSP

FORM NO.

7/17/77 *OK 1st Inspection*

TENANTS NAME	FLR.#	LOCATION	RMG.TP.	#RMS.	#PEO.	#AL.	LP RM.
PLATT MOUS	1		DU	5	2	2 1/2	1

Rent	Rent Code	Furn	Heat	Hot Water	Dual Egress	Ck'ng	Lav.	Bath	Flush
		A/D	E	YES	YES	LC	PL	PP	DL

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

- BATHROOM**
- Plaster - L, C, M - Ceiling/Walls 3(b)
 - Window - loose, broken glass, glaze 3(c)
 - Sash/Frames - broken, missing, worn 3(c)
 - Floor - loose, worn, dam., buckled 3(b)
 - Door - knob/lk - missing - Panels/Frames dam. 3(b)
 - Toilet - Tnk - brkn, loose, leaks, Seat, 1'se-crkd6(d)
 - Lavatory- chipped, crkd, leaks, trap leaks 6(d)
 - Bathtub/Shower - leaks cross connection 6(d)
 - Ventilation Yes ___ No ___ 7
 - Plumbing (b) 6(a) Water Supply Hot ___ Cold ___ 7(c)
 - Electrical (b)
 - Sanitation (b)

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

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

Bedrooms and/or other rooms		Code
<input type="checkbox"/> Plaster - L, C, M -Ceilings/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 ___ No ___		

Plumbing	Electrical	Sanitation - Vermin O R
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REMARKS:

City of Portland

Neighborhood Conservation Department
DWELLING UNIT SCHEDULE

Housing Inspection Division

OK 1st Inspection

INSP DATE		TENANT'S NAME		FLR. #	LOCATION	RMG. TP.	#RMS.	#PEO.	#ALL'D	SLP RM.	INSP	FORM NO.
7/27/82		JOHN LAKARI		2	DU		5	2	1 1/2	1		
Rent	Rent Code	Furn	Heat	Hot Water	Dual Egress	Ck'ng	Lav.	Bath	Flush			
		NO	EL	YES	YES	LE	PL	PB	P/E			
KITCHEN				CODE	BATHROOM							
<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 ___ No ___				6(d)	<input checked="" type="checkbox"/> Toilet - Ink - brkn, loose, leaks, Seat, 1'se-crkd6(d)							6(d)
<input checked="" type="checkbox"/> Sink - chipped, cracked, leaks				3(e)	<input checked="" type="checkbox"/> Lavatory- chipped, crkd, leaks, trap leaks							6(d)
<input checked="" type="checkbox"/> Range - improper stack, flue, vent				-	<input checked="" type="checkbox"/> Bathtub/Shower - leaks cross connection							7
<input checked="" type="checkbox"/> Refrigerator Space Yes ___ No ___				-	<input checked="" type="checkbox"/> Ventilation Yes ___ No ___							7
<input checked="" type="checkbox"/> Plumbing (a) 6(a) Water Supply Hot ___ Cold ___				6(c)	<input checked="" type="checkbox"/> Plumbing (b) 6(a) Water Supply Hot ___ Cold ___							7(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							
<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												
					<input type="checkbox"/> Plaster - L, C, M - Ceilings/Walls							3(b)
					<input type="checkbox"/> Windows - Loose, broken, glaze							3(c)
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					<input type="checkbox"/> Electrical (e)							
					<input type="checkbox"/> Sanitation (e)							
					<input type="checkbox"/> Clothes Closet Yes ___ No ___							
					Sanitation - Vermin 0 R							
Plumbing				Electrical								

REMARKS:

City of Portland

Neighborhood Conservation Department
DWELLING UNIT SCHEDULE

Housing Inspection Division

INSP DATE
11/27/82

OK 1st Inspection

INSP FORM NO.
12

TENANTS NAME										FLR.#	LOCATION	RMG.TP.	#RMS.	#PEO.	#ALL'D	SLP RM.
SUSAN SKAPINSKY										3			DV	5	2	1
			Rent	Rent Code	Furn	Heat	Hot Water	Dual Egress	Ck'ng	Lav.	Bath	Flush				
					NO	EL	Vis	YES	LG	PL	PP	PL				

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 - Floor - loose, worn, damaged 3(b)
 - Door - knob/lk - missing-Panels/Frames dam. 3(b)
 - Electrical (c)
 - Sanitation (c)

- DINING ROOM**
- Plaster - , C, M- Ceiling/Walls CODE 3(b)
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 - Sanitation (d)

Bedrooms and/or other rooms

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<input type="checkbox"/> Electrical (e)
<input type="checkbox"/> Sanitation (e)
<input type="checkbox"/> Clothes Closet

Plumbing	Electrical	Sanitation - Vermin	O	R
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REMARKS:

REQUEST FOR SERVICE

PORTLAND HEALTH DEPARTMENT

DATE RECEIVED	1/19/78	BY	YH	DISTRICT	W. Gough
REQUEST BY	NAME	Christine Roney - (+ 2 small children)			
	ADDRESS	39 R. Elsie St. - 2nd floor			
OWNER	NAME	Elias Elias - Simpson			
	ADDRESS	324+2			
CONDITIONS	ADDRESS	39 R. Elsie St.			
<p>No heat in kitchen + no hook up for heat. No hot water Peeling paint in kit. - Broken window front hall skylight (or trap door) in back hall has blown off is open to weather.</p>					
COMMENTS	Will be home Fri. 1/20 + possibly Mon. 1/23 32482				
No file entries since 6-75 compliance					
SPECIAL INSTRUCTIONS	12478 CO VII - water pipes - other VIO covered by note 125-78 LDC. 1/19/78				
DIVISION	<input checked="" type="checkbox"/> SANITATION	<input type="checkbox"/> HOUSING	<input type="checkbox"/> NURSING		
PRIORITY	<input checked="" type="checkbox"/> ROUTINE	<input type="checkbox"/> SPECIAL	BY		
	<input type="checkbox"/> URGENT	REPORT TO	DATE		

REQUEST FOR SERVICE

PORTLAND HEALTH DEPARTMENT

DATE RECEIVED	11-15-77	BY	bb	DISTRICT	M. Gough
REQUEST BY	NAME	Christine Dairy			
	ADDRESS	39 Rear Clark			
OWNER	NAME	Clausius Simpson 32682			
	ADDRESS				
CONDITIONS	ADDRESS	39 Rear Clark - 2nd fl.			

No heat. She has 2 ^{small} children -
one only 6 months old - everyone has
a cold -

COMMENTS: Is home all the time. Can someone
go there today?

SPECIAL INSTRUCTIONS: 11-15-77 J. Co. V.O. ST
11-16-77 OK M. G. Gough

DIVISION	SANITATION		HOUSING		NURSING	
	<input checked="" type="checkbox"/>	ROUTINE		SPECIAL	BY	
PRIORITY		URGENT	REPORT TO		DATE	

CERTIFICATE
OF
COMPLIANCE

CITY OF PORTLAND
Health Department - Housing Inspections Division
Telephone: 775-5451 - Extension 448

June 26, 1975 ✓

Mr. Claudius Simpson
251 Brighton Avenue
Portland, Maine 04102

Re: Premises located at 39R Clark Street, Portland, Maine - 58-3-11

Dear Mr. Simpson:

A re-inspection of the premises noted above was made on June 25, 1975
by Housing Inspector H. 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 January 29, 1975.

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 June 1980.

Sincerely yours,

David C. Bittenbender
Health Director (Acting)

By *Wyle D. Royce*
Chief of Housing Inspections

Inspector

Mark R. Gough
H. Gough

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