

22 Clifford Street

DAVIDSON

1914

August 1, 1967

Mr. David Sclar
82 Clifford Street
Portland, Maine

Mr. Sclar:

Photos yes no
 Date 7-22-67
 Proj. No. C.I. Ass'n Zone Zone Viol.
 Stories 2 DFM ASMD SAR ASY NA AS ST P Con. Units Reg. Units Dwl. Units 2

| | | | |
|-------------|-----------------------|-------|--|
| LOCATION | <u>22 Clifford St</u> | COMP. | |
| OWNER AGENT | | PERM | |
| OWNER AGENT | <u>David Schor</u> | | |
| OWNER AGENT | <u>Same</u> | | |
| OWNER AGENT | | | |
| OWNER AGENT | | | |

| Occupants | Information LOC. RENT FURN. WK I. PMS | Occupancy | | | | Facilities | | | | Violations | |
|-----------|--|-----------|------|------|------|------------|------|------|------|------------|--|
| | | PER. ALLD | LGRS | HEAT | BATH | FLSH | K-SK | H.W. | CK'G | | |
| 1. | | | | | | | | | | | |
| 2. | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
| 4. | | | | | | | | | | | |
| 5. | | | | | | | | | | | |
| 6. | <u>HAS Two Complete UNITS</u> | | | | | | | | | | |
| 7. | <u>but is used as one</u> | | | | | | | | | | |
| 8. | | | | | | | | | | | |

STRUCTURE SCHEDULE

STRUCTURE RATING

| | |
|--|---|
| <p>YAK.</p> <input type="checkbox"/> BARRAGE & RUBBISH <input type="checkbox"/> CONTAINERS COMPLY <input type="checkbox"/> DRAINAGE <input type="checkbox"/> ZONE VIOL. <p>STRUCTURE EXTERIOR</p> <input type="checkbox"/> STEPS, STAIRS, PORCHES <input type="checkbox"/> FOUNDATION <input type="checkbox"/> WALLS <input type="checkbox"/> WINDOWS, DOORS <input type="checkbox"/> ROOF, DRAINS <input type="checkbox"/> OUT BUILDINGS <p>INFESTATION</p> <input type="checkbox"/> RATS <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> OTHER (SPECIFY) <p>EGRESS</p> <input type="checkbox"/> DUAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> EGRESS | <p>STRUCTURE INTERIOR</p> <input type="checkbox"/> HALL OBST'N <input type="checkbox"/> HALL LIGHTING <input type="checkbox"/> HALL, FLOOR WALLS CEILING <input type="checkbox"/> STAIRWAYS <input type="checkbox"/> WINDOWS, AIRSHAFT <input type="checkbox"/> ELECT. WIRING <input type="checkbox"/> HEATING CENTRAL YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> STACKS FLUES, VENTS <input type="checkbox"/> CHIMNEY <input type="checkbox"/> EQUIPMENT, REPAIR <p>PLUMBING</p> <input type="checkbox"/> SUPPLY LINE <input type="checkbox"/> WASTE LINE <p>BASEMENT</p> <input type="checkbox"/> GEN'L SANIT'N <input type="checkbox"/> DAMPRESS <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> STAIRS <input type="checkbox"/> LIGHTING <p>BASE DWL. UNIT</p> <input type="checkbox"/> MIN 7' - 3" <input type="checkbox"/> DAMPRESS <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> WINDOW 1/12 R 0" <input type="checkbox"/> DUAL EGRESS <input type="checkbox"/> YES <input type="checkbox"/> NO <p>PROHIBITED COMB'N USE</p> <input type="checkbox"/> ASSOC. USE HAZARD <input type="checkbox"/> HAZARDOUS VENTS |
|--|---|

Remarks _____

Inspector afp

Portland Health Dept.

CS-8

