

309

SPRING STREET

BRAMHALL

OK
May 14, 1968
DATE OK 4/15/68

Mrs. Fannie Einbinder
309 Spring Street
Portland, Maine

Re: 309 Spring Street

Dear Mrs. Einbinder:

The following list of deficiencies were noted during an inspection on May 4, 1967:

- a. Repair or replace dilapidated members of the front and side entrance steps.
- b. Properly support the rear porch where the existing cedar posts have deteriorated at ground level.
- c. Clapboard siding is dilapidated. Repair or replace deteriorated siding in order to make the exterior of the building weather tight.

This list is to be considered as supplementary to the original inspection and corrective action should be taken as soon as feasible.

Sincerely,

Gordon E. Martin
Housing Supervisor

TW:aps

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May 4, 1967

Mrs. Fannie Einbinder
309 Spring Street
Portland, Maine 04101

Dear Mrs. Einbinder:

The following is a list of deficiencies noted during an inspection on May 4, 1967:

1. Repair or replace dilapidated members of the front and side entrance steps.
2. Properly support the rear porch where the existing cedar posts have rotted off at ground level.

This list is to be considered as supplementary to the original inspection and corrective action should be taken as soon as feasible.

Sincerely,

Gordon E. Martin
Housing Supervisor

TM:apo

April 12, 1967

Mrs. Nannie Einbinder
309 Spring Street
Portland, Maine

Dear Mrs. Einbinder:

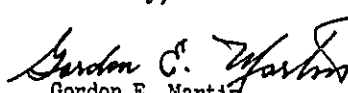
Your property has been surveyed by the Portland Housing Division, and certain deficiencies to the minimum Code standards were noted. A list of these deficiencies is attached, and we suggest that you make the necessary corrections.

The Bramhall Hill Program staff is ready to help you improve your property. If you want advice on repairs, cost estimates, contractors, plans, or financing, please call 773-1773 for an appointment.

There are many free services available through the site office, and we urge you to use them. Good maintenance is the best way to preserve the useful life of your property and neighborhood.

Thank you for your cooperation in making Bramhall Hill a more beautiful residential area.

Sincerely,


Gordon E. Martin
Housing Supervisor

GLS:ac

Enclosure

309 Spring Street

Area: Bramhall

Inspection Date: April 3, 1967

Dwelling Units: 1

Owner: Mrs. Jannie Einbinder
309 Spring Street
Portland, Maine

DEFECTS NEEDING CORRECTION

STRUCTURAL

Repair and put in good order all dilapidated and hazardous parts of the structure as follows:

- a. Point up the loose joints on all sides of the foundation.
- b. Have the trim painted and repaired on all sides of the structure.
- c. Putty the loose window panes in all of the windows throughout the structure.
- d. Repair or replace the loose, worn or dilapidated gutters on all sides of the structure.

309 Spring Street

Area: Bramhall

Inspection Date: April 3, 1967

Dwelling Units: 1

Owner: Mrs. Jannie Einbinder
309 Spring Street
Portland, Maine

DEFECTS NEEDING CORRECTION

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Photos yes no

Date 4-3-67

Proj. No. C.I. Franklin Project

Ass'ts

Zone Zone Viol

Stories 1 2 3 4 5 6 7 8

Com. Units 1 Rmg Units 0 Dvl. Units 1

LOCATION <u>309 Armitage St.</u>	COMP
OWNER AGENT <u>Mrs Janice Emburda</u>	PERD
OWNER AGLN#	
OWNER AGENT	
OWNER AGENT	
OWNER AGENT	YES

Occupants	Information				Occupancy							Facilities				Violations	
	LOC.	RENT	FURN.	WK. I.	RMS	PER.	ALLD	LGRS	HEAT	BATH	FLSH	K.SK	H.W	CK'G			
1. <u>Mrs Janice Emburda</u>					<u>6</u>	<u>1</u>	<u>9</u>	<u>2</u>	<u>0</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>			
2.																	
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	

STRUCTURE RATING

STRUCTURE SCHEDULE

<p>YARD</p> <p><input checked="" type="checkbox"/> WASTE & RUBBISH</p> <p><input checked="" type="checkbox"/> CONTAINERS COMPLY</p> <p><input checked="" type="checkbox"/> DRAINAGE</p> <p><input checked="" type="checkbox"/> ZONE VIOL.</p> <p>STRUCTURE EXTERIOR</p> <p><input checked="" type="checkbox"/> STEPS, STAIRS, PORCHES</p> <p><input checked="" type="checkbox"/> FOUNDATION <u>Minor pointing necessary overall</u></p> <p><input checked="" type="checkbox"/> WALLS <u>Minor cracks repairs to parapet overall</u></p> <p><input checked="" type="checkbox"/> WINDOWS, DOORS <u>Windows need metal plates installed</u></p> <p><input checked="" type="checkbox"/> ROOF, DRAINS <u>Drains need repair - all</u></p> <p><input checked="" type="checkbox"/> OUT BUILDINGS</p> <p>INFESTATION</p> <p><input checked="" type="checkbox"/> RATS <input type="checkbox"/> RO <input type="checkbox"/> DC <input type="checkbox"/> I</p> <p><input checked="" type="checkbox"/> OTHER (SPECIFY)</p> <p>EGRESS</p> <p><input checked="" type="checkbox"/> DUAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input checked="" type="checkbox"/> OBST'N</p> <p>Remarks _____</p>	<p>STRUCTURE INTERIOR</p> <p><input checked="" type="checkbox"/> HALL, OBST'N</p> <p><input checked="" type="checkbox"/> HALL, LIGHTING</p> <p><input checked="" type="checkbox"/> HALL, FLOOR WALLS CEILING</p> <p><input checked="" type="checkbox"/> STAIRWAYS</p> <p><input checked="" type="checkbox"/> WINDOWS, AIRSHAFT</p> <p><input checked="" type="checkbox"/> ELECT. WIRING</p> <p>HEATING CENTRAL YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> STACKS FLUES, VENTS</p> <p><input checked="" type="checkbox"/> CHIMNEY</p> <p><input checked="" type="checkbox"/> EQUIPMENT, REPAIR</p> <p>PLUMBING</p> <p><input checked="" type="checkbox"/> SUPPLY LINES</p> <p><input checked="" type="checkbox"/> WASTE LINE</p> <p>BASEMENT</p> <p><input checked="" type="checkbox"/> GEN'L SANIT'N</p> <p><input checked="" type="checkbox"/> DAMPNSS - RI <input type="checkbox"/> O</p> <p><input checked="" type="checkbox"/> STAIRS</p> <p><input checked="" type="checkbox"/> LIGHTING</p> <p>BASE DWL UNIT</p> <p><input type="checkbox"/> MIN 7' x 3'</p> <p><input type="checkbox"/> DAMPNSS <input type="checkbox"/> RI <input type="checkbox"/> O <u>NON</u></p> <p><input type="checkbox"/> WINDOW 1/12 x 6'</p> <p><input type="checkbox"/> DUAL EGRESS <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>PROHIBITED COMB'N USE</p> <p><input type="checkbox"/> ASSEC. USE HAZARD</p> <p><input type="checkbox"/> HAZARDOUS VENTS</p>
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Portland Health Dept.

OS-8

Inspector: Robert Pratt

