

11 CARROLL STREET

STRAW WALKER

Full cut # 02011 - Half cut # 0202R - Thin cut # 0203R - Full cut # 0205R

**CERTIFICATE OF APPROVAL
FOR INTERNAL PLUMBING**

THE TOWN/CITY OF Portland

TOWN/CITY CODE 05170 LPI NUMBER 00123 DATE PERMIT ISSUED 07 01 82
Month Day Year

No 63518 IC
Certificate of App Number

Installer's Name CASPARIUS RUDI
Last Name F I M I

- Installer Code 2
- 1 Owner
 - 2 Licensed Master Plumber
 - 3 Licensed Oil Burnerman
 - 4 Employee of Public Utility
 - 5 Manufactured Housing Dealer
 - 6 Manufactured Housing Mechanic
 - 7 Limited License

Owner Willowood Assn
 Address 11 CARROLL ST
St/Lot Number Street, Road Name Subdivision
 (Location where plumbing was done and inspected)

THE INTERNAL PLUMBING INSTALLED PURSUANT TO THE ABOVE CERTIFICATE OF APPROVAL NUMBER HAS BEEN TESTED IN MY PRESENCE, FOUND TO BE FREE FROM LEAKS, AND WAS INSTALLED IN COMPLIANCE WITH THE MUNICIPAL AND STATE PLUMBING RULES.

Franklin J. Goodwin

OWNER'S COPY

Signature of LPI _____
 Date Inspected JUL 7 - 1982
 ORIGINAL - To be sent to: Department of Human Services
 Division of Health Engineering

INTERNAL PLUMBING PERMIT

Town/City Code 05170 LPI Number 00123 Date Issued 07 01 82 INSTALLER'S License No 01776 No 63518 IP
Month Day Year PERMIT NUMBER

Address of Where Plumbing is Done 11 CARROLL ST
St/Lot Number Street/Road Name Subdivision

Name of Owner WILLOWOOD ASSN
Last Name F I M I Mailing Address Zip Code

Type of Construction	1 New	2 Remodeling	3 Addition	4 Remodeling & Addition	5 Replacement of Hot Water Heater	6 Hook up of Mobile Home	7 Hook-up of Modular Home	8 Other (Specify) <u>2</u>
Plumbing To Serve	1 Single (Res)	2 Multi-Fam(Res)	3 Mobile Home	4 Modular Home	5 Commercial	6 School	7 Other (Specify)	<u>2</u>
Number of Fixtures or Hook Ups	Sink(s) <u>2</u>	Toilet(s) <u>1</u>	Bathtub(s) <u>1</u>	Lavatorie(s) <u>1</u>	Shower(s) <u>1</u>	Urinal(s) <u>1</u>		
	Clothes Washer(s) <u>1</u>	Dish Washer(s) <u>2</u>	Hot Water Heater(s) <u>2</u>	Floor Drain(s) <u>1</u>	Hook Up(s) <u>1</u>			

TOWN'S COPY

IMPORTANT: Note the following conditions:
 1 This Permit is non transferable to another person or party
 2 If construction has not started within 6 months from the Date of Issue this Permit becomes invalid

Dept of Human Services
 Div of Health Engineering

Signature of LPI _____

Fee Schedule:
 Fixture Fee 18 00
 Hook Up Fee 00 00
 Total Fee 18 00
 (If Double Fee Check Box)

HHE-211 Rev 7/80

CITY OF PORTLAND, MAINE

Fire Department

September 30, 1969

Miss Eleanor N. Johnson

11 Carroll St.

Portland, Maine 04102

Re: Building at 11 Carroll St.

Dear Miss Johnson:

On September 26, 1969 a fire occurred in building listed above, of which you are reported to be the owner().

If permanent repair work is required for this building, you must obtain a permit from the Building & Inspection Dept. in City Hall before starting such work.

Very truly yours

Joseph R. Gremo

Joseph R. Gremo
Chief
Portland Fire Department

cc: Building & Inspection Dept.



R6 RESIDENCE ZONE
APPLICATION FOR PERMIT

PERMIT ISSUED
990
OCT 6 1969
CITY OF PORTLAND

Class of Building or Type of Structure Second Class
Portland, Maine, Oct. 3, 1969

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect alter repair demolish install the following building structure equipment in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Location 11 Carroll Street Within Fire Limits? _____ Dist. No. _____
 Owner's name and address Miss Eleanor N. Johnson, 11 Carroll Street Telephone _____
 Lessee's name and address _____ Telephone _____
 Contractor's name and address F. P. & C. H. Murray, Inc., Box 2297, So. Portland Telephone 799-8136
 Architect _____ Specifications _____ Plans _____ No. of sheets _____
 Proposed use of building 2 fam. dwelling No. families 2
 Last use _____ " _____ No. families 2
 Material brick No. stories 3 Heat _____ Style of roof _____ Roofing _____
 Other buildings on same lot _____ Fee \$ 6.00
 Estimated cost \$ 1500.

General Description of New Work

To Repair after Fire to former condition - No. alterations

It is understood that this permit does not include installation of heating apparatus which is to be taken out separately by and in the name of the heating contractor. PERMIT TO BE ISSUED TO Murray

Details of New Work

Is any plumbing involved in this work? _____ Is any electrical work involved in this work? _____
 Is connection to be made to public sewer? _____ If not, what is proposed for sewage? _____
 Has septic tank notice been sent? _____ Form notice sent? _____
 Height average grade to top of plate _____ Height average grade to highest point of roof _____
 Size, front _____ depth _____ No. stories _____ solid or filled land? _____ earth or rock? _____
 Material of foundation _____ Thickness, top _____ bottom _____ cellar _____
 Kind of roof _____ Rise per foot _____ Roof covering _____
 No. of chimneys _____ Material of chimneys _____ of lining _____ Kind of heat _____ fuel _____
 Framing Lumber-Kind _____; Dressed or full size? _____ Corner posts _____ Sills _____
 Size Girder _____ Columns under girders _____ Size _____ Max. on centers _____
 Studs (outside walls and carrying partitions) 2x4-16" O. C Bridging in every floor and flat roof span over 8 feet.
 Joists and rafters: 1st floor _____, 2nd _____, 3rd _____, roof _____
 On centers: 1st floor _____, 2nd _____, 3rd _____, roof _____
 Maximum span: 1st floor _____, 2nd _____, 3rd _____, roof _____
 If one story building with masonry walls, thickness of walls? _____ height? _____

If a Garage

No. cars now accommodated on same lot _____, to be accommodated _____ number commercial cars to be accommodated _____
 Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? _____

Miscellaneous

Will work require disturbing of any tree on a public street? no
 Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

Miss Eleanor Johnson

F. P. & C. H. Murray

APPROVED:

O.K. S.S. 10/6/69

CS 301

INSPECTION COPY

Signature of owner

By:

K. Murray

Permit No. 69/990

Location // Campbell St.

Owner // *Stanger*

Date of permit // 10/16/69

Notif. closing-in

Inspn. closing-in

Final Notif.

Final Inspn.

Cert. of Occupancy issued

Sinking Out Notice

Form Check Notice

NOTES

10-2-69 OK to close in

[Handwritten signature]

Date Issued **12/15/67**
 Portland Plumbing Inspector
 By **ERNOLD R. GOODWIN**

App. First Insp.
 Date **DEC 15 1967**
 By **ERNOLD R. GOODWIN**

App. Final Insp.
 Date **DEC 15 1967**
 By **ERNOLD R. GOODWIN**

- Type of Bldg.
- Commercial
 - Residential
 - Single
 - Multi Family
 - New Construction
 - Remodeling

PERMIT TO INSTALL PLUMBING

2586
 PERMIT NUMBER **17931**

Address **11 Carroll Street**
 Installation For: **Remodeling**
 Owner of Bldg.: **Eleanor Johnson**
 Owner's Address: **11 Carroll Street** Date: **12/15/67**
 Plumber **Ralph Blake** NO. **1** FEE **2.00**

NEW	REPL		NO.	FEE
1		SINKS (LAUNDRY TRAY)		
		LAVATORIES		
		TOILETS		
		BATH TUBS		
		SHOWERS		
		DRAINS FLOOR SURFACE		
		HOT WATER TANKS		
		TANKLESS WATER HEATERS		
		GARBAGE DISPOSALS		
		SEPTIC TANKS		
		HOUSE SEWERS		
		ROOF LEADERS		
		AUTOMATIC WASHERS		
		DISHWASHERS		
		OTHER		
TOTAL			1	2.00

Building and Inspection Services Dept.: Plumbing Inspection

Date Issued **12/8/67**
 Portland Plumbing Inspector
 By **ERNOLD R. GOODWIN**

App. First Insp.
 Date **DEC 8 - 1967**
 By **ERNOLD R. GOODWIN**
 CHIEF PLUMBING INSPECTOR
 App. Final Insp.

Date **DEC 13 1967**
 By **ERNOLD R. GOODWIN**
 CHIEF PLUMBING INSPECTOR
 Type of Bldg.

- Commercial
- Residential
- Single
- Multi Family
- New Construction
- Remodeling

PERMIT TO INSTALL PLUMBING Job 2586

Address **11 Carroll Street, 1st Floor** PERMIT NUMBER **112068**
 Installation For: **Dwelling** DEC 13 1967
 Owner of Bldg.: **Eleanor Johnson**
 Owner's Address: **11 Carroll Street** Date: **12/8/67**
 Plumber: **Ralph Elks**

NEW	REPL.		NO.	FEE
		SINKS	1	2.00
		LAVATORIES	1	2.00
	1	TOILETS		
	1	BATH TUBS		
		SHOWERS		
		DRAINS		
		HOT WATER TANKS		
		TANKLESS WATER HEATERS		
		GARBAGE DISPOSALS		
		SEPTIC TANKS		
		HOUSE SEWERS		
		ROOF LEADERS		
		AUTOMATIC WASHERS		
		DISHWASHERS		
		OTHER		
			TOTAL	4.00

Building and Inspection Services Dept.: Plumbing Inspection



PERMIT ISSUED
1462

Permit No. _____
AUG 26 1927

APPLICATION FOR PERMIT

Class of Building or Type of Structure Second Class

Portland, Maine, August 26, 1927

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to ~~erect~~ install the following ~~building structure~~ equipment in accordance with the Laws of the State of Maine, the Building Code of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Location 11 Carroll Street Ward 7 Within Fire Limits? Yes Dist. No. 3
 Owner's or lessee's name and address Sammel Boothby, 11 Carroll St. Telephone _____
 Contractor's name and address Ballard Oil & Equipment Co. of Me. 124 High St. Telephone 7 9072
 Architect's name and address _____
 Proposed use of building Dwelling house No. families 1
 Other buildings on same lot Garage

Description of Present Building to be Altered

Material Brick No. stories 2 1/2 Heat Steam Style of roof _____ Roofing _____
 Last use Dwelling house No. families 1

General Description of New Work

To install Supor Oil burner

... BEFORE LATHING
OR CLOSING-IN IS WAIVED.

CERT
REQUIREMENTS

Details of New Work

Size, front _____ depth _____ No. stories _____ Height average grade to highest point of roof _____
 To be erected on solid or filled land? _____ earth or rock? _____
 Material of foundation _____ Thickness, top _____ bottom _____
 Material of underpinning _____ Height _____ Thickness _____
 Kind of roof _____ Roof covering _____
 No. of chimneys no Material of chimneys _____ of lining _____
 Kind of heat Steam Type of fuel Oil Distance, heater to chimney 8'
 If oil burner, name and model Supor
 Capacity and location of oil tanks 1 275 gal. tank 10' from boiler
 Is gas fitting involved? _____ Size of service _____
 Corner posts _____ Sills _____ Girt or ledger board? _____ Size _____
 Material columns under girders _____ Size _____ Max. on centers _____
 Studs (outside walls and carrying partitions) 2x4-16" O.C. Girders 6x8 or larger. Bridging in every floor and flat roof span over 8 feet. Sills and corner posts all one piece in cross section.
 Joists and rafters: 1st floor _____, 2nd _____, 3rd _____, roof _____
 On centers: 1st floor _____, 2nd _____, 3rd _____, roof _____
 Maximum span: 1st floor _____, 2nd _____, 3rd _____, roof _____
 If one story building with masonry walls, thickness of walls? _____ height? _____

If a Garage

No. cars now accommodated on same lot _____, to be accommodated _____
 Total number commercial cars to be accommodated _____
 Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? _____

Miscellaneous

Will above work require removal or disturbing of any shade tree on a public street? no
 Plans filed as part of this application? no No. sheets _____
 Estimated cost \$ 400. Fee \$.75
 Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? Yes Sammel Boothby

Signature of owner BY

INSPECTION COPY

4429

SECTION FOR PERMIT

1/23/30 - Metal Detection OK
C. J. G.

Ward 7 Permit No. 271144

Location 11 Lawrence St. N.Y.

Owner General Electric

Date of permit August 26, 1929

Notif. closing-in

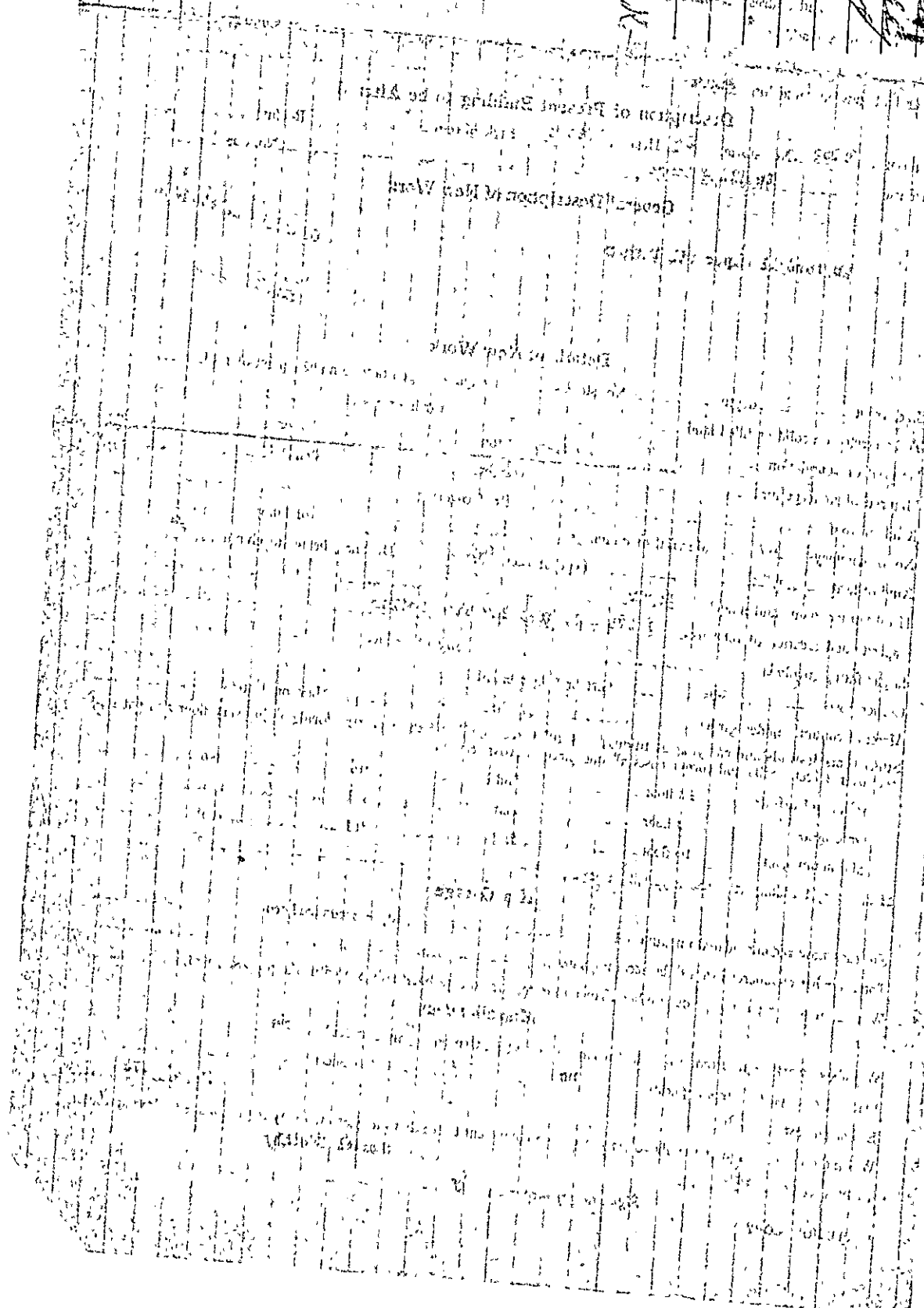
Inspn. closing-in

Final Notif.

Final Inspn.

Cert. of Occupancy issued

NOTES





FILL IN COMPLETELY AND SIGN WITH INK

PERMIT ISSUED
Permit No. 177

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

JAN 25 1937

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

Portland, Maine, January 25, 1937

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 11 Carroll Street Use of Building Dwelling
Name and address of owner Samuel S. Boothby, 11 Carroll St. Ward 7
Contractor's name and address Ballard Oil & Equipment Co. of Maine Telephone 2-1991
353 Cumberland Avenue

General Description of Work

To install Oil Burning Equipment

IF APPLICABLE BEFORE LATER
FOR CLOSURE IN IS WAIVED
STEAM SYSTEM
PLATE OF METAL
TO BE INSTALLED IN WALL

IF HEATER, POWER BOILER OR COOKING DEVICE

Is heater or source of heat to be in cellar? yes If not, which story _____ Kind of Fuel Oil
Material of supports of heater or equipment (concrete floor or what kind) concrete
Minimum distance to wood or combustible material, from top of boiler or casing top of furnace, _____
from top of smoke pipe _____, from front of heater _____ from sides or back of heater _____

CG 131

IF OIL BURNER

Name and type of burner Gilbarco Labeled and approved by Underwriters' Laboratories? yes
Will operator be always in attendance? _____ Type of oil feed (gravity or pressure) pressure
Location oil storage basement No. and capacity of tanks 2 275-gallon (already installed)
Will all tanks be more than seven feet from any flame? yes How many tanks fireproofed? _____

Amount of fee enclosed? \$1.00 (\$1.00 for one heater, etc., 50 cents additional for each additional heater, etc., in same building at same time.)

BALLARD OIL & EQUIPMENT CO. OF MAINE

INSPECTION COPY

Signature of contractor L. S. [Signature]
Office Manager

Ward 7 Permit No. 32/77

Location 1/2 Canal St.

Owner Samuel S. Borthley

Date of permit 1/25/37

Notif. closing-in

Inspn. closing-in

Final Notif. 1/28/37

Final Inspn. 1/28/37 AT. ADL.

Cert. of Occupancy issued None

NOTES

Ignorance of law.

General Description of Work

1. Kind of heat	<u>Steam</u>
2. Fuel	<u>Gas</u>
3. Anti-siphon	<u>Required</u>
4. Obstructions	<u>None</u>
5. Tank distance	<u>11'</u>
6. Tank pipe	<u>1 1/2"</u>
7. Tank pipe	<u>1 1/2"</u>
8. Tank pipe	<u>1 1/2"</u>
9. Tank pipe	<u>1 1/2"</u>
10. Tank pipe	<u>1 1/2"</u>
11. Tank pipe	<u>1 1/2"</u>
12. Tank pipe	<u>1 1/2"</u>
13. Tank pipe	<u>1 1/2"</u>
14. Tank pipe	<u>1 1/2"</u>
15. Tank pipe	<u>1 1/2"</u>
16. Tank pipe	<u>1 1/2"</u>
17. Tank pipe	<u>1 1/2"</u>
18. Tank pipe	<u>1 1/2"</u>
19. Tank pipe	<u>1 1/2"</u>
20. Tank pipe	<u>1 1/2"</u>
21. Tank pipe	<u>1 1/2"</u>
22. Tank pipe	<u>1 1/2"</u>
23. Tank pipe	<u>1 1/2"</u>
24. Tank pipe	<u>1 1/2"</u>
25. Tank pipe	<u>1 1/2"</u>
26. Tank pipe	<u>1 1/2"</u>
27. Tank pipe	<u>1 1/2"</u>
28. Tank pipe	<u>1 1/2"</u>
29. Tank pipe	<u>1 1/2"</u>
30. Tank pipe	<u>1 1/2"</u>

*Shift located in gas pipe
during gas clearance.
1/29/37. No on home. C.S.*

1/30/37. Smoke pipe about 10'
below bath and plastered
ceiling. Mr Borthley is 81
years and housekeeper
thought heat not to speak
for this to him. She planned
to hire about what a
shield would be and
how it should be being.
C.S.

GENERAL BURNER BOLTERS OR COOKING DEVICES



INSPECTION COPY

CITY OF PORTLAND, MAINE
DEPARTMENT OF BUILDING INSPECTION
COMPLAINT

Location:
11 Carroll Street

COMPLAINT NO. 55/37

Date Received May 10, 1955

Location 11 Carroll Street Use of Building _____

Owner's name and address John M. & Marion E. Browka, 11 Carroll St. Telephone _____

Tenant's name and address _____ Telephone _____

Complainant's name and address _____ Telephone _____

Description: This half of a brick duplex (probably is separate ownership) is being used for two families probably with finished rooms above the second floor and probably without proper permits and certificate of occupancy. The last record we have is

NOTES: a permit for converting the single family dwelling in 1939 to a Convalescent Home to accommodate three-apt. 10 patients.

Change all without further action etc insufficient time - WMS

**SURVEY AND INVESTIGATION OF TENEMENT AND LODGING HOUSES
QUESTIONABLE AS TO LEGAL AND SAFE USE**

1. Location *11 Carroll St.* Date Investigation Commenced *5/10/55*
2. References: Complaints Appl. BP Inq. —
3. Present Owner and Address *John N. & Marion F. Mouska, 11 Carroll St.*
4. Present Lessee and Address *3-6744*
5. Building Permit Record:

Assessors' Record

6. Survey 1924: Owner *Ella Boothby* No. tenants *1*
7. Assessors' change record since 1924 *Permit 1939 chg. use to
Commercial Home for 10 patients, 1st + 2nd floors*
9. City Directory Record

1926	1939	<i>Samuel Boothby, Clerk Hutchins, Jr. Owner</i>
1927	1940	<i>May Lucigen C. Home</i>
1928	1941	<i>Robt. M. Croon</i>
1929	1942	"
1930	1943	"
1931	1944	"
1932	1945	"
1933	1946	" <i>2-4549</i>
1934	1947	<i>Wm. H. Whitmore</i> Ⓞ
1935	1948	" Ⓞ
1936	1949	"
1937	1950	"
1938	1951	"
	1952	<i>Vacant</i>

CONCLUSIONS

1954 John Mouska

*Mrs. Whitmore says she used bldg for one
family only.*

Grade 1

INQUIRY BLANK

ZONE A
FIRE DIST. #3

CITY OF PORTLAND, MAINE
DEPARTMENT OF BUILDING INSPECTION

Verbal
By Telephone

DATE 8/6/45

LOCATION 11 Carroll St OWNER Mrs. Hattie M. Thompson Edna Hutchinson City

MADE BY Mrs. Beatha Foss, 303 Stevens Ave TEL. _____

ADDRESS Own. of owner

PRESENT USE OF BUILDING 1/2 of double

CLASS OF CONSTRUCTION wd. NO. OF STORIES _____

REMARKS: Has been single family

INQUIRY: How would joining into a Bldg-code
affect conversion of this half of
the double building in separate
ownerships to either a co-tenant
home or an apartment house.

ANSWER: Going OK in either use. Expanded
about building permit & certificate
of occupancy irrespective of physical
alterations and necessary for
complete architectural plan with
application for permit.

DATE OF REPLY 8/6/45 REPLY BY M. W. D.

P.33/1527-1

11-2-33-S

October 20, 1933

11 Carroll St

Miss Mary A. Durgin,
11 Carroll Street,
Portland, Maine

Dear Miss Durgin:

Our inspector finds that everything is in order in the building at 11 Carroll Street, which you are converting on a small scale to a nursing or convalescent home, except that the wrong type of fire extinguisher has been provided in the cellar.

The Board of Fire Engineers, whose responsibility it is to stipulate what protection shall be provided in the building, have decided that the two and one-half gallon extinguisher, or equal, in the basement must be of a type suitable for extinguishing fire in oil, since you have an oil burner there, and it is therefore necessary that you change out the soda and acid fire extinguisher which you have for the kind of extinguisher which they have stipulated.

Let me say that the soda and acid extinguisher which you have provided would be of practically no use in case a fire in the basement should consist of burning oil.

Please have this proper extinguisher provided at least by November 1, 1933, so that we may check up on it and be able to issue the certificate of occupancy covering the use of the building, without which it is not legal for you to conduct the proposed use there.

Very truly yours,

WED/H

Inspector of Buildings

File: Rept. 52120-I

September 9, 1939

Oliver T. Sanborn,
Chief of Fire Dept.,

Dear Sir:

Miss Mary Durgin, who plans to use the former Boothby house at 11 Carroll St. for a sort of convalescent home, says that you mentioned the possibility of approving a solid partition erected in the first story front hall between the door at the foot of the rear stairs and the front stairs instead of a rear fire escape.

Are you willing to approve this partition instead of the fire escape? If so, what material would the partition have to be covered with? Would gypsum wall board on both sides do? In case you approve this, which seems reasonable to me because she thinks she will never have more than three patients there, I suggest that the door at the foot of the rear stairs and the door at the top of the cellar stairs be made tight fitting and self-closing to control the travel of smoke and fire spread.

Very truly yours,

Waverly
Inspector of Buildings.

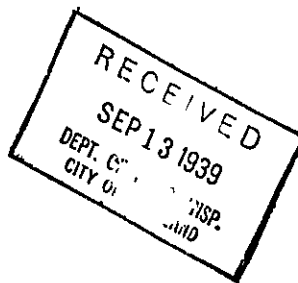
WARREN McDONALD
INSPECTOR OF BUILDINGS



File: Ropt. 5212C-1

CITY OF PORTLAND, MAINE
Department of Building Inspection

September 9, 1939



Oliver T. Sanborn,
Chief of Fire Dept.,

Dear Sir:

Miss Mary Durgin, who plans to use the former Boothby house at 11 Carroll St. for a sort of convalescent home, says that you mentioned the possibility of approving a solid partition erected in the first story front hall between the door at the foot of the rear stairs and the front stairs instead of a rear fire escape.

Are you willing to approve this partition instead of the fire escape? If so, what material would the partition have to be covered with? Would gypsum wall board on both sides do? In case you approve this, which seems reasonable to me because she thinks she will never have more than three patients there, I suggest that the door at the foot of the rear stairs and the door at the top of the cellar stairs be made tight fitting and self-closing to control the travel of smoke and fire spread.

Very truly yours,

Warren McDonald
Inspector of Buildings.

*A satisfactory partition will be acceptable -
provided no more than three patients are cared
for -*

O. T. S.

SPECIFICATIONS ACCOMPANYING APPLICATION OF THE HEIRS OF SAMUEL BOOTHBY BY
MARY A. LURGIN AS THEIR AGENT AND PROSPECTIVE TENANT OF THE BUILDING
AT 11 CARROLL STREET

September 14, 1939

1. These specifications are to be considered as much a part of the application for the building permit as though written on the application form, but failure to mention any requirement of the Building Code or any other law relating to the same subject matter, herein, shall not relieve owner, tenant or any other person from compliance therewith.

2. Wooden sheathing partially covering the stairwell at the third floor level in the rear will be removed. ✓

3. A solid partition consisting of 2x3 studs no more than 16 inches from center to center and covered on both sides with gypsum wallboard or more fire-resistive covering will be built at the rear of the front hall in the first story effectively separating the foot of the rear stairs from the front stairs, and a door at the foot of the rear stairs leading from first to second stories and the door at the top of the cellar stairs will be made tight-fitting and self-closing by means of a suitable spring, door closer, or spring hinges, and these doors will be normally closed at all times. ✓

4. Fire extinguishers will be provided in the building as follows: one two and one-half gallon extinguisher, or equal, suitable for extinguishing oil fires and also a pail of sand will be provided in the cellar; one two and one-half gallon extinguisher will be provided in the first story and in the second story and in the third story. ✓ These extinguishers will bear the label of the Underwriters' Laboratories, Inc. showing approval for the use intended. (In case of doubt as to the type required the Chief of the Fire Department should be consulted)

5. The permit applied for involves changing the use of this building from a single family dwelling house for use as a convalescent home, and in consideration of modification of requirements for means of egress by the Board of Fire Engineers, the owner and tenant agrees that no more than three patients will be cared for in the building at any one time.

6. When these alterations have been completed and the fire extinguishers installed, notification will be given to the Inspector of Buildings of readiness for final inspection, and the building will not be actually occupied for any patients until the legal certificate of occupancy has been issued.

Heirs of Samuel Boothby

By: Mary A. Lurgin



"Always be careful with fire all ways"



CITY OF PORTLAND, MAINE
FIRE DEPARTMENT

RECEIVED
SEP 7 1939
DEPT. OF M.D.G. M.S.P.
CITY OF PORTLAND -

September 7 1939

Mr. Warren McDonald
Building Inspector
Portland, Maine.

Dear Sir:

The requirements of the Board of Engineers for the proposed convalescent home at #11 Carroll Street are as follows:-

Remove the wood covering from the rear stairway 2nd. to 3rd. floors.

Install fire escape on the rear of the building from 2nd. floor to ground.

Provide fire extinguishers at the following locations:-

Basement- One 2½ gallon extinguisher, or equal, suitable for oil fires; also a pail of sand.

First floor- Second floor- and Third floor, One 2½ gallon extinguisher on each floor.

Yours truly,

Oliver T. Sanborn
Oliver T. Sanborn
Chief Fire Dept.

*See modification of
this requirement
bottom of page
Chief of Dept. of
9/19/39*



(A) APARTMENT HOUSE 2A
APPLICATION FOR PERMIT Permit No. 11537
 Cl. of Building or Type of Structure Shed Class

To the INSPECTOR OF BUILDINGS, PORTLAND, ME. Portland, Maine, August 25, 1939

The undersigned hereby applies for a permit to erect alter & install the following building structure-equipment in accordance with the Laws of the State of Maine, the Building Code of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Location 11 Carroll Street Within Fire Limits yes Dist. No. 3
 Owner's or Lessee's name and address Heirs of Samuel Boothby Telephone _____
 Contractor's name and address Lessee Mary A. Durgin, 111 Grant St. Telephone 2-0321
 Architect _____ Telephone _____
 Proposed use of building Convalescent Home Plans filed _____ No. of sheets _____
 Other buildings on same lot _____ No. families _____
 Estimated cost \$ _____ Fee \$.50

Description of Present Building to be Altered

Material brick No. stories 3 Heat stove Style of roof _____ Roofing _____
 Last use dwelling house No. families 1

General Description of New Work

To convert single family dwelling house to use for convalescent home where not more than ten patients will be accommodated, no patients will be above second story, where there will be no operating room for surgery, and where anesthesia will not be administered habitually. The building will be equipped with means of egress, and with all safety, fire resistive and fire preventative features required by the Board of Fire Engineers.

It is understood that this permit does not include installation of heating apparatus which is to be taken out separately by and in the name of the heating contractor.

Details of New Work

NOTIFICATION BEFORE LAID OR CLOSING-IN IS WAIVED.

Is any plumbing work involved in this work? no
 Is any electrical work involved in this work? no Height average grade to top of plate _____
 Size, front _____ depth _____ No. stories _____ Height average grade to highest point of roof _____
 To be erected on solid or filled land? _____ earth or rock? _____
 Material of foundation _____ Thickness, top _____ bottom _____ cellar _____
 Material of underpinning _____ Height _____ Thickness _____
 Kind of Roof _____ Rise per foot _____ Roof covering _____
 No. of chimneys _____ Material of chimneys _____ of lining _____
 Kind of heat _____ Type of fuel _____ Is gas fitting involved? _____
 Framing Lumber—Kind _____ Dressed or Full Size? _____
 Corner posts _____ Sills _____ Girt or ledger board? _____ Size _____
 Material columns under girders _____ Size _____ Max. on centers _____
 Studs (outside walls and carrying partitions) 2x4-16" O. C. Girders 6x8 or larger. Bridging in every floor and flat roof span over 8 feet. Sills and corner posts all one piece in cross section.
 Joists and rafters: 1st floor _____, 2nd _____, 3rd _____, roof _____
 On centers: 1st floor _____, 2nd _____, 3rd _____, roof _____
 Maximum span: 1st floor _____, 2nd _____, 3rd _____, roof _____
 If one story building with masonry walls, thickness of walls? _____ height? _____

If a Garage

No. cars now accommodated on same lot _____, to be accommodated _____
 Total number commercial cars to be accommodated _____
 Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? _____

Miscellaneous

Will above work require removal or disturbing of any shade tree on a public street? no
 Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

INSTRUCTION COPY Christine D. [Signature] Heirs of Samuel Boothby
Mary A. Durgin
 CHIEF OF FIRE DEPT. 521

Permit No. 39/1527
Location 17 Carroll St.
Owner Heins of Saml Borthly
Date of permit 9/14/39
Notif. closing-in 9/25/39
Inspn closing-in
Final Notif.
Final Inspn. 10/25/39 - OK.
Cert. of Occupancy issued 10/25/39.

NOTES

9/25/39 - Start partition
O.K. to close in. O.J.S.
10/12/39 - All matters
taken care of. However,
the partitioning
in basement is a water
and gas instead of
one for oil and gas.
10/20/39 - Better - in D
10/25/39 - Fire alarm system
in cellar, approved O.J.S.
O.J.S.

11 Carroll Street

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

11 Carroll Street



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date July 16, 19 82
 Receipt and Permit number A78659

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 11 Carroll St. ADDRESS: 22 Carlton St.
 OWNER'S NAME: Willowood Corp.

		FEES
OUTLETS:	Receptacles _____	3.00
	Switches _____ Plugmold _____ ft TOTAL <u>1-30</u>	
FIXTURES (number of)	Incandescent _____	
	Flourescent _____ (not strip) TOTAL	
	Strip Flourescent _____ ft.	
SERVICES:	Overhead _____	
	Underground _____ Temporary _____ TOTAL amperes	
METERS (number of)	_____	
MOTORS (number of)	Fractional _____	
	1 HP or over _____	
RESIDENTIAL HEATING:	Oil or Gas (nun.ber of units) _____	
	Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	Oil or Gas (by a main boiler) _____	
	Oil or Gas (by separate units) _____	
	Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES (number of)	Ranges _____	Water Heaters _____
	Cook Tops _____	Disposals _____
	Wall Ovens _____	Dishwashers _____
	Drrs _____	Compactors _____
	Fans _____	Others (denote) _____
	TOTAL _____	
MISCELLANEOUS: (number of)	Branch Panels _____	
	Transformers _____	
	Air Conditioners Central Unit _____	
	Separate Units (windows) _____	
	Signs 20 sq. ft. and under _____	
	Over 20 sq ft. _____	
	Swimming Pools Above Ground _____	
	In Ground _____	
	Fire/Burglar Alarms Residential _____	
	Commercial _____	
	Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
	over 30 amps _____	
	Circus, Fairs, etc. _____	
	Alterations to wires _____	
	Repairs after fire _____	
	Emergency Lights, battery _____	
	Emergency Generators _____	
	INSTALLATION FEE DUE: _____	
	DOUBLE FEE DUE: _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT		
FOR REMOVAL OF A "STOP ORDER" (304-16.b)		
	TOTAL AMOUNT DUE: <u>3.00</u>	

INSPECTION:
 Will be ready on ready, 19 82; or Will Call _____
CONTRACTOR'S NAME: Dan Barker
ADDRESS: 25 Kitteredge Rd. So. P.
TEL.: 767-3680
MASTER LICENSE NO.: 3676
LIMITED LICENSE NO.: _____
SIGNATURE OF CONTRACTOR: Daniel Barker

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date June 28, 1982
 Receipt and Permit number A77845

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 11 Carroll St.
 OWNER'S NAME: Willowood Corp. ADDRESS: 22 Carlton St., City

OUTLETS:	Receptacles _____	Switches _____	Plugmold _____	ft. TOTAL _____	
FIXTURES: (number of)	Incandescent _____	Flourescent _____	(not strip) TOTAL _____		
	Strip Flourescent _____	ft. _____			
SERVICES:	Overhead <input checked="" type="checkbox"/>	Underground _____	Temporary _____	TOTAL amperes 2-100 _____	3.00
METERS: (number of)	_____				1.00
MOTORS: (number of)	_____				
	Fractional _____				
	1 HP or over _____				
RESIDENTIAL HEATING:	Oil or Gas (number of units) _____				
	Electric (number of rooms) <u>3</u>				3.00
COMMERCIAL OR INDUSTRIAL HEATING:	Oil or Gas (by a main boiler) _____				
	Oil or Gas (by separate units) _____				
	Electric Under 20 kws _____	Over 20 kws _____			
APPLIANCES. (number of)	Ranges _____	Water Heaters _____			
	Cook Tops _____	Disposals _____			
	Wall Ovens _____	Dishwashers _____			
	Dryers _____	Compactors _____			
	Fans _____	Others (denote) _____			
	TOTAL _____				
MISCELLANEOUS: (number of)	Branch Panels _____				
	Transformers _____				
	Air Conditioners Central Unit _____				
	Separate Units (windows) _____				
	Signs 20 sq. ft. and under _____				
	Over 20 sq. ft. _____				
	Swimming Pools Above Ground _____				
	In Ground _____				
	Fire/Burglar Alarms Residential _____				
	Commercial _____				
	Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____				
	Over 30 amps _____				
	Circus, Fairs, etc. _____				
	Alterations to wires _____				
	Repairs after fire _____				
	Emergency Lights, battery _____				
	Emergency Generators _____				
	INSTALLATION FEE DUE: _____				
	FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____				
	FOR REMOVAL OF A "STOP ORDER" (304-16.b) _____				
	TOTAL AMOUNT DUE: _____				7.00

INSPECTION:

Will be ready on _____, 19__; or Will Call

CONTRACTOR'S NAME: Dan Barker

ADDRESS: 25 Kittredge Rd., S. P.

TEL.: 767-3680

MASTER LICENSE NO.: 3676

LIMITED LICENSE NO.: _____

SIGNATURE OF CONTRACTOR:

Daniel Barker

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS --

Permit Number 77845
Location 11 Carroll St.
Owner Willowood Corp
Date of Permit 6-28-82
Final Inspector _____
By Inspector _____
Permit Application Register Page No 121

INSPECTIONS: Service by Autby
Service called in 7-15-82
Closing-in 7-15-82 by Autby

PROGRESS INSPECTIONS:
8-4-82
8-19-82

CODE COMPLIANCE COMPLETED
DATE 8-17-82

REMARKS

How about outlets?
OK

11 Carroll Street

BRAMHALL

SHAW-WALKER
PAPER CO.
NEW YORK

OK
DATE 1/29/68

July 11, 1967

Miss Eleanor N. Johnson
11 Carroll Street
Portland, Maine

Dear Miss Johnson:


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

11 Carroll Street

Area: Bramhall

Inspection Date: June 23, 1967

Dwelling Units: 2

Owner: Miss Eleanor H. Johnson
11 Carroll Street
Portland, Maine

DEFECTS NEEDING CORRECTION

STRUCTURAL

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

- a. Have the roof and the flashing around the chimneys checked for leakage.
- b. Install a window to the outside air, the size equal to at least 1/12 of the floor area and so constructed that $\frac{1}{2}$ the sash area may be opened and closed OR you may substitute an approved method of mechanical ventilation in the bathroom on the first floor.
- c. Repair or replace the cracked plaster on the bathroom and front living room ceilings on the first floor.
- d. Determine the reason and remedy the condition which causes the leaking from the bathroom and front living room ceilings on the first floor.
- e. Determine the reason and remedy the condition which causes the third floor bedroom walls near the chimney to leak.
- f. Repair or replace the cracked plaster on the bedroom ceiling on the third floor.
- g. Putty the loose window panes in the kitchen and bathroom on the second floor.
- h. Determine the reason and remedy the condition which causes the leaking from the ceiling near the chimney in the closet off the third floor hall.

ELECTRICAL EQUIPMENT

Check and have repaired all defective electric wiring and electrical equipment throughout the structure.

- a. Install a convenience outlet in the rear living room on the first floor.

Photos yes no
 Proj. No. C.I. DRAMHSH Ass'ts Zone Zone Viol
 Stories 5 PFM ASD SAR NA ST P Com. Units — Rmg Units — Dwl. Units 2

Date 6-23-67

LOCATION	<u>11 Carroll St</u>	COMP
OWNER AGENT	<u>Miss Eleanor Noyes Johnson</u>	PEND
OWNER AGENT	<u>Same</u>	
OWNER AGENT		
OWNER AGENT		
OWNER AGENT		

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

STRUCTURE SCHEDULE

STRUCTURE RATING

YARD

GARBAGE & RUBBISH _____
 CONTAINERS COMPLY _____
 DRAINAGE _____
 ZONE VIOL. _____

STRUCTURE EXTERIOR

STEPS, STAIRS, PORCHES _____
 FOUNDATION _____
 WALLS _____
 WINDOWS, DOORS _____
 ROOF, DRAINS Could not check roof But possible leakage on roof OR from chimneys
 JOUY BUILDINGS _____

INFESTATION

RATS R. O. _____
 OTHER (SPECIFY) _____

EGRESS

DUAL YE. NO _____
 POST'N _____

Remarks _____

Portland Health Dept. _____

CS-8 _____

Inspector _____

STRUCTURE INTERIOR

HALL OBST'N _____
 HALL LIGHTING _____
 HALL, FLOOR WALLS CEILING _____
 STAIRWAYS _____
 WINDOWS, AIRSHAFT _____
 ELECT. WIRING _____
 HEATING CENTRAL YES: NO: 1st & 2nd floors - none 3rd floor
 STACPS FLUES, VENTS _____
 CHIMNEY Possible leakage around flashing
 EQUIPMT. REPAIR _____

PLUMBING

SUPPLY LINE _____
 WASTE LINE _____

BASEMENT

GEN'L SANIT'N _____
 DAMPNSS R. O. _____
 STAIRS _____
 LIGHTING _____

BASE DWL. UNIT

MIN 2' - 3' _____
 DAMPNSS R. O. _____
 WINDOW 1/12 X 0' _____
 DUAL EGRESS YES: NO: NONE
 PROHIBITED COME'N USE _____
 SOC. USE HAZARD _____
 HAZARDOUS VENTS _____

Photos yes no

Date 6-23-67

Proj. No. C.I. DRAMA Hall Ass'ra Zone Zone Viol

Stories 5 U M A S D S A H A S N A S T P Com.Units — Reg Units — Dwl.Units 2

LOCATION <u>11 Carroll St</u>	COMP
OWNER AGENT <u>Miss Eleanor Noyes Johnson</u>	PEND
OWNER AGENT <u>Same</u>	
OWNER AGENT	
OWNER AGENT	VTS

Occupants	Information				Occupancy				Facilities				Violations	
	LOC.	RENT	FURF	WK. I.	RMS	PER.	ALLD	LGRS	HEAT	BATH	FLSH	K.SK		H.W.
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														

STRUCTURE SCHEDULE

STRUCTURE RATING

YARD

RAMPAGE & RUBBISH

CONTAINERS COMPLY

DRAINAGE

ZONE VIOL.

STRUCTURE EXTERIOR

STEPS, STAIRS, PORCHES

FOUNDATION

WALLS

WINDOWS, DOORS

ROOF, DRAINS Could not check roof but possible leakage on roof. BR from chimneys

OUT BUILDINGS

INFESTATION

RATS R O C

OTHER (SPECIFY)

EGRESS

DUAL YES NO

PASS'N

STRUCTURE INTERIOR

WALL OBST'N

WALL LIGHTING

WALL, FLOOR WALLS CEILING

STAIRWAYS

WINDOWS, AIRSHAFT

ELECT. WIRING

HEATING CENTRAL YES: NO 1st & 2nd floors - none 3rd floor

STACK FLUES, VENTS

CHIMNEY Possible leakage around flashing

EQUIPMENT, REPAIR

PLUMBING

SUPPLY LINE

WASTE LINE

BASEMENT

GEN'L SANIT'N

DAMPNSS R D

STAIRS

LIGHTING

BASE DWL. UNIT

MIN 7' x 3'

DAMPNSS R D

WINDOW 1/12 x 8"

DUAL EGRESS YES NO

PROHIBITED COMB'N USE

ASSOC. USE HAZARD

HAZARDOUS VENTS

Remarks _____

Portland Health Dept.

CS-8

Inspector _____

Photos Yes No
 Proj. No.

Date 6-23 67

Blank.

CROWDING	LOCATION <u>11 Carroll St</u>	COMP.
SANIT.	B.U. LOC. <u>1st Floor</u>	PEND.
INSECT.	OCCPRT <u>Miss Eleanor Noyes Johnson</u>	
RASS B.U.	OWNER <u>owne</u>	
DET'RN	ADDRESS	STG

DWELLING UNIT SCHEDULE

Occupants	Information				Occupancy					Facilities					Violations
	LOC.	RENT	FURN.	WK.I.	RMS	PER.	ALL'D	LGNS	HEAT	BATH	FLSH	K.SK	H.W.	CK'D	
<u>1. Eleanor N. Johnson</u>					<u>4</u>						<u>COMP</u>	<u>PY</u>	<u>Y</u>	<u>LG</u>	
2.															
3.															
4.															

	KITCHEN	BATH	TOILET	DINING	BED	L ^(W) (W ^(F) FRONT)			OTHER	TOTAL
						4CD	BED	BED		
OVERCROWDIN BS . 7"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
50 SLEEP'G					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
VER. ILLATION 1/12 x 1/2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <u>1x</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
LIGHTING WIRING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
DET'RN BALLS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
CEILING'S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <u>3x</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
WINDOWS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <u>none</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
DOORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
FLOORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

Remarks
 1 - Toilet separate room not vented & has no window
 2. No wall plug in rear hbr room.
 3. CRACKED & signs of leakage.

KITCHEN SINK & WATER
 SINK
 SUPPLY & WASTE
 PLGB. GEN'L
 HEATING
 STACS. FLVES. VENTS
 INT'S VENTED. REP'N
 BATHING FACILITIES
 SHARED MAX. 4DU
 RMS U. 1 PER 15
 MIN. 7' STOD HT.
 VENT'LW
 PROPER ACCESS
 FLD'G
 SANIT'N
 TOILET FACILITIES
 SHARED MAX. 2 DU
 RMS U FLSH & LAV 1 PER 10
 VENT'LW NE
 PROPER ACCESS
 FLD'G
 SANIT'N
 INFESTATION
 RATS R O: E
 OTHER (SPECIFY)
 EGRESS
 DUAL YES. NO
 DBBT'N

Portland
 Health Dept.
 OS-7

Inspector _____

Photos yes no
 Proj. No.

Date 6-23-67

GROUNDING	LOCATION <u>11 Carroll St</u>	COMP.
SANIT.	D U LOC <u>2nd Floor</u>	PERM.
INFEST.	OCCUPY <u>vacant</u>	
BASE D.U.	OWNER	
DET'N	AGENT	YES
	ADDRESS	

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities						Violations								
			LOC.	RENT	FURN.	WK. I	RMS	PER		ALL'D	LOGS	HEAT	BATH	FLSH	K. SK	H.W.	CK'G
1 Vacant			2nd				7	11									
2.																	
3.																	
4.																	

	KITCHEN	BATH	TOILET	LIV study		3rd Floor				OTHER	TOTAL	KITCHEN SINK & WATER	
				DAMAGED	DOB	BED	BED	BED	BED			SINK	SUPPLY & WASTE
OVERCROWDIN 85 - 7'	<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 type="checkbox"/>	<input type="checkbox"/>
50 SLEEP'G	<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 type="checkbox"/>	<input type="checkbox"/>
VEN ILATION 1/12 & 1/2	<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 type="checkbox"/>	<input type="checkbox"/>
LIGHTING WIRING	<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 type="checkbox"/>	<input type="checkbox"/>
DET'N WALLS	<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 type="checkbox"/>	<input type="checkbox"/>
CEILING	<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 type="checkbox"/>	<input type="checkbox"/>
WINDOWS	<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 type="checkbox"/>	<input type="checkbox"/>
DOORS	<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 type="checkbox"/>	<input type="checkbox"/>
FLOORS	<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 type="checkbox"/>	<input type="checkbox"/>

Remarks: Living room & KIT. Combined one room
 KIT actually set off - OK.

1 - Signs of leakage near chimney
 2 - MINOR cracks ceiling
 3 - Loose & needs putty.

Close off 3rd Floor hall signs of leakage ceiling near chimney.

Bed rooms 3rd Floor unheated but it has facilities for stove-heat vented into chimneys. OK

Inspector AG

Port Health Dept.
 CS-7

OK