

7 Carroll Street

FRANK HALL

FRANK HALL

November 8, 1967

Mr. Charles B. Rodway  
7 Carroll Street  
Portland, Maine


Dear Mr. Rodway:

Your property has been surveyed by the Portland Housing Division and has met Minimum Code Standards. Congratulations are extended to you for the general condition of your property. Many people in the area are making improvements in their property even though they meet the requirements of ordinance relating to housing conditions. Good maintenance is the best way to preserve the useful life of your property and neighborhood.

Many services are available through the site office for further improvements to your property. Should you want advice on landscaping, structural changes, plans, and financing, please call 773-1773.

If we can be of further help, please feel free to call on us. Thank you for your interest in the program and your cooperation in making Bramhall Hill a more beautiful residential area.

Sincerely,

  
Gordon E. Martin  
Housing Supervisor

GLS:ac

Photos  yes  no

Proj. No.  C.I. BRAMHALL Ass'ts  Zone  Zone Viol   
Stories 3  DFM  ASDD  SARMS  NA  S/ST P Con. Units 0 Rmg Units 0 Dwl. Units 5

Date 30 OCT 67

LOCATION	<u>7 CARROLL</u>	COMP
OWNER AGENT	<u>CHARLES BRODWAY</u>	PEND
OWNER AGENT	<u>//</u>	
OWNER AGENT	<u>//</u>	
OWNER AGENT		VTS

Occupants	Information			Occupancy				Facilities						Violations	
	LOC.	RENT	FURN.	WK. 1.	RMS	PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K.	SK		N.W.
1. EDWARD GUERETTE	2F				2	1	3	0	CO	P	P	L	L	L	L
2. CHARLES RODWAY (3)	2FF				3	2	5	0	CO	P	P	L	L	L	L
3. ROBERT MCLEAGNEY	2FF				1	1	2	0	CO	P	P	L	L	L	L
4. MALCOMB DIXON	2FF				2	1	3	0	CO	P	P	L	L	L	L
5. STEVEN LOJECZY	3F				3	1	5	0	CO	P	P	L	L	L	L
6.															
7.															
8.															

STRUCTURE RATING

### STRUCTURE SCHEDULE

<input checked="" type="checkbox"/> YARD	<input checked="" type="checkbox"/> STRUCTURE INTERIOR
<input checked="" type="checkbox"/> GARBAGE & RUBBISH	<input checked="" type="checkbox"/> HALL OBST'N
<input checked="" type="checkbox"/> CONTAINERS COMPLY	<input checked="" type="checkbox"/> HALL LIGHTING
<input checked="" type="checkbox"/> DRAINAGE	<input checked="" type="checkbox"/> HALL, FLOOR WALLS CEILING
<input checked="" type="checkbox"/> STORE VIOL.	<input checked="" type="checkbox"/> STAIRWAYS
<input checked="" type="checkbox"/> STRUCTURE EXTERIOR	<input checked="" type="checkbox"/> WINDOWS, AIRSHAFF
<input checked="" type="checkbox"/> STEPS, STAIRS, PORCHES	<input checked="" type="checkbox"/> ELECT. WIRING
<input checked="" type="checkbox"/> FOUNDATION	<input checked="" type="checkbox"/> HEATING CENTRAL YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<input checked="" type="checkbox"/> WALLS	<input checked="" type="checkbox"/> STACKS FLUES, VENTS
<input checked="" type="checkbox"/> WINDOWS, DOORS	<input checked="" type="checkbox"/> CHIMNEY
<input checked="" type="checkbox"/> ROOF, DRAINS	<input checked="" type="checkbox"/> EQUIPMENT, REPAIR
<input checked="" type="checkbox"/> OUT BUILDINGS	<input checked="" type="checkbox"/> PLUMBING
<input checked="" type="checkbox"/> INVESTIGATION	<input checked="" type="checkbox"/> SUPPLY LINE
<input checked="" type="checkbox"/> RATE <input type="checkbox"/> R. <input type="checkbox"/> O. <input type="checkbox"/> E	<input checked="" type="checkbox"/> WASTE LINE
<input checked="" type="checkbox"/> OTHER (SPECIFY)	<input checked="" type="checkbox"/> BASEMENT
<input checked="" type="checkbox"/> EGRESS	<input checked="" type="checkbox"/> GEN'L SANIT'N
<input checked="" type="checkbox"/> DUAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> DAMPRESS <input type="checkbox"/> R. <input type="checkbox"/> O
<input checked="" type="checkbox"/> OBST'N	<input checked="" type="checkbox"/> STAIRS
Remarks	<input checked="" type="checkbox"/> LIGHTING
Portland Health Dept.	<input checked="" type="checkbox"/> BASE OWL. UNIT
SS-8	<input checked="" type="checkbox"/> WIND 7' - 3'
Inspector <u>Mark Stough</u>	<input checked="" type="checkbox"/> DAMPRESS <input type="checkbox"/> R. <input type="checkbox"/> O
	<input checked="" type="checkbox"/> WIND 1/12 X 0"
	<input checked="" type="checkbox"/> DUAL EGRESS <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input checked="" type="checkbox"/> PROHIBITED COMB'N USE
	<input checked="" type="checkbox"/> ASOC. USE HAZARD
	<input checked="" type="checkbox"/> HAZARDOUS VENTS

OK

OK

OK

OK

OK

NONE

Photos  yes  no  
 Proj. No.

BRAMHALL

Date 30 OCT 67

CROWDING	LOCATION <u>7 CARROLL</u>	COMP.
SANIT.	D.U. LOC. <u>FIRST FLOOR FRONT</u>	PERS.
INFEST.	OCCUPY <u>ROBERT MC KEAGNEY JR</u>	
BASE D.U.	OWNER AGENT <u>CHARLES RODWAY</u>	VTS
DET'N	ADDRESS <u>7 CARROLL</u>	

**DWELLING UNIT SCHEDULE**

Occupants	Information	Occupancy	Facilities				Violations
			K.S.K	H.W.	CK'G		
	LOC. RENT FURN. WK. I. RMS	PER. ALL'D LGRS HEAT BATH FLSH	X.S.K	H.W.	CK'G		
1 <u>ROBERT MC KEAGNEY</u>	<u>FF</u>	<u>1 2 2 2 2</u>	<u>COOP</u>	<u>P</u>	<u>L</u>	<u>SOLE</u>	
2.							
3.							
4.							

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDIN 65 - 7"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
SO SLEEP'G	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
VEN FLATION 1/12 x 1/2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
LIGHTING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>						
CEILING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<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"/>						
FLOORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						

- KITCHEN SINK & WATER**
- SINK
  - SUPPLY & WASTE
  - PLUG. GEN'L
- HEATING**
- STAGES, FLUES, VENTS
  - HT'GS VENTED, REPR
- BATHING FACILITIES**
- SHARED MAX. 40U
  - RMS U. 1 PER 15
  - MIN. 7' STDB HT.
  - VENT'LN
  - PROPER ACCESS
  - PLD'G
  - SANIT'N
- TOILET FACILITIES**
- SHARED MAX. 20U
  - RMS U FLSH & LAV 1 PER 10
  - VENT'LN
  - PROPER ACCESS
  - PLD'G
  - SANIT'N
- INFESTATION**
- RATS  R  O  C
  - OTHER (SPECIFY)
- EGRESS**
- EQUAL  YES  NO
  - OBST'N

Remarks

*OK*

Inspector [Signature]

Portland Health Dept.  
OS-7

Photos  yes  no  
 Proj. No.

BRAMHALL

Date 30 OCT 67

CROWDING	LOCATION <u>7 CARROLL</u>	COMP.
SANIT.	D.U. LOC <u>1 FLOOR</u>	PEND.
INFEST.	OCCUPY <u>CHARLES RODWAY</u>	YTS
DATE D.U.	OWNER <u>" "</u>	
DET'N	ADDRESS <u>7 CARROLL</u>	

**DWELLING UNIT SCHEDULE**

Occupants	Information				Occupancy				Facilities				Violations																				
	LOC.	RENT	FURN	WK. I. PMS	PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K.SK	H.W.	CK'G																				
1 <u>CHARLES RODWAY</u>				<u>1.F.H</u>				<u>3</u>	<u>5</u>	<u>0</u>	<u>20</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>										
2.																																	
3.																																	
4.																																	

	KITCHEN						BATH		TOILET		DINING		BED				OTHER		TOTAL	KITCHEN SINK & WATER																					
	OVERCROWDING 85 - 7'	SO SLEEP'G	VER. FLAT'LY 1/12 x 1/2	LIGHTING WIRING	DET'N WALLS	CEILING	WINDOWS	DOORS	FLOORS	SINK	SUPPLY & WASTE	PLGS. GEN'L	HEATING	STACKS. FLUES. VENTS	ST'D VENTED. REP'N	BATHING FACILITIES	SHARED WASH. 40H	MIN. 1 PER 10	MIN. 7' STOD HT.	VENT'LN	PROPER ACCESS	PLG'G	SANIT'N	TOILET FACILITIES	SHARED WASH. 2 DU	MIN 1 PLN & LAV 1 PER 10	VENT'LN	PROPER ACCESS	PLG'G	SANIT'N	INFESTATION	RATS	FLY	CO.	OTHER (SPECIFY)	EGRESS	EGRESS	EGRESS	EGRESS		
	<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 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 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 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 checked="" type="checkbox"/>
Remarks	<u>OK</u>																			SINK	<u>OK</u>																				
	<u>OK</u>																			STANDARD VENTED. REP'N	<u>OK</u>																				
	<u>OK</u>																			TOILET FACILITIES	<u>OK</u>																				

Portland Health Dept.  
CS-7

Inspector Mark Stough

Photos  yes  no  
 Proj. No.

BRAMHALL

Date 27 OCT 67

CROWDING	LOCATION <u>7 CARROLL</u>	COMP.
SANIT.	D.U. LOC. <u>2 FLOOR FRONT</u>	PEN.
INFEST.	OCCUPY <u>MALCOMB DIXON</u>	VTS
BASE D.U.	OWNER AGENT <u>CHARLES RODWAY</u>	
DET'N	ADDRESS <u>7 CARROLL</u>	

**DWELLING UNIT SCHEDULE**

Occupants	Information	Occupancy	Facilities							Violations						
			LOC.	RENT	FURN.	WK-1	RMS	PER.	ALL'D		LGRS	MEAT	BATH	FLSH	K.SK	H.W.
1. <u>MALCOMB DIXON</u>	<u>2A</u>	<u>8</u>	<u>1</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
2.																
3.																
4.																

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 65' x 7'	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
NO SLEEP'G	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
VENTILATION 1/12 x 1/2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>						
DET'N WALLS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
CEILING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<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"/>						
FLOORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						

Remarks

OK

**KITCHEN SINK & WATER**

SINK

SUPPLY & WASTE OK

PLUG. GEN'L

**HEATING**

STACES. FLUES. VENTS

INT'N VENTED. REP'N

**BATHING FACILITIES**

SHARED MAX. 40U

ENG U. 1 PER 10 OK

MIN. 7' STOD HT.

VENT'LN

PROPER ACCESS

PLD'G

SANIT'N

**TOILET FACILITIES**

SHARED MAX. 20U

ENG U. FLSH & LAV 1 PER 10 OK

VENT'LN

PROPER ACCESS

PLD'G

SANIT'N

**INFESTATION**

RATS  RI  OS  E

OTHER (SPECIFY)

**EGRESS**

EQUAL  YES  NO

DET'N

Portland Health Dept.  
 CE-7

Inspector [Signature]

Photos  yes  no  
 Proj. No. [ ]

BRAMHALL

Date 30 Oct 67

CREWING	LOCATION <u>7 CARROLL</u>	COMP.
SANIT.	D.U. LOC. <u>2 FLOOR - REAR</u>	PERB.
INFEST.	OCCUPY <u>GIERETTE, EDWARD</u>	
BASE D.U.	OWNER <u>CHARLES RODWAY</u>	YTS
DET'N	ADDRESS <u>7 CARROLL</u>	

DWELLING UNIT SCHEDULE

Occupants	Information LOC. RENT FURN. WK. I. BMS	Occupancy					Facilities					Violations
		PER.	ALL'D	LGNS	HEAT	BATH	FLSH	K.SK	H.W.	CK'G		
1. EDWARD GIERETTE	2A	3	2	5	2	2	2	2	2	2		
2.												
3.												
4.												

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	BED	OTHER	TOTAL	KITCHEN SINK & WATER	
OVERCROWDING 65' x 7'	✓	✓	✓	✓	✓	✓	✓	✓	✓			<input checked="" type="checkbox"/> SINK	
50 SLEEP'G	✓	✓	✓	✓	✓	✓	✓	✓	✓			<input checked="" type="checkbox"/> SUPPLY & WASTE	
VENTILATION 1/12 & 1/2	✓	✓	✓	✓	✓	✓	✓	✓	✓			<input checked="" type="checkbox"/> P.S.B. REM'L	OK
LIGHTING	✓	✓	✓	✓	✓	✓	✓	✓	✓			HEATING	
DET'N WALLS	✓	✓	✓	✓	✓	✓	✓	✓	✓			<input checked="" type="checkbox"/> STACKS, FLUES, VENTS	
CEILING	✓	✓	✓	✓	✓	✓	✓	✓	✓			<input checked="" type="checkbox"/> AT'RS VENTED, ASP'N	
WINDOWS	✓	✓	✓	✓	✓	✓	✓	✓	✓			BATHING FACILITIES	
DOORS	✓	✓	✓	✓	✓	✓	✓	✓	✓			<input checked="" type="checkbox"/> SHARED MAX. 4DU	
FLOORS	✓	✓	✓	✓	✓	✓	✓	✓	✓			<input checked="" type="checkbox"/> MAX. 1 PER 10	
Remarks												<input checked="" type="checkbox"/> MIN. 7" STOS MT.	OK
												<input checked="" type="checkbox"/> VENT'LN	
												<input checked="" type="checkbox"/> PROPER ACCESS	
												<input checked="" type="checkbox"/> PLD'S	
												<input checked="" type="checkbox"/> SANIT'M	
												TOILET FACILITIES	
												<input checked="" type="checkbox"/> SHARED MAX. 2 DU	
												<input checked="" type="checkbox"/> SHU U FLSH & LAV 1 PER 10	OK
												<input checked="" type="checkbox"/> VENT'LN	
												<input checked="" type="checkbox"/> PROPER ACCESS	
												<input checked="" type="checkbox"/> PLD'S	
												<input checked="" type="checkbox"/> SANIT'M	
												INFESTATION	
												<input checked="" type="checkbox"/> RATS <input type="checkbox"/> R. <input type="checkbox"/> O: <input type="checkbox"/> T	
												<input checked="" type="checkbox"/> OTHER (SPECIFY)	
												EGRESS	
												<input checked="" type="checkbox"/> EQUAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
												<input checked="" type="checkbox"/> OBST'N	

Portland Health Dept. CS-7

Inspector Martin Stueck

Photos  yes  no  
 Proj. No.

BRAMHALL  
 DWELLING UNIT SCHEDULE

Date 26 OCT 67

CROSSING	LOCATION <u>7 CARROLL</u>	COMP.
SANIT.	D.U. LOC. <u>3RD FLOOR FRONT</u>	PEN.
INFEST.	OCCUPY <u>LOVEJOY, STEVEN</u>	✓
BASE D.U.	OWNER <u>CHARLES BODWAY</u>	✓
DET'N	ADDRESS <u>7 CARROLL</u>	✓

Occupants	Information	Occupancy	Facilities										Violations										
			LOC.	RENT	FURN.	WK. I.	BMS	PER.	ALL'D	LGNS	HEAT	BATH		FLSH	K-SK	H.V.	CK'G						
1 LOVEJOY, STEVEN			3ER						3	1	5	0	0	0	0	0	0	0	0	0	0		
2.																							
3.																							
4.																							

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERLOADING 65' - 7'	✓	✓	✓	✓	✓	✓	✓	✓	✓		
NO SLEEP'G	✓	✓	✓	✓	✓	✓	✓	✓	✓		
VENTILATION 1/12 x 1/2	✓	✓	✓	✓	✓	✓	✓	✓	✓		
LIGHTING DINING	✓	✓	✓	✓	✓	✓	✓	✓	✓		
DET'N WALLS	✓	✓	✓	✓	✓	✓	✓	✓	✓		
CEILING	✓	✓	✓	✓	✓	✓	✓	✓	✓		
WINDOWS	✓	✓	✓	✓	✓	✓	✓	✓	✓		
DOORS	✓	✓	✓	✓	✓	✓	✓	✓	✓		
FLOORS	✓	✓	✓	✓	✓	✓	✓	✓	✓		

- KITCHEN SINK & WATER
- SINK
- SUPPLY & WASTE
- PLUG, GEN'L
- HEATING
- STACS, FLUES, VENTS
- N'T'BS VENTED, REP'N
- BATHING FACILITIES
- SHARED MAX. 4DU
- 2DU U. 1 PER 10
- MIN. 7' STOD HT.
- VENT'LN
- PROPER ACCESS
- PLO'G
- SANIT'N
- TOILET FACILITIES
- SHARED MAX. 2 DU
- 2DU U. FLSH & LAV 1 PER 10
- VENT'LN
- PROPER ACCESS
- PLO'G
- SANIT'N
- INFESTATION
- DATE  N'  O'  C
- OTHER (SPECIFY)
- EGRESS
- DUAL  YES  NO
- EODT'N

Remarks

*(OK)*

*(OK)*

*(OK)*

*(OK)*

*(OK)*

Portland Health Dept.  
 CS-7

Inspector

*W. H. Hough*



C ✓ CB BB

NOTICE OF HOUSING CONDITIONS

CITY OF PORTLAND, MAINE

Department of Planning & Urban Development  
Inspection Services Division  
Tel. 775-5451 - Ext. 311 - 346

Ms. Corinne Rodway  
7 Carroll Street  
Portland, Maine 04102

DU 5

CH. 62 BLK. B LOT 22

LOCATION: 7 Carroll Street

PROJECT: NCP-WE  
ISSUED: June 27, 1985  
EXPIRES: August 27, 1985

Dear Ms. Rodway:

You are hereby notified, as owner or agent, that an inspection was made of the premises at 7 Carroll 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 August 27, 1985. 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.

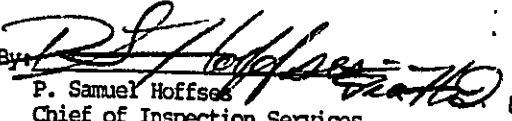
Please Note: You should consult the inspection Services Division to insure that any corrective action you undertake complies with the building, plumbing, electrical, zoning and any other Article of the City Code.

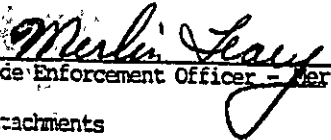
Please contact this office if you have any questions regarding this order.

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

By:   
P. Samuel Hoffsee  
Chief of Inspection Services

  
Code Enforcement Officer - Merlin Leary (5)

Attachments

jm

HOUSING INSPECTION REPORT

OWNER: Ms. Corinne Rodway

LOCATION: 7 Carroll St. 62-B-22 WE

CODE ENFORCEMENT OFFICER: Merlin Leary (5)

HOUSING CONDITIONS DATED: June 27, 1985

EXPIRES: August 27, 1985

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.

FIRST FLOOR FRONT

SEC. (S)

\* 1. KITCHEN - wall - illegal wiring.

113-5

SECOND FLOOR FRONT

\* 2. KITCHEN - sink - leaking trap.

111-1

3. BATHROOM - tub - cross connection.

111-1

THIRD FLOOR

\* 4. REAR DWELLING UNIT - windows - broken glass.

108-3

\*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.



City of Portland

PLANNING AND URBAN DEVELOPMENT

Inspection Services Division

DWELLING UNIT SCHEDULE

1) INSP. DATE

6 | 2 | 6 | A | S

2) INSP.

5

3) FORM NO.

4) TENANT'S NAME

Tom Baldwin

5) Flr.#

1

6) Location

FR

7) Rm. Tp

DU

8) #Rms.

2

9) #Peo.

1

10) #All'd

3

11) Slip

1

12) Child Under 10

13) Child

14) Child

15) Rent

16) Rent Code

17) Furn.

18) Heat

19) Hot Water

20) Dual Egress

21) Ck'ng

22) Lav.

23) Bath

24) Flur

Viol. No.

Report

Cond.

Violation

Location

Room Type

Area Type

Resp. Party

Code Sect

Violated

Violation Rem. - Date

1

Illegal wiring

KI

WA

?

113.5

City of Portland

PLANNING AND URBAN DEVELOPMENT

Inspection Services Division

DWELLING UNIT SCHEDULE

ARTICLE 5 - HOUSING CODE

INSP DATE

9/27/15

OK 1st Inspection

INSP

FORM NO.

5

TENANTS NAME

Corinne Rodwe

Flr.# Location Rm. Tp.# Bms.# Pco.# All'd Slp. Rm.

1 R- DJ 4 2 6 2

Child Un. 10	Child 1 - 6	+ Lead Survey - Results	Rent	Rent Code	Furn	Hot Water	Dual Egrs.	Ck'ing	Heat	Lav.	Bath	Flush
					NO	YES	YES	LC	OFF	PL	PB	PI-
KITCHEN						BATHROOM						
<input checked="" type="checkbox"/> Plaster - L, C, M, - Ceiling/Walls 108-2 <input checked="" type="checkbox"/> Windows - loose, broken glass, glaze 108-3 <input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn 108-3 <input checked="" type="checkbox"/> Floor - loose, worn, dam., buckled 108-2 <input checked="" type="checkbox"/> Doors - Knob/lk - miss.-Pan./Fram.dam. 108-3 <input checked="" type="checkbox"/> Curter/Stor. Space Yes No <input checked="" type="checkbox"/> Sink - chip., crack., leaks 111-1 <input checked="" type="checkbox"/> Range - improper stack, flue, vent 114-1 <input checked="" type="checkbox"/> Refrigerator Space Yes No <input checked="" type="checkbox"/> Plumbing (a)6 (a)Water Sup. Hot Cold 111.3 <input checked="" type="checkbox"/> Electrical (a) 113 <input checked="" type="checkbox"/> Sanitation (a) 109						<input checked="" type="checkbox"/> Plaster - L, C, M - Ceiling/Walls 108-2 <input checked="" type="checkbox"/> Window - loose, broken glass, glaze 108-3 <input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn 108-3 <input checked="" type="checkbox"/> Floor - loose, worn, dam., buckled 108-2 <input checked="" type="checkbox"/> Door - Knob/lk - miss.-Pan./Fram. dam. 108-3 <input checked="" type="checkbox"/> Toilet-Tnk-brkn, loose, leaks, seat, crkd. 111-1 <input checked="" type="checkbox"/> Lavatory - chip., crkd, leaks, trap leaks 111-1 <input checked="" type="checkbox"/> Bathtub/shower- leaks, cross connect. 111-1 <input checked="" type="checkbox"/> Ventilation Yes No <input checked="" type="checkbox"/> Plumb. (b)6(a)water Sup. Hot Cold 111-3 <input checked="" type="checkbox"/> Electrical (b) 113 <input checked="" type="checkbox"/> Sanitation (b) 109						
LIVING ROOM						DINING ROOM						
<input checked="" type="checkbox"/> Plaster - L, C, M, - Ceil./Walls 108-2 <input checked="" type="checkbox"/> Windows - loose, broken, glaze 108-3 <input checked="" type="checkbox"/> Sash/Frames-broken, missing, worn 108-3 <input checked="" type="checkbox"/> Floor - loose, worn, damaged 108-2 <input checked="" type="checkbox"/> Door - knob/lk - miss. - panels/frames dam. 108-3 <input checked="" type="checkbox"/> Electrical (c) 113 <input checked="" type="checkbox"/> Sanitation (c) 109						<input type="checkbox"/> Plaster - L,C,M - Ceil/Walls 108-2 <input type="checkbox"/> Windows - loose, broken, glaze 108-3 <input type="checkbox"/> Sash/Frames-broken, missing, worn 108-3 <input type="checkbox"/> Floor - loose, worn, damaged 108-2 <input type="checkbox"/> Doors - Knobs/lk - miss. - panels/frames dam. 108-3 <input type="checkbox"/> Electrical (d) 113 <input type="checkbox"/> Sanitation (d) 109						
Bedrooms and/or other rooms												
						<input type="checkbox"/> Plaster - L,C,M - Ceiling/Walls 108-2 <input type="checkbox"/> Windows - loose, broken, glaze 108-3 <input type="checkbox"/> Sash/Frames - broken, missing, worn 108-3 <input type="checkbox"/> Floors - loose, worn, damaged 108-2 <input type="checkbox"/> Door - knobs/lk - miss.-Panels/Frames dam. 108-3 <input type="checkbox"/> Electrical (e) 113 <input type="checkbox"/> Sanitation (e) 109 <input type="checkbox"/> Clothes Closet Yes No						
Plumbing			Electrical			Sanitation - Vermin O R						

REMARKS:



City of Portland

PLANNING AND URBAN DEVELOPMENT

Inspection Services Division

DWELLING UNIT SCHEDULE  
ARTICLE 5 - HOUSING CODE

INSP DATE

6/25/85

INSP

FORM NO.

5

OK 1st Inspection

TENANT'S NAME

Flr. # Location Reg. Tp. # Rms. # Peo. # All'd Slp. Rm.

Child Un. 10	Child 1 - 6	# Lead Survey Results	Rent	Rent Code	Furn	Hot Water	Dual Egrs.	Ck'ing	Heat	Lav.	Bath	Flush
					NU	YES	YES	LC	OFF	PL	PB	PL

DESCRIPTION	CODE	DESCRIPTION	CODE
<b>KITCHEN</b>		<b>BATHROOM</b>	
(X) Plaster - L, C, M, - Ceiling/Walls	108-2	(X) Plaster - L, C, M - Ceiling/Walls	108-2
(X) Windows - loose, broken glass, glaze	108-3	(X) Window - loose, broken glass, glaze	108-3
(X) Sash/Frames - broken, missing, worn	108-3	(X) Sash/Frames - broken, missing, worn	108-3
(X) Floor - loose, worn, dam., buckled	108-2	(X) Floor - loose, worn, dam., buckled	108-2
(X) Doors - Knob/lk - miss.-Pan./Fram.dam.	108-3	(X) Door - knob/lk - miss.-Pan./Fram. dam.	108-3
(X) Counter/Stor. Space Yes No	-	(X) Toilet-Tnk-brkn, loose, leaks, seat, crkd.	111-1
(X) Sink - chip., crack., leaks	111-1	(X) Lavatory - chip., crkd, leaks, trap leaks	111-1
(X) Range - improper stack, flue, vent	114-1	(X) Bathtub/shower- leaks, cross connect.	111-1
(X) Refrigerator Space Yes No	-	(X) Ventilation Yes No	112
(X) Plumbing (a)6 (a)Water Sup. Hot Cold	111.3	(X) Plumb. (b)6(a)Water Sup. Hot Cold	111-3
(X) Electrical (a)	113	(X) Electrical (b)	113
(X) Sanitation (a)	109	(X) Sanitation (b)	109
<b>LIVING ROOM</b>		<b>DINING ROOM</b>	
(X) Plaster - L, C, M, - Ceil./Walls	108-2	( ) Plaster - L,C,M - Ceil/Walls	108-2
(X) Windows - loose, broken, glaze	108-3	( ) Windows - loose, broken, glaze	108-3
(X) Sash/Frames - broken, missing, worn	108-3	( ) Sash/Frames - broken, missing, worn	108-3
(X) Floor - loose, worn, damaged	108-2	( ) Floor - loose, worn, damaged	108-2
(X) Door - knob/lk - miss. - panels/frames	dam. 108-3	( ) Doors - Knobs/lk - miss. - panels/frames	dam. 108-3
(X) Electrical (c)	113	( ) Electrical (d)	113
(X) Sanitation (c)	109	( ) Sanitation (d)	109
<b>Bedrooms and/or other rooms</b>		<b>CODE</b>	
		( ) Plaster - L,C,M - Ceiling/Walls	108-2
		( ) Windows - loose, broken, glaze	108-3
		( ) Sash/Frames - broken, missing, worn	108-3
		( ) Floors - loose, worn, damaged	108-2
		( ) Door - knobs/lk - miss.-Panels/Frames	dam. 108-3
		( ) Electrical (e)	113
		( ) Sanitation (e)	109
		( ) Clothes Closet Yes No	
Plumbing	Electrical	Sanitation - Vermin O R	

REMARKS:





HOUSING INSPECTION REPORT

OWNER: Ms. Corinnie Rodway

LOCATION: 7 Carroll St. 62-B-22 WE

CODE ENFORCEMENT OFFICER: Merlin Leary (5)

HOUSING CONDITIONS DATED: June 27, 1985

EXPIRES: August 27, 1985

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.

	SEC. (S)
<u>FIRST FLOOR FRONT</u>	
* 1. <del>KITCHEN</del> - wall - illegal wiring.	113-5.
<u>SECOND FLOOR FRONT</u>	
* 2. <del>KITCHEN</del> - sink - leaking trap.	111-1
3. BATHROOM - tub - cross connection.	111-1
<u>THIRD FLOOR</u>	
* 4. <del>REAR DWELLING UNIT</del> - windows - broken glass.	108-3

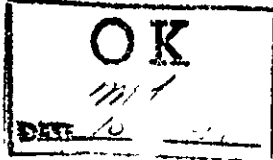
\*WHEN MAKING YOUR REPAIRS, FIRST PRIORITY IS TO BE GIVEN TO ITEMS WITH ASTERISKS, AS THEY CONSTITUTE EXTREME HAZARDS TO THE HEALTH OR SAFETY OF THE OCCUPANTS OF THIS STRUCTURE.

NOTICE OF HOUSING CONDITIONS

CITY OF PORTLAND, MAINE

Department of Planning & Urban Development  
Inspection Services Division  
Tel. 775-5451 - Ext. 311 - 346

Ms. Corinne Rodway  
7 Carroll Street  
Portland, Maine 04102



DU 5

CH. 62 BLK. B LOT 22

LOCATION: 7 Carroll Street

PROJECT: NCP-WE  
ISSUED: June 27, 1985  
EXPIRES: August 27, 1985

Dear Ms. Rodway:

You are hereby notified, as owner or agent, that an inspection was made of the premises at 7 Carroll 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 August 27, 1985. 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 any other Article of the City Code.

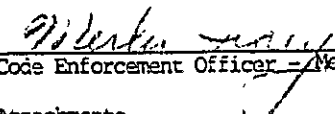
Please contact this office if you have any questions regarding this order.

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

By:   
P. Samuel Hoffses  
Chief of Inspection Services

  
Code Enforcement Officer - Merlin Leary (5)

Attachments

jmr

CERTIFICATE  
OF  
COMPLIANCE

DATE: October 27, 1986

DU: 5

CITY OF PORTLAND

Department of Planning & Urban Development  
Housing Inspections Division  
Telephone: 775-5451 - Extension 311 - 318

Ms. Corinne Rodway  
7 Carroll Street  
Portland, ME 04102

Re: Premises located at 7 Carroll Street 62-B-22 WE

Dear Ms. Rodway:

A re-inspection of the premises noted above was made on October 24, 1986  
by Code Enforcement Officer Merlin Leary.

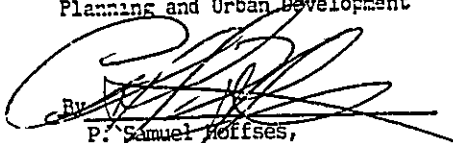
This is to certify that you have complied with our request to correct the violation of  
the Municipal Codes relating to housing conditions as described in our "Notice of Housing  
Conditions" dated June 27, 1985.


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 October 1991.

Sincerely yours,

Joseph E. Gray, Jr., Director of  
Planning and Urban Development

  
P. Samuel Hoffses,  
Chief of Inspection Services

  
Code Enforcement Officer - Merlin Leary (5)

JER

Inspection Services  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

December 21, 1994

RODWAY CORRINE B  
7 CARROLL ST  
PORTLAND ME 04102

Re: 7 Carroll St  
CBL: 062- - E-022-001-01  
DU: 5

Dear Ms. Rodway:

I am sending you this letter to request an inspection at the property which you own or manage at the above referenced address.

This is for the City of Portland's program to inspect all multi-family buildings in the City every three years.

Please contact me in this office at 874-8300 X 8707 between 8:00-9:00 a.m. or 4:00-5:00 p.m. to make arrangements to inspect the building.

Sincerely,

  
Amy Simpson  
Code Enforcement Officer

Inspection Services  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

**CITY OF PORTLAND**

December 21, 1994

RODWAY CORRINE B  
7 CARROLL ST  
PORTLAND ME 04102

Re: 7 Carroll St  
CBL: 062- - B-022-001-01  
DU: 5

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Sincerely,

  
Amy Simpson  
Code Enforcement Officer

Inspection Services  
P. Sammie 'Tees  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

JUNE 05, 1996

**CITY OF PORTLAND**

RODWAY CORRINE B  
7 CARROLL ST  
PORTLAND ME 04102

Re: 7 CARROLL ST  
CBL: 062- - B-022-001-01  
DU: 5

Dear s. Ms. Rodway:

You are hereby notified, as owner or agent, that an inspection was made of the above-referenced property. Violations of Article V of the Municipal Ordinance (Housing Code) were found as described in detail on the attached "Housing Inspections Report".

In accordance with the provisions of the above-mentioned Code, you are hereby ordered to correct those defects within sixty (60) days. 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 reinspection 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 this department to insure that any corrective action you should undertake complies with the building, plumbing, electrical, zoning and other Articles 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.

Sincerely,

Amy Powers  
Code Enforcement Officer

Tammy Munson  
Code Enfc. Offr./ Field Supv.

## HOUSING INSPECTION REPORT

Location: 7 CARROLL ST  
Housing Conditions Date: JUNE 05, 1996  
Expiration Date: AUGUST 04, 1996

Items listed below are in violation of Article V of the Municipal Codes, "Housing Codes", and must be corrected before the expiration date:

- |  |        |
|--|--------|
| 1. EXT - FIRE ESCAPE -<br>BALUSTERS ARE MISSING/INADEQUATE                                 | 116.30 |
| 2. EXT - FIRE ESCAPE -<br>REPAIR ROTTED TREADS   | 116.30 |
| 3. EXT - FIRE ESCAPE -<br>REPLACE ROTTED FRAMING MEMBERS                                   | 116.30 |
| 4. EXT - THROUGHOUT -<br>REPOINT, WHERE NECESSARY  | 108.10 |
| 5. EXT - LEFT SIDE -<br>ELECTRICAL WIRING IS FRAYED  | 113.50 |
| 6. EXT - LEFT SIDE -<br>WIRING IS ILLEGAL - FROM WINDOW DOWN THE SIDE/BUILDING             | 113.50 |
| 7. INT - OVERALL -<br>HARD-WIRED BATTERY-BACK/UP SMOKE DETECTORS ARE REQUIRED IN EACH UNIT | 113.50 |

Inspection Services  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

JUNE 05, 1996

**CITY OF PORTLAND**

RODWAY, CORRINE B  
7 CARROLL ST  
PORTLAND ME 04102

Re: 7 CARROLL ST  
CBL: 062- - B-022-001-01  
DU: 5

Dear Ms. Rodway:

You are hereby notified, as owner or agent, that an inspection was made of the above-referenced property. Violations of Article V of the Municipal Ordinance (Housing Code) were found as described in detail on the attached "Housing Inspections Report".

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Your cooperation will aid this department in its goal to maintain decent, safe, and sanitary housing for all of Portland's residents.

Sincerely,

*Amy Powers*

Amy Powers  
Code Enforcement Officer

*Tammy Munson*

Tammy Munson  
Code Enfc. Offr./ Field Supv.



## HOUSING INSPECTION REPORT

Location: 7 CARROLL ST

Housing Conditions Date: JUNE 05, 1996

Expiration Date: AUGUST 04, 1996

Items listed below are in violation of Article V of the Municipal Codes, "Housing Codes", and must be corrected before the expiration date:

1. EXT - FIRE ESCAPE - 116.30  
BALUSTERS ARE MISSING/INADEQUATE
2. EXT - FIRE ESCAPE - 116.30  
REPAIR ROTTED TREADS
3. EXT - FIRE ESCAPE - 116.30  
REPLACE ROTTED FRAMING MEMBERS
4. EXT - THROUGHOUT - 108.10  
REPOINT, WHERE NECESSARY
5. EXT - LEFT SIDE - 113.50  
ELECTRICAL WIRING IS FRAYED
6. EXT - LEFT SIDE - 113.50  
WIRING IS ILLEGAL - FROM WINDOW DOWN THE SIDE/BUILDING
7. INT - OVERALL - 113.50  
HARD-WIRED BATTERY-BACK/UP SMOKE DETECTORS ARE REQUIRED IN EACH UNIT