

18 Neal Street

BRAMHALL

December 20, 1967

Dr. Frank S. Braggi
18 Neal Street
Portland, Maine

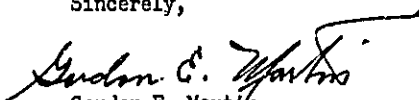
Dear Dr. Braggi:

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

GIS:ac

Photos yes no

Date 12/7/67

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

Stories 2 1/2 OFM ASD OAR SA NA ST P Com. Units Reg Units Dwl. Units 1

LOCATOR <u>18 NEAL</u>	COMP
OWNER <u>FRANK S. BRUGGI</u>	PENU
OWNER AGENT <u>Some</u>	
OWNER AGENT	
OWNER AGENT	
OWNER AGENT	

Occupants	Information LOC. RENT FURN. WK I. RMS	Occupancy PEP. ALL'D LGRS HEAT BATH FLSH K SK H.W. CK*G	Facilities				Violations							
			HEAT	BATH	FLSH	K SK	H.W.	CK*G	1	2	3	4		
1. <u>F. BRUGGI</u>	<u>SIN</u>	<u>12</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
2.														
3.														
4.														
5.														
6.														
7.														
8.														

STRUCTURE SCHEDULE

STRUCTURE RATING

<p>YARD</p> <p><input type="checkbox"/> GARBAGE OR RUBBISH _____</p> <p><input type="checkbox"/> CONTAINERS COMPLY _____</p> <p><input type="checkbox"/> DRAIN _____</p> <p><input type="checkbox"/> ZONE VIOL. _____</p> <p>STRUCTURE EXTERIOR</p> <p><input type="checkbox"/> STEPS, STAIRS, PORCHES _____</p> <p><input type="checkbox"/> FOUNDATION _____</p> <p><input type="checkbox"/> WALLS _____</p> <p><input type="checkbox"/> WINDOWS, DOORS _____</p> <p><input type="checkbox"/> ROOF, DRAIN _____</p> <p><input type="checkbox"/> OUT BUILDINGS _____</p> <p>INFESTATION</p> <p><input type="checkbox"/> RATS <input type="checkbox"/> RI <input type="checkbox"/> DI <input type="checkbox"/> I _____</p> <p><input type="checkbox"/> OTHER (SPECIFY) _____</p> <p>EGRESS</p> <p><input type="checkbox"/> DUAL <input type="checkbox"/> ES. <input type="checkbox"/> NO _____</p> <p><input type="checkbox"/> OBST'N _____</p>	<p>STRUCTURE INTERIOR</p> <p><input type="checkbox"/> HALL, OBST'N _____</p> <p><input type="checkbox"/> HALL, LIGHTING _____</p> <p><input type="checkbox"/> HALL, FLOOR WALLS CEILING _____</p> <p><input type="checkbox"/> SPA. ABAYS _____</p> <p><input type="checkbox"/> WINDOWS, AIRSHAFF _____</p> <p><input type="checkbox"/> ELECT. WIRING _____</p> <p>HEATING CENTRAL YES: <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p><input type="checkbox"/> STACKS FLUES, VENTS _____</p> <p><input type="checkbox"/> CHIMNEY _____</p> <p><input type="checkbox"/> EQUIPMENT, REPAIR _____</p> <p>PLUMBING</p> <p><input type="checkbox"/> SUPPLY LINE _____</p> <p><input type="checkbox"/> WASTE LINE _____</p> <p>BASEMENT</p> <p><input type="checkbox"/> GEN'L SANIT'N _____</p> <p><input type="checkbox"/> DAMPNSS RI <input type="checkbox"/> O _____</p> <p><input type="checkbox"/> STAIRS _____</p> <p><input type="checkbox"/> LIGHTING _____</p> <p>BASE DWL. UNIT</p> <p><input type="checkbox"/> WIN 7' x 3' _____</p> <p><input type="checkbox"/> DAMPNSS RI <input type="checkbox"/> O _____</p> <p><input type="checkbox"/> WINDOW 1/12 x 8' _____</p> <p><input type="checkbox"/> DUAL EGRESS YES: <input type="checkbox"/> NO _____</p> <p>PROHIBITED COMB'N USE</p> <p><input type="checkbox"/> ASSOC. USE HAZARD _____</p> <p><input type="checkbox"/> HAZA VENTS _____</p>
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Remarks _____

Inspector FVB

Portland Health Dept.

CS-8

Photo: yes no
 Proj. No.

GRAMHALL

Date 12/17/67

COORDING	LOCATION <u>18 NEAL</u>	COMP.
SMIT.	D.U. LOC. <u>SIN</u>	TD.
INVEST.	OCCUPY <u>F. BROGGI</u>	
BASE P.I.	OWNER	YTS.
DET'N	AGENT	
	ADDRESS	

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities							Violations							
			LOC. RENT	FURN.	WK. I.	RMS	PER.	ALL'D	LODR		HEAT	BATH	FLSH	K.SK	H.W.	CK'G	
1. <u>F. BROGGI</u>	<u>SIN</u>	<u>12</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"/>	<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"/>	<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"/>	
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"/>	
LIGHTING	<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"/>	
HEATING	<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"/>	
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"/>	
CEILINGS	<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"/>	
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"/>	
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"/>	
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"/>	

- KITCHEN SINK & WATER
- SINK
- SUPPLY & WASTE
- PLOG. GEN'L
- HEATING
- STACKS, FLUES, VENTS
- HT'NG VENTED, REP'N
- BATHING FACILITIES
- SHARED MAX. 4DU
- RMS U. 1 PER 15
- MIN. 7' STOD HT.
- VENT'LN
- PROPER ACCESS
- PLOG
- SANIT'N
- TOILET FACILITIES
- SHARED MAX. 2 DU
- RMS U FLSH & LAV 1 PER 10
- VENT'LN
- PROPER ACCESS
- PLOG
- SANIT'N
- INFESTATION
- RATS R O: E
- OTHER (SPECIFY)
- EGRESS
- DUAL VER. NO
- OBST'N

OK

OK

OK

Remarks

Portland Health Dept.
CS-7

Inspector 370



CITY OF PORTLAND, MAINE

389 CONGRESS STREET

PORTLAND, MAINE 04101

(207) 75-5451

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

April 27, 1988

Mr. & Mrs. John & Lucy Driscoll
18 Neal Street
Portland, ME 04101

RE: 18 Neal Street

Dear Mr. Driscoll:

A complaint investigation showed that you have an electric wire on the top of your fence at 18 Neal Street. This is a violation of the Municipal Ordinance of the City of Portland and must be removed within 10 days of notice of this letter.

Sincerely,

Merlin Leary

Merlin Leary
Code Enforcement Officer

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This fence has been disconnected. No longer any power. M 5-10-88