

15 Clifford Street

BRAMHALL

November 17, 1961

J. B. Brown and Sons  
57 Exchange Street  
Portland, Maine

Dear Sirs:

RE: 15 Clifford Street

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

Date NOV 15/67

Proj. No.  C.I. BRAMHALL Ass'tra  Zone  Zone Viol

Stories  3  UFM  ASDM  SAR  MSV NA  NS/ST P Com. Units 0 Rmg Units 0 Dvl. Units 6

LOCATION	<u>15 CLIFFORD</u>	COMP.	
OWNER AGENT	<u>J.B. BROWN CO.</u>	PERM'T	
OWNER AGENT			
OWNER AGENT			
OWNER AGENT			

Occupants	Information				Facilities										Violations			
	LOC.	RENT	FURN.	WK. I.	RMS	PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K.SK	H.W.	CK'G				
1. <u>BRIAN KING</u> (E)					3	0	12	0										
2. <u>MRS GEO. F. CRESSEY</u>					3	0	12	0										
3. <u>MRS B. RIGGS</u>					3	0	12	0										
4. <u>FRANK PAUL</u> (E)					3	0	12	0										
5. <u>MARY GEMMER</u>					3	0	12	0										
6. <u>MRS HENRY GOODING</u>					3	0	12	0										
7.																		
8.																		

STRUCTURE RATING

STRUCTURE SCHEDULE

- YARD**
- GARBAGE & RUBBISH
  - CONTAINERS COMPLY
  - DRAINAGE
  - ZONE VIOL.
- STRUCTURE EXTERIOR**
- STEPS, STAIRS, PORCHES
  - FOUNDATION
  - WALLS
  - WINDOWS, DOORS
  - ROOF, BRIMS
  - GUTS & DRAINAGE
- INFESTATION**
- RATS  R.  O.  C.
  - OTHER (SPECIFY)
- EGRESS**
- EQUAL  YES  NO
  - OBST'N

- STRUCTURE INTERIOR**
- HALL OBST'N
  - HALL LIGHTING
  - HALL, FLOOR WALLS CEILING
  - STAIRWAYS
  - WINDOWS, AIRSHAF
  - ELECT. WIRING
- HEATING CENTRAL** YES  NO
- STACKS FLUES, VENTS
  - CHIMNEY
  - EQUIPMENT, REPAIR
- PLUMBING**
- SUPPLY LINE
  - WASTE LINE
- BASEMENT**
- GEN'L DAMP'N
  - DAMPNESS - R. - 0
  - STAIRS
  - LIGHTING
- BASE DVL. UNIT**
- MIN 7' - 0"
  - DAMPNESS - R. - 0
  - WINDOW 1/2 X 8"
  - DVL EXPOS  YES  NO
- PROHIBITED COMB'N USE**
- ASSOC. USE HAZARD
  - HAZARDOUS VENT'S

Remarks OK

Portland Health Dept.

CS-8

Inspector Michael J. Smith

NONE

Photos  yes  no  
 Proj. No.

BRAMHALL

Date 9/NOV/67

**DWELLING UNIT SCHEDULE**

CROSSING	LOCATION <u>15 CLIFFORD</u>	COMP.
SAFETY	D.U. LOC. <u>FIRST FLOOR LEFT</u>	FEED.
INFEST.	OCCUPY <u>MRS B. RIGGS</u>	
BASE D.U.	OWNER <u>J. B. PENNELL CO.</u>	
REV'AR	ADDRESS <u>58 EXCHANGE ST - CITY</u>	YES

Occupants	Information	Occupancy	Facilities				Violations			
			BATH	FLSH	K.SK	H.W. CR'G				
	LOC. RENT FURN. WK. I. RMS	PER. ALL'D LGRS	HEAT	BATH	FLSH	K.SK	H.W. CR'G			
1. <u>MRS B. RIGGS</u>	<u>F.I.</u>	<u>8</u>	<u>3</u>	<u>12</u>	<u>2</u>	<u>SO</u>	<u>PE</u>	<u>LE</u>	<u>20</u>	<u>6</u>
2.										
3.										
4.										

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	BED	TOTAL	BATH	
											WATER	SEWER
OVERCROWDIN												
65' - 7'												
SO SLEEP'G												
VEN'ILATION												
1/2" x 1/2"												
LIGHTING												
WIRING												
DET'RN												
WALLS												
CEILINGS												
WINDOWS												
DOORS												
FLOORS												

Remarks

OK

- KITCHEN SINK & WATER
- SINK
- SUPPLY & WASTE
- FLOC. GEN'L
- HEATING
- STACKS, FLUES, VENTS
- INT'ND VENTED, REP'N
- BATHING FACILITIES
- SHARED MAX. 4DU
- HSG U. 1 PER 10
- MIN. 7' STOR HT.
- VENT'LN
- PROPER ACCESS
- FLO'G
- SANIT'N
- TOILET FACILITIES
- SHARED MAX. 2 DU
- HSG U FLSH & LAV 1 PER 10
- VENT'LN
- PROPER ACCESS
- FLO'G
- SANIT'N
- INFESTATION
- RATS  R  O  I  C
- OTHER (SPECIFY)
- EGRESS
- DUAL  YES  NO
- OBST'N

OK

OK

OK

OK

Portland Health Dept.  
CS-7

Inspector Mark Stouff

Photos  yes  no  
 Proj. No.  BRAMHALL

Date 1 NOV/67

**DWELLING UNIT SCHEDULE**

COORDING	LOCATION <u>15 CLIFFORD</u>	COMP.
SANIT	B.O. LOC. <u>FIRST FLOOR RIGHT-APT</u>	PEND.
INSPECT.	OCCUPY <u>MRS GEO. E. CRESSEY</u>	
BASE S.O.	OWNER <u>J.B. BROWN CO</u>	
DET'N	ADDRESS <u>52 EXCHANGE - CITY</u>	YES

Occupants	Information	Occupancy	Facilities					Violations				
			LOC.	RENT	FURN.	WK. I.	RMS		PER.	ALL'D LG.	HEAT	BATH
1 <u>MRS. GEO. E. CRESSEY</u>	<u>FRF</u>	<u>7 5 11</u>	<u>SO</u>	<u>P</u>	<u>V</u>	<u>L</u>	<u>SOLE</u>					
2.												
3.												
4.												

	KITCHEN	BATH	TOILET	DINING	BEDS					OTHER	TOTAL	KITCHEN SINK & WATER	
					LIVING	BED	BED	BED	BED			BED	OTHER
OVERCROWDING 85 - 7'												<input checked="" type="checkbox"/>	
NO SLEEP'G												<input checked="" type="checkbox"/>	
VER. FLATION 1/12 & 1/2												<input checked="" type="checkbox"/>	
LIGHTING												<input checked="" type="checkbox"/>	
WIRING												<input checked="" type="checkbox"/>	
DET'N WALLS												<input checked="" type="checkbox"/>	
CEILING												<input checked="" type="checkbox"/>	
WINDOWS												<input checked="" type="checkbox"/>	
DOORS												<input checked="" type="checkbox"/>	
FLOORS												<input checked="" type="checkbox"/>	
Remarks	<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">OK</div>											<input checked="" type="checkbox"/> SHARED MAX. 2	
												<input checked="" type="checkbox"/> SHARED MAX. 2 OU	
												<input checked="" type="checkbox"/> SHARED MAX. 2 OU	
												<input checked="" type="checkbox"/> SHARED MAX. 2 OU	
												<input checked="" type="checkbox"/> SHARED MAX. 2 OU	
												<input checked="" type="checkbox"/> SHARED MAX. 2 OU	
												<input checked="" type="checkbox"/> SHARED MAX. 2 OU	
												<input checked="" type="checkbox"/> SHARED MAX. 2 OU	
												<input checked="" type="checkbox"/> SHARED MAX. 2 OU	
												<input checked="" type="checkbox"/> SHARED MAX. 2 OU	

Portland  
Health Dept  
GS-7

Inspector W. G. Stough

Photos  yes  no

Proj. No.

BRAMHALL

Date NOV 15/67

**DWELLING UNIT SCHEDULE**

COORDING	LOCATION	<u>15 CLIFFORD</u>	COMP.
SANIT.	D.W. LOC.	<u>2 FLOOR LEFT</u>	PERS.
INFEST.	OCCUPY	<u>MRS HENRY GODDING</u>	
BASE D.U.	OWNER	<u>J.B. BROWN CO.</u>	UTS
DEFIN	ADDRESS	<u>58 EXCHANGE - CITY</u>	

Occupants	Information	Occupancy	Facilities				Violations
			BATH	FLSH	R SK	H.W. CK'D	
	LOC. RENT FURN. WK. I. RMS	PER. ALL. LGRS	HEAT	BATH	FLSH	R SK	H.W. CK'D
1. <u>MRS HENRY GODDING</u>	<u>8-7</u>	<u>8</u>	<u>3</u>	<u>12</u>	<u>1</u>	<u>1</u>	<u>1</u>
2.							
3.							
4.							

OVERLOADING 65 - 7'	SO SLEEP'G VER. FLAYTON 1/12 & 1/2	LIGHTING FIRING	DETRN WALLS	CEILING	WINDOWS	DOORS	FLOORS	BATH		KITCHEN SINK & BATHTUB
								SHOWER	TOTAL	
										<input checked="" type="checkbox"/> SINK
										<input checked="" type="checkbox"/> SUPPLY & WASTE
										<input checked="" type="checkbox"/> FLOOR, GEN'L
										<b>HEATING</b>
										<input checked="" type="checkbox"/> STACKS, FLUES, VENTS
										<input checked="" type="checkbox"/> HT'GS VENTED, REP'D
										<b>BATHING FACILITIES</b>
										<input checked="" type="checkbox"/> SHARED MAX. 4DU
										<input checked="" type="checkbox"/> SHS U. 1 PER 10
										<input checked="" type="checkbox"/> MIN. 7' STOD HT.
										<input checked="" type="checkbox"/> VENT'LN
										<input checked="" type="checkbox"/> PROPER ACCESS
										<input checked="" type="checkbox"/> FLO'R
										<input checked="" type="checkbox"/> SANIT'N
										<b>TOILET FACILITIES</b>
										<input checked="" type="checkbox"/> SHARED MAX. 2 DU
										<input checked="" type="checkbox"/> SHS U. FLSH & LAV 1 PER 10
										<input checked="" type="checkbox"/> VENT'LN
										<input checked="" type="checkbox"/> PROPER ACCESS
										<input checked="" type="checkbox"/> FLO'R
										<input checked="" type="checkbox"/> SANIT'N
										<b>INFESTATION</b>
										<input checked="" type="checkbox"/> RATS <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> I <input type="checkbox"/> E
										<input checked="" type="checkbox"/> OTHER (SPECIFY)
										<b>EGRESS</b>
										<input checked="" type="checkbox"/> EQUAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
										<input checked="" type="checkbox"/> COST'N

Portland  
Health Dept.  
CS

Inspector Walter Stought

Photos  yes  no  
 Proj. No.

BRAMHALL

Date NOV 3/7

COORDING	LOCATION <u>15 CLIFFORD</u>	COMP.
SANIT.	D.V. LOC <u>2 FLOOR RIGHT</u>	PERM.
INFEST.	OCCUPY <u>MRS MARY GEMMER</u>	
RAGE D.V.	OWNER <u>JR. BROWN CO.</u>	
DET'N	ADDRESS <u>52 EXCHANGE ST. CITY</u>	

**DWELLING UNIT SCHEDULE**

Occupants	Information	Occupancy	Facilities				Violations	
			BATH	FLSH	K-SK	H.W. CK'G		
	LOC. RENT FURN. WK-1. RMS	PER. ALL'D LGRS	HEAT	BATH	FLSH	K-SK	H.W. CK'G	
1. <u>MRS MARY GEMMER</u>	<u>R/R</u>	<u>R</u>	<u>1</u>	<u>2</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	TOTAL	BATH		KITCHEN SINK & WATER	
											OVEN	WATER	SINK	WATER
OVEN/STOVE	<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"/>
OVEN/STOVE	<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"/>
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VEN'ILATION	<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"/>
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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DET'N	<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"/>
CELLING	<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"/>
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 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"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Remarks

*OK*

*OK*

Portland Health Dept.  
CS-7

Inspector *Mark J. Lough*

Photos  yes  no  
 Proj. No.

BROMMAL  
 DWELLING UNIT SCHEDULE

Date 30 OCT 7

COORDING	LOCATION	15 CLIFFORD	COMP.
SANIT.	D.U. LOC.	3 FLOOR LEFT APT 2	PERM.
INFEST.	OCCUPY	BRIAN KING	
DATE D.U.	OWNER	J.B. BROWN CO.	ITS
DET'N	ADDRESS	52 EXCHANGE - 21TY	

Occupants	Information	Occupant /	Facilities							Violations									
			LOC.	RENT	FURN.	PK	I.	RMS	PER.		ALL'D	LGHS	HEAT	BATH	FLSH	K.SR	N.W.	CK'G	
1. BRIAN KING (3)	3 <sup>rd</sup>																		
2.																			
3.																			
4.																			

	KITCHEN	BATH	TOILET	DINING	LIVING				BATH	TOTAL	KITCHEN SINK & WATER	
					BED	BED	BED	BED			OK	NO
OVERFLOW/IN 85 - 7'												
50 SLEEP'G												
VEN. ILLATION 1/12 x 1/2												
LIGHTING WIRING												
DET'N No. 1:												
Ceilings												
Windows												
Doors												
Floors												

Remarks

OK

OK

Portland Health Dept.  
 CS-7

Inspector Mark Strong

- SINK
- SUPPLY & WASTE
- PLUG, BOWL
- HEATING
  - STAGES, FLUES, VENT
  - NY'S VESTED, CEP'S
- BATHING FACILITIES
  - SHARED MAX. 4 DU
  - SHO U. 1 PER 10
  - MIN. 7' STG HT.
  - VENT'LN
  - PROPER ACCESS
  - FLO'G
  - SANIT'N
- TOILET FACILITIES
  - SHARED MAX. 2 DU
  - SHO U FLSH & LAV 1 PER 10
  - VENT'LN
  - PROPER ACCESS
  - FLO'G
  - SANIT'N
- INFESTATION
  - RATS  R  O:  C
  - OTHER (SPECIFY)
- EGRESS
  - DUAL  ES.  NO
  - DET'N



Photos  yes  no  
 Proj. No.

BRANNALL

Date 3/NOV/67

CROWDING	LOCATION <u>15 CLIFECRD</u>	COMP.
BATH.	D.U. LOC. <u>3 FLOOR RIGHT</u>	PERM.
INVEST.	OCCUPY <u>FRANK PAUL</u>	
BASE D.U.	OWNER <u>J.B. PROULL CO.</u>	
DETERM	ADDRESS <u>52 EXCHANGE ST - CITY</u>	VTD

**DWELLING UNIT SCHEDULE**

Occupants	Information	Occupancy	Facilities				Violations
			BATH	FLEN	K.SK	H.O. CH'G	
	LOC. RENT FURN. WK. I. RMS	PER. ALL'D	LODS	HEAT			
1 <u>FRANK PAUL (2)</u>	<u>3 F</u>	<u>2</u>	<u>2</u>	<u>120</u>	<u>SAF</u>	<u>V</u>	<u>CSSE</u>
2.							
3.							
4.							

	KITCHEN	BATH	TOILET	DINING	BED					TOTAL
					BE0	BE0	BE0	BE0	BE0	
OVERLOOKING										
SS - 7'										
50 SLEEP'G										
VEN. FLATION 1/12 - 1/2										
LIGHTING										
WIRING										
DET'N WALLS										
CEILING										
WINDOWS										
DOOR										
FLOORS										

**KITCHEN SINK & WATER**

SINK

SUPPLY & WASTE OK

FLOO. GEN'L

**HEATING**

STACS, FLUES, VENTS

INT'AL VENTED, REP'N

**BATHING FACILITIES**

SPACED MAX. HDU

HDU U. 1 PER 10

MIN. 7' STDS HT.

VENT'LN OK

PROPER ACCESS

FLO'S

BATH'N

**TOILET FACILITIES**

SPACED MAX. 2 DU

HDU U. FLEN & LAV 1 PER 10

VENT'LN OK

PROPER ACCESS

FLO'S

BATH'N

**INFESTATION**

RATS  R.  OI  S

OTHER (SPECIFY)

**EGRESS**

OI  YES  NO OK

OBST'N

Remarks

OK

Portland  
 1st Dept.

Inspector Walter Dough