

5 Clifford Street

BRAMHALL



September 13, 1967

Mr. Sumner S. Clark
5 Clifford Street
Portland, Maine

Mr. Clark:

(13)

Photos yes no

Date 9-13-67

Proj. No. C.I. Bramhal

Ass'ts _____

Zone _____ Zone Vr. I _____

Stories 1/2 REM ASYD SJAR MSSY NA NS-SI P

Com. Units _____ Rmgs Units _____ Del. Units _____

LOCATION	<u>5 Clifford St</u>
OWNER	<u>Summer S. Clark</u>
OWNER	<u>Borer</u>
OWNER	
OWNER	
OWNER	

Occupants	Information LOC. RENT FURN. WK. I	WMS	Occupancy PER. ALL'D LGRS	Facilities					Violations	
				HEAT	BATH	FLSH	K.SK	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 _____

GUT. DRAINS _____

OUT BUILDINGS _____

INFESTATION

RATS NI OI C _____

OTHER (SPECIFY) _____

CRACKS

CRACK YES NO _____

OBST'N _____

STRUCTURE INTERIOR

WALL OBST'N _____

WALL LIGHTING _____

WALL, FLOOR WALLS CEILING _____

STAIRWAYS _____

WINDOWS, AIRSHAFF _____

ELECT. WIRING _____

HEATING CENTRAL YES: NO

STACKS FLUES, VENTS _____

CHIMNEY _____

EQUIPMENT, REPAIR _____

PLUMBING

SUPPLY LINE _____

WASTE LINE _____

BASEMENT

GEN'L SANIT'N _____

DAMPNSS NI O _____

STAIRS _____

LIGHTING _____

BASE OVL. UNIT

HEN 7' x 3' _____

DAMPNSS NI O _____

WINDOW 1/12 x 0' _____

DUAL EGRESS YES NO _____

PROHIBITED COMB'N USE

ASSOC. USE HAZARD _____

HAZARDOUS VENTS _____

Remarks _____

Portland Health Dept.

Inspector AFD

Worce

Photos yes no
 Proj. No.

Bramhall

Date 9-13-67

12

DWELLING UNIT SCHEDULE

CROWDING		LOCATION	5 Clifford St	COMP.
SANIT.		D.U. ID	Entire structure	PEND.
INFEST.		OCCUPY	Summer Clark	
BASE D.U.		OWNER		
DETERM		AGENT		
		ADDRESS		YRS

Occupants	Information	Occupancy	Facilities		Violations									
			LOC. RENT FURN. WK. L. RMS	PER ALL D. LORS HEAT BATH FLSH K.SR H.W. CR'G										
1 Summer Clark			/	/	/	/	/	/	/	/	/	/	/	/
2.			/	/	/	/	/	/	/	/	/	/	/	/
3.			/	/	/	/	/	/	/	/	/	/	/	/
4.			/	/	/	/	/	/	/	/	/	/	/	/

OVERCROWDING 60 SLEEP'G VER. PLATING 1/12" 1/2" LIFTING DINING DETERM WALKS CELLINGS WINDOWS DOORS FLOORS	KITCHEN		BATH		TOILET		DINING		BED			OTHER	TOTAL	REMARKS	KITCHEN SINK & WATER 1. SINK 2. SUPPLY & WASTE 3. FLOOR GEN'L HEATING 4. STOVE, FLUES, VENTS 5. N'T'RS VENTED, REP'R BATHING FACILITIES SHARED MAX. 40U 200 U. 1 PER 15 MIN. 2' STOD HT. VENT'LN PROPER ACCESS PLD'G SANT'N TOILET FACILITIES SHARED MAX. 20U 200 U FLSH & LAV 1 PER 10 VENT'LN PROPER ACCESS PLD'G SANT'N INFESTATION RATS <input type="checkbox"/> H' <input type="checkbox"/> O: <input type="checkbox"/> C OTHER (SPECIFY) EGRESS EQUAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DETERM				
	✓		✓		✓		✓		✓		✓						✓		
	✓		✓		✓		✓		✓		✓		✓						

Portland Health Dept.
CS-7

OK

Inspector *afp*