

15A Bramhall Street

BRAMHALL

April 21, 1969

OK
320-A

Mr. William H. Donovan
76 Brook Road
Portland, Maine 04103

Re: 11-15-15A Bramhall Street

Dear Mr. Donovan:

You have evidenced interest in applying for a loan through the Bramhall Hill Neighborhood Conservation Program. Your property was originally inspected on July 10, 1967, and found to be standard. Upon your request, a reinspection was made of your property.

As a result of this reinspection, the violations listed below were found to be incipient at this time but could become true violations in a year or two:

- C
O
P
Y
- ✓ A. Apartment #1, Dining room, first floor, left side - ceiling shows sign of deterioration.
 - ✓ B. Hallway - first floor, left side - ceiling shows sign of deterioration.
 - ✓ C. Living room, right side, apartment #8 - ceiling and wall show signs of deterioration.
 - ✓ D. Hallway, right front side - ceiling shows sign of deterioration.
 - ✓ E. Second floor living room, Apartment #3 - ceiling shows sign of deterioration.
 - ✓ F. Bathroom, right side, apartment #3 - ceiling shows sign of deterioration.
 - ✓ G. Apartment #2, Living room, left side, - ceiling shows sign of deterioration.
 - ✓ H. Left side, third floor, apartment #4, Kitchen, ceiling shows signs of deterioration.
 - ✓ I. Third floor, bathroom, left - ceiling shows sign of deterioration.
 - ✓ J. Paint deteriorating on siding.
 - ✓ K. Trim paint peeling.
 - ✓ L. Repoint three chimneys.
 - ✓ M. Deteriorated downspouts.

Sincerely,

Lyle D. Noyes
Housing Supervisor

*Complete
10-17-69*

KDS:lao

April 21, 1969

Mrs. William H. Donovan
76 Brook Road
Portland, Maine 04103

Re: 11-15-15A Bramhall Street

Dear Mr. Donovan:

You have evidenced interest in applying for a loan through the Bramhall Hill Neighborhood Conservation Program. Your property was originally inspected on July 10, 1967, and found to be standard. Upon request, a reinspection was made of your property.

As a result of this reinspection, the violations listed below, which were incipient at the time of our first inspection, have now become true violations:

REPAIR or REPLACE -

- a. The defective parts of the chimneys.
- b. The loose, worn or missing downspouts.

The violations listed below are at the present time incipient but could become true violations in a year or two:

- a. The dining room ceiling on the first floor left side shows signs of deterioration.
- b. The hallway ceiling on the first floor left side shows signs of leakage.
- c. The living room ceiling and walls on the first floor right side shows signs of deterioration.
- d. The hallway ceiling on the first floor right front side shows signs of deterioration.
- e. The living room ceiling on the second floor left side shows signs of deterioration.
- f. The bathroom ceiling on the second floor right side shows signs of deterioration.
- g. The living room, on the second floor left side shows signs of deterioration.
- h. The kitchen ceiling on the third floor left side shows signs of deterioration.

Mr. William H. Donovan

Page 2

May 20, 1959

- i. The bathroom ceiling on the third floor left side shows signs of deterioration.
- j. The paint on the siding and trim shows signs of deterioration.

Sincerely,

Lyle D. Noyes
Housing Supervisor

LDN:clb

BRAMHALL HILL NEIGHBORHOOD CONSERVATION PROGRAM

April 21, 1969

Mr. William H. Donovan
76 Brook Road
Portland, Maine 04103

Re: 11-15-15A Bramhall Street

Dear Mr. Donovan:

You have evidenced interest in applying for a loan through the Bramhall Hill Neighborhood Conservation Program. Your property was originally inspected on July 10, 1967, and found to be standard. Upon your request, a reinspection was made of your property.

As a result of this reinspection, the violations listed below were found to be incipient at this time but could become true violations in a year or two:

- ✓ A. Apartment #1, Dining room, first floor, left side - ceiling shows sign of deterioration.
- B. Hallway - first floor, left side - ceiling shows sign of deterioration.
- ✓ C. Living room, right side, apartment #8 - ceiling and wall show signs of deterioration.
- ✓ D. Hallway, right front side - ceiling shows sign of deterioration.
- ✓ E. Second floor living room, Apartment #3 - ceiling shows sign of deterioration.
- ✓ F. Bathroom, right side, apartment #3 - ceiling shows sign of deterioration.
- ✓ G. Apartment #2, Living room, left side - ceiling shows sign of deterioration.
- H. Left side, third floor, apartment #4, Kitchen, ceiling shows sign of deterioration.
- I. Third floor, bathroom, left - ceiling shows sign of deterioration.
- J. Paint deteriorating on siding.
- K. Trim paint peeling.
- L. Repoint three chimneys. — violations
- M. Deteriorated downspouts. — "

*a to including are incipient
L & M - are violations*

Sincerely,

Lyle D. Noyes
Lyle D. Noyes
Housing supervisor

KDS:pc

Photos yes no
 Date 5-20-69
 Proj. No. C.I. BIRMINGHAM Ass'rs Zone Zone Viol
 Stories 3 BM ASD SAR SA NA ST P Com. Units Rmg Units Dwl. Units 10

| | | |
|-------------|------------------------------|------|
| LOCATION | <u>11-15-157 BRAMHOLL ST</u> | COMP |
| OWNER AGENT | <u>William W Donovan</u> | PEND |
| OWNER AGENT | <u>76 Brook Rd.</u> | |
| OWNER AGENT | | |
| OWNER AGENT | | VTS |

| Occupants | Information | | | | Occupancy | | | | Facilities | | | | Violations | |
|-----------|-------------|------|-------|-------|-----------|------|-------|------|------------|------|------|------|------------|------|
| | LOC. | RENT | FURN. | WK.I. | RMS | PER. | ALL.D | LGRS | HEAT | BATH | FLSH | K.SK | | H.W. |
| 1. | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | |
| 0. | | | | | | | | | | | | | | |

STRUCTURE RATING

STRUCTURE SCHEDULE

YARD
 GARBAGE & RUBBISH
 CONTAINERS COMPLY
 DRAINAGE
 ZONE VIOL.
STRUCTURE EXTERIOR
 STEPS, STAIRS, PORCHES
 FOUNDATION
 WALLS
 WINDOWS, DOORS
 ROOF, DRAINS Down spouts deteriorated
 ADJ. BUILDINGS
INFESTATION
 RATS RI O E
 OTHER (SPECIFY)
EGRESS
 DUAL YES NO
 OBST'N

STRUCTURE INTERIOR
 HALL, OBST'N
 HALL, LIGHTING
 HALL, FLOOR WALLS CEILING
 STAIRWAYS
 WINDOWS, AIRSHFT
 ELECT. WIRING
 HEATING CENTRAL YES: NO
 STACKS FLUES, VENTS
 CHIMNEY All need painting (3)
 EQUIPMENT, REPAIR
PLUMBING
 SUPPLY LINE
 WASTE LINE
BASEMENT
 GEN'L SANIT'N
 DAMPNSS RI O
 STAIRS
 LIGHTING
BASE DWL. UNIT
 MIN 7' x 3'
 DAMPNSS RI O } NONE
 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 ajg.

July 29, 1967

Mr. William H. Donovan
15A Bramhall Street
Portland, Maine

Mr. Donovan: RE: 11, 15, 15A Bramhall Street

Photos yes no

Date 7/10/67

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

Stories 3 RBM ASDD SAR NSA NA MS ST P Com.Units Rmg Units Dwl.Units 10

| | | | |
|-------------|-----------------------------|------|--------------------------|
| LOCATION | <u>11, 15, 15A BRANHALL</u> | COMP | <input type="checkbox"/> |
| OWNER AGENT | <u>W.M. H. DONOVAN</u> | PERC | <input type="checkbox"/> |
| OWNER AGENT | <u>15A Branhall</u> | | |
| OWNER AGENT | | | |
| OWNER AGENT | | | |
| OWNER AGENT | | | |

| Occupants | Information | | | | | Occupancy | | | | | Facilities | | | | | Violations |
|-----------|-------------|------|-------|--------|-----|-----------|-------|------|------|------|------------|------|------|------|--|------------|
| | LOC. | RENT | FURN. | WK. I. | IMS | PER. | ALL'D | LGRS | 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 _____

ROOF, DRAINS _____

OUT BUILDINGS _____

INFESTATION

RATS R1 D1 E _____

OTHER (SPECIFY) _____

EGRESS

DUAL YES NO _____

OBST'N _____

Remarks _____

STRUCTURE INTERIOR

HALL, OBST'N _____

HALL, LIGHTING _____

HALL, FLOOR WALLS CEILING _____

STAIRWAYS _____

WINDOWS, AIRSHAFT _____

ELECT. WIRING _____

HEATING CENTRAL YES NO

STACKS FLUES, VENTS _____

CHIMNEY _____

EQUIPMENT, REPAIR _____

PLUMBING

SUPPLY LINE _____

WASTE LINE _____

BASEMENT

GEN'L SANIT'N _____

DAMPNSS R1 O _____

STAIRS _____

LIGHTING _____

BASE DWL. UNIT

MIN 7' x 3' _____

DAMPNSS R1 O _____

WINDOW 1/12 X 8' _____

DUAL EGRESS YES NO _____

PROHIBITED COMB'N USE

ASSOC. USE HAZARD _____

HAZARDOUS VENTS _____

Portland Health Dept.

CS-8

Inspector _____

Photos yes no

Proj. No.

BRANHALL

Date 7/7/67

DWELLING UNIT SCHEDULE

| | | |
|-----------|---------------------------------|-------|
| CROWDING | LOCATION <u>15A BRANHALL</u> | COMP. |
| SANITY | 1 st LOC. <u>1ST</u> | PEND. |
| INFEST. | OCCPNT <u>LESSARD</u> | |
| BASE D.U. | OWNER <u>W.M. DONOVAN</u> | |
| DET'RN | ADDRESS <u>SAME</u> | VTS |

| Occupants | Information | Occupancy | Facilities | Violations | | | | | | | | | | | | | |
|------------------|-------------|-----------|------------|------------|------|------|-------|-----|----|-----|------|-------|------|------|------|------|------|
| | | | | | LOC. | RENT | FURN. | WK. | I. | RMS | PER. | ALL'D | LGRS | HEAT | BATH | FLSH | K.SK |
| 1 <u>LESSARD</u> | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | |

| OVERCROWDING | KITCHEN | BATH | TOILET | DINING | BED | BED | BED | BED | BED | OTHER | TOTAL | KITCHEN SINK & WATER | |
|---------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-----|-------|-------|-----------------------------------------------------------------------------------------|--------------------------|
| | | | | | | | | | | | | SINK | SUPPLY & WASTE |
| 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 type="checkbox"/> | <input type="checkbox"/> |
| SO SLEEP'G | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| VEN. ILLATION | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 1/12 X 1/2 | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| LIGHTING | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| OPENING | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| DET'RN | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| WALLS | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| CEILINGS | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| WINDOWS | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| DOORS | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| FLOORS | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Remarks | | | | | | | | | | | | HEATING | |
| | | | | | | | | | | | | STACKS, FLUES, VENTS | |
| | | | | | | | | | | | | HT'RS VENTED, REP'R. | |
| | | | | | | | | | | | | BATHING FACILITIES | |
| | | | | | | | | | | | | SHARED MAX. 4DU | |
| | | | | | | | | | | | | RNG U. 1 PER 15 | |
| | | | | | | | | | | | | MIN. 7' STDS HT. | |
| | | | | | | | | | | | | VENT'LN | |
| | | | | | | | | | | | | PROPER ACCESS | |
| | | | | | | | | | | | | PLB'G | |
| | | | | | | | | | | | | SANIT'N | |
| | | | | | | | | | | | | TOILET FACILITIES | |
| | | | | | | | | | | | | SHARED MAX. 2 DU | |
| | | | | | | | | | | | | RNG U FLSH & LAV 1 PER 10 | |
| | | | | | | | | | | | | VENT'LN | |
| | | | | | | | | | | | | PROPER ACCESS | |
| | | | | | | | | | | | | PLB'G | |
| | | | | | | | | | | | | SANIT'N | |
| | | | | | | | | | | | | INFESTATION | |
| | | | | | | | | | | | | RATS <input type="checkbox"/> R' <input type="checkbox"/> O: <input type="checkbox"/> E | |
| | | | | | | | | | | | | OTHER (SPECIFY) | |
| | | | | | | | | | | | | EGRESS | |
| | | | | | | | | | | | | DUAL <input type="checkbox"/> YES. <input type="checkbox"/> NO | |
| | | | | | | | | | | | | OBST'N | |

Portland Health Dept. CS-7

Inspector F. Binister

Photos yes no
 Proj. No.

Date 7/10/67

BRAMHALL

| | | |
|-----------|------------------------------|-------|
| CROWDING | LOCATION <u>ISA BRAMHALL</u> | COMP. |
| SANIT. | D.U. LOC. <u>1ST</u> | END. |
| INFEST. | OCCPNT <u>W.M. DONOHAN</u> | |
| BASE D.U. | OWNER <u>SAME</u> | |
| DET'RN | ADDRESS | VTS |

DWELLING UNIT SCHEDULE

| Occupants | Information | Occupancy | Facilities | Violations | | | | | | | | | | | | | | |
|---------------------|-------------|-----------|------------|------------|------|------|-------|-----|----|-----|------|-------|------|------|------|------|------|------|
| | | | | | LOC. | RENT | FURN. | WK. | I. | RMS | PER. | ALL'D | LGRS | HEAT | BATH | FLSH | K.SK | H.W. |
| <u>W.M. DONOHAN</u> | <u>1ST</u> | <u>4</u> | <u>1ST</u> | <u>OK</u> | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | |

| | KITCHEN | BATH | TOILET | DINING | LIV - BED | BED | BED | BED | BED | OTHER | TOTAL |
|---------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------|-------|
| OVERCROWDIN 65' x 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"/> | | |
| 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"/> | | |
| 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"/> | <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"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| DET'RN 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"/> | | |
| 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"/> | | |
| 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"/> | | |
| 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"/> | | |
| 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"/> | | |

Remarks

Portland
Health Dept.
OS-7

Inspector J. Brumby

KITCHEN SINK & WATER

- SINK
- SUPPLY & WASTE OK
- PLSB. GEN'L
- HEATING**
- STACKS, FLUES, VENTS
- HT'RS VENTED, REP'N
- BATHING FACILITIES**
- SHARED MAX. 4DU OK
- RING U. 1 PER 15
- MIN. 7" STOG HT.
- VENT'LN
- PROPER ACCESS
- PLS'G
- SANIT'N
- TOILET FACILITIES**
- SHARED MAX. 2 DU
- RING U FLSH & LAV 1 PER 10 OK
- VENT'LN
- PROPER ACCESS
- PLS'G
- SANIT'N
- INFESTATION**
- RATS R' O: E
- OTHER (SPECIFY)
- EGRESS**
- DUAL YES NO
- OBST'N

Photos yes no
 Proj. No.

BRAMHALL

Date 7/6/67

| | | |
|-----------|-----------------------------|-------|
| CROWDING | LOCATION <u>15 BRAMHALL</u> | COMP. |
| SANIT. | D.U. LOC. <u>2nd</u> | PERM. |
| INFEST. | OCCUPY <u>ANN GRAFFAM</u> | |
| BASE D.U. | OWNER <u>W.M. DONOVAN</u> | |
| DET'N | ADDRESS <u>SAME</u> | ITS |

DWELLING UNIT SCHEDULE

| Occupants | Information | Occupancy | Facilities | | | | | | | | Violations | | | | | | | | |
|----------------------|-------------|-----------|------------|------|-------|-------|-----|----------|-------|------|------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|
| | | | LOC. | RENT | FURN. | WK.I. | RMS | PER. | ALL'D | LGRS | | HEAT | BATH | FLSH | K.SIK | H.G. | CK'G | | |
| 1. <u>A. GRAFFAM</u> | | | <u>2nd</u> | | | | | <u>2</u> | | | | <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"/> | |
| 2. | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | |

| | KITCHEN | BATH | TOILET | DINING | BED | BED | BED | BED | BED | OTHER | TOTAL |
|----------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-----|-----|-----|-----|-------|-------|
| OVERCROWDIN 85' - 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"/> | | | | | | |
| VENT'ILATION 1/12 X 1/2 | | | | | | | | | | | |
| LIGHTING | | | | | | | | | | | |
| WIRING | | | | | | | | | | | |
| DET'RN WALLS | | | | | | | | | | | |
| CEILING | | | | | | | | | | | |
| WINDOWS | | | | | | | | | | | |
| DOORS | | | | | | | | | | | |
| FLOORS | | | | | | | | | | | |

Remarks

(Remarks section is mostly blank with some faint lines)

KITCHEN SINK & WATER

SINK _____

SUPPLY & WASTE _____ **OK**

PLB'G GEN'L _____

HEATING

STACKS, FLUES, VENTS _____

HT'RS JENKED, REP'R _____

BATHING FACILITIES

SHARED MAX. 4DU _____

RMG U. 1 PER 15 _____ **OK**

MIN. 7' STDB HT. _____

VENT'LN _____

PA PER ACCESS _____

PLB'G _____

SANIT'N _____

TOILET FACILITIES

SHARED MAX. 2 DU _____

RMG U FLSH & LAV 1 PER 10 _____ **OK**

VENT'LN _____

PROPER ACCESS _____

PLB'G _____

SANIT'N _____

INFESTATION

RATS R. OI E _____

OTHER (SPECIFY) _____

EGRESS

DUAL YES. NO _____

OBST'N _____

Portland Health Dept.
CS-7

Inspector J. Brimble

Photos yes no
 Proj. No.

Date 7/6/62

BRAMHALL

DWELLING UNIT SCHEDULE

| | | |
|-----------|---------------------------------|-------|
| CROWDING | LOCATION <u>15 BRAMHALL</u> | COMP. |
| SANIT. | D.U. LOC. <u>2nd</u> | PEND. |
| INFEST. | OC. <u>S. MOONEY</u> | |
| BASE D.U. | OWNER AGENT <u>W.M. DONOVAN</u> | |
| DET'N | ADDRESS <u>SAME</u> | YTD. |

| Occupants | Information | Occupancy | Facilities | | | | Violations |
|--------------------|-------------|-----------|------------|------|-------|------------|------------|
| | | | LOC. | RENT | FURN. | WK. I. RMS | |
| 1 <u>S. MOONEY</u> | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |

| | KITCHEN | BATH | TOILET | DINING | BED | BED | BED | BED | OTHER | TOTAL |
|---------------------------|---------|------|--------|-------------------------------------|-----|-----|-----|-----|-------|-------|
| OVERCROWDING 65 - 7' | | | | <input checked="" type="checkbox"/> | | | | | | |
| 10 SLEEP'G | | | | | | | | | | |
| VENTILATION 1/12 x 1/2 | | | | | | | | | | |
| LIGHTING WIRING | | | | | | | | | | |
| DET'N WALLS | | | | | | | | | | |
| CEILINGS | | | | | | | | | | |
| WINDOWS | | | | | | | | | | |
| DOORS | | | | | | | | | | |
| FLOORS | | | | | | | | | | |

Remarks

LIV. - 2nd

| KITCHEN SINK & WATER | |
|--------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> | SINK |
| <input type="checkbox"/> | SUPPLY & WASTE |
| <input type="checkbox"/> | PLB'G. GEN'L |
| HEATING | |
| <input type="checkbox"/> | STACKS, FLUES, VENTS |
| <input type="checkbox"/> | HT'RS VENTLD. REP'R |
| BATHING FACILITIES | |
| <input type="checkbox"/> | SHARED MAX. 4DU |
| <input type="checkbox"/> | RMS U. 1 PER 15 |
| <input type="checkbox"/> | MIN. 7' STOD HT. |
| <input type="checkbox"/> | VENT'LN |
| <input type="checkbox"/> | PROPER ACCESS |
| <input type="checkbox"/> | PLB'G |
| <input type="checkbox"/> | SANIT'N |
| TOILET FACILITIES | |
| <input type="checkbox"/> | SHARED MAX. 2 DU |
| <input type="checkbox"/> | RMS U FLSH & LAV 1 PER 10 |
| <input type="checkbox"/> | VENT'LN |
| <input type="checkbox"/> | PROPER ACCESS |
| <input type="checkbox"/> | PLB'G |
| <input type="checkbox"/> | SANIT'N |
| INFESTATION | |
| <input type="checkbox"/> | RATS <input type="checkbox"/> N' <input type="checkbox"/> O: <input type="checkbox"/> E |
| <input type="checkbox"/> | OTHER (SPECIFY) |
| EGRESS | |
| <input type="checkbox"/> | DUAL <input type="checkbox"/> YES. <input type="checkbox"/> NO |
| <input type="checkbox"/> | OBST'N |

Portland Health Dept.
OS-7

Inspector J. P. ...

Photos yes no
 Proj. No.

BRAMHALL

Date 7/7/67

| | | |
|-----------|-----------------------------|-------|
| CROWDING | LOCATION <u>15 BRAMHALL</u> | COMP. |
| SANIT. | D.U. LOC. <u>2nd</u> | PEND. |
| INFEST. | OCCUPY <u>M. BRYAN</u> | |
| BASE D.U. | OWNER <u>W.M. DONOVAN</u> | |
| DET'N | ADDRESS <u>SAME</u> | YES |

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 | | | | | | |
| <u>1. U. BRYAN</u> | <u>2nd</u> | <u>3</u> | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |

| | KITCHEN | BATH | TOILET | FINISH | BED | BED | BED | BED | BED | OTHER | TOTAL |
|------------------------|---------|------|--------|--------|-----|-----|-----|-----|-----|-------|-------|
| OVERCROWDING 65' x 7' | | | | | | | | | | | |
| 50 SLEEP'G | | | | | | | | | | | |
| VENTILATION 1/12 x 1/2 | | | | | | | | | | | |
| LIGHTING WIRING | | | | | | | | | | | |
| DET'N WALLS | | | | | | | | | | | |
| CEILINGS | | | | | | | | | | | |
| WINDOWS | | | | | | | | | | | |
| DOORS | | | | | | | | | | | |
| FLOORS | | | | | | | | | | | |

Remarks

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

Portland Health Dept.
CS-7

Inspector F. Beinsten

Photos yes no
 Proj. No.

BRAMHALL

Date 7/10/67

| | | |
|-----------|-----------------------------|-------|
| CROWDING | LOCATION <u>11 BRAMHALL</u> | COMP. |
| SANIT. | D.U. LOC. <u>3rd</u> | PEND. |
| INFEST. | OCCPNT | |
| BASE D.U. | OWNER <u>W.M. DONOVAN</u> | |
| DET'N | ADDRESS <u>SAME</u> | VTS |

DWELLING UNIT SCHEDULE

| Occupants | Information | | | | | | | Occupancy | | | | | | | Facilities | | | | | | | Violations | | | | | | | | | | | |
|-----------|-------------|------|-------|--------|-----|------|-------|-----------|------|------|------|------|------|------|------------|--|--|--|--|--|--|------------|--|--|--|--|--|--|--|--|--|--|--|
| | LOC. | RENT | FURN. | WK. I. | RMS | PER. | ALL'D | LGRD | HEAT | BATH | FLSH | K.SK | H.W. | CK'G | | | | | | | | | | | | | | | | | | | |
| 1 | ✓ | | | | 3rd | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | ✓ | | | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | ✓ | | | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | ✓ | | | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | KITCHEN | BATH | TOILET | DINING | BED | BED | BED | BED | BED | OTHER | TOTAL |
|---------------------------|---------|------|--------|--------|-----|-----|-----|-----|-----|-------|-------|
| OVERCROWDIN 85' - 7" | ✓ | S | S | ✓ | | | | | | | |
| NO SLEEP'G | | | | | | | | | | | |
| VENTILATION 1/12 x 1/2 | | | | | | | | | | | |
| LIGHTING | | | | | | | | | | | |
| WIRING | | | | | | | | | | | |
| DET'N | | | | | | | | | | | |
| WALLS | | | | | | | | | | | |
| CEILING | | | | | | | | | | | |
| WINDOWS | | | | | | | | | | | |
| DOORS | | | | | | | | | | | |
| FLOORS | | | | | | | | | | | |

L.V. Bed

KITCHEN SINK & WATER

SINK _____

SUPPLY & WASTE _____

PLB'G GEN'L OK

HEATING

STACKS, FLUES, VENTF _____

HT'RS VENTED, REP'R _____

BATHING FACILITIES

SHARED MAX. 4DU _____

RNS U. 1 PER 15 OK

MIN. 7' STDG HT. _____

VENT'LN _____

PROPER ACCESS _____

PLB'G _____

SANIT'N _____

TOILET FACILITIES

SHARED MAX. 2 DU _____

RNS U FLSH & LAV 1 PER 10 OK

VENT'LN _____

PROPER ACCESS _____

PLB'G _____

SANIT'N _____

INFESTATION

RATS R' O: E _____

OTHER (SPECIFY) _____

EGRESS

DUAL YES NO _____

OBST'N _____

Remarks

Portland
Health Dept.
CS-7

Inspector Z. Bismuth

Photos yes no
 Proj. No.

Date 7/10/67

BRAMHALL

DWELLING UNIT SCHEDULE

| | | |
|-----------|---------------------------------|-------|
| CROWDING | LOCATION <u>11 BRAMHALL</u> | COMP. |
| SANIT. | D.U. LOC. <u>3rd</u> | PEND. |
| INFEST. | OCCPNT | |
| BASE D.U. | OWNER AGENT <u>W.M. DONOVAN</u> | VTS |
| DEY'AN | ADDRESS <u>SAFE</u> | |

| Occupants | Information | Occupancy | Facilities | | | | Violations |
|-----------|----------------------------|-----------------|------------|------|------|-----------|------------|
| | | | BATH | FLSH | K.SK | H.W. CK'G | |
| | LOC. RENT FURN. WK. I. RMS | PER. ALL'D LORS | HEAT | BATH | FLSH | K.SK | H.W. CK'G |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |

| OVERCROWDIN 65' - 7' | SO SLEEP'G | VENTILATION 1/12 x 1/2 | LIGHTING WIRING | DEY'AN WALLS | CEILINGS | WINDOWS | DOORS | FLOORS | REMARKS | KITCHEN SINK & WATER | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|------------|---------------------------|--------------------|-----------------|----------|---------|-------|--------|---------|-------------------------------|-----------------------------------------|---------------------------------------|----------------------------------|-----------------------------------------------|----------------------------------------------|---------------------------------------------|------------------------------------------|------------------------------------------|-------------------------------------------|----------------------------------|----------------------------------------|--------------------------------|----------------------------------|--------------------------------------------|-------------------------------------------|----------------------------------------------------|----------------------------------|----------------------------------------|--------------------------------|----------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------|---------------------------------|
| | | | | | | | | | | KITCHEN | BATH | TOILET | DINING | BED | BED | BED | BED | BED | OTHER | TOTAL | | | | | | | | | | | | | | | | |
| | | | | | | | | | | <input type="checkbox"/> SINK | <input type="checkbox"/> SUPPLY & WASTE | <input type="checkbox"/> PLB'G. GEN'L | <input type="checkbox"/> HEATING | <input type="checkbox"/> STACKS, FLUES, VENTS | <input type="checkbox"/> HT'RS VENTED, REP'D | <input type="checkbox"/> BATHING FACILITIES | <input type="checkbox"/> SHARED MAX. 4DU | <input type="checkbox"/> RNG U. 1 PER 15 | <input type="checkbox"/> MIN. 7' STDS HT. | <input type="checkbox"/> VENT'LN | <input type="checkbox"/> PROPER ACCESS | <input type="checkbox"/> PLB'G | <input type="checkbox"/> SANIT'N | <input type="checkbox"/> TOILET FACILITIES | <input type="checkbox"/> SHARED MAX. 2 DU | <input type="checkbox"/> RNG U FLSH & LAV 1 PER 10 | <input type="checkbox"/> VENT'LN | <input type="checkbox"/> PROPER ACCESS | <input type="checkbox"/> PLB'G | <input type="checkbox"/> SANIT'N | <input type="checkbox"/> INFESTATION | <input type="checkbox"/> RATS <input type="checkbox"/> R <input type="checkbox"/> OI <input type="checkbox"/> E | <input type="checkbox"/> OTHER (SPECIFY) | <input type="checkbox"/> EGRESS | <input type="checkbox"/> DUAL <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> OBST'N |

Portland Health Dept.
CS-7

Inspector _____

Photos yes no
 Proj. No.

BRAMHALL

Date 7/10/67

| | | |
|-----------|-----------------------------|-------|
| CROWDING | LOCATION <u>11 Bramhall</u> | COMP. |
| SANIT. | D.U. LOC. <u>2nd</u> | VIOL. |
| INFEST. | OCCPNT <u>W.M. DONOVAN</u> | |
| BASE D.U. | OWNER | |
| DET'RN | AGENT | |
| | ADDRESS | |

DWELLING UNIT SCHEDULE

| Occupants | Information | Occupancy | Facilities | | | | | | | Violations | | | | | | | | |
|-----------|-------------|-----------|------------|------|-------|-------|-----|------|-------|------------|------|------|------|------|------|------|------|--|
| | | | LOC. | RENT | FURN. | WK.I. | RMS | PER. | ALL'D | | LGRS | HEAT | BATH | FLSH | K.SK | H.W. | CK'G | |
| 1. | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | |

| | KITCHEN | BATH | TOILET | DINING | BED | BED | BED | BED | BED | OTHER | TOTAL |
|---------------------------|---------|------|--------|--------|-----|-----|-----|-----|-----|-------|-------|
| OVERCROWDIN 65' - 7' | | | | | | | | | | | |
| SO SLEEP'G | | | | | | | | | | | |
| VENTILATION 1/12 x 1/2 | | | | | | | | | | | |
| LIGHTING | | | | | | | | | | | |
| WIRING | | | | | | | | | | | |
| DET'RN WALLS | | | | | | | | | | | |
| CEILING | | | | | | | | | | | |
| WINDOWS | | | | | | | | | | | |
| DOORS | | | | | | | | | | | |
| FLOORS | | | | | | | | | | | |

Remarks

(Remarks section is mostly blank with some faint lines)

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

Portland Health Dept.
CS-7

Inspector _____

Photos yes no
 Proj. No.

BRAMHALL

Date 7/10/67

| | | | |
|-----------|-------------|-------------|-------|
| CROWDING | LOCATION | 11 BRAMHALL | COMP. |
| SANIT. | D.U. LOC. | 3RD | PEND. |
| INFEST. | OCCUPY | | |
| BASE D.U. | OWNER AGENT | WM DONOVAN | VTS |
| DET'RN | ADDRESS | SAME | |

DWELLING UNIT SCHEDULE

| Occupants | Information | Occupancy | | | | | | | | | | Facilities | | | | Violations | | |
|-----------|-------------|-----------|------|-------|--------|-----|------|-------|------|------|------|------------|------|------|------|------------|--|--|
| | | LOC. | RENT | FURN. | WK. I. | RMS | PER. | ALL'D | LGRS | HEAT | BATH | FLSH | K.SK | H.W. | CK'G | | | |
| 1. | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | |

| | KITCHEN | BATH | TOILET | DINING | BED | BED | BED | BED | OTHER | TOTAL |
|----------------------------|---------|------|--------|--------|-----|-----|-----|-----|-------|-------|
| OVERCROWDIN 65' x 7' | | | | | | | | | | |
| NO SLEEP'G | | | | | | | | | | |
| VEN. PLATION 1/12 x 1/2 | | | | | | | | | | |
| LIGHTING | | | | | | | | | | |
| WIRING | | | | | | | | | | |
| DET'RN | | | | | | | | | | |
| WALLS | | | | | | | | | | |
| CEILINGS | | | | | | | | | | |
| WINDOWS | | | | | | | | | | |
| DOORS | | | | | | | | | | |
| FLOORS | | | | | | | | | | |

Remarks

KITCHEN SINK & WATER

- SINK
 SUPPLY & WASTE
 PLBG. GEN'L

HEATING

- STACKS, FLUES, VENTS
 HT'RS VENTED, REP'R

BATHING FACILITIES

- SHARED MAX. 4DU
 RMG U. . PER 15
 MIN. 7' STD HT.
 VENT'LN
 PROPER ACCESS
 PLB'G
 HT'N

TOILET FACILITIES

- SHARED MAX. 2 DU
 RMG U FLSH & LAV 1 PER 10
 VENT'LN
 PROPER ACCESS
 PLB'G
 SANIT'N

INFESTATION

- RATS R' O: E
 OTHER (SPECIFY)

EGRESS

- DUAL YES. NO
 OBST'N

Portland
 Health Dept.
 GS-7

Inspector _____

Inspection Services
P. Samuel Hoffas
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

JUNE 05, 1996

WEST COMPANY
288 STATE ST
PORTLAND ME 04102

Re: 15 BRAMHALL ST
CBL: 063- - A-005-001-01
DU: 10

Dear Sir:

The Housing Inspections Division of the Department of Planning and Urban Development has recently completed an exterior inspection of the above-referenced property.

Congratulations are extended to you for the general condition of your property which was found to meet the standards established by the City's Housing Code.

Good maintenance is the best way to protect the value of your property and neighborhood.

Please feel free to call on us if we can be of assistance to you.

Sincerely,

Amy Simpson
Code Enforcement Officer

Tammy Munson
Code Enfc. Offr./ Field Supv.