

50 Carleton Street

BRAMHALL



SHAW-WALKER

6813-1R

MAINE PRINTING CO., PORTLAND

CITY OF PORTLAND  
HEALTH DEPARTMENT  
HOUSING DIVISION



Loc. 56 Carleton Street  
Loc w/i S Bramhall Hill  
Bldg x Fire Elec Other x  
Issued June 3, 1968  
Expires July 3, 1968

Miss Minney G. Fowers  
56 Carleton Street  
Portland, Maine 04102

Dear Sir: Miss Fowers:

On April 25, 1967

an examination was made of the premises located at 56 Carleton Street, Portland, Maine

Non-compliance with the ordinances relating to housing conditions was found as detailed below. In accordance with the provisions of the above ordinance, you are hereby ordered to correct these defects according to specifications within the time limits allowed. Failure to comply with this notice will necessitate legal action.

Some repairs or improvements required will necessitate permits which are to be obtained from the Building Inspector, Health, Fire or other City Departments. These must be obtained before the work is started.

If any additional information is desired, visit or telephone the Housing Supervisor at this Office, Tel. 774-8221, extension 226. Kindly notify this office as soon as all corrections have been completed.

Very truly yours,  
John R. Davy, M. D.  
Health Director

By \_\_\_\_\_  
Housing Supervisor

**VIOLATIONS & SPECIFICATIONS**

## Responsibility of Owner or Agent    \*\* Responsibility of Occupant

**STRUCTURAL**  
Repair and put in good order all dilapidated and hazardous parts of the structure as follows:

- a. Determine the reason and remedy the condition which causes the paint on the outside walls, trim, and gutters to peel.
- b. Repair or replace the loose and dilapidated drainpipes on the right side of the structure.

**HEATING**

- a. Have a topping put on the chimney.

The above mentioned conditions are in violation of Chapter 307 of the Municipal Code of the City of Portland and must be corrected on or before July 3, 1968.

MAINE PRINTING CO

April 23, 1967

Miss Minney C. Powers  
56 Carleton Street  
Portland, Maine

Dear Miss Powers:


Your property has been surveyed by the Portland Housing Division, and certain deficiencies to the minimum Code standards were noted. A list of these deficiencies is attached, and we suggest that you make the necessary corrections.

The Bramhall Hill Program staff is ready to help you improve your property. If you want advice on repairs, cost estimates, contractors, plans, or financing, please call 773-1773 for an appointment.

There are many free services available through the site office, and we urge you to use them. Good maintenance is the best way to preserve the useful life of your property and neighborhood.

Thank you for your cooperation in making Bramhall Hill a more beautiful residential area.

Sincerely,

  
Gordon E. Martin  
Housing Supervisor

GLS:ac

Enclosure

56 Carleton Street

Area: Bramhall

Inspection Date: April 25, 1967

Dwelling Units: 1

Owner: Miss Minney C. Powers  
56 Carleton Street  
Portland, Maine

**DEFECTS NEEDING CORRECTION**

**STRUCTURAL**

Repair and put in good order all dilapidated and hazardous parts of the structure as follows:

- a. Determine the reason and remedy the condition which causes the paint on the outside walls, trim, and gutters to peel.
- b. Repair or replace the loose and dilapidated drainpipes on the right side of the structure.

**HEATING**

- a. Have a topping put on the chimney.

Date 4-25-67

Photos  yes  no

Proj. No.  C.I. \_\_\_\_\_ Ass'tz \_\_\_\_\_ Zone  Zone Viol \_\_\_\_\_

Stories 2 [INEM] [ASMD] [S.A.N.] [K.S.A.] [N.A.] [S.S.P.] Com.Units \_\_\_\_\_ Rmg Units \_\_\_\_\_ Dwl.Units 1

LOCATION	56 - Carlton St	COMP.	
OWNER	Miss	PERM.	
AGENT	MINNIE C. POWERS		
OWNER			
AGENT			
OWNER			
AGENT			

Occupants	Information LOC. RENT FURN. WK.I. RNS	Occupancy					Facilities			Violations			
		PER.	ALLD	LGRS	HEAT	BATH	FLSH	K.SK	H.W.	CA/C			
1- M.C. Powers													
2.													
3.													
4.													
5.													
6.													
7.													
8.													

### STRUCTURE SCHEDULE

**YARD**

GARBAGE & RUBBISH

CONTAINERS COMPLY

DRAINAGE

ZONE VIOL.

**STRUCTURE EXTERIOR**

STEPS, STAIRS, PORCHES

FOUNDATION

WALLS Trim Paint peeling also peeling off gutters

WINDOWS, DOORS

ROOF, DRAINS Pipes 1 3/4 R.S.

OUT BUILDINGS

**INFESTATION**

RATS  R.  O.  C.

OTHER (SPECIFY)

**EGRESS**

DUAL  YES  NO

OBST'M

**STRUCTURE INTERIOR**

HALL, OBST'M

HALL, LIGHTING

HALL, FLOOR HALLS CEILING

STAIRWAYS

WINDOWS, AIRSHAFT

ELECT. WIRING

HEATING CENTRAL YES  NO

STACKS FLUES, VENTS

CHIMNEY Heat TOPPING MINOR

EQUIPMENT, REPAIR

**PLUMBING**

SUPPLY LINE

WASTE LINE

**BASEMENT**

GEN'L SANIT'M

DAMPNES R.  O.

STAIRS

LIGHTING

**BASE DWL. UNIT**

MIN 7' - 3'

DAMPNES  R.  O.

WINDOW 1/12 X 8"

DUAL EGRESS  YES  NO

**PROHIBITED COMM'N USE**

ASSOC. USE HAZARD

HAZARDOUS VENTS

Remarks \_\_\_\_\_

Portland Health Dept.

CS-8

Inspector COJO

STRUCTURE RATING 2

Photos  yes  no  
 Proj. No.

Bramhall

Date A-25-67

CROSBING	LOCATION <u>56 Carleton St</u>	COMP.
SANIT.	D.U. LOC. <u>1st Floor</u>	PERM.
INFEST.	OCCUPY <u>MINNEY POWERS</u>	
BASE D.U.	OWNER	YTD
DET'NS	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	DECK	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 85' 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"/>		
SO FLOOR'S	<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	<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"/>		
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"/>		
CEILING	<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"/>		

- KITCHEN SINK - WATER
- SINK
- SUPPLY & WASTE
- PLUG. GEN'L
- HEATING
  - STAGES, FLUES, VENTS
  - HT'NG VENTED, REP'N
- BATHING FACILITIES
  - SHARED MAX. ADU
  - RMS U. 1 PER 15
  - MIN. 7' STOR HT.
  - VENT'LN
  - PROPER ACCESS
  - PLU'G
  - SANIT'N
- TOILET FACILITIES
  - SHARED MAX. 7 DU
  - RMS U FLSH & LAV 1 PER 10
  - VENT'LN
  - PROPER ACCESS
  - PLU'G
  - SANIT'N
- INFESTATION
  - RATS  R'  OI  C
  - OTHER (SPECIFY)
- EGRESS
  - DUAL  YES  NO
  - OBST' I

Remarks

*OK*

*OK*

Portland Health Dept.  
CS-7

Inspector \_\_\_\_\_

Photos  yes  no  
 Proj. No.

Date 4-25-67

CROWDING	LOCATION <u>56 CARLTON</u>	COMP.
SANIT.	D.U. LOC. <u>2nd</u>	PERM.
INFEST.	ACCPT <u>VACANT</u>	
BASE D.U.	OTHER AGENT	VTS
DET'N	ADDRESS	

**DWELLING UNIT SCHEDULE**

Occupants	Information	Occupancy	Facilities				Violations
			BATH	FLSH	K.SK	H.E. CK'G	
	LOC. RENT FURN. WK. I. RMS	PER. ALL'D LGRS HIAT					
1. <u>VACANT</u>	<u>gnd</u>	<u>7 0 11</u>	<u>3</u>	<u>1</u>	<u>1</u>	<u>1</u>	
2.							
3.							
4.							

	KITCHEN	BATH	TOILET	CLIMING	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 85' - 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"/>
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"/>
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"/>	<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"/>
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"/>

Remarks

*attic*

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

*OK*

Portland Health Dept.  
CS-7

Inspector *[Signature]*

REQUEST FOR SERVICE

PORTLAND HEALTH DEPARTMENT

DATE RECEIVED	6-13-78	BY	BML	DISTRICT	M. Leary
REQUEST BY	NAME	Mr. La Rochelle			
	ADDRESS	52 Carleton St			
OWNER	NAME				
	ADDRESS				
CONDITIONS	ADDRESS	51 Carleton St			

Has become unsecured, kids + drunks getting in.

COMMENTS Checked building on 6/12/78. Cellar, 2nd floor & second floor windows open.

SPECIAL INSTRUCTIONS

DIVISION	SANITATION		HOUSING		NURSING	
	ROUTINE		SPECIAL		BY	M/L
	URGENT		REPORT TO		DATE	6/13/78





# CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT  
INSPECTION SERVICES DIVISION

CBS  
DSL  
M.F.

## NOTICE OF HOUSING CONDITIONS

2

T-BLOCK-LOT - 63-D-14  
LOCATION: 56 Carleton Street

RICT: 5  
ED: March 16, 1988  
RES: May 16, 1988

Owner: Ida Corthell  
Windham Rd. R.F.D. #5, Box 541  
Windham, ME 04084

Attention: Ms. Corthell: \_\_\_\_\_

You are hereby notified, as owner or agent, that an inspection was made of premises at 56 Carleton 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 "Inspection Report".

In accordance with the provisions of the above mentioned Code, you are hereby ordered to correct those defects on or before May 16, 1988. 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, we 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, zoning, electrical, zoning and 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.

Sincerely yours,

Richard E. Gray, Jr., Director  
Planning & Urban Development

Samuel Holmes  
Chief of Inspection Services

Merlin Leary (5)  
Code Enforcement Officer

Comments

HOUSING INSPECTION REPORT

OWNER: Brenda Cortshell

LOCATION: 56 Carleton St. 63-D-14

CODE ENFORCEMENT OFFICER: Merlin Leary (5)

HOUSING CONDITIONS DATED: March 16, 1988

EXPIRES: May 16, 1988

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)

116-6

1. INTERIOR CELLAR - friable asbestos.

CITY OF PORTLAND  
 INSPECTION SERVICES DIVISION - HOUSING INSPECTION SCHEDULE

Insp. Date: 2-22-88 Complaint 5 year  Fire \_\_\_\_\_ Inspector's Name M Leary Dist. 2

Property Address: 56 Carlton C-B-L: 63-D-14 Legal Units: 2 Exist. Units: 2 Stories: 3 DATE: De

Owner or Agent Brenda Carthell Stand. Ist: \_\_\_\_\_ N.O.H.C.  L.C.D. DL: 2  
 Address 9 Highland Rd Standish 04084

Violation No.	Ext.	Int.	Fl.	Apt.	LOCATION	VIOLATION DESCRIPTION	CODE	Housing Telephone
1		X			Cellar	Friable Asbestos	116	Brenda Carthell 9 Highland Standish

Housing Telephone

Brenda Carthell  
9 Highland  
Standish

RE: Pri

Dear Ms

A re-in  
by Code

This is  
violati  
descrip

Thank  
safe an

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subjec  
next r

Sincer

Joseph  
Planni

By \_\_\_\_\_

Ch

Me  
Co

jmr

COR  
BS  
Fall



# CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT  
INSPECTION SERVICES DIVISION

## CERTIFICATE OF COMPLIANCE

December 22, 1988

Inspection Division  
Phone: 5451 - Extension 311

Courthouse  
Portland, ME 084

Premises located at 56 Carleton St. 63-D-14

Inspected by: Merlin Leary

Inspection of the premises noted above was made on December 22, 1988  
by Officer Merlin Leary

to certify that you have complied with our request to correct the  
violation(s) of the Municipal Code relating to housing conditions as  
stated in our "Notice of Housing Conditions" dated March 16, 1988.

Your cooperation and your efforts to help us maintain decent,  
and sanitary housing for all Portland residents.

It is the policy of this department to inspect each  
dwelling in the preservation of Portland's existing housing  
at least once every five years. Although a property is  
inspected at any time during the said five-year period, the  
inspection of this property is scheduled for Dec. 1991.

John E. G... Jr., Director,  
Planning & Urban Development

[Signature]  
Chief of Inspection Services

[Signature]  
Merlin Leary  
Code Enforcement Officer



# CITY OF PORTLAND

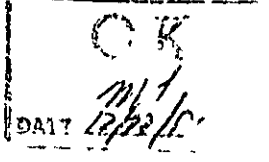
DEPARTMENT OF PLANNING & URBAN DEVELOPMENT  
INSPECTION SERVICES DIVISION

## NOTICE OF HOUSING CONDITIONS

DU: 2  
CHART-BLOCK-LOT - 63-D-14  
LOCATION: 56 Carleton Street.

DISTRICT: 5  
ISSUED: March 16, 1988  
EXPIRES: May 16, 1988

Brenda Corthell  
9 Highland Rd.  
Standish, ME 04084



Dear Ms. Corthell:

You are hereby notified, as owner or agent, that an inspection was made of the premises at 56 Carleton 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 May 16, 1988. 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 indicate that the premises have been brought into compliance with the Building 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 other Article V of the City Code.

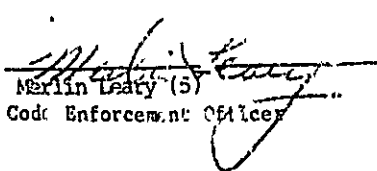
Please contact this office if you have any questions regarding this order.

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:   
Samuel Hoffes  
Chief of Inspection Services

  
Merlin Leary (S)  
Code Enforcement Officer

Attachments

jmc

HOUSING INSPECTION REPORT

OWNER: Brenda Corthell

LOCATION: 56 Carleton St. 63-D-14

CODE ENFORCEMENT OFFICER: Merlin Leary (5)

HOUSING CONDITIONS DATED: March 16, 1988 EXPIRES: May 16, 1988

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)

~~1. INTERIOR CELLAR - friable asbestos~~

~~116-8~~