

140 Chadwick Street

BRYANT HALL

SHAW-WALKER  
#28503111

August 12, 1968

**Mr. Norman McCausland**  
**140 Chadwick Street**  
**Portland, Maine 04, 02**

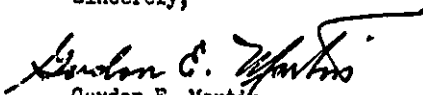
Dear **Mr. McCausland:**

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

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

Stores  27  DCM  ASMX  SAR  SV NA  ST P Com. Units  Rmg Units  Dvl. Units 1

Date 8/7/68

LOCAT ON <u>140 CHADWICK</u>	COMP
OWNER AGENT <u>NORMAN PMcC. AUSLAND</u>	PEND
OWNER AGENT <u>Same</u>	
OWNER AGENT	
OWNER AGENT	YTS

	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	<u>N. McCAusland</u>	<u>37</u>	<u>SIN</u>			<u>10</u>				<u>SO</u>	<u>P</u>	<u>V</u>	<u>V</u>							
2																				
3																				
4																				
5																				
6																				
7																				
8																				

STRUCTURE RATING

### STRUCTURE SCHEDULE

<p><b>YARD</b></p> <p><input type="checkbox"/> GARBAGE &amp; RUBBISH</p> <p><input type="checkbox"/> CONTAINERS COMPLY <u>OK</u></p> <p><input type="checkbox"/> DRAINAGE</p> <p><input type="checkbox"/> ZONE VIOL</p> <p><b>STRUCTURE EXTERIOR</b></p> <p><input type="checkbox"/> STEPS, STAIRS, PORCHES</p> <p><input type="checkbox"/> FOUNDATION <u>OK</u></p> <p><input type="checkbox"/> WALLS</p> <p><input type="checkbox"/> WINDOWS, DOORS</p> <p><input type="checkbox"/> G. BRIMS</p> <p><input type="checkbox"/> HOLDINGS</p> <p><b>INSULATION</b></p> <p><input type="checkbox"/> RATS <input type="checkbox"/> R<sub>1</sub> <input type="checkbox"/> O<sub>1</sub> <input type="checkbox"/> E</p> <p><input type="checkbox"/> OTHER (SPECIFY) <u>OK</u></p> <p><b>EGRESS</b></p> <p><input type="checkbox"/> DUAL <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> OBST'N</p> <p>Remarks _____</p> <p>Portland Health Dept.</p> <p>GS-8</p> <p>Inspector <u>FAB</u></p>	<p><b>STRUCTURE INTERIOR</b></p> <p><input type="checkbox"/> WALL OBST'N</p> <p><input type="checkbox"/> WALL LIGHTING</p> <p><input type="checkbox"/> WALL FLOOR WALLS CEILING <u>OK</u></p> <p><input type="checkbox"/> STAIRWAYS</p> <p><input type="checkbox"/> WINDOWS, AIRSHAFF</p> <p><input type="checkbox"/> ELECT. WIRING</p> <p><b>HEATING CENTRAL</b> 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 <u>OK</u></p> <p><b>PLUMBING</b></p> <p><input type="checkbox"/> SUPPLY LINE</p> <p><input type="checkbox"/> WASTE LINE</p> <p><b>BASEMENT</b></p> <p><input type="checkbox"/> GEN'L SANIT'N</p> <p><input type="checkbox"/> DAMPNES R<sub>1</sub> <input type="checkbox"/> O</p> <p><input type="checkbox"/> STAIRS</p> <p><input type="checkbox"/> LIGHTING</p> <p><b>BASE DWL UNIT</b></p> <p><input type="checkbox"/> MIN 7' 3"</p> <p><input type="checkbox"/> DAMPNES R<sub>1</sub> <input type="checkbox"/> O</p> <p><input type="checkbox"/> WINDOW 1/12 @ R' <u>N/A</u></p> <p><input type="checkbox"/> DUAL EGRESS <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>PROHIBITED COMB'N USE</b></p> <p><input type="checkbox"/> ESOC USE HAZARD</p> <p><input type="checkbox"/> HAZARDOUS VENTS</p>
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Photos  yes  no  
 Proj. No.

AK 9M HALL

Date 5

8/7/68

CROWDING	LOCATION 140 CHADWICK	COMP.
SANIT.	D.U. LOC. SIN	PEND.
INFEST.	OCCUPY N. McCAUSLAND	
BASE D.U.	OWNER SAME	
DET'N	ADDRESS	YES

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities				Violations
			BATH	FLSH	K.SK	H.W. CK'G	
	LOC. RENT FURN. WK. I. RMS	PER. ALL'D LGRS	HEAT				
1.	SIN	10					
2.							
3.							
4.							

	KITCHEN	BATH	TOILET	LIV	DINING	BED	BED	BED	BED	BED	LIV	TOTAL
OVERCROWDING 65' x 7'												10
50 SLEEP'G												
VENTILATION 1/12 x 1/2												
LIGHTING WIRING												
DET'N WALLS												
CEILING												
WINDOWS												
DOORS												
FLOORS												

Remarks

KITCHEN SINK & WATER	
<input type="checkbox"/>	SINK
<input type="checkbox"/>	SUPPLY & WASTE
<input type="checkbox"/>	PLBG. GEN'L
HEATING	
<input type="checkbox"/>	STACKS, FLUES, VENTS
<input type="checkbox"/>	HT'NG VENTED, REP'N
BATHING FACILITIES	
<input type="checkbox"/>	SHARED MAX. 4DU
<input type="checkbox"/>	SHG U. 1 PER 15
<input type="checkbox"/>	MIN 2' STOS HT.
<input type="checkbox"/>	VENT'LN
<input type="checkbox"/>	PROPER ACCESS
<input type="checkbox"/>	PLD'G
<input type="checkbox"/>	SANIT'N
TOILET FACILITIES	
<input type="checkbox"/>	SHAR D MAX. 2 DU
<input type="checkbox"/>	SHG 1 FLSH & LAV 1 PER 10
<input type="checkbox"/>	VENT'LN
<input type="checkbox"/>	PROPER ACCESS
<input type="checkbox"/>	PLD'G
<input type="checkbox"/>	SANIT'N
INFESTATION	
<input type="checkbox"/>	RATS <input type="checkbox"/> R: <input type="checkbox"/> O: <input type="checkbox"/> C: <input type="checkbox"/>
<input type="checkbox"/>	OTHER (SPECIFY)
E-RES:	
<input type="checkbox"/>	DUAL <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	DEBT'N

Portland Health Dept.

66-7

Inspector *PTB*