

131 Chadwick Street

BRAWNHALL

CHAS. QUINN
#8203 1F

May 17, 1967

Chadwick Realty Corp.
135 Chadwick Street
Portland, Maine

Stra: RE: 131 Chadwick Street

Photos yes no

Proj. No. C.I. BRAMH 811 Ass'ts Zone Zone Viol

Stories DF AS AB NA ST P Com. Units 12 Rm Units 0 Del. Units 19

Date 5-12-67

LOCATION 131 Chadwick St
OWNER AGENT Chadwick Realty Corp.
OWNER AGENT 439 Congress St
OWNER AGENT 135 Chadwick St.

COMP
PEND
VFS

Occupants	Information LOC. RENT FURN. WK. S. RMS	Occupancy				Facilities				Violations		
		PER.	ALLD	LGRS	HEAT	BATH	FLSH	K.SK	H.W.		CK*G	
1. <u>This structure consists of 12</u>												
2. <u>Stories offices of 19 dwelling units</u>												
3.												
4.												
5.												
6.												
7.												
8.												

1st offices 1st two floors - dwelling units 13rd 4th & 5th floors

STRUCTURE RATING

STRUCTURE SCHEDULE

- YARD**
- GARBAGE & RUBBISH
 - CONTAINERS COMPLY
 - DEBRIS
 - ZONE VIOL.

- STRUCTURE EXTERIOR**
- STEPS, STAIRS, PORCHES
 - FOUNDATION
 - WALLS
 - WINDOWS, DOORS
 - ROOF, DRAINAGE
 - OUT BUILDINGS

- INFESTATION**
- RATS S. O. E.
 - OTHER (SPECIFY)

- EGRESS**
- EXIST'G
 - YES NO

Remarks _____

Portland Health Dept.

CS-8

Inspector A.J.O.

- STRUCTURE INTERIOR**
- HAZ. OBST'N
 - HAZ. LIGHTING
 - HALL, FLOOR WALLS CEILING
 - STAIRWAYS
 - WINDOWS, AIRSHUTT
 - ELECT. WIRING
 - HEATING CENTRAL YES: NO
 - CRACKS PLUES, VENTS
 - CHIMNEY
 - EQUIPMENT, REPAIR
- PLUMBING**
- SUPPLY LINE
 - WASTY LINE
- BASEMENT**
- MEN'L SANIT'N
 - DAMPNES RI G
 - STAIRS
 - LIGHTING
- BASE DWL. UNIT**
- MIN 7' x 3'
 - DAMPNES RI G
 - WINDOW 1/12 X 8"
 - INDUAL EGRESS YES NO
- PROHIBITED COMB'N USE**
- SOC. USE HAZARD
 - HAZARDOUS VENTS

Yep Superintendent OK

Photos Yes No
 Proj. No.

Bramhall

Date 5-67

CROWDING	LOCATION <u>131 Chadwick St</u>	COMP.
SANIT	D.U. LOC. <u>Basement</u>	PERM.
INFEST.	OCCUPY <u>SAM DI FILIPPO</u>	
BASE D.U.	OWNER	YES
DET'N	AGENT	
	ADDRESS	

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities				Violations
			KITCHEN	BATH	FLSH	K.SK	
	LOC. RENT FURN. WK. I. RMS	PER. ALL'D LGRS HEAT	BATH	FLSH	K.SK	H.W.	CR'G
1 <u>Sam Di Filippo</u>	<u>Basement</u>	<u>5 3 8</u>	<u>NO</u>	<u>PLP</u>	<u>Y</u>	<u>Y</u>	
2.							
3.							
4.							

	KITCHEN	BATH	TOILET	DINING	L.S. BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 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"/>		
SO SLEEP'G										
VEN. PLATION 1/2 x 1/2										
LIGHTING										
WIRING										
DEF'N WALLS										
CEILING										
WINDOWS										
COORS										
FLOORS										

Remarks

(Large handwritten 'S' and 'OK' mark covering the remarks section)

KITCHEN SINK & WATER

SINK

SUPPLY & WASTE

PLS. PER'L

HEATING

STACKS, FLUES, VENTS

INT'RS VENTED, REP'N

BATHING FACILITIES

SHARED MAX. 4DU

RMS U. 1 PER 15

MIN. 7" STOD HT.

VENT'LN

PROPER ACCESS

PLS'G

SANIT'N

TOILET FACILITIES

SHARED MAX. 2 DU

RMS U. FLSH & LAV 1 PER 10

VENT'LN

PROPER ACCESS

PLS'G

SANIT'N

INFESTATION

RATS R OI E

OTHER (SPECIFY)

EGRESS

DUAL YES NO

OBST'N

Portland Health Dept.
 OS-7

Inspector afj

Photos yes no
 Proj. No.

Date 5-15-67

CROWDING	LOCATION <u>131 Chudown St</u>	COMP.
SANIT.	D.U. LOC. <u>APT # 32 - 3rd Floor</u>	PEND.
INFEST.	OCCPNT <u>John Abec</u>	YTS
BASE D.U.	OWNER	
DET'N	ADDRESS	

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities							Violations										
			LOC.	RENT	FURN.	WK.I.	RMS	PER.	ALL'D		LGRS	HEAT	BATH	FLSH	R.SK	H.W.	CK'G			
1. <u>John Abec</u>			<u>3</u>	<u>9.50</u>					<u>5</u>	<u>2</u>	<u>8</u>	<u>2</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>		
2.																				
3.																				
4.																				

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING	<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"/>		
VEN. INST'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"/>		
LIT'G 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"/>		
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"/>		
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"/>		
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"/>		
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"/>		
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"/>		

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

Remarks

(Large handwritten 'OK' circled around the facilities section)

Portland Health Dept.
65-7

Inspector 979

Photos yes no
Proj. No.

Bramhall

Date 5-11-67

CROWDING	LOCATION <u>131 Chadwick St</u>	COMP.
SANIT.	D.U. LOC. <u>BPT 33 3rd Floor</u>	END.
INFEST.	OCCUPY <u>MR. Gee</u>	
BASE D.U.	OWNER	
OBTAIN	AGENT	
	ADDRESS	

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy				Facilities						Violations			
		LOC.	RENT	FURN.	WK-1 RMS	PER.	ALL'D	LGRS	HEAT	CATH	FLSH	K-SK	H.W.	CK'G	
1 <u>Mr Gee</u>															
2.															
3.															
4.															

	KITCHEN	BATH	TOI'ET	DINING	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 65 - 72	<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"/>		
NO 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"/>		
VER PLATT'G 1/2 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"/>		
LYGTING	<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"/>		
BATHING	<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"/>		
DETAIN	<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"/>		
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"/>		
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"/>		
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"/>		
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"/>		

Remarks

KITCHEN SINK & WATER

- SINK
- SUPPLY & WASTE
- PLBG. GEN'L
- HEATING
- STAGES, FLUES, VENTS
- HT'NS VENTED, REP'R

BATHING FACILITIES

- SHARED MAX. 4DU
- TUB 4. 1 PER 12
- MIN. 7 STDS HT.
- VENT'LN
- PROPR ACCESS
- PLB'G
- SANIT'N

TOILET FACILITIES

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

INFESTATION

- RATS R OT
- OTHER (SPECIFY) _____

EGRESS

- DUAL YES NO
- OBT'N

Portland Health Dept.
OS-7

Inspector ofo

Photos yes no
 Proj. No.

Date 5-11-67

B

CROWDING	LOCATION <u>131 Chadwick St</u>	COMP.
SANIT.	D.V. LOC <u>APT # 34 3rd Floor</u>	PEND.
INFEST.	OCCUPY <u>MR NORTON</u>	
BASE B. 2.	OWNER	YES
DET'N	AGENT	
	ADDRESS	

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities			Violations	
			KITCHEN	BATH	FLSH		
	LOC. RENT FURN. WK. 1. RMS	PER. ALL'D LGRS HEAT	BATH	FLSH	K. SK	H.W.	CK'G
1. <u>MR NORTON</u>	<u>3 3/4</u>	<u>5</u>	<u>3</u>	<u>8</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>
2.							
3.							
4.							

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 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 checked="" type="checkbox"/>		
50 SLEEP'G											
VENTILATION 1/12 x 1/2											
LIGHTING											
DET'N WALLS											
CEILING											
WINDOWS											
SCORS											
FLOODS											

KITCHEN SINK & WATER

SINK

SUPPLY & WASTE

FLGS. GEN'L

HEATING

STACKS, FLUES, VENTS

HT'NG VENTED, REP'G

BATHING FACILITIES

SHARED MAX. 4DU

RWS U. 1 PER 10

MIN. 7' STOD HT.

VENT'LN

PROPER ACCESS

PLO'G

SANIT'N

TOILET FACILITIES

SHARED MAX. 2 DU

RWS U FLSH & LAV 1 PER 10

VENT'LN

PROPER ACCESS

PLO'G

SANIT'N

INFESTATION

RATS R O C

OTHER (SPECIFY) _____

EGRESS

DUAL YES NO

OBST'N

Remarks

Portland Health Dept.
OS-7

Inspector ASD

Photos yes no
 Proj. No.

B

Date 5-15 67 17

CROWDING	LOCATION	131 Chadwick.	COMP.
SANIT.	D.U. LOC.	APT # 36 3rd Floor.	PERM.
INFEST.	OCCPNT	Theodore Lewis	YES
RASE & U.	OWNER		
DETRN	ADDRESS		

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities											Violations			
			LOC.	RENT	FURN.	WK I.	RMS	PER	ALL'D	LGRS	HEAT	BATH	FLSH		K-CK	H.W.	CK'G
1								5	2	8	0	0	0	0	0	0	
2																	
3																	
4																	

	KITCHEN	BATH	TOILET	DINING	YEN BED	Liv BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING: 65 - 2'	✓	✓	✓	✓	✓	✓	✓				
SO SLEEP'G	✓	✓	✓	✓	✓	✓					
VENTILATION 1/12 & 1/2	✓	✓	✓	✓	✓	✓					
LIGHTING											
DET'RN WALLS											
Ceilings											
Windows											
Doors											
Floors											

Remarks

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

OK

Portland Health Dept.
 CS-7

Inspector 970

Photos yes no
 Proj. No.

B

Date 5-15-67

CROWDING	LOCATION	131 Chestnut St 5 th FLOOR	COMP.
SANIT.	S.U. LOC.	APT # 41	PEND.
INFEST	OCCUPY	MR COLBY	
BASE D.L.	OWNER		V'S
DET'N	ADDRESS		

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities										Violations											
			LOC.	RENT	FURN.	WK.I.	RMS	PER.	ALL'D	LGRT	HEAT	BATH		FLSH	K.SK	H.W.	CK'G							
1. Mr Colby			411	6.00			6	9																
2.																								
3.																								
4.																								

	Facilities										
	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 65 - 7'	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
50 SLEEP'G	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
VENTILATION 1/12 x 1/2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
LIGHTING	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WIRING	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
DET'N HALLS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CEILING	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WINDOWS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
DOORS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
FLOORS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Remarks

Portland Health Dept.
CS-7

Inspector

070

KITCHEN SINK & WATER	
<input type="checkbox"/>	SINK
<input type="checkbox"/>	SUPPLY & WASTE
<input type="checkbox"/>	PLB. GEN'L
HEATING	
<input type="checkbox"/>	STACKS, FLUES, VENTS
<input type="checkbox"/>	HT'RS VENTED, REP'G
BATHING FACILITIES	
<input type="checkbox"/>	SHARED MAX. 4DU
<input type="checkbox"/>	RMS U. 1 PER 15
<input type="checkbox"/>	MIN. 7' STDB 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"/> A <input type="checkbox"/> O <input type="checkbox"/> F
<input type="checkbox"/>	OTHER (SPECIFY)
EGRESS	
<input type="checkbox"/>	DUAL <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	OBST'N

OK

Photos yes no
Proj. No.

Date 5-15-67

B

CROWDING	LOCATION <u>131 Chadwick St</u>	COMP.
INFEST.	D.O. LOC <u>Apt # 92 - 4th Floor</u>	PEND.
BASE D.U.	OCCUPY <u>Mr Hopkins</u>	
DET'RN	OTHER 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.
1 <u>Mr & Mrs Hopkins</u>			<u>4</u>	<u>875</u>				<u>5</u>	<u>2</u>	<u>8</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	
2.																
3.																
4.																

	KITCHEN	BATH	TOILET	DINING	BED				OTHER	TOTAL	Facilities																					
					BED	BED	BED	BED			KITCHEN SINK & WATER																					
OVERCROWDING	<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"/> SINK	<input type="checkbox"/> SUPPLY & GASTE	<input type="checkbox"/> PLB'S. SERV'L	HEATING							<input type="checkbox"/> STAGES, FLUES, VENTS	<input type="checkbox"/> HT'RS VENTED, REP'D										
65 - 7"											BATHING FACILITIES										<input type="checkbox"/> SHARED MAX. 4-U	<input type="checkbox"/> AMB U. 1 PER 15	<input type="checkbox"/> MIN. 7' STUB HT.	<input type="checkbox"/> VENT'LN	<input type="checkbox"/> PROPER ACCESS	<input type="checkbox"/> PLB'S	<input type="checkbox"/> SANIT'N					
SO 'SLEEP'RS											TOILET FACILITIES										<input type="checkbox"/> SHARED MAX. 2 OU	<input type="checkbox"/> AMB U. FLSH & LAV 1 PER 10	<input type="checkbox"/> VENT'LN	<input type="checkbox"/> PROPER ACCESS	<input type="checkbox"/> PLB'S	<input type="checkbox"/> SANIT'N						
VENTILATION 1/12 & 1/2											INFESTATION										<input type="checkbox"/> RATS	<input type="checkbox"/> R	<input type="checkbox"/> OI	<input type="checkbox"/> E	EGRESS		<input type="checkbox"/> DUAL	<input type="checkbox"/> YES	<input type="checkbox"/> N	<input type="checkbox"/> OBST'N		
LIGHTING WIRING																																
DET'RN WALLS																																
CEILING'S																																
WINDOWS																																
DOORS																																
FLOORS																																
Remarks																																

Portland Health Dept.
GS-7

Inspector AJZ

Photos yes no
 Proj. No.

Date 5-11-67

B-

CROWDING	LOCATION <u>131 Chadwick St</u>	COMP.
SANIT.	D.U. LOC. <u>Apt 443, Fourth Floor</u>	PEND.
INFEST.	OCCUPY <u>Brookline</u>	
BASE D.U.	OWNER	
ALT'N	ADDRESS	VTS

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy		Facilities					Violations	
		PER.	ALL'D	BATH	FLSH	K.SR	H.W.	CK'G		
	LOC. RENT FURN. W.I. RMS	PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K.SR	H.W.	CK'G
1. <u>Brookline</u>	- 800 -	6	2	9	1	1	1	Y	Y	Y
2.										
3.										
4.										

OVERCROWDING 65' - 7'	NO SLEEP'G	VENTILATION 1/12 x 1/2	LIGHTING	WIRING	DET'N CALLS	CEILING	WINDOWS	DOORS	FLOORS	BED				OTHER	TOTAL
										KITCHEN	BATH	TOILET	DINING		
<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"/>						

KITCHEN SINK & WATER

SINK

SUPPLY & WASTE

PLS. SEM'L

HEATING

STACKS, FLUES, VENTS

HT'RS VENTED, REFR

BATHING FACILITIES

SHARED MAX. 4DU

SHG U. 1 PER 15

MIN. 7' STDB HT.

VENT'LN

PROPER ACCESS

PLS'G

SANIT'N

TOILET FACILITIES

SHARED MAX. 2 DU

SHG U FLSH & LAV 1 PER 10

VENT'LN

PROPER ACCESS

PLS'G

SANIT'N

INFESTATION

RATS R O C

OTHER (SPECIFY)

EGRESS

QUAL YES NO

OBST'N

OK

Remarks

Portland Health Dept.
CS-V

Inspector

070

Photos yes no
 Proj. No.

Date 5-11-67

DWELLING UNIT SCHEDULE

CROWDING	LOCATION	131 Chadwick St	COMP.
SANIT.	D. U. LOC.	APT 244 4th Floor	PEND.
INFEST.	OCCUPY	Provencher	
BASIC D. U.	OWNER		
DET'N	AGENT		
	ADDRESS		

Occupants	Information	Occupancy	Facilities								Violations							
			LOC.	RENT	FURN.	WK. I.	RMS	PER.	ALL'D	LGHS		HEAT	BATH	FLSH	K.SK	H.W.	CK'G	
1 Provencher			416	50				5	2	8	2	3	P	D	Y	Y	66	
2																		
3.																		
4.																		

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	OTHER	TOTAL	KITCHEN SINK & WATER	
											SINK	SUPPLY & WASTE
OVERCROWDING											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
65' x 7'											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
50 SLEEP'G											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VEN. ILATION											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1/12 x 1/2											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LIGHTING											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WIRING											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DET'N											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BALLS											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CEILING											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WINDOWS											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DOORS											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FLOORS											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Remarks	OK										HEATING	
											SHARED MAX. 400	
											RNG U. 1 PER 15	
											MIN. 7' STD HT.	
											VENT'LN	
	OK										BATHING FACILITIES	
											SHARED MAX. 2 CU	
											RNG U FLSH & LAV 1 PER 10	
											VENT'LN	
											PROPER ACCESS	
	OK										TOILET FACILITIES	
											SHARED MAX. 2 CU	
											RNG U FLSH & LAV 1 PER 10	
											VENT'LN	
											PROPER ACCESS	
	OK										INFESTATION	
											RATS <input type="checkbox"/> N. <input type="checkbox"/> O. <input type="checkbox"/> E.	
											OTHER (SPECIFY)	
											EGRESS	
											DUAL <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Inspector 920										OBS'TN	

Portland Health Dept.
CS-7

Photos yes no
 Proj. No.

Date 5-18-67

DWELLING UNIT SCHEDULE

CROWDING	LOCATION	131 Cheekwood St.	COMP.
SANIT.	D.U. LOC.	APT #45 - 4TH FLOOR	PERM.
INFEST.	OCCUPY	MISS KARNES	
BASE D.U.	OWNER		
DEY'RN	AGENT		
	ADDRESS		

Occupants	Information	Occupancy	Facilities				Violations
			LOC.	RENT	FURN.	WK. I. RMS	
1 MISS KARNES			OK	OK	OK	OK	
2.							
3.							
4.							

	KITCHEN	BATH	TOILET	DINING	BED				OTHER	TOTAL	KITCHEN SINK & WATER	
					RED	BED	BED	BED			PLUMB	WATER
OVERHOUNDING											<input type="checkbox"/>	<input type="checkbox"/>
65 - 7'											<input type="checkbox"/>	<input type="checkbox"/>
50 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"/>
WIRING											<input type="checkbox"/>	<input type="checkbox"/>
DEY'RN											<input type="checkbox"/>	<input type="checkbox"/>
WALLS											<input type="checkbox"/>	<input type="checkbox"/>
CEILING											<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											<input type="checkbox"/> STAIRS YES, VENT'D <input type="checkbox"/> STAIRS VENT'D, REPAIR <input type="checkbox"/> BATHING FACILITIES <input type="checkbox"/> SHARED MAX. 4 DU <input type="checkbox"/> SHG U. 1 PER 10 <input type="checkbox"/> MIN. 7' STDB HT. <input type="checkbox"/> VENT'LN <input type="checkbox"/> PROPER ACCESS <input type="checkbox"/> PLB'S <input type="checkbox"/> SANIT'N <input type="checkbox"/> TOILET FACILITIES <input type="checkbox"/> SHARED MAX. 2 DU <input type="checkbox"/> SHG U. FL'G & LAV 1 PER 10 <input type="checkbox"/> VENT'LN <input type="checkbox"/> PROPER ACCESS <input type="checkbox"/> PLB'S <input type="checkbox"/> SANIT'N <input type="checkbox"/> INFESTATION <input type="checkbox"/> RATS <input type="checkbox"/> N <input type="checkbox"/> O: <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											<input type="checkbox"/>	
Inspector											<input type="checkbox"/>	

OK

[Handwritten signature]

Photos yes no
 Proj. No.

Date 5-9-67

CROWDING	LOCATION 131 CHARLWICK ST	COMP.
SANIT.	D.U. LOC. APT 51 - 5TH FLOOR	PENB.
INFEST.	OCCUPY VACANT	
BASE D.U.	OWNER	YES
DET'N	ADDRESS	

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities					Violations
			KITCHEN	BATH	TOILET	FLSH	H.W.	
1 VACANT	LOC. RENT FURN. WK. I. RMS PER. ALL'D LGRS HEAT	5 0 8						
2.								
3.								
4.								

etc

OVERCROWDING	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	OTHER	TOTAL
85 - 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"/>		
SO SLEEP'G									
VEN. ILLATION 1/12 x 1/2									
LIGHTING WIRING									
DET'N WALLS									
CEILING									
WINDOWS									
DOORS									
FLOORS									

Remarks

OK

Portland Health Dept.
CS-7

Inspector *910*

KITCHEN SINK & WATER

- SINK
- SUPPLY & WASTE
- FLDG. GEN'L

HEATING

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

BATHING FACILITIES

- SHARED MAX. 4DU
- RMS U. 1 PER 15
- MIN. 7' STUB HT.
- VENT'LN
- PROPER ACCESS
- FLD'G
- SANIT'N

TOILET FACILITIES

- SHARED MAX. 2 DU
- RMS U. FISH & LAY 1 PER 10
- VENT'LN
- PROPER ACCESS
- FLD'G
- SANIT'N

INFESTATION

- RATS 2 1
- OTHER (SPECIFY)

EGRESS

- DUAL YES NO
- ORBT'N

Photos yes no
 Proj. No.

Date 5-12-67

B

CROWDING	LOCATION	131 Chadwick St	COMP.
SANIT.	D.U. LOC.	Ap't # 52 Bk Flon	PEN.
INFEST.	OCCUPY	PM dress	
DATE D.U.	POWER		
DET'N	ADDRESS		YES

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities				Violations									
			LOC.	RENT	FURN.	WK.F.		RMS	PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K.SK	H.W.
1 <u>PM dress</u>			-	-	-	-	6	1	-	-	96	11	14	16		
2.																
3.																
4.																

	KITCHEN	BATH	TOILET	DIN.G	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERFLOWING											
65 - 7'											
50 SLEEP'G											
VENTILATION											
7/12 & 1/2											
LIGHTING											
WIRING											
DET'N											
WALLS											
CEILING											
WINDOWS											
DOORS											
FLOORS											

Remarks

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

Portland Health Dept.
GS-7

Inspector ago

OK

Photos yes no
 Proj. No.

Date 5-11-67

CROSSING	LOCATION <u>131 Chadwick St</u>	COMP.
SANIT	D.U. LOC. <u>APT # 63 FIFTH FLOOR</u>	PERM.
INFEST.	OCCUPY <u>MacKenzie</u>	
BASE D.U.	OWNER	YES
DET'N	ADDRESS	

DWELLING UNIT SCHEDULE

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

OVERCROWDIN 65' - 7'	DO SLEEP'G 1 1/2 x 1 1/2	VENTILATION 1/2 x 1/2	LIGHTING WIRING	DET'N WALLS	CEILING	WINDOWS	DOORS	FLOORS	REMARKS	KITCHEN		BATH		TOILET		DINING		BED		OTHER	TOTAL
										SINK	WATER	SINK	WATER	SINK	WATER	SINK	WATER	SINK	WATER		

OK

Inspector [Signature]

Portland Health Dept.
CS-7

Photos yes no
 Proj. No.

B

Date 5-11-67

CROWDING	LOCATION <u>131 Chadwick ST</u>	COMP.
SANIT.	D U LOC. <u>Apt # 511 5th Floor</u>	PERM.
INFEST.	OCCUPY <u>Mrs Flaherty</u>	
BASE D.U.	OWNED	
DET'N	ADDRESS	VTS

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy			Facilities							Violations
		PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K.SK	H.W.	CK'G		
<u>Mrs Flaherty</u>	LOC. RENT <u>511</u> FURN. <u>OK</u> WK. I. <u>OK</u>	RMS <u>5</u>	PER. <u>2</u>	ALL'D <u>8</u>	LGRS <u>OK</u>	HEAT <u>OK</u>	BATH <u>OK</u>	FLSH <u>OK</u>	K.SK <u>OK</u>	H.W. <u>OK</u>	CK'G <u>OK</u>	

Remarks	KITCHEN	BATH	TOILET	DINING	LFD	BED	BED	BED	OTHER	TOTAL
		<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"/>	

OVERFLOWING 65 - 7'

SO SLEEP'G

VEN. FLATION 1/12 x 1/2

LIGHTING WIRING

DET'N WALLS

CEILING

WINDOWS

DOORS

FLOORS

KITCHEN SINK & WATER

SINK

SUPPLY & WASTE

PLUB. GEN'L

HEATING

STACKS, FLUES, VENTS

HT'GS VENTED, DEP'R

BATHING FACILITIES

SHARED MAX 4DU

RMS U. 1 PER 15

MIN. 7' STDS HT.

VENT'LN

PROPER ACCESS

PLB'G

SANIT'M

TOILET FACILITIES

SHARED MAX 2 DU

RMS U. FLSH & LAV 1 PER 10

VENT'LN

PROPER ACCESS

PLB'G

SANIT'M

INFESTATION

PETS R O L

OTHER (SPECIFY) _____

EGRESS

DUAL YES NO

OBST'N

OK

Portland Health Dept.
CS-7

Inspector ajo

Photos yes no
 Proj. No.

Date 5-14-67

DWELLING UNIT SCHEDULE

CROWDING	LOCATION	131 Chadwuch St	COMP.
SANIT.	D.W. LOC.	City # 55 5th Flr	PEND.
INFEST.	OCCUPY	Dr Bennett	
BASE D.V.	OWNER		
DEY'RN	ADDRESS		VTR

Occupants	Information	Occupancy	Facilities				Violations
			BATH	FLSH	K.SK	H.W. CR'S	
	LOC. RENT FURN. WK. I. RMS	PER. A'L'D LGRS	HEAT				
1 Dr Bennett	5A - - - 6	9	SA	PL	4	4	5
2.							
3.							
4.							

	KITCHEN	BATH	TOILET	DINING	BED				OTHER	TOTAL	KITCHEN SINK & WATER	
					BED	BED	BED	BED			SINK	SUPPLY & WASTE
OVERCROWDING 65' x 7'												
NO SLEEP'G												
VENTILATION 1/12 x 1/2												
LIGHTING												
DET'RN WALLS												
CEILING												
WINDOWS												
DOORS												
FLOORS												
Remarks											<input type="checkbox"/> SHARED MAX. 4DU <input type="checkbox"/> RMS U. 1 PER 15 <input type="checkbox"/> MIN. 7' STOR HT. <input type="checkbox"/> VENT'LN <input type="checkbox"/> PROPER ACCESS <input type="checkbox"/> PLB'S <input type="checkbox"/> SANIT'N	
											<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'S <input type="checkbox"/> SANIT'N	
											<input type="checkbox"/> INFESTATION <input type="checkbox"/> RATS <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> S <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 ago

Photos yes no
 Proj. No.

Date 5-14-67

DWELLING UNIT SCHEDULE

CROWDING	LOCATION <u>131 Chadwick St</u>	COMP.
SANIT.	D.U. LOC. <u>Apt H 56</u>	PEND.
INFEST.	OCCPNT <u>Mr. [unclear]</u>	
BASE D.U.	OWNER	
DET'N	AGENT	
	ADDRESS	YTB

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>Mrs. [unclear]</u>			5					5	8																
2.																									
3.																									
4.																									

OVERLOADING 65	KITCHEN	BATH	TOILET	DINING	Beds				OTHER	TOTAL	Facilities															
					3ED	2ED	1ED	0ED			KITCHEN SINK & WATER	HEATING	BATHING FACILITIES	TOILET FACILITIES	INFESTATION	EGRESS										
	✓	✓	✓	✓	✓	✓	✓	✓			<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'N	<input type="checkbox"/> BATHING FACILITIES	<input type="checkbox"/> SHARED MAX. 2 DU	<input type="checkbox"/> SHARED MAX. 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	<input type="checkbox"/> INFESTATION	<input type="checkbox"/> EGRESS
											<input type="checkbox"/> SHARED MAX. 2 DU	<input type="checkbox"/> SHARED MAX. 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"/> EGRESS	<input type="checkbox"/> DUAL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> OBST'N				

Remarks

Inspector [Signature]

Portland Health Dept.
CS-7

Inspection Services
Samuel P. Hoffes
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

December 01, 1994

OSHER ALFRED & DOROTHY S JTS
131 CHADWICK ST
PORTLAND ME 04102

Re: 131 Chadwick St
CPL: 053- - B-002-001-01
DU: 18


Dear Mr. & Mrs. Osher:

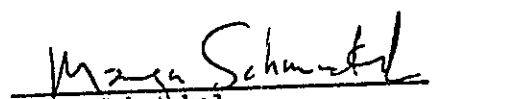
We recently received a complaint, and an inspection was made at the above referenced address. As a result of the inspection, you are hereby notified to correct the following substandard housing conditions:

1. INT - BASEMENT - HALLWAY
THERE IS AN OBSTRUCTION/HOLE IN THE FLOOR - - 111.40
INVESTIGATE AND REPAIR IN A SAFE AND PERMANENT MANNER
2. INT - BASEMENT - 113.50
PULL OR CAP ALL EXISTING OLD WIRING

The above mentioned conditions are in violation of Article V of the Municipal Code of the City of Portland, Maine, and must be corrected within 30 days. Failure to comply with this order may result in a complaint being filed for prosecution in District Court.

Sincerely,


Amy Simpson
Code Enforcement Officer


Marge Schmuckal
Asst. Chief of Inspection Services

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

December 01, 1994

OSHER ALFRED & DOROTHY S JTS
131 CHADWICK ST
PORTLAND ME 04102

Re: 131 Chadwick St
CBL: 063- - B-002-001-01
DU: 18

Dear Mr. & Mrs. Osher:

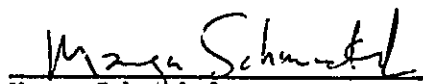
We recently received a complaint, and an inspection was made at the above referenced address. As a result of the inspection, you are hereby notified to correct the following substandard housing conditions:

1. INT - BASEMENT - HALLWAY 111.40
THERE IS AN OBSTRUCTION/HOLE IN THE FLOOR - -
INVESTIGATE AND REPAIR IN A SAFE AND PERMANENT MANNER
2. INT - BASEMENT - 113.50
PULL OR CAP ALL EXISTING OLD WIRING

The above mentioned conditions are in violation of Article V of the Municipal Code of the City of Portland, Maine, and must be corrected within 30 days. Failure to comply with this order may result in a complaint being filed for prosecution in District Court.

Sincerely,


Amy Simpson
Code Enforcement Officer


Marge Schmuckal
Asst. Chief of Inspection Services