

135 Chadwick Street

BRAMHALL



June 5, 1967

Chadwick Realty Corp.  
135 Chadwick Street  
Portland, Maine

Sirs:

RE: 135 Chadwick Street

Photos  yes  no

Date 5-26-67

Proj. No.  C.I. 13th & Hall Ass'rs  Zone  Zone Viol

Stories 3  DFM  ASHO  SAR  SA NA  ST P Com. Units 1 Rng Units 0 Dvl. Units 18

LOCATION	<u>135 Chadwick St</u>	COMP
OWNER AGENT	<u>Chadwick Realty Corp.</u>	PEND
OWNER AGENT	<u>135 Chadwick St</u>	
OWNER AGENT	<u>City</u>	
OWNER AGENT		VTS

Occupants	Information			Occupancy				Facilities				Violations						
	LOC.	RENT	FURV.	WK 1	RMS	PER.	ALL'D	LURS	HEAT	BATH	FLSH	K.SA	H.W.	CK'G				
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		

*Utility units are side*

STRUCTURE RATING

### STRUCTURE SCHEDULE

<b>YARD</b>		<b>STRUCTURE INTERIOR</b>	
<input type="checkbox"/> GARBAGE & RUBBISH		<input type="checkbox"/> HALL OBST'N	
<input type="checkbox"/> CONTAINERS COMPLY		<input type="checkbox"/> HALL LIGHTING	
<input type="checkbox"/> DRAINAGE		<input type="checkbox"/> HALL, FLOOR HALLS CEILING	
<input type="checkbox"/> ZONE VIOL		<input type="checkbox"/> STAIRWAYS	
<b>STRUCTURE EXTERIOR</b>		<input type="checkbox"/> WINDOWS, AIRSHAFT	
<input type="checkbox"/> STEPS, STAIRS, PORCHES		<input type="checkbox"/> ELECT. WIRING	
<input type="checkbox"/> FOUNDATION		<input type="checkbox"/> HEATING CENTRAL YES: <input checked="" type="checkbox"/> NO: <input type="checkbox"/>	
<input type="checkbox"/> WALLS		<input type="checkbox"/> STACKS & EX. VENTS	
<input type="checkbox"/> WINDOWS, DOORS		<input type="checkbox"/> CHIMNEY	
<input type="checkbox"/> ROOF, DRAINS		<input type="checkbox"/> EQUIPMENT, REPAIR	
<input type="checkbox"/> OUT BUILDINGS		<b>PLUMBING</b>	
<b>INFESTATION</b>		<input type="checkbox"/> SUPPLY LINE	
<input type="checkbox"/> RATS <input type="checkbox"/> R. <input type="checkbox"/> D. <input type="checkbox"/> I.		<input type="checkbox"/> WASTE LINE	
<input type="checkbox"/> OTHER (SPECIFY)		<b>BASEMENT</b>	
<b>EGRESS</b>		<input type="checkbox"/> GEN'L SANIT'N	
<input checked="" type="checkbox"/> DUAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> DAMPENESS R. <input type="checkbox"/> D.	
<input type="checkbox"/> OBST'N		<input type="checkbox"/> STAIRS	
<i>These units are utility rooms. The kitchen &amp; bedroom are one room. Bath a separate room.</i>		<input type="checkbox"/> LIGHTING	
		<b>BASE DWL. UNIT</b>	
		<input type="checkbox"/> MIN 7' x 3'	
		<input type="checkbox"/> DAMPENESS <input type="checkbox"/> R. <input type="checkbox"/> D. <i>none</i>	
		<input type="checkbox"/> WINDOW 1/12 R.O.	
		<input type="checkbox"/> DUAL EGRESS <input type="checkbox"/> YES <input type="checkbox"/> NO	
		<b>PROHIBITFD COMB'N USE</b>	
		<input type="checkbox"/> ASSOC. USE HAZARD	
		<input type="checkbox"/> HAZARDOUS VENTS	

*OK*

*OK*

Portland Health Dept.

CS-8

Inspector Ajo

Photos  yes  no  
 Proj. No.

Date 5-22-67

COORDING	LOCATION <u>135 Chadwick St</u>	COMP.
SANIT	D.U. LOC. <u>1st Floor Apt #1</u>	PEND.
INFEST.	OCCPNT <u>Helen Long</u>	
BASE D.U.	OWNER	YTS
DET'N	ADDRESS	

**DWELLING UNIT SCHEDULE**

Occupants	Information	Occupancy	Facilities							Violations						
			LOC.	RENT	FURN.	WK.I.	AMS	PER	ALL'D		LGRS	HEAT	BATH	FLSH	K.SK	H.W.
1 <u>Helen Long</u>			<u>1A</u>	<u>150</u>	<u>1</u>	<u>1</u>	<u>2</u>	<u>7</u>	<u>60</u>	<u>PD</u>	<u>Y</u>	<u>Y</u>	<u>56</u>			
2.																
3.																
4.																

	KITCHEN	BATH	TOILET	DINING	BEU	BED	BED	B&D	BED	OTHER	TOTAL	KITCHEN SINK & WATER	
OVERCROWDING 65 - 7'	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>							<input type="checkbox"/> SINK	
SO SLEEP'G	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>							<input type="checkbox"/> SUPPLY & WASTE	
VEN ILATION 1/12" x 1/2"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>							<input type="checkbox"/> PLBG. GEN'L	
LIGHTING												<b>HEATING</b>	
WIRING												<input type="checkbox"/> STACKS, FLUES, VENTS	
DET'N WALLS												<input type="checkbox"/> HT'NG VENTED. CAP'N	
CEILING												<b>BATHING FACILITIES</b>	
WINDOWS												<input type="checkbox"/> SHARED MAX. 4DU	
DOORS												<input type="checkbox"/> RMS U. 1 PER 15	
FLOORS												<input type="checkbox"/> MIN. 7' STGB HT.	<b>OK.</b>
Remarks											<input type="checkbox"/> VENT'LN		
											<input type="checkbox"/> PROPER ACCESS		
											<input type="checkbox"/> PLB G		
											<input type="checkbox"/> SANIT'N		
											<b>TOILET FACILITIES</b>		
											<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		
											<b>INFESTATION</b>		
											<input type="checkbox"/> RATS <input type="checkbox"/> R' <input type="checkbox"/> C' <input type="checkbox"/> C		
											<input type="checkbox"/> OTHER (SPECIFY)		
											<b>EGRESS</b>		
											<input type="checkbox"/> DUAL <input type="checkbox"/> YES <input type="checkbox"/> NO		
											<input type="checkbox"/> OBST'N		

Portland Health Dept.  
 GS-7

Inspector 970





Photos  yes  no  
 Proj. No.

Date 5-26 67

*Bram*

CROWDING	LOCATION 135 Chadwick St	COMP.
SANIT.	D.U. LOC. 1st floor apt # 4	PEND.
INFEST.	OCCUPY Elana Nelson	
BASE D.U.	OWNER ASSET	YTD
DET'N	ADDRESS	

**DWELLING UNIT SCHEDULE**

Occupants	Information	Occupancy	Facilities				Violations
			KITCHEN	BATH	FLSH	K.SK	
	LOC. RENT FUHN. WK. I. RMS	PER. ALL'D LGRS HEAT	BATH	FLSH	K.SK	M.W. CK'G	
1. Elana Nelson	104/54	1	2	2	2	2	
2.							
3.							
4.							

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	OTHER	TOTAL
OVERHOUNDING 65 - 7'										
NO SLEEP'G										
VEN. ILLATION 1/12 & 1/2										
LIGHTING WIRING										
DET'N WALLS										
CEILING										
WINDOWS										
DOORS										
FLOORS										

See also  
*in letter by ape*

Inspector *ape*

- KITCHEN SINK & WATER
- SINK
- SUPPLY & WASTE
- PLUG. GEN'L
- HEATING
- STACKS, FLUES, VENTS
- HT'GS VENTED, REPT'D
- BATHING FACILITIES
- SHARED MAX. ADU
- RMS U. 1 PER 15
- MIN. 7' STOR HT.
- VENT'LN
- PROPER ACCESS
- PLP'G
- SANIT'N
- TOILET FACILITIES
- SHARED MAX. 2 DU
- RMS U. FLSH & LAV 1 PER 10
- VENT'LN
- PROPER ACCESS
- PLP'G
- SANIT'N
- INFESTATION
- RATS  R.  O.  E.
- OTHER (SPECIFY)
- EGRESS
- DUAL  YES.  NO
- OBST'N

Portland Health Dept.  
 OS-7







Photos  yes  no

Proj. No.  

B

Date 5 22-17

CROWDING	LOCATION <u>135 Chadwell St</u>	COMP.
SANIT.	D U LOC. <u>APT # 7- 2nd floor</u>	PERM.
INFEST.	OCCUPY <u>DE Hourihan</u>	
*ASK D.U.	OWNER	
DET'N	AGENT	
	ADDRESS	YTS

**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.	CR'G			
1 DE Hourihan			2	6				1	1	2										
2.																				
3.																				
4.																				

OVERLOADING: 65' x 7'	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	BED	OTHER	TOTAL	KITCHEN SINK & WATER	
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>							<input type="checkbox"/> SINK	
50 SLEEP'G												<input type="checkbox"/> SUPPLY & WASTE	
VEN. ILLATION 1/12 x 1/2												<input type="checkbox"/> PLBS. GEN'L	
LIGHTING												<b>HEATING</b>	
WIRING												<input type="checkbox"/> STACKS, FLUES, VENTS	
DEL'TRN WALLS												<input type="checkbox"/> HT'RS VENTED, REP'R	
CS. LINES												<b>BATHING FACILITIES</b>	
WIN DWS												<input type="checkbox"/> SHARED MAX. 4DU	
DOORS												<input type="checkbox"/> RMS U. 1 PER 15	
FLOORS												<input type="checkbox"/> MIN. 7' STOR HT	
Remarks												<input type="checkbox"/> VENT'LS	<b>OK</b>
												<input type="checkbox"/> PROPER ACCESS	
												<input type="checkbox"/> PLB'S	
												<input type="checkbox"/> SANIT'N	
												<b>TOILET FACILITIES</b>	
												<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	
												<b>INFESTATION</b>	
												<input type="checkbox"/> RATS	<input type="checkbox"/> N
												<input type="checkbox"/> DI	<input type="checkbox"/> C
												<input type="checkbox"/> OTHER (SPECIFY)	
												<b>EGRESS</b>	
												<input type="checkbox"/> DUAL	<input type="checkbox"/> YES
												<input type="checkbox"/> NO	
												<input type="checkbox"/> ORBT'N	

Portland Health Dept.  
CS-7

Inspector APC

Photos  yes  no

Proj. No.

Date 5 24-67

CROWDING	LOCATION	135 Madrona St	COMP.
SANIT.	O.U. LOC.	Dist 4 9	PEND.
INFEST.	OCCUPY	P. Kamboja	
RISK D.U.	DURER		
REY'RN	AGENT		778
	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 P. Kamboja	2				1	1	1	1	1	1	1	1	1	1
2.														
3.														
4.														

	KITCHEN	BATH	TOILET	DINING	BED	DEO	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 85' - 7'											
SO SLEEP'G											
VENTILATION 1/12 X 1/2											
LIGHTING DINING											
DET'RN WALLS											
CEILING*											
WINDOWS											
DOORS											
FLOORS											

Remarks

Portland  
Health Dept.  
CS-7

Inspector *[Signature]*

**KITCHEN SINK & WATER**

SINK

SUPPLY & WASTE

FLSH. GEN'L

**HEATING**

STACS, FLSH. VENTS

HT'RS VENTED, REP'R

**BATHING FACILITIES**

SHARED MAX. 4DU

RMS U. 1 PER 15

MIN. 7' STOD HT.

VENT'LN

PROPER ACCESS

FLS'G

SANIT'N

**TOILET FACILITIES**

SHARED MAX. 2 DU

RMS U FLSH & LAV 1 PER 10

VENT'LN

PROPER ACCESS

FLS'G

SANIT'N

**INFESTATION**

DATE  M'  O:  F

OTHER (SPECIFY)

**EGRESS**

DUAL  YES  NO

DIST'N



Photos  yes  no  
 Proj. No.

Date 5-26-67

**DWELLING UNIT SCHEDULE**

CROWDING	LOCATION	135 Chadwick St	COMP.
SANIT.	D.U. LOC	APT H 10 - 2nd Floor	PEND.
INFEST.	OCCPNT	Levi Knight	
BASE D.U.	OWNER		
OPT'ON	ADDRESS		YTS

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

OVERCROWDING	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	OTHER	TOTAL	KITCHEN SINK & WATER	
65 - 7'											<input type="checkbox"/> SINK	OK
SO SLEEP'G											<input type="checkbox"/> SUPPLY & WASTE	
VER. FLAYON 1/12 x 1/2											<input type="checkbox"/> PLBG. GEN'L	
LIGHTING											<input type="checkbox"/> HEATING	
WIRING											<input type="checkbox"/> STACKS, FLUES, VENTS	
DET'N WALLS											<input type="checkbox"/> HT'RS VENTED, REP'N	
CEILING											<input type="checkbox"/> BATHING FACILITIES	
WINDOWS											<input type="checkbox"/> SHARED MAX. 4DU	
DOORS											<input type="checkbox"/> RNS U. 1 PER 15	
FLOORS											<input type="checkbox"/> MIN. 7' STDB HT.	
Remarks	V. tall by room -										<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"/> RNS 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"/> O <input type="checkbox"/> C	
											<input type="checkbox"/> OTHER (SPECIFY)	
											<input type="checkbox"/> EGRESS	
											<input type="checkbox"/> DWAR <input type="checkbox"/> YES <input type="checkbox"/> NO	
											<input type="checkbox"/> OBST'N	

Portland Health Dept.  
CS-7

Inspector Q70



















Inspection Services  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

## CITY OF PORTLAND

December 14, 1994

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

Re: 135 Chadwick St  
CBL: 063- - J-001-001-01  
DU: 18

Dear Mr. & Mrs. Osher:

You are hereby notified, as owner or agent, that an inspection was made of the above referenced property. Violations of Article V of the Municipal Ordinance (Housing Code) were found as described in detail on the attached "Housing Inspections Report".


In accordance with the provisions of the above mentioned Code, you are hereby ordered to correct those defects within sixty (60) days. 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 anticipate that the premises have been brought into compliance with the Housing Code Standards.

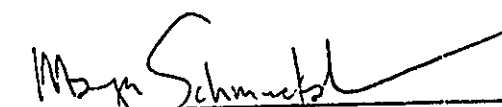
Please Note: You should consult this department to insure that any corrective action you should undertake complies with the building, plumbing, electrical, zoning and other Articles of the City Code.

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

Your cooperation will aid this department in it's goal to maintain decent, safe, and sanitary housing for all of Portland's residents.

Sincerely,

  
Amy Simpson  
Code Enforcement Officer

  
Marge Schmuckal  
Asst. Chief of Inspection Services

## HOUSING INSPECTION REPORT

Location: 135 Chadwick St  
Housing Conditions Date: December 14, 1994  
Expiration Date: February 12, 1995

Items listed below are in violation of Article V of the Municipal Codes, "Housing Codes", and must be corrected before the expiration date:

1. INT - 1ST FLR; APT #4 - KITCHEN  
REPAIR HOLE ABOVE THE CABINET 108.20
2. INT - 1ST FLR; APT #4 - BATHROOM  
REPAIR THE FAUCET 111.40
3. INT - THROUGHOUT -  
REPLACE PEELING PAINT IN AREAS WHERE REQUIRED 108.20
4. INT - APT #5 - BATHROOM  
FINISH OFF THE SINK AREA 100.20
5. INT - REAR EXIT -  
PROVIDE WEATHERSTRIPPING 108.20
6. INT - BASEMENT - LAUNDRY ROOM  
PATCH THE HOLES IN THE BRICK WALLS WHERE THE PIPES GO THROUGH 108.10
7. INT - ENTRY -  
REPAIR THE HOLF IN THE WALL BY THE DOOR 108.20
8. EXT - BRICKWORK -  
REPOINT MASONRY WHERE REQUIRED 103.10
9. EXT - SHED ROOF -  
REPAIR ROTTED FASCIA 108.10

Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

## CITY OF PORTLAND

December 06, 1994

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

Re: 135 Chadwick St  
CBL: 063- - B-001-001.01  
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 FLOOR - SEWAGE LEAK   | 109.20 |
|    | OBTAIN PROFESSIONAL CLEANING SERVICES TO SANITIZE ALL AFFECTED AREAS, INCLUDING ALL TENANT STORAGE AREAS |        |
| 2. | INT - BASEMENT - PLUMBING LEAK   | 111.40 |
|    | OBTAIN A MASTER PLUMBER TO FIX THE LEAK AS SOON AS POSSIBLE  |        |
| 3. | INT - BASEMENT - STEPS   | 108.40 |
|    | REPAIR BROKEN TREAD  |        |
| 4. | INT - BASEMENT - FURNACE   | 114.30 |
|    | ADD EXTENSION TO RELIEF PIPE   |        |

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  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

## CITY OF PORTLAND

December 14, 1994

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

Re: 135 Chadwick St  
CBL: 063- - B-001-001-01  
DU: 18

Dear Mr. & Mrs. Osher:

You are hereby notified, as owner or agent, that an inspection was made of the above referenced property. Violations of Article V of the Municipal Ordinance (Housing Code) were found as described in detail on the attached "Housing Inspections Report".

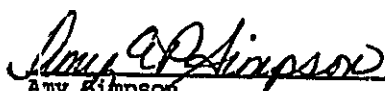
In accordance with the provisions of the above mentioned Code, you are hereby ordered to correct those defects within sixty (60) days. If you are unable to make such repairs within the specified time, you may contact this office to arrange a satisfactory repair schedule. If we do not hear from you within 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 anticipate that the premises have been brought into compliance with the Housing Code Standards.

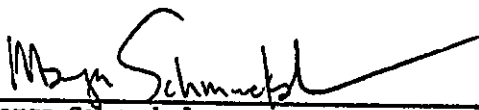
Please Note: You should consult this department to insure that any corrective action you should undertake complies with the building, plumbing, electrical, zoning and other Articles of the City Code.

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

Your cooperation will aid this department in it's goal to maintain decent, safe, and sanitary housing for all of Portland's residents.

Sincerely,

  
Amy Simpson  
Code Enforcement Officer

  
Marge Schmuckal  
Asst. Chief of Inspection Services

### HOUSING INSPECTION REPORT

Location: 135 Chadwick St  
Housing Conditions Date: December 14, 1994  
Expiration Date: February 12, 1995

Items listed below are in violation of Article V of the Municipal Codes, "Housing Codes", and must be corrected before the expiration date:

- |    |  |        |
|----|--|--------|
| 1. | INT - 1ST FLR; APT #4 - KITCHEN<br>REPAIR HOLE ABOVE THE CABINET                               | 108.20 |
| 2. | INT - 1ST FLR; APT #4 - BATHROOM<br>REPAIR THE FAUCET  | 111.40 |
| 3. | INT - THROUGHOUT -<br>REPLACE PEELING PAINT IN AREAS WHERE REQUIRED                            | 108.20 |
| 4. | INT - APT #5 - BATHROOM<br>FINISH OFF THE SINK AREA  | 108.20 |
| 5. | INT - REAR EXIT -<br>PROVIDE WEATHERSTRIPPING  | 108.20 |
| 6. | INT - BASEMENT - LAUNDRY ROOM<br>PATCH THE HOLES IN THE BRICK WALLS WHERE THE PIPES GO THROUGH | 108.10 |
| 7. | INT - ENTRY -<br>REPAIR THE HOLE IN THE WALL BY THE DOOR                                       | 108.20 |
| 8. | EXT - BRICKWORK -<br>REPOINT MASONRY WHERE REQUIRED  | 108.10 |
| 9. | EXT - SHED ROOF -<br>REPAIR ROTTED FASCIA  | 108.10 |

Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

December 06, 1994

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

Re: 135 Chadwick St  
CBL: 063- - B-001-001-01  
DU: 18

Dear Mr. & Mrs. Osher:

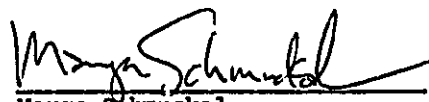
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- |    |  |        |
|----|--|--------|
| 1. | INT - BASEMENT FLOOR - SEWAGE LEAK   | 109.20 |
|    | OBTAIN PROFESSIONAL CLEANING SERVICES TO SANITIZE ALL AFFECTED AREAS, INCLUDING ALL TENANT STORAGE AREAS |        |
| 2. | INT - BASEMENT - PLUMBING LEAK   | 111.40 |
|    | OBTAIN A MASTER PLUMBER TO FIX THE LEAK AS SOON AS POSSIBLE  |        |
| 3. | INT - BASEMENT - STEPS   | 108.40 |
|    | REPAIR BROKEN TREAD  |        |
| 4. | INT - BASEMENT - FURNACE   | 114.30 |
|    | ADD EXTENSION TO RELIEF PIPE   |        |

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