

125 Chadwick S

BRAWNHALL

SWANSON
#8503 3P

May 11, 1967

Mr. Irving W. Maxwell
125 Chadwick Street
Portland, Maine

Mr. Maxwell:

Date 5-8-67

LOCATION	12 Chadwick St	COMP
OWNER	Jrv W Maxwell	PEND
AGENT	SAME	
AGENT		
AGENT		
AGENT		

Photos yes no

Proj. No. C.I.

Ass'rs

Zone

Zone Viol

Stories BFM

ASDD

S A R

MSA NA

MS ST P

Com. Units

Rmg Units

Del. Units

1

Occupants	Information			Occupancy				Facilities				Violations		
	LOC.	RENT	FURN.	WK. 1	RMS	PER.	A.L.D	LGNS	HEAT	BATH	FLSH		K.SK	H.W.
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														

STRUCTURE RATING

STRUCTURE SCHEDULE

<p><input type="checkbox"/> YARD</p> <p><input type="checkbox"/> BARBAC & RUBBISH</p> <p><input type="checkbox"/> CONTAINERS COMPLY</p> <p><input type="checkbox"/> DRAINAGE</p> <p><input type="checkbox"/> ZONE VIOL</p> <p>STRUCTURE EXTERIOR</p> <p><input type="checkbox"/> STEPS STAIRS PORCHES</p> <p><input type="checkbox"/> FOUNDATION</p> <p><input type="checkbox"/> WALLS</p> <p><input type="checkbox"/> WINDOWS DOORS</p> <p><input type="checkbox"/> ROOF SPAIRS</p> <p><input type="checkbox"/> BUILDINGS</p> <p>UTILIZATION</p> <p><input type="checkbox"/> RAMP <input type="checkbox"/> RI <input type="checkbox"/> OI <input type="checkbox"/> C</p> <p><input type="checkbox"/> OTHER (SPECIFY)</p> <p>GRESS</p> <p><input type="checkbox"/> LOCAL <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> DIST N</p>	<p>STRUCTURE INTERIOR</p> <p><input type="checkbox"/> WALL DIST'N</p> <p><input type="checkbox"/> WALL LIGHTING</p> <p><input type="checkbox"/> WALL FLOOR WALLS CEILING</p> <p><input type="checkbox"/> STAIRWAYS</p> <p><input type="checkbox"/> WINDOWS AIRSHAFT</p> <p><input type="checkbox"/> ELECT. WIRING</p> <p>HEATING CENTRAL YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p><input type="checkbox"/> STACKS ELLES. VENTS</p> <p><input type="checkbox"/> CHIMNEY</p> <p><input type="checkbox"/> EQUIPMENT REPAIR</p> <p>PLUMBING</p> <p><input type="checkbox"/> SUPPLY LINE</p> <p><input type="checkbox"/> WASTE LINE</p> <p>BASMENT</p> <p><input type="checkbox"/> GEN'L SANIT'N</p> <p><input type="checkbox"/> DAMPNES RI <input type="checkbox"/> O</p> <p><input type="checkbox"/> STAIRS</p> <p><input type="checkbox"/> LIGHTING</p> <p>BASE DNL. UNIT</p> <p><input type="checkbox"/> W. 7' x 3'</p> <p><input type="checkbox"/> DAMPNES RI <input type="checkbox"/> O</p> <p><input type="checkbox"/> WINDOW 1/12 x 8"</p> <p><input type="checkbox"/> DUAL EGRESSES YES <input type="checkbox"/> NO</p> <p>PROHIBITED COMB'N USE</p> <p><input type="checkbox"/> ASSOC. USE HAZARD</p> <p><input type="checkbox"/> HAZARDOUS VENTS</p>
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OK

OK

None

Portland Health Dept.

CS-8

Inspector

Photos yes no

Proj. No. Bramhall

Date 5-8-67

DWELLING UNIT SCHEDULE

CROWDING	LOCATION <u>25 CLEVELAND ST</u>	COOP. NO.
SANIT.	D U LOC <u>Entire Structure</u>	NO.
INFEST.	OCCUPY <u>Mrs IRVING MAXWELL</u>	
DATE D.U.	OWNER AGENT	
DET'N	ADDRESS	YES

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

	KITCHEN	BATH	DINING	Liv	Lib	Bed	Bed	Bed	Bed	Bed	Other	TOTAL
OVERCROWDING	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
SO SLEEP'G	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
VEN. ILLATION	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
LIGHTING	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
DEF'N WALLS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CEILINGS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WINDOWS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
DOORS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
FLOORS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

- KITCHEN SINK & WATER
- SINK
- SUPPLY & WASTE
- PLBG. GEN'L
- HEATING
- STACS. FLUES. VENTS
- HT'RS VENTCD. REP'G
- BATHING FACILITIES
- SHARED MAX. 40V
- RMS U. 1 PER 15
- MIN. 7' STD. HT.
- VENT'LN
- PROPER ACCESS
- PL'G
- SANIT N
- TOILET FACILITIES
- SHARED MAX. 1 DU
- RMS L. FLSH & LAV 1 PER 10
- VENT'LN
- PROPER ACCESS
- PL'G
- SANIT N
- INFESTATION
- RATS F OI
- OTHER (SPECIFY)
- TRESS
- DUAL YES NO
- OBL'N

Remarks

OK

Portland Health Dept. CS-7

Inspector _____