

276 Brackett Street

REQUEST FOR SERVICE

PORTLAND HEALTH DEPARTMENT

DATE RECEIVED	4-13-82		BY	Joyce	DISTRICT	M. Lewis
REQUEST BY	NAME	Mrs. Johnson - 773-7318				
	ADDRESS	2:00				
OWNER	NAME	Mr. John Gustafson				
	ADDRESS	Ray St. Portland				
CONDITIONS	ADDRESS	276 Blakett St. - 2nd Fl., apt. #3				
	Roof leaks, no heat					
COMMENTS	Complaint not justified. No work to be done. (NS)					
SPECIAL INSTRUCTIONS						
DIVISION	SANITATION		HOUSING		NURSING	
PRIORITY	ROUTINE		SPECIAL		BY	M.L.
	URGENT		REPORT TO		DATE	4/13/82

REQUEST FOR SERVICE

PORTLAND HEALTH DEPARTMENT

DATE RECEIVED	12-3-81	BY	Goyce	DISTRICT	Hubert
REQUEST BY	NAME	Tom Curran - 774-7274			
	ADDRESS	276 Brackett St.			
OWNER	NAME	John Fitzpatrick			
	ADDRESS	398 Ray St.			
CONDITIONS	ADDRESS	276 Brackett St. 1st Fl., apt. 2 - Right			

Code violations found still not corrected.
Please return call tomorrow (Dec. 4) between 8:00 & 9:00 A.M. for up-date on progress.
 COMMENTS: *Regular will be met with Lt. Collins for corrections of fire exits etc. Trying to get an appointment with owner.*

SPECIAL INSTRUCTIONS	LT. COLLINS P.E.D. INSPECTION #1 - INSTALLING EXIT SIGN #2 - VIOLATION				
DIVISION	HOUSING	NURSING			
PRIORITY	ROUTINE	SPECIAL	BY		
	URGENT	REPORT TO	DATE		

REQUEST FOR SERVICE

PORTLAND HEALTH DEPARTMENT

DATE RECEIVED	8-25-81	BY	Goye	DISTRICT	Huvert
REQUEST BY	NAME	Thomas Curran - 774-2274			
	ADDRESS	276 Bracket St., apt. 2, 1ST FL - RI			
OWNER	NAME	John + Eleanor Fitzpatrick 797-5673			
	ADDRESS	Ray St.			
CONDITIONS	ADDRESS	276 Bracket St., apt 2, 1ST FL - RI			
<p>7-UNITS;</p> <p>Only one ^{unit} apt, ceiling plaster falling, light fixtures, bathroom, inoperativl, no lock on apartment door, etc.</p>					
COMMENTS	<p>Copy to: Steven Cape - 415 Congress, City 24601</p> <p>Please call tenant to set appointment</p>				
SPECIAL INSTRUCTIONS	<p>Please take this in Lear's absence. If orders result and tenant wants his lawyer to have a copy he can get a copy himself for the lawyer.</p>				
DIVISION	SANITATION	HOUSING	INSPECTION	PLUMBING	OTHER
PRIORITY	EXITING VIOLATIONS REFERRED TO FIRE DEPT.				BY
	URGENT	REPORT TO			DATE

P28 8658833

RECEIPT FOR CERTIFIED MAIL

INSURANCE COVERAGE PROVIDED—
FOR INTERNATIONAL MAIL
(See Reverse)

DELIVER TO

John Fitzpatrick

STREET AND NO.

398 Ray St.

PO. STATE AND ZIP CODE

Portland, Me.

POSTAGE

CERTIFIED FEE

SPECIAL DELIVERY

RESTRICTED DELIVERY

SHOW TO WHOM AND
DATE DELIVERED

SHOW TO WHOM, DATE
AND ADDRESS OF
DELIVERY

SHOW TO WHOM AND DATE
DELIVERED WITH RESTRICTED
DELIVERY

SHOW TO WHOM, DATE AND
ADDRESS OF DELIVERY WITH
RESTRICTED DELIVERY

TOTAL POSTAGE AND FEES

POSTMARK OR DATE

PS Form 3800, Apr. 1976

Re 276 Brackett St

PS Form 381, Jan. 1979

4471 I.

SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one.)

Show to whom and date delivered.....

Show to whom, date and address of delivery.....

RESTRICTED DELIVERY
Show to whom and date delivered.....

RESTRICTED DELIVERY.
Show to whom, date, and address of delivery. \$ _____

(CONSULT POSTMASTER FOR FEE)

2. ARTICLE ADDRESSED TO:

John Fitzpatrick
398 Ray St.
Portland, Me.

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	P28	
	8658833	

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE Addressee Authorized agent

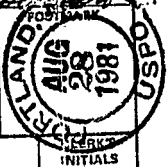
4. DATE OF DELIVERY

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:

7/10/80 P.O. 241 12th Ave. S.E. Portland, Me.

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL



No. 520494
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
 (See Reverse)

SENT TO		<i>John Fitzpatrick</i>		
STREET AND NO		<i>348 Bay St</i>		
P. O. STATE AND ZIP CODE		<i>City</i>		
POSTAGE		\$		
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE		¢	
	SPECIAL DELIVERY		¢	
	RESTRICTED DELIVERY		¢	
	OPTIONAL SERVICES	RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	¢
			SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
			SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
			SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES		\$		
POSTMARK OR DATE				

PS Form 3800, Apr. 1976

REQUEST FOR SERVICE

PORTLAND HEALTH DEPARTMENT

DATE RECEIVED	7-23-79	BY	[Signature]	DISTRICT	LEARY
REQUEST BY	NAME	Mrs Johnson			
	ADDRESS	276 Brackett St. 773-7318			
OWNER	NAME	Mrs Fitzpatrick 797-5677			
	ADDRESS	398 - May St			
CONDITIONS	ADDRESS	276 Brackett St. Apt #3 63-D-1			
<p><i>Not looking</i></p> <p><i>Bathroom all plugged up, she said. Living room ceiling & bathroom ceiling leaks. Front plugged up. Wife said had call.</i></p> <p><i>Landlord notified - will not do anything -</i></p> <p><i>Contacted owner. Is aware of condition & will contact it.</i></p>					
SPECIAL INSTRUCTIONS	PLEASE TAKE A LOOK IN GAUGH'S ABSENCE. LAST FILE ENTRY 1969.				
DIVISION	SANITATION	<input checked="" type="checkbox"/>	HOUSING	NURSING	
PRIORITY	ROUTINE		SPECIAL	BY	[Signature]
	<input checked="" type="checkbox"/> URGENT		REPORT TO	DATE	7/22/79

REQUEST FOR SERVICE

PORTLAND HEALTH DEPARTMENT

DATE RECEIVED	11-19-79	BY	BM	DISTRICT	11/Leary
REQUEST BY	NAME	Wallene Curran 774-7274 or			
	ADDRESS	276 Brackett 797-1542			
OWNER	NAME	JOHN FITZPATRICK			
	ADDRESS	298 RAY ST PTLND			
CONDITIONS	ADDRESS	276 Brackett 1st floor			

Ceiling fell, tenant says landlord refuses to repair

VERBAL ORDERS

COMMENTS | 11-19-79 Tenant decided not to complain. Talked w landlord & he said he would repair. Mr. G. G. G.

SPECIAL INSTRUCTIONS

DIVISION	<input checked="" type="checkbox"/> SANITATION	<input checked="" type="checkbox"/> HOUSING	<input type="checkbox"/> NURSING
	<input type="checkbox"/> ROUTINE	<input type="checkbox"/> SPECIAL	BY
PRIORITY	<input type="checkbox"/> URGENT	REPORT TO	DATE

OK

BY ALG

DATE 9-2-79

July 24, 1979

Mr. John Fitzpatrick
 398 Ray Street
 Portland, Maine 04103

Dear Mr. Fitzpatrick: Re: 276 Brackett Street - 63-0-1

We recently received a complaint and an inspection was made by Housing Inspector Leary of the property owned by you at 276 Brackett Street, Portland, Maine. As a result of the inspection you are hereby ordered to correct the following substandard housing conditions:

- ~~9-26-79 1. Remedy the conditions that cause the flush toilet to be plugged. 6-d~~
- ~~9-26 2. Remedy the leaking conditions in the bathroom and living room ceilings. 3-a~~
- ~~9-26 3. Remove the loose and peeling paint on the kitchen ceiling. 3-b~~

The above mentioned conditions are in violation of Chapter 307 of the Municipal Code of the City of Portland, Maine, and must be corrected as follows: Item #1 must be corrected on or before August 2, 1979; Items #2 and #3 must be corrected on or before August 24, 1979.

Failure to comply with this order may result in a complaint being filed for prosecution in District Court.

Sincerely yours,

Joseph E. Gray, Jr. Director
 Neighborhood Conservation

By Lyle D. Noyes
 Lyle D. Noyes
 Chief of Housing Ins.

Inspector H. Leary

SENDER (Consult forms 1, 2 and 3 and your address in the RETURN TO space on reverse)

1. The following service is requested (check one):

Show to whom and date delivered \$

Show to whom, date, and address of delivery \$

RESTRICTED DELIVERY
Show to whom and date delivered \$

RESTRICTED DELIVERY
Show to whom, date, and address of delivery \$
(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO
John Fitzpatrick
298 3rd St
City

3. ARTICLE DESCRIPTION
REGISTERED NO. CERTIFIED NO. INSURED NO.

520474
(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE Addressee Authorized agent
John Fitzpatrick

4. DATE OF DELIVERY POSTMARK
6/5/51 *PORTLAND*

5. ADDRESS (Complete only if registered)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS

RETURN RECEIPT REGISTERED, INSURED AND CERTIFIED MAIL

370 BRACKET

July 24, 1979

Mr. John Fitzpatrick
398 Ray Street
Portland, Maine 04103

Dear Mr. Fitzpatrick: Re: 276 Brackett Street - 63-D-1 WE

We recently received a complaint and an inspection was made by Housing Inspector Leary of the property owned by you at 276 Brackett Street, Portland, Maine. As a result of the inspection, you are hereby ordered to correct the following substandard housing conditions:

1. Remedy the conditions that cause the flush toilet to be plugged. 6-d
2. Remedy the leaking conditions in the bathroom and living room ceilings. 3-a
3. Remove the loose and peeling paint on the kitchen ceiling. 3-b

The above mentioned conditions are in violation of Chapter 307 of the Municipal Code of the City of Portland, Maine, and must be corrected as follows: Item #1 must be corrected on or before August 2, 1979; Items #2 and #3 must be corrected on or before August 24, 1979.

Failure to comply with this order may result in a complaint being filed for prosecution in District Court.

Sincerely yours,

Joseph E. Gray, Jr. Director
Neighborhood Conservation

By Lyle E. Noyes
Lyle E. Noyes
Chief of Housing Inspections

Inspector M. Leary
M. Leary

TYING CO. PORTLAND

CITY OF PORTLAND
HEALTH DEPARTMENT
HOUSING DIVISION



Loc. 276 Brackett St.
Loc w/1 S Drashall
Bldg X Fire Elec Other
Issued September 2, 1969
Expires October 2, 1969

Mr. Louis H. Mierman
91 Rocky Hill Road
Cape Elizabeth, Maine

Dear Sir.

On September 2, 1969 an examination was made of the premises located
at 276 Brackett 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 ob-
tained from the Building Inspector, Health, Fire or other City Departments. These must be ob-
tained 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. Davv, M. D.
Health Director

By _____
Housing Supervisor

VIOLATIONS & SPECIFICATIONS

Responsibility of Owner or Agent ** Responsibility of 6

ESSENTIAL

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

- a. Install a window to the outside air, the size equal to at least 1/12
of the floor area and so constructed that the mesh area may be
opened and closed OR you may substitute an approved method of mechani-
cal ventilation in the bathroom of Apt. 5 or the second floor.

7/22/69
7/15/69
X

OK
DATE 9-30-69

276 Drackoff Street

Area: Bramhall

Survey Date: November 16, 1967

Dwelling Units: 7

Owner: Mr. Louis H. Musman
91 Rocky Hill Road
Cape Elizabeth, Maine

DEFECTS NEEDING CORRECTION

STRUCTURAL

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

- 4/2/69-EB
- a. ~~Repair or replace the loose, cracked, and hanging plaster on the bedroom ceiling in the right apartment on the third floor.~~
 - b. ~~Determine the reason and remedy the condition which causes the ceilings to leak in the bedroom and in the hall in the right apartment on the third floor.~~
 - c. ~~Determine the reason and remedy the condition which causes the bathroom ceiling to peel in Apt. 2 on the first floor.~~
 - d. ~~Determine the reason and remedy the condition which causes the walls of the shower compartment in the bathroom of Apt. 2 - first floor to peel.~~
 - e. ~~Determine the reason and remedy the condition which causes the shower ceiling to peel in the bathroom of Apt. 6 on the second floor.~~
 - f. ~~Install a window to the outside air, the size equal to at least 1/10 of the floor area and so constructed that the such area may be opened and closed OR you may substitute an approved method of mechanical ventilation in the bathroom of Apt. 5 on the second floor.~~

ELECTRICAL

Check and have repaired all defective electric wiring and electrical equipment throughout the structure.

- a. ~~Install a groundwire to the electrical system at the fuse box.~~
- b. ~~Install one ceiling-type or wall-type electric light fixture in the kitchen of Apt. 2 on the first floor.~~
- c. ~~Install convenience outlets in all the rooms when there is a dangerous excessive use of extension cords. Particular attention is directed to the kitchen in Apt. 2 on the first floor.~~

NUISANCES AND INSANITARY CONDITIONS

- a. ~~Accomplish a general cleanup of the cellar.~~

RECEIVED

JAN 4 1968

Bramhall Hill Neighborhood
Conservation Program

BRAMHALL HILL
NEIGHBORHOOD CONSERVATION PROGRAM

Inspector's Notes

Loc. 276 BRACKETT
Owner MUSSMAN
Address _____
Owner _____
Address _____

DATE REMARKS

2-15-68	MG	WORK NOT STARTED - TALKED TO OWNER ABOUT LOAN -
		NOT INTERESTED - WILL DO WORK ON THEIR OWN
3-17-68	MG	WORK NOT STARTED -
4-24-68	MG	WORK STARTED
5-22-68	MG	WORK PROGRESSING
6-19-68	MG	WORK PROGRESSING SLOW - LITTLE WORK DONE
7-25-68	MG	WORK PROGRESSING
8-20-68	MG	WORK PROGRESSING SLOW
9-26-68	MG	SAME
11-17-68	MG	WORK PROGRESSING
11-25-68	MG	WORK PROGRESSING
11-8	MG	WORK PROGRESSING
12-3	MG	WORK PROGRESSING
12-18	MG	WORK PROGRESSING
1-6-69	MG	WORK PROGRESSING SLOW
1-21	MG	SAME
2-4	MG	SAME
2-19	MG	SAME
2-12	BB	Event Refused case re Musman
4-3	MG	WORK WILL CONTINUE LATER IN SPRING
5-1	MG	WORK NOT STARTED
6-13-69	B	NO ANSWER - CASE RE MUSMAN
8-21-69		C-D Counted 8-6/3/69
		DD - Clinton not mobile

RECEIVED

SEP 4 1969

Bramhall Hill Neighborhood
Conservation Program

Loc. 276 Brackett
 Owner Museum
 Address _____
 Owner _____
 Address _____

DATE		REMARKS
7/28/69	B 0	Mrs. Musman is going to have electricians look at bath situation and have ventilation fan installed.
8/14/69	B 12	Swelling N.D. Call ^{N.A.} owner send v-s orders
8/21/69	B 8	Mr. Musman on painting structure. now will do ventilation fan
9/10/69	B 3	Talked with tenant, review has done nothing yet.
9/17/69	B 13	Contractor says sub will install ventilation fan next week.
9/22/69	B 5	fan installed. Complete.

RECEIVED
 SEP 4 1969
 Bramhal Hill Neighborhood
 Conservation Program

December 20, 1967

Mr. Louis H. Ausman
91 Rocky Hill Road
Cape Elizabeth, Maine

Dear Mr. Ausman: RE: 276 Brackett Street

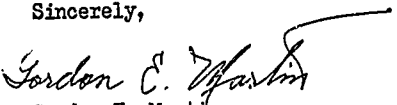
Your property has been surveyed by the Portland Housing Division, and certain deficiencies to the minimum Code standards were noted. A list of these deficiencies is attached, and we suggest that you make the necessary corrections.

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:apc

Enclosure

276 Brackett Street

Area: Bramhall

Survey Date: November 16, 1967

Dwelling Units: 7

Owner: Mr. Louis H. Mussman
91 Rocky Hill Road
Cape Elizabeth, Maine

DEFECTS NEEDING CORRECTION

STRUCTURAL

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

- a. Repair or replace the loose, cracked, and hanging plaster on the bedroom ceiling in the right apartment on the third floor.
- b. Determine the reason and remedy the condition which causes the ceilings to leak in the bedroom and in the hall in the right apartment on the third floor.
- c. Determine the reason and remedy the condition which causes the bathroom ceiling to peel in Apt. 2 on the first floor.
- d. Determine the reason and remedy the condition which causes the walls of the shower compartment in the bathroom of Apt. 2 - first floor to peel.
- e. Determine the reason and remedy the condition which causes the shower ceiling to peel in the bathroom of Apt. 6 on the second floor.
- f. Install a window to the outside air, the size equal to at least 1/12 of the floor area and so constructed that $\frac{1}{2}$ the sash area may be opened and closed OR you may substitute an approved method of mechanical ventilation in the bathroom of Apt. 5 on the second floor.

ELECTRICAL

Check and have repaired all defective electric wiring and electrical equipment throughout the structure.

- a. Install a groundwire to the electrical system at the fuse box.
- b. Install one ceiling-type or wall-type electric light fixture in the kitchen of Apt. 2 on the first floor.
- c. Install convenience outlets in all the rooms when there is a dangerous excessive use of extension cords. Particular attention is directed to the kitchen in Apt. 2 on the first floor.

NUISANCES AND INSANITARY CONDITIONS

3. Accomplish a general clean-up of the cellar.

Photos yes no

Date 4-30-67

Proj. No. C.I. BRAM Hall Ass'rs Zone Zone Viol

Stories 3 1 2 3 4 5 6 7 8 Com. Units Rmg Units Dwl. Units 2

LOCATION	<u>276 Bracketts St</u>	COMP
OWNER	<u>100's Home Owners</u>	PEND
AGENT		
OWNER		
AGENT	<u>91 Rocky Hill Rd.</u>	
OWNER	<u>CE</u>	
AGENT		VTS

1.	Occupants	Information				Occupancy				Facilities				Violations	
		LOC.	RENT	FURN.	WK. I.	RMS	PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K.SK		H.W.
2.	<u>Information on follow sheets</u>														
3.															
4.															
5.	<u>Appt # 9-10 3rd Floor NA</u>														
6.															
7.															
8.															

STRUCTURE SCHEDULE

STRUCTURE RATING

<p>YARD</p> <p><input checked="" type="checkbox"/> SARGAGE & RUBBISH</p> <p><input checked="" type="checkbox"/> CONTAINERS COMPLY</p> <p><input checked="" type="checkbox"/> DRAINAGE</p> <p><input checked="" type="checkbox"/> ZONE VIOL.</p> <p>STRUCTURE EXTERIOR</p> <p><input checked="" type="checkbox"/> STEPS, STAIRS, PORCHES</p> <p><input checked="" type="checkbox"/> FOUNDATION</p> <p><input checked="" type="checkbox"/> WALLS</p> <p><input checked="" type="checkbox"/> WINDOWS, DOORS</p> <p><input checked="" type="checkbox"/> ROOF, DRAINS</p> <p><input checked="" type="checkbox"/> OUT BUILDINGS</p> <p>INFESTATION</p> <p><input type="checkbox"/> RATS <input type="checkbox"/> R1 <input type="checkbox"/> O1 <input type="checkbox"/> Z</p> <p><input type="checkbox"/> OTHER (SPECIFY)</p> <p>EGRESS</p> <p><input checked="" type="checkbox"/> DUAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> OBST'N</p> <p>Remarks _____</p> <p>Portland Health Dept.</p> <p>CS-8</p> <p>Inspector <u>ado</u></p>	<p>STRUCTURE INTERIOR</p> <p><input checked="" type="checkbox"/> HALL, OBST'N</p> <p><input checked="" type="checkbox"/> HALL, LIGHTING</p> <p><input checked="" type="checkbox"/> HALL, FLOOR WALLS CEILING</p> <p><input checked="" type="checkbox"/> STAIRWAYS</p> <p><input checked="" type="checkbox"/> WINDOWS, AIRSHAFF</p> <p><input checked="" type="checkbox"/> ELECT. WIRING <u>Could not locate Ground wire</u></p> <p><input checked="" type="checkbox"/> HEATING CENTRAL YES: <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> STACKS FLUES, VENTS</p> <p><input checked="" type="checkbox"/> CHIMNEY <u>Dirty Clean out Cellar</u></p> <p><input checked="" type="checkbox"/> EQUIPMENT, REPAIR</p> <p>PLUMBING</p> <p><input checked="" type="checkbox"/> SUPPL. LINE</p> <p><input checked="" type="checkbox"/> WASTE LINE</p> <p>BASEMENT</p> <p><input checked="" type="checkbox"/> GEN'L SANIT'N</p> <p><input checked="" type="checkbox"/> DAMPNSS <input type="checkbox"/> R1 <input type="checkbox"/> O</p> <p><input checked="" type="checkbox"/> STAIRS</p> <p><input checked="" type="checkbox"/> LIGHTING</p> <p>BASE DWL. UNIT</p> <p><input type="checkbox"/> MIN 7' x 3'</p> <p><input type="checkbox"/> DAMPNSS <input type="checkbox"/> R1 <input type="checkbox"/> O</p> <p><input type="checkbox"/> WINDOW 1/12 x 8"</p> <p><input type="checkbox"/> DUAL EGRESS 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>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Photos yes no
 Proj. No.

BRAMHALL

Date 4-20 17

CROWDING	LOCATION	276 Brackett St	COMP.
SANIT.	D.U. LOC.	APT #1 1st Flr	PEND.
INFEST.	OCCPNT	Bruce Brown	
BASE D.U.	OWNER	Lewis Mussman	VTS
DET'RN	ADDRESS	Cape Elizabeth	

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 Bruce Brown		1st Flr	7	7	3	1	5	✓	✓	✓	✓	✓	✓	✓	✓
2.															
3.															
4.															

OVERCROWDING: 65' - 7'	50 SLEEP'G	VENTILATION 1/12 x 1/2	LIGHTING WIRING	DET'RN WALLS	CEILINGS	WINDOWS	DOORS	FLOORS	REMARKS	KITCHEN SINK & WATER									
										KITCHEN	BATH	TOILET	SHAMNG	BED	BED	BED	BED	BED	OTHER
✓	✓	✓	✓	✓	✓	✓	✓	✓		<input checked="" type="checkbox"/> SINK <input checked="" type="checkbox"/> SUPPLY & WASTE <input type="checkbox"/> PLBG. GEN'L HEATING <input type="checkbox"/> STACKS, FLUES, VENTS <input type="checkbox"/> HT'RS VENTED, REP'N BATHING FACILITIES <input type="checkbox"/> SHARED MAX. 4DU <input type="checkbox"/> AVG U. 1 PER 15 <input type="checkbox"/> MIN. 7' STDG 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"/> AVG 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"/> R' <input type="checkbox"/> O: <input type="checkbox"/> <input type="checkbox"/> OTHER (SPECIFY) EGRESS <input type="checkbox"/> DUAL <input type="checkbox"/> YES. <input type="checkbox"/> NO <input type="checkbox"/> OBST'N									

OK

Portland Health Dept.
CS-7

Inspector *af*

Photos yes no
 Proj. No.

Bramhall

Date 4 21 67

DWELLING UNIT SCHEDULE

CROWDING	LOCATION <u>276 Brackett St</u>	COMP.
SANIT.	D.U. LOC. <u>2nd Floor Apt # 5</u>	PHO.
INFEST.	OCCPNT <u>Mrs Edwin PRATT</u>	
BASE D.U.	OWNER	
DET'RN	AGENT	
	ADDRESS	YES

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 Mrs Edwin Pratt	<u>1 2 1/2</u> <u>3</u> <u>1</u> <u>5</u>	<u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u>	<u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u>	
2.				
3.				
4.				

	KITCHEN	TOILET	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 65' x 7'	<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"/>					
VENTILATION 1/12 x 1/2	<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"/>					
WIRING	<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"/>					
CEILINGS	<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"/>					
DOORS	<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"/>					

Remarks
 1 - No Ventilation
 2 - No window

KITCHEN SINK & WATER
<input checked="" type="checkbox"/> SINK
<input checked="" type="checkbox"/> SUPPLY & WASTE
<input checked="" type="checkbox"/> PLBG. GEN'L
HEATING
<input checked="" type="checkbox"/> STACKS, FLUES, VENTS
<input checked="" type="checkbox"/> HT'RS VENTED, REP'N
BATHING FACILITIES
<input type="checkbox"/> SHARED MAX. 40U
<input type="checkbox"/> BATH U. 1 PER 15
<input type="checkbox"/> MIN. 7' STDG HT.
<input type="checkbox"/> VENT'LN
<input type="checkbox"/> PROPER ACCESS
<input type="checkbox"/> PLBG
<input type="checkbox"/> SANIT'N
TOILET FACILITIES
<input type="checkbox"/> SHARED MAX. 20U
<input type="checkbox"/> BATH U. FLSH & LAV 1 PER 10
<input type="checkbox"/> VENT'LN
<input type="checkbox"/> PROPER ACCESS
<input type="checkbox"/> PLBG
<input type="checkbox"/> SANIT'N
INFESTATION
<input type="checkbox"/> RATS <input type="checkbox"/> R. <input type="checkbox"/> O. <input type="checkbox"/> E.
<input checked="" type="checkbox"/> OTHER (SPECIFY)
EGRESS
<input type="checkbox"/> QUAL <input type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> OBST'N

Shower

Add Ventilation

No Ventilation

Portland Health Dept.
 CS-7

Inspector ago

Photos yes no
 Proj. No.

Date 4/20/27

K. YAMNANI

CROWDING	LOCATION 276 Brackett St	COMP.
SANIT.	D.U. LOC. 2nd Floor Apt # 3.	PEND.
INFEST.	OCCPNT Marcella Lee	
BASE D.U.	OWNER	
DET'RN	AGENT	VTS
	ADDRESS	

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities					Violations
			LOC.	RENT	FURN.	WX.	RMS	
1 Marcella Lee								
2.								
3.								
4.								

	KITCHEN	BATH	TOILET	DRINKING	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"/>							
50 SLEEP'G											
VENILATION 1/12 x 1/2											
LIGHTING WIRING											
DET'RN WALLS											
CEILINGS											
WINDOWS											
DOORS											
FLOORS											

Remarks

Inspector af

KITCHEN SINK & WATER

SINK

SUPPLY & WASTE

PLBG. GEN'L

HEATING

STACES FLUES. VENTS

HT'RS VENTED. REP'R

BATHING FACILITIES

SHARED MAX. 4DU

RMG U 1 PER 15

MIN. 7' STOD HT.

VENT'LN

PROPER ACCESS

PLB'G

SANIT'N

TOILET FACILITIES

SHARED MAX. 2 DU

RMG U FLSH & LAV 1 PER 10

VENT'LN

PROPER ACCESS

PLB'G

SANIT'N

INFESTATION

RATS R' O: E

OTHER (SPECIFY)

EGRESS

DUAL YES. NO

OBST'N

OK

Portland Health Dept.
CS-7

Photos yes no
 Proj. No.

Bramhall

Date 4 30 67

CROWDING	LOCATION <u>276</u>	COMP.
SANIT.	D.U. LOC. <u>ARTHO - 2nd Floor</u>	PEND.
INFEST.	OCCPNT <u>ELSIE Goodwin</u>	
BASE D.U.	OWNER AGENT	YES
DET'AM	ADDRESS	

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		
<u>ELSIE Goodwin</u>	<u>276</u>	<u>15</u>	<u>2</u>					
2.								
3.								
4.								

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 65' x 7'	<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"/>					
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"/>					
LIGHTING	<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"/>					
DET'RN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
WALLS	<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"/>					
WINDOWS	<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"/>					
FLOORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					

Remarks 1 - Peeling -

KITCHEN SINK & WATER	
<input checked="" type="checkbox"/>	SINK
<input checked="" type="checkbox"/>	SUPPLY & WASTE
<input checked="" type="checkbox"/>	PLB'G GEN'L
<input checked="" type="checkbox"/>	HEATING
<input checked="" type="checkbox"/>	STACS. FLUES. VENTS
<input checked="" type="checkbox"/>	VENT'S VENTED. REP'R
<input checked="" type="checkbox"/>	BATHING <u>Shower</u>
<input checked="" type="checkbox"/>	SHARED MAX. 400
<input checked="" type="checkbox"/>	RNG U. 1 PER 10
<input checked="" type="checkbox"/>	MIN. 7' STOD HT.
<input checked="" type="checkbox"/>	VENT'LN
<input checked="" type="checkbox"/>	PROPER ACCESS
<input checked="" type="checkbox"/>	PLB'G
<input checked="" type="checkbox"/>	SANIT'N
<input checked="" type="checkbox"/>	TOILET FACILITIES
<input checked="" type="checkbox"/>	SHARED MAX. 2 DV
<input checked="" type="checkbox"/>	RNG U FLSH & LAV 1 PER 10
<input checked="" type="checkbox"/>	VENT'LN
<input checked="" type="checkbox"/>	PROPER ACCESS
<input checked="" type="checkbox"/>	PLB'G
<input checked="" type="checkbox"/>	SANIT'N
<input checked="" type="checkbox"/>	INFESTATION
<input checked="" type="checkbox"/>	RATS <input type="checkbox"/> A: <input type="checkbox"/> O: <input type="checkbox"/> E
<input checked="" type="checkbox"/>	OTHER (SPECIFY)
<input checked="" type="checkbox"/>	EGRESS
<input checked="" type="checkbox"/>	DUAL <input checked="" type="checkbox"/> YES. <input type="checkbox"/> NO
<input checked="" type="checkbox"/>	OBST'N

Portland Health Dept.
CS-7

Inspector AP

Photos yes no
 Proj. No.

Date 16 NOV 67

BREMHE

DWELLING UNIT SCHEDULE

CROWDING	LOCATION <u>274 BRACKETT</u>	COMP.
SANIT.	D.U. LOC. <u>APT #10 3RD FLOOR</u>	PERM.
INFEST.	OCCUPY <u>JEAN PELLETIER</u>	
BASE D.U.	OWNER <u>LEWIS MILSMAN</u>	
DET'N	ADDRESS <u>ROCKY HILL ROAD - CAPE ELIZ.</u>	YTB

Occupants	Information	Occupancy	Facilities										Violations												
			LOC.	RENT	FURN.	WK-1.	RMS	PER.	ALL'D	I.GRS	HEAT	BATH		FLSH	K.SK	H.W.	CK'G								
1 JEAN PELLE. IFA		B-F					2		3																
2.																									
3.																									
4.																									

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDIN 65 - 7'	<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"/>							
VENTILATION 1/12 x 1/2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
LIGHTING WIRING	<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"/>							
CEILING	<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"/>							
DOORS	<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"/>							

Remarks

(Large handwritten 'OK' circled in the remarks section)

- KITCHEN SINK & WATER
- SINK
- SUPPLY & WASTE
- PLBG GEN'L
- HEATING
- STACKS, FLUES VENTS
- HT'RS VENTED, JEP'R
- BATHING FACILITIES
- SHARED MAX. 40'
- AVG 1 PER 15'
- MIN. 7' STOD HT.
- VENT'LN
- PROPER ACCESS
- PLBG
- SANIT'N
- TOILET FACILITIES
- SHARED MAX. 2 DU
- AVG U FLSH & LAV 1 PER 10'
- VENT. IN
- PROPER ACCESS
- PLBG
- SANIT'N
- INFESTATION
- RATS P O E
- OTHER (SPECIFY)
- EGRESS
- DUAL YES NO
- OBST'N

Portland Health Dept.
GS-7

Inspector *(Signature)*

276 BNAKRET STREET

Housing

P 398 935 449

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Mr. John Fitzpatrick	
Street and No. 398 Ray Street	
P.O., State and ZIP Code Portland, Maine 04101	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

(From) Re: 276 Broadway St. + Jean

PS Form 3800, Feb. 1982

PS Form 3811, Oct. 1980

SENDER Complete items 1, 2, 3, and 4. Add your address in the "RETURN TO" space or reverse.

CONSULT POSTMASTER FOR FEES

1. The following service is requested (check one).

Show to whom and date delivered..... —¢

Show to whom, date, and address of delivery.. —¢

2. RESTRICTED DELIVERY (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$ _____

3. ARTICLE ADDRESSED TO:

Mr. John Fitzpatrick
398 Ray Street
Portland, Maine 04101

4. TYPE OF SERVICE: REGISTERED INSURED
CERTIFIED COD
EXPRESS MAIL

ARTICLE NUMBER: 935 449

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE Addressee Authorized agent

5. SIGNATURE OF DELIVERY: *John Fitzpatrick*

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE: 7a. EMPLOYERS NOTIFIED

POSTMARK: MAR 20 1984

Vertical text on left: RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL. Pa. 276 Amherst St. - 157 Ft. (Hans)



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

February 22, 1984

Mr. John Fitzpatrick
398 Ray Street
Portland, Maine 04101

Re: 276 Brackett St. - First Floor Right Apt. WE

Dear Mr. Fitzpatrick:

As owner or agent of the property located at 276 Brackett St., 1st Fl. Ri. Apt.,
Portland, Maine, you are hereby notified that as the result of a recent Inspection,
the vacant structure is hereby declared unfit for human occupancy.

The above mentioned structure is to be kept vacant so long as the following conditions
continue to exist thereon:

Article V - 120 - The property is damaged, decayed, deteriorated, insanitary
and unsafe (or vermin infested) in such a manner as to
create a serious hazard to the health, safety and general
welfare of the occupants or the public.

Therefore, you will not occupy, permit anyone to occupy, or rent the above mentioned
without the written consent of the Health Officer or his agent, certifying that the
conditions have been corrected.

You are also hereby ordered to make the above mentioned property safe and secure so that
no danger to life or property or fire hazard shall exist thereon. This can be accom-
plished by boarding up doors and windows and other openings at all levels of the
structure. You are ordered to do this on or before March 7, 1984, or we will have
no choice but to refer this matter to the Corporation Counsel for legal action as the law
allows.

Sincerely yours,
Joseph E. Gray, Jr., Director of
Planning & Urban Development

Lyle D. Noyes
By _____
Lyle D. Noyes,
Inspection Services Division

Merlin Leary
Code Enforcement Officer / Merlin Leary (5)

jmr



CITY OF PORTLAND

JOSEPH E. GRAY, JR.
DIRECTOR OF PLANNING
AND URBAN DEVELOPMENT

August 13, 1984

Mr. John Fitzpatrick
398 Ray Street
Portland, Maine 04101

Re: 276 Brackett St. - First Floor Right Apt.


Dear Mr. Fitzpatrick:

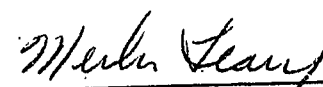
This is to inform you, as owner or agent of the property located at 276 Brackett St., 1st Fl. Rm., Portland, Maine, that we have released the (apartment(s) or property from posting.

Therefore, you may rent the (apartment or structure) to others or occupy it yourself.

If any additional information is desired, visit or call this office.

Sincerely yours,
Joseph E. Gray, Jr., Director
Planning & Urban Development

BY 
P. Samuel Hoffses,
Chief of Inspection Services


Code Enforcement Officer (5)
Merlin Leary



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

February 22, 1984

Mr. John Fitzpatrick
398 Ray Street
Portland, Maine 04101

Re: 276 Brackett St. - First Floor Right Apt.

Dear Mr. Fitzpatrick:

As owner or agent of the property located at 276 Brackett St., 1st Fl. Ri. Apt., Portland, Maine, you are hereby notified that as the result of a recent Inspection, the vacant structure is hereby declared unfit for human occupancy.

The above mentioned structure is to be kept vacant so long as the following conditions continue to exist thereon:

Article V - 120 - The property is damaged, decayed, deteriorated, insanitary and unsafe (or vermin infested) in such a manner as to create a serious hazard to the health, safety and general welfare of the occupants or the public.

Therefore, you will not occupy, permit anyone to occupy, or rent the above mentioned without the written consent of the Health Officer or his agent, certifying that the conditions have been corrected.

You are also hereby ordered to make the above mentioned property safe and secure so that no danger to life or property or fire hazard shall exist thereon. This can be accomplished by boarding up doors and windows and other openings at all levels of the structure. You are ordered to do this on or before March 7, 1984, or we will have no choice but to refer this matter to the Corporation Counsel for legal action as the law allows.

Sincerely yours,
Joseph E. Gray, Jr., Director of
Planning & Urban Development

Joseph E. Gray, Jr.

By _____
Lyle D. Noyes,
Inspection Services Division

Merlin Leary
Code Enforcement Officer Merlin Leary (5)

jmr

REINSPECTION RECOMMENDATIONS

INSPECTOR Leary

ADDRESS 296 Brackett
CITY NDP
OWNER Juan Fitzpatrick

NOTICE OF HOUSING CONDITIONS		HEARING NOTICE		FINAL NOTICE	
Issued	Expired	Issued	Expired	Issued	Expired
<u>2-27-84</u>					

A reinspection was made of the above premises and I recommend the following action:

DATE	RECOMMENDATION
	ALL VIOLATIONS HAVE BEEN CORRECTED Send "CERTIFICATE OF COMPLIANCE" _____ "POSTING RELEASE" _____
	SATISFACTORY Rehabilitation in Progress Time Extended To: _____
	Time Extended To: _____
	Time Extended To: _____
	UNSATISFACTORY Progress Send "HEARING NOTICE" _____ "FINAL NOTICE" _____
	NOTICE TO VACATE POST Entire _____ POST Dwelling Units _____
	UNSATISFACTORY Progress "LEGAL ACTION" To Be Taken _____

8-10-84 INSPECTOR'S REMARKS. Send a posting release

INSTRUCTIONS TO INSPECTOR:

UB
BSL
M.F.



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

NOTICE OF HOUSING CONDITIONS

DU: 6
CHART-BLOCK-LOT - 63-D-1
LOCATION: 274-278 Brackett St.

DISTRICT: 5
ISSUED: February 2, 1989
EXPIRES: April 2, 1989

John & Barbara Newcomb
70 Deering Street
Portland, ME 04101

Dear: Mr. & Mrs. Newcomb:

You are hereby notified, as owner or agent, that an inspection was made of the premises at 274-278 Brackett 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 April 2, 1989. 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.

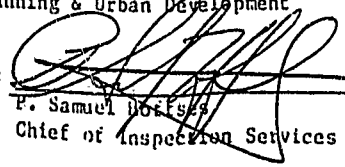
Please Note: You should consult the inspection Services Division to insure that any corrective action you undertake complies with the building, plumbing, electrical, zoning and other Article of the City Code.

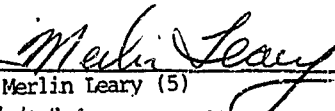
Please contact this office if you have any questions regarding this order.

Your cooperation will aid this department in it's 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: 
F. Samuel Doss
Chief of Inspection Services


Merlin Leary (5)
Code Enforcement Officer

Attachments

jmr

HOUSING INSPECTION REPORT

OWNER: John & Barbara Newcomb

LOCATION: 274-278 Brackett St. 63-D-1

CODE ENFORCEMENT OFFICER: Merlin Leary (5)

HOUSING CONDITIONS DATED: February 2, 1989 EXPIRES: April 2, 1989

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.

1. EXTERIOR REAR CELLAR WINDOW - broken glass.
2. INTERIOR CELLAR - friable asbestos.

SEC. (S)

108-3

116-6



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

NOTICE OF HOUSING CONDITIONS

DU: 6
CHART-BLOCK-LOT - 63-D-1
LOCATION: 274-278 Brackett Street

DISTRICT: 5
ISSUED: November 17, 1988
EXPIRES: January 17, 1988

John and Barbara Newcomb
70 Deering Street
Portland, Maine 04101

*Void New Notice
Sent 2-2-89*

Dear Sir:

You are hereby notified, as owner or agent, that an inspection was made of the premises at 274-278 Brackett 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 January 17, 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 anticipate that the premises have been brought into compliance with the Housing Code Standards.

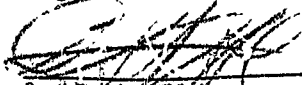
Please Note: You should consult the Inspection Services Division to insure that any corrective action you undertake complies with the building, plumbing, electrical, zoning and other Article of the City Code.

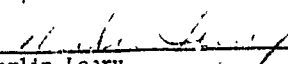
Please contact this office if you have any questions regarding this order.

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

Very truly yours,

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

B: 
P. Samuel Hoffses
Chief of Inspection Services


Merlin Leary
Code Enforcement Officer

Attachments

HOUSING INSPECTION REPORT

OWNER: John and Barbara Newcomb

LOCATION: 274-278 Brackett Street

CODE ENFORCEMENT OFFICER: Merlin Leary

HOUSING CONDITIONS DATED: November 17, 1988

EXPIRES: January 17, 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 First Floor Apt. #2 Bathroom Ceiling Leaking Cond.~~ 108.2

*2.) ~~Interior Third Floor Apt. #6 Hall Ceiling Leaking Conditions~~ 108.2

Cellar asbestos
Cellar not available at time of inspection

Broken glass near cellar window

* When making your repairs, first priority is to be given to items with asterisks, as they constitute extreme hazards to the health or safety of the occupants of this structure.



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

NOTICE OF HOUSING CONDITIONS

DU: 6
CHART-BLOCK-LOT - 63-D-1
LOCATION: 274-278 Brackett Street

DISTRICT: 5
ISSUED: November 17, 1988
EXPIRES: January 17, 1989

John and Barbara Newcomb
70 Deering Street
Portland, Maine 04101

Dear Sir:

You are hereby notified, as owner or agent, that an inspection was made of the premises at 274-278 Brackett 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 these defects on or before January 17, 1989. 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 the Inspection Services Division to insure that any corrective action you undertake complies with the building, plumbing, electrical, zoning and other Article of the City Code.

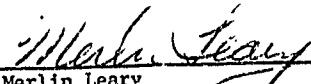
Please contact this office if you have any questions regarding this order.

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

Very truly yours,

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

By: 
P. Samuel Hoffes
Chief of Inspection Services


Merlin Leary
Code Enforcement Officer

Attachments

HOUSING INSPECTION REPORT

OWNER: John and Barbara Newcomb

LOCATION: 274-278 Lrockett Street

CODE ENFORCEMENT OFFICER: Merlin Leary

HOUSING CONDITIONS DATED: November 17, 1988 EXPIRES: January 17, 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.

						<u>SEC. (S)</u>
*1.)	Interior	First Floor	Apt.#2	Bathroom Ceiling	Leaking Cond.	108.2
*2.)	Interior	Third Floor	Apt.#6	Hall Ceiling	Leaking Conditions	108.2

Cellar not available at time of inspection

* When making your repairs, first priority is to be given to items with asterisks, as they constitute extreme hazards to the health or safety of the occupants of this structure.

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

March 18, 1993

John Newcomb
70 Deering St
Portland, ME 04102

Re: 276 Brackett St
CBL #: 063-D-001
DU: 7

Dear Mr. Newcomb,


The Housing Inspections Division of the Department of Planning and Urban Development has recently completed an overall inspection of the above referred property.

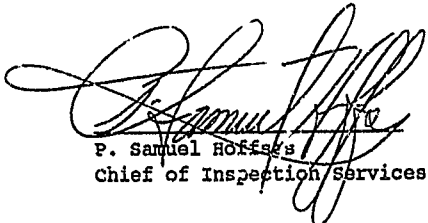
Congratulations are extended to you for the general condition of your property which was found to meet the standards established by the City's Housing Code.

Good maintenance is the best way to protect the value of your property and neighborhood.

Please feel free to call on us if we can be of assistance to you.

Sincerely,


Kathleen A. Lowe
Code Enforcement Officer


P. Samuel Hoffses
Chief of Inspection Services

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

December 22, 1994

NEWCOMB JOHN L
70 DEERING ST
PORTLAND ME 04101

Re: 276 Brackett St
CML: 063- - D-001-001-01
DU: 7

Dear Mr. Newcomb:

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 in 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 assume 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: 276 Brackett St
Housing Conditions Date: January 22, 1994
Expiration Date: February 20, 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 - 2ND FLR - LANDING
REPAIR CEILING TILE - CUT TO FIT 108.20
2. INT - 3RD FLR -
TIGHTEN & RE-SECURE HANDRAILS 108.40
3. INT - APT #3 - ENTRY DOOR
TIGHTEN & REPAIR THE DOOR KNOB 108.30
4. INT - THROUGHOUT -
REPAIR FLASTER WHERE REQUIRED 108.20
5. EXT - THROUGHOUT -
REPAIR/REPLACE ROTTED TRIM & FASCIA 108.10
6. EXT - FIRE ESCAPE -
PROVIDE BALUSTERS @ 4" O.C. 108.40

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

December 22, 1994

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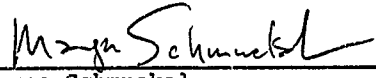
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