

270 Brockitt Street

BRIMHALL



SHAW-WALKER

#6503-1R

April 28, 1967

Miss Rose S. Mitchell  
270 Brackett Street  
Portland, Maine

Dear Miss Mitchell:


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:ac

Enclosure

270 Brackett Street

Area: Bramhall

Inspection Date: April 21, 1967

Dwelling Units: 4

Owner: Miss Rose S. Mitchell  
270 Brackett Street  
Portland, Maine

**DEFECTS NEEDING CORRECTION**

**STRUCTURAL**

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

- a. Repair or replace the loose, worn, dilapidated and hazardous parts of the front porch.
- b. Determine the reason and remedy the condition which causes the cement to be loose under the front porch.
- c. Have the foundation pointed on the right side and the rear end.
- d. Repair or replace the loose, worn, and dilapidated drains on the left side of the structure.
- e. Replace the missing metal on the right side of the slate roof.
- f. Repair or replace the cracked plaster on the walls in the front hall from the first to the second floor.
- g. Determine the reason and remedy the condition which causes the walls and ceiling in the laundry room to peel.
- h. Replace the missing plaster on the main section of the cellar ceiling.
- i. Repair or replace the split bottom step on the stairway in the cellar.
- j. Repair or replace the cracked plaster on the bedroom ceiling in the front apartment on the second floor.

**PLUMBING**

Check and have repaired all defective plumbing and plumbing fixture throughout the structure.

- a. Correct the condition at the fixture that causes a cross connection at the bathtub in the front apartment on the second floor.
- b. Correct the condition at the fixture that causes a cross connection at the flush toilet in the front apartment on the second floor.

Photos  yes  no  
 Date 4-21-67  
 Proj. No.  C.I. Bramhall Ass'ts \_\_\_\_\_ Zone \_\_\_\_\_ Zone Viol \_\_\_\_\_  
 Stories   B.F.M.  A.S.Y.D.  S.J.A.R.  M.S.A.  N.A.  M.S.  S.T.P. Com. Units \_\_\_\_\_ Rmg Units \_\_\_\_\_ Dwl. Units 4

LOCATION	<u>270 Bramhall St</u>	COMP
OWNER	<u>Miss</u>	PEND
OWNER AGENT	<u>Rose S. Mitchell</u>	
OWNER AGENT	<u>same</u>	
OWNER AGENT		VTS

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

**STRUCTURE SCHEDULE** STRUCTURE RATING

**YARD**

GARBAGE & RUBBISH \_\_\_\_\_

CONTAINERS COMPLY \_\_\_\_\_

DRAINAGE \_\_\_\_\_

ZONE VIOL. \_\_\_\_\_

**STRUCTURE EXTERIOR**

STEPS, STAIRS, porch disintegrated

FOUNDATION Front Cement Loose, Rear under

WALLS \_\_\_\_\_

WINDOWS, DOORS \_\_\_\_\_

ROOF, DRAINS L.S. Broken, Slate roof R.S. mtl.

OUT BUILDINGS miss.

**INFESTATION**

RATS  R.  O.  E \_\_\_\_\_

OTHER (SPECIFY) \_\_\_\_\_

**EGRESS**

DUAL  YES  NO \_\_\_\_\_

OBST'N \_\_\_\_\_

Remarks \_\_\_\_\_

Portland Health Dept.

CS-8

**STRUCTURE INTERIOR**

HALL, OBST'N \_\_\_\_\_

HALL, LIGHTING \_\_\_\_\_

HALL, FLOOR WALLS CEILING Front 1st to 2nd floor walls cracked

STAIRWAYS \_\_\_\_\_

WINDOWS, AIRSHAFT \_\_\_\_\_

ELECT. WIRING \_\_\_\_\_

HEATING CENTRAL YES  NO

STACKS FLUCS. VENTS \_\_\_\_\_

CHIMNEY \_\_\_\_\_

EQUIPMENT, REPAIR \_\_\_\_\_

**PLUMBING**

SUPPLY LINE \_\_\_\_\_

WASTE LINE \_\_\_\_\_

**BASEMENT**

GEN'L SANIT'N Laundry Room walls & ceiling needing a lot of plaster miss main section of ceiling

STAIRS Bottom step split ceiling

LIGHTING \_\_\_\_\_

**BASE DWL. UNIT**

MIN 7' - 3' \_\_\_\_\_

DAMPNSS  R.  O \_\_\_\_\_

WINDOW 1/12 X 6' \_\_\_\_\_

DUAL EGRESS YES  NO

**PROHIBITED COMB'M USE**

ASSOC. USE HAZARD \_\_\_\_\_

HAZARDOUS VENTS \_\_\_\_\_

Inspector ago



Photos  yes  no

Proj. No.

1522mhall

Date 4-21-67

### DWELLING UNIT SCHEDULE

CROWDING	LOCATION	270 BRACKELLE	COMP.
SANIT.	D.U. LOC.	2nd FLOOR	PEND.
INFEST.	OCCUPY	LEAF HORST	
BAST D.U.	OWNER		
DET'N	AGENT		
	ADDRESS		VTS

Occupants	Information	Occupancy	Facilities							Violations						
			LOC.	RENT	FURN.	WK. I.	RMS	PER.	ALL'D		LGRS	HEAT	BATH	FLSH	K.SK	H.W.
Leaf Horst			2nd	20	-	-	3	2	5	-	Pl	P	Y	Y	26	
2.																
3.																
4.																

	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'RN											
WALLS											
CEILINGS											
WINDOWS											
DOORS											
FLOORS											

Remarks

OK

- KITCHEN SINK & WATER**
- SINK
  - SUPPLY & WASTY
  - PLBG. SEN'L
- HEATING**
- STACKS, FLUES, VENTS
  - HT'RS VENTED, REP'R
- BATHING FACILITIES**
- SHARED MAX. 4DU
  - RMG U. 1 PER 15
  - MIN. 7' STDB 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'  C.  I
  - OTHER (SPECIFY)
- EGRESS**
- DUAL  YES.  NO
  - OB'T'N

OK

Port. and Health Dept. CS-7

Inspector \_\_\_\_\_

Photos  yes  no  
 Proj. No.  

Date 4-21-67

CROWDING	LOCATION <u>270 Binetello</u>	COMP.
SANIT.	D.U. LOC <u>2nd Floor FRONT</u>	FINO.
INFEST.	OCCPNT <u>Rose Mitchell</u>	
BASE D.U.	OWNER	
DET'RN	AGENT	
	ADDRESS	

**DWELLING UNIT SCHEDULE**

Occupants	Information	Occupancy	Facilities	Violations	LIV																		
					LOC.	RENT	FURN.	WK.I.	RMS	PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K.SK	H.W.	CK'G					
1 <u>Rose Mitchell</u>					2nd					2	1	5											
2.																							
3.																							
4.																							

	LIV												TOTAL
	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	BED	OTHER			
OVERCROWDIN' 85' x 7'	<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"/>								
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 WIRING	<input checked="" type="checkbox"/>	<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"/>	<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 - Cracked

Inspector gjo

- KITCHEN SINK & WATER
- SINK
- SUPPLY & WASTE
- PLBS. GM'L
- HEATING
- STACKS, FLUES, VENTS
- HT'RS VENTED, REP'G
- BATHING FACILITIES
- SHAPED MAX. 4DU
- SNG U. 1 PER 15
- MIN. 7' STOD HT.
- VENT'LN
- PROPER ACCESS
- PLB'G X CONN
- SANIT'N
- TOILET FACILITIES
- SHAPED MAX. 2 DU
- SNG U FLSH & LAV 1 PER 10
- VENT'LN
- PROPER ACCESS
- PLB'G X CONN
- SANIT'N
- INFESTATION
- CATS  A  O:  C
- OTHER (SPECIFY)
- EGRESS
- DUAL  YES  NO
- OBST'N

Portland Health Dept.  
 CS-7

Photos  yes  no  
 Proj. No.

Date 1-2-67

Brantwell

CROWDING	LOCATION <u>120 Brackett St</u>	COMP.
SANIT.	D.U. LOC. <u>3rd Floor</u>	PEND.
INFEST.	OCCPN: <u>MKB Laundry</u>	YES
BASE D.U.	OWNER	NO
DET'N	AGENT	YES
	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 Mrs. Landry							4		6									
2.																		
3.																		
4.																		

	KITCHEN	BATH	TOILET	CHIMNEY	BED	BED	BED	BED	BED	OTR	SR	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"/>	<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"/>					
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"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
BEING	<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	<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"/>					
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"/>					
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"/>					
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"/>					

KITCHEN SINK & WATER	
<input type="checkbox"/> SINK	
<input type="checkbox"/> SUPPLY & WASTE	
<input type="checkbox"/> PLBG. GCM L	
<b>HEATING</b>	
<input type="checkbox"/> STACKS, FLUES, VENT'S	
<input type="checkbox"/> HT'RG VENTED, SUP'R	
<b>BATHING FACILITIES</b>	
<input type="checkbox"/> SHARED MAX. 4OU	
<input type="checkbox"/> RMS U. 1 PER 10	
<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	
<b>TOILET FACILITIES</b>	
<input type="checkbox"/> SHARED MAX. 2 OU	
<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"/> OI <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	

Remarks: 1 - no window in kit. There is a glass section in the door near exit to porch.

OK

Port/Heal Dept.  
OS-7

Inspector aga

Photos  yes  no  
 Proj. No.

Date 4-21-67

Bramhall

**DWELLING UNIT SCHEDULE**

ORDING	LOCATION <u>270 Brickell St</u>	CDIP
SANIT.	D.U. LOC. <u>1st Floor</u>	PERM
INFEST.	OCCUPY <u>Harlan Taylor</u>	
BASE D.U.	OWNER <u>Russ Mitchell</u>	
DET'N	ADDRESS <u>same</u>	VTS

Occupants	Information	Occupancy	Facilities										Violations												
			LOC.	RENT	FURN.	W.K.I.	WAS	PER.	ALL'D	LGRS	HEAT	BATH		FLSH	K.SK.	H.W.	CK'G								
<u>Harlan Taylor</u>			<u>1st</u>	<u>150</u>	<u>1 1/2</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</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	DWING	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	<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"/>		
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"/>	<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"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
DEL'TH W/LLS	<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"/>		
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"/>	<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"/>	<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"/>	<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"/>	<input checked="" type="checkbox"/>		

Remarks

Remarks section with handwritten notes and a large 'OK' written across the middle.

KITCHEN SINK & WATER	
<input checked="" type="checkbox"/>	SINK
<input checked="" type="checkbox"/>	SUPPLY & WASTE
<input checked="" type="checkbox"/>	PLUG. GEN'L
HEATING	
<input checked="" type="checkbox"/>	STACKS, FLUES, VENTS
<input checked="" type="checkbox"/>	HT'NG VENTED, REFR
BATHING FACILITIES	
<input checked="" type="checkbox"/>	SHARED MAX. 4DU
<input checked="" type="checkbox"/>	ANG U. 1 PER 15
<input checked="" type="checkbox"/>	MIN. 7' STDS HT.
<input checked="" type="checkbox"/>	VENT'LN
<input checked="" type="checkbox"/>	PROPER ACCESS
<input checked="" type="checkbox"/>	PLUG
<input checked="" type="checkbox"/>	SANIT'N
TOILET FACILITIES	
<input checked="" type="checkbox"/>	SHARED MAX. 2 DU
<input checked="" type="checkbox"/>	REQ U FLSH & LAV 1 PER 10
<input checked="" type="checkbox"/>	VENT'LN
<input checked="" type="checkbox"/>	PROPER ACCESS
<input checked="" type="checkbox"/>	PLUG
<input checked="" type="checkbox"/>	SANIT'N
INFESTATION	
<input checked="" type="checkbox"/>	FATH <input type="checkbox"/> C <input type="checkbox"/> OI <input type="checkbox"/> E
<input checked="" type="checkbox"/>	OTHER (SPECIFY)
EGRESS	
<input checked="" type="checkbox"/>	DUAL <input type="checkbox"/> T <input type="checkbox"/> NO
<input checked="" type="checkbox"/>	OST'N

Port Health Dept.  
 CH-7

Inspector off