

143 Neal Street

BRAMHALL

  
350332

February 27, 1968

Dr. Alice Whittier  
143 Neal Street  
Portland, Maine

Dear Dr. Whittier:

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*  
Gordon E. Martin  
Housing Supervisor

GIS:apc

Enclosure

143 Neal Street

Area: Bramhall

Survey Date: April 20, 1967

Dwelling Units: 2

Owner: Dr. Alice Whittier  
143 Neal Street  
Portland, 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 cracked plaster on the kitchen ceiling on the first floor.
- b. Repair or replace the cracked plaster on the ceilings and walls in the storerooms in the attic.
- c. Determine the reason and remedy the condition which causes the leaking in the front storeroom.

**NUISANCES AND INSANITARY CONDITIONS**

- a. Accomplish a general clean-up of the cellar.
- b. Accomplish a general clean-up of the chimney.
- c. Accomplish a general clean-up of the rear storeroom.

Photos  yes  no  
 Date 4-20-67  
 Location 143 Neal St COMP   
 Proj. No.  C.I. BRAMA Hal Ass'ts  Zone  Zone Viol   
 Stories  DFM  ASDD  SAR  SNA  STP Com. Units  Pkg Units  Dwl. Units 2  
 Gen'l Agent Dr. Alice Whittier PENS   
 COUNCIL AGENT  VIS

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

**STRUCTURE SCHEDULE**

STRUCTURE RATING

**YARD**

GARBAGE & RUBBISH

CONTAINERS COMPLY

DRAINAGE

ZONE VIOL.

**STRUCTURE EXTERIOR**

STEPS, STAIRS, PORCHES

FOUNDATION

WALLS

WINDOWS, DOORS

ROOF, DRAINS

OUT BUILDINGS

**INFESTATION**

RATS  R.  O.  I.

OTHER (SPECIFY)

**GRESS**

DIAL  YES  NO

OBST'N

Remarks \_\_\_\_\_

Portl. no \_\_\_\_\_

Heat n Dept. \_\_\_\_\_

CS-8

Inspector afj

**STRUCTURE INTERIOR**

HALL, OBST'N

HALL, LIGHTING

HALL, FLOOR WALLS CEILING

STAIRWAYS

WINDOWS, AIRSHAFT

ELECT. WIRING

**HEATING CENTRAL** YES  NO

STACKS FLUES, VENTS

CHIMNEY Clean out dirty in cellar

EQUIPMENT, REPAIR

**PLUMBING**

SUPPLY LINE

WASTE LINE

**BASEMENT**

GEN'L SANIT'N clattered paper & wood

DAMPNES

STAIRS

LIGHTING

**BASE DWL. UNIT**

MEN 7' - 3"

DAMPNES  R.  O. 3 NONE

WINDOW 1/12 x 6"

QUAL EGRESS  YES  NO

**PROHIBITED COMB'N USE**

ASSOC. USE HAZARDOUS

HAZARDOUS VENTS

Photos  yes  no

Proj. No.

Bramhall

Date 4-20-67

### DWELLING UNIT SCHEDULE

CROWDING	LOCATION	143 NE 81	COMP.
SANIT.	N.U. LOC.	1st Floor	PEND.
INFEST.	OCCUPY	DR ALICE WILTZER	
BASE D.U.	OWNER		
DET'N	AGENT		
	ADDRESS		
			VTS

Occupants	Information	Occupancy	Facilities	Violations												
					LOC.	RENT	FURN.	WH. I.	RMS	PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K. SK
1																
2																
3																
4																

	KITCHEN	BATH	TOILET	DINING	LIV Rm	BED	OFFICE Rm	LIV Rm	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"/>		
SO 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 & 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"/>		
FIXING	<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"/>		
DET'N WALLS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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 1 - Cracked!

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

OK

Portland Health Dept.  
OS-7

Inspector \_\_\_\_\_



Photos  yes  no  
 Proj. No.

Bramhall

Date 4-20-67

CR. BLDG.	LOCATION <u>123 WEST</u>	CCAP.
SANIT.	F.U. LOC. <u>2nd floor</u>	PERM.
INFEST.	OCCUPY <u>MRS Hill</u>	
BASE B.U.	OWNER	
DATE	ADDRESS	VTS

DWELLING UNIT SCHEDULE

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

	KITCHEN	BATH	TOILET	DINING	LIV BED	OR BED	BED	BED	BLP	OTHER	TOTAL
OVERLOADING 65' x 7'	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
SO SLEEP'G											
VENTILATION 1/12 x 1/2											
LIGHTING WIRING											
DET'RN WALLS											
CEILINGS											
WINDOWS											
DOORS											
FLOORS											

*2112*

**KITCHEN SINK & WATER**

SINK \_\_\_\_\_

SUPPLY & WAST. \_\_\_\_\_

PLUG. GEN'L \_\_\_\_\_

**HEATING**

STACKS, FLUES, VENTS \_\_\_\_\_

WY'BS VENTED, REP'D \_\_\_\_\_

**BATHING FACILITIES**

SHARED MAX. 4DU \_\_\_\_\_

RMS U. 1 PER 14 \_\_\_\_\_

MIN. 7' STOD H. \_\_\_\_\_

VENT'LN \_\_\_\_\_

PROPER ACCESS \_\_\_\_\_

PL'G \_\_\_\_\_

SANIT'N \_\_\_\_\_

**TOILET FACILITIES**

SHARED MAX. 2 DU \_\_\_\_\_

RMS U. FLSH & LAV 1 PER 10 \_\_\_\_\_

VENT'LN \_\_\_\_\_

PROPER ACCESS \_\_\_\_\_

PL'G \_\_\_\_\_

SANIT'N \_\_\_\_\_

**INFESTATION**

RATS  R.  D  E \_\_\_\_\_

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

**EGRESS**

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

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

Remarks

ATTIC

Two-STORE ROOMS

Ceilings & walls CRACKED

signs of leakage front store room

Rear store room cluttered with

Medical Books Journals & Papers.

Portland Health Dept.  
CS-7

Inspector \_\_\_\_\_

*OK*