

52 Carleton Street

BRAMHALL



SHAW-WALKER

8503-1R

January 11, 1968

**Mr. W. Raymond Larocheille**  
**52 Carlton Street**  
**Portland, Maine**  
Dear


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

52 Carleton Street

Area: Bramhall

Survey Date: April 26, 1967

Dwelling Units: 5

Owner: Mr. W. Raymond Larochelle  
52 Carleton 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 cracked plaster on the front hall ceiling on the second floor.
- b. Repair or replace the cracked plaster on the kitchen ceiling on the first floor.
- c. Determine the reason and remedy the condition which causes the bedroom ceiling in the front apartment on the second floor to leak.
- d. Determine the reason and remedy the condition which causes the bathroom ceiling in the rear apartment on the second floor to peel.

Photos  yes  no

*duplex*

Date *4-26-67*

Proj No.  C.I. *Blount* Ass'rs \_\_\_\_\_ Zone \_\_\_\_\_ Zone Viol \_\_\_\_\_

Stories  RFM  ASD  SAR  NSA  NA  VS  ST  P Com. Units \_\_\_\_\_ Rmg Units *1* Dvl. Units *5*

LOCATION <i>52 Carlton</i>	COMP
OWNER AGENT	PEND
DUPLEX <i>Raymond Larochelle</i>	
OWNER AGENT <i>Sam</i>	
OWNER AGENT	YES

Occupants	Information					Occupancy			Facilities					Violations
	LOC.	REN	FUR	WK	RMS	PER.	ALLD	LGRS	HEAT	BATH	FLSH	K.SK	H.W.	
<i>1 Raymond Larochelle</i>	<i>1st</i>				<i>5</i>	<i>4</i>	<i>8</i>		<i>CO</i>	<i>P</i>	<i>P</i>	<i>Y</i>	<i>Y</i>	<i>LG</i>
<i>2 Edna Reynolds</i>	<i>2nd</i>				<i>2</i>	<i>1</i>	<i>2</i>		<i>CO</i>	<i>P</i>	<i>Y</i>	<i>Y</i>	<i>LG</i>	
<i>3 Mable Knowles</i>	<i>2nd</i>				<i>3</i>	<i>1</i>	<i>5</i>		<i>CO</i>	<i>S</i>	<i>S</i>	<i>Y</i>	<i>Y</i>	<i>LG</i>
<i>4 MIMI CASEY</i>	<i>2nd</i>				<i>1</i>	<i>1</i>	<i>2</i>		<i>CO</i>	<i>S</i>	<i>S</i>	<i>Y</i>	<i>Y</i>	<i>LG</i>
<i>5 MARGARET Barry</i>	<i>3rd</i>				<i>1</i>	<i>1</i>	<i>2</i>		<i>CO</i>	<i>S</i>	<i>S</i>	<i>Y</i>	<i>Y</i>	<i>LG</i>
<i>6 Judith Dumond</i>	<i>3rd</i>				<i>2</i>	<i>2</i>	<i>3</i>		<i>CO</i>	<i>P</i>	<i>Y</i>	<i>Y</i>	<i>LG</i>	

STRUCTURE SCHEDULE

STRUCTURE RATING

YARD

RABBIT & RUBBISH

CONTAINERS COMPLY

DRAINAGE

ZONE VIOL

STRUCTURE EXTERIOR

STEPS, STAIRS, PORCHES

FOUNDATION

WALLS

WINDOWS, DOORS

ROOF, DRAINS

OUT BUILDINGS *Garage*

INFESTATION

RATS  RI  DI  I

OTHER (SPECIFY)

EGRESS

DUAL  YES  NO

OBST'N

STRUCTURE INTERIOR

WALL OBST'N

WALL LIGHTING

WALL, FLOOR WALLS CEILING *2nd Floor Front CRACKS*

STAIRWAYS

WINDOWS, AIRSHAYT

FLECT. HEATING

HEATING CENTRAL YES  NO

STACKS FLUES, VENTS

CHIMNEY

EQUIPMENT, REPAIR

PLUMBING

SUPPLY LINE

WASTE LINE

BASEMENT

MEN'S SANIT'N

DAMPNES -- RI -- 0

STAIRS

LIGHTING

BASE DWL UNIT

MIN 7' x 3'

DAMPNES  RI  0 *2 NAME*

WINDOW 1/12 x 8"

DUAL EGRESS  YES  NO

PROHIBITED COMB'N USE

ASSOC USE HAZARD

HAZARDOUS VENTS

Remarks \_\_\_\_\_

Portland Health Dept.

CS-8

Inspector *ADP*

Photos  Yes  No  
 Proj. No.

Date 9-26-67

**DWELLING UNIT SCHEDULE**

RECORDING	LOCATION <u>52 Corlefan St</u>	COMP.
SANIT.	D.U. LOC. <u>1st Floor</u>	PENS.
INFEST.	OCCUPY <u>Sarah Griffen</u>	ETS
BASE D.U.	OWNER <u>Raymond Landelle</u>	
DET'N.	ADDRESS	

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.			14					5	4	8		0	15	15	4	16								
2.																								
3.																								
4.																								

	KITCHEN	BATH	TOILET	DINING	BED	AND	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 85' - 7'	✓				✓	✓	✓				
50 SLEEP'G	✓	✓	✓	✓	✓	✓	✓				
VENTILATION 1/12 x 1/2	✓										
LIGHTING WIRING	✓										
DET'N WALLS	✓					1X	1X				
CEILING	1X										
WINDOWS	✓										
DOORS	✓										
FLOORS	✓										

**KITCHEN SINK & WATER**

SINK

SUPPLY & WASTE

PLBG. SEN'L

**HEATING**

STACKS, FLUES, VENTS

INT'NS VENTED, REP'N

**BATHING FACILITIES**

SHARED MAX. 4DU

RMS U. 1 PER 15

MIN. 7' STGE HT.

VENT'LN

PROPER ACCESS

PLB'G

SANIT'N

**TOILET FACILITIES**

SHARED MAX. 2 DU

RMS U FLSH & LAV 1 PER 10

VENT'LN

PROPER ACCESS

PLB'G

SANIT'N

**INFESTATION**

RATS  R'  O:  C

OTHER (SPECIFY)

**EGRESS**

DUAL  YES  NO

ORBT'N

Remarks 1-CRACKED

Portland Health Dept.  
GS-7

Inspector AD

Photos  yes  no  
 Proj. No.

Date 4-26-67

**DWELLING UNIT SCHEDULE**

CROWDING	LOCATION <u>52 Carleton St.</u>	COMP.
SANIT.	D.U. LOC. <u>2nd floor rear</u>	PERM.
INFEST.	OCCUPY <u>Edna Reynolds</u>	
DATE B.U.	OWNER	VTS
DET'N	AGENT	
	ADDRESS	

Occupants	Information	Occupancy	Facilities										Violations									
			LOC.	RENT	FURN.	WK.1.	RMS	PER.	ALL'D	LGRS	HEAT	BATH		FLSH	K.SK	H.W.	CK'G					
<u>Edna Reynolds</u>			<u>2nd</u>	<u>13</u>				<u>2</u>		<u>2</u>		<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>		
2.																						
3.																						
4.																						

*etc.*

	KITCHEN	BATH	TOILET	DINING	BED	BED	B/D	BED	BED	OTHER	TOTAL
OVERCROWDING - 69' x 7'	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
50 SLEEP'GS	<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"/>						
LIGHTING	<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"/>						
CEILING	<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
- SINK
- SUPPLY & WASTE
- FLOOR GEN'L
- HEATING
- STACKS, FLUES, VENTS
- HT'RS VENTED, REP'D
- BATHING FACILITIES
- SHARED MAX. 40U
- RMS U. 1 PER 10
- MIN. 7' STOR HT.
- VENT'LN
- PROPER ACCESS
- FLO'G
- SANIT'N
- TOILET FACILITIES
- SHARED MAX. 20U
- RMS U. FLSH & LAV 1 PER 10
- VENT'LN
- PROPER ACCESS
- FLO'G
- SANIT'N
- INFESTATION
- RATS  M'  DI  E
- OTHER (SPECIFY)
- EGRESS
- QUAL  YES  NO
- OBS'N

Pittsford Health Dept.  
CS-7

Inspector QJO

Photos  yes  no  
 Proj. No.

Date 4-26-67

CROWDING	LOCATION <u>52 Carleton St</u>	COMP.
SANIT.	D.U. LOC. <u>2nd Floor Midroom</u>	PEND.
INFEST.	OCCPNT <u>Mable Knowles</u>	
BASE D.U.	OWNER	VTS
DET'N	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			
<u>Mable Knowles</u>			<u>13</u>					<u>3</u>		<u>5</u>										
2.																				
3.																				
4.																				

OVERCROWDING 85' - 7'	SO SLEEP'G 1/2 & 1/2	VENTILATION	LIGHTING	WIRING	DET'N	WALLS	CEILING	WINDOWS	DOORS	FLOORS	BEDS							OTHER	TOTAL	
											KITCHEN	BATH	TOILET	1/2	3/4	RED	BED			BED
<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>										

**KITCHEN SINK & WATER**

SINK

SUPPLY & WASTE

FLSH. GR'L

**HEATING**

BY GAS. FLUES. VENTS

INT'NS VENTED. REP'R

**BATHING FACILITIES**

SHARED MAX. 4DU

RMS U. 1 PER 15

MIN. 7' STOR HT

VENT'LN

PROPER ACCESS

FLSH

SANIT'N

**TOILET FACILITIES**

SHARED MAX. 2 DU

RMS U. FLSH & LAV 1 PER 10

VENT'LN

PROPER ACCESS

FLSH

SANIT'N

**INFESTATION**

RATS  N'  O'  C

OTHER (SPECIFY)

**EGRESS**

QUAL  YES  NO

DET'N

Remarks

Portland Health Dept.  
 PS-7

Inspector AD

*shared with one rooming unit & one dwelling unit.*

Photos  yes  no  
 Proj. No.

Brown  
**DWELLING UNIT SCHEDULE**

Date 4-26-67

CROWDING	LOCATION <u>52 Carlton St</u>	COMP.
SANIT.	D.U. LOC. <u>Front 2nd Floor</u>	PERM.
INFEST.	OCCUPY <u>MOMIE CASE-1</u>	VIOL.
BASE D.U.	OWNER	
DET'N	AGENT	
	ADDRESS	

Group	Information	Occupancy	Facilities				Violations
			LOC.	RENT	FURN.	WK. I. RMS	
1	<u>MOMIE Pnsey</u>						
2.							
3.							
4.							

	KITCHEN	BATH	TOILET	DINING	BEU	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 65' - 7'		✓			✓						
50 SLEEP'G					✓						
VENTILATION 1/12 & 1/2		✓			✓						
LIGHTING WIRING		✓			✓						
DET'N WALLS		✓			✓						
CEILING		✓			✓						
WINDOWS		✓			✓						
DOORS		✓			✓						
FLOORS		✓			✓						

Remarks Signs of Leakage

**KITCHEN SINK & WATER**

SINK

SUPPLY & WASTE

PLBG. GEN'L

**HEATING**

STACKS, FLUES, VENTS

WY'RS VENTED, REP'N

**BATHING FACILITIES**

SHARED MAX. 4DU

SHG U. 1 PER 15

MIN. 7' STG HT.

VENT'LN

PROPER ACCESS

DO'G

SANIT'N

**TOILET FACILITIES**

SHARED MAX. 2 DU

SHG U. FLSH & LAV 1 PER 10

VENT'LN

PROPER ACCESS

DO'G

SANIT'N

**INFESTATION**

RATS  M  O  I  E

OTHER (SPECIFY)

**EGRESS**

EQUAL  YES  NO

DET'N

*this rooming unit*

*shared with this unit*

Health Dept.  
 CS-7

Inspector gdo



Photos  Yes  No  
 Proj. No.  

Date 4-26-67

**DWELLING UNIT SCHEDULE**

CROWDING	LOCATION <u>52 Carlton</u>	COMP. <input type="checkbox"/>
HABIT.	D.U. LOC. <u>3rd Floor - Rear apt</u>	PEND. <input type="checkbox"/>
INFEST	OCCUPY <u>Judith Dumond</u>	YES <input checked="" type="checkbox"/>
BASE D.U.	OWNER <u> </u>	
DET'N	ADDRESS <u> </u>	

Occupants	Information				Occupancy							Facilities	Violations
	LOC.	RENT	FURN.	WK. 1. RMS	PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K.SR		
1. <u>Judith Dumond</u>	<u>3d</u>	<u> </u>	<u> </u>	<u>2</u>	<u>2</u>	<u>3</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
2. <u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
3. <u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
4. <u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

OVERCROWDING 65' x 7'	KITCHEN	TOILET	DINING	BED	BED	BED	BED	BED	OTHER	TOTAL	Remarks	
<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u> </u>	<u> </u>
NO SLEEP'G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>
VENTILATION 1/12 2 1/2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>
LIGHTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>
WIRING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>
DET'N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>
WALLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>
CEILING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>
WINDOWS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>
DOORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>
FLOORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>

Remarks Notd Air Room Combination

OK

- KITCHEN SINK & WATER**
- SINK
  - SUPPLY & WASTE
  - PLUG. GEN'L
- HEATING**
- STACKS, FLUES, VENTS
  - HT'G VENTED, SEPT'N
- BATHING FACILITIES**
- SHARED MAX. ADU
  - RMS U. 1' x 8' 18"
  - MIN. 7' STOD MT.
  - VENT'LN
  - PROPER ACCESS
  - PLB'G
  - SANIT'N
- TOILET FACILITIES**
- SHARED MAX. 2 DU
  - RMS U. FLSH & LAV 1 PER 10
  - VENT'LN
  - PROPER ACCESS
  - PLB'G
  - SANIT'N
- INFESTATION**
- RATS  Y  N
  - OTHER (SPECIFY)
- EGRESS**
- DUAL  YES  NO
  - OBST'N

Portland  
 Health Dept.  
 CS-7

Inspector

Photos  yes  no  
Proj. No.

Date 4-26-67

CROWDING	LOCATION 52 Convent St	COMP.
SANIT.	D.U. LOC. 3rd Floor. Front	PEND.
INFEST.	OCCUPY Margaret Barry	
RATE D.U.	OWNER	YES
DET'N	ADDRESS	

### DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities							Violations									
			LOC.	RENT	FURN.	WK. I.	RMS	PER.	ALL'D		LOGS	HEAT	BATH	FLSH	'K.SK	H.W.	CK'G		
Margaret Barry						1		2-											

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 85' - 7"											
50 SLEEP'G											
VEN FLATION 1/12 x 1/2											
TIGHTING WIRING											
DET'N WALLS											
CEILING											
WINDOWS											
DOORS											
FLOORS											

Remarks

#### KITCHEN SINK & WATER

- SINK  
 SUPPLY & WASTE  
 PLBG. REP'L

#### HEATING

- STACKS, FLUES, VENTS  
 HT'RS VENTED, REP'L

#### BATHING FACILITIES

- SHARED MAX. 4DU  
 H2O U. 1 PER 15  
 H2O, 2' 1YD MT.  
 VENT'LN  
 PROPER ACCESS  
 H2O'S  
 SANIT'N

#### TOILET FACILITIES

- SHARED MAX. 2 DU  
 H2O U FLSH & LAV 1 PER 10  
 VENT'LN  
 PROPER ACCESS  
 PLB'G  
 SANIT'N

#### INFESTATION

- RATS  R.  O.  C.  
 OTHER (SPECIFY)

#### EGRESS

- DUAL  YES  NO  
 OBST'N

Portland  
Hlth Dept.  
CS-7

Inspector *gjo*

*Signed 2nd floor  
with one dwelling  
unit & one  
rooming unit*

52 Carlton St

~~2' floor needs a complete bath~~

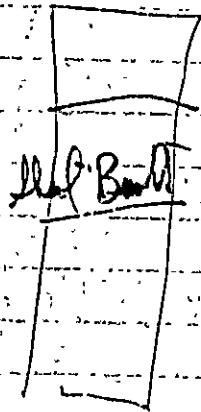
~~Level work done~~

~~Paint cut applied to walls~~

(Section 21)

OK One Dwelling Unit + 2 Rooms Units  
show in 2' floor bath. Bath

2R-DU OK (Prin's)	1R-Room (2)
3DU	2011 OK (Prin's Bath) / Rooms Unit
One DU OK (Prin's Bath)	





CITY OF PORTLAND

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

June 28, 1985

#DU: 5

Martha & Robert Smith Jts.  
54 Lexington Avenue  
Portland, ME 04103

Dear Mr. & Mrs. Smith:

Re: 52 Carleton St. 63-D-15 NDP

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

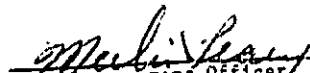
Congratulations are extended to you for the general condition of your property which was found to meet the standards established by the City's Housing Code.

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

By   
P. Samuel Hoffses,  
Chief of Inspection Services

  
Code Enforcement Officer  
Merlin Leary (5)

jmr

City of Portland

# Standard First Inspection

Housing Inspection Division

STRUCTURE INSPECTION SCHEDULE

1) Insp. Name M. Leahy

2) Insp. Date <u>6-26-75</u>	3) Insp. Type <u>NCP</u>	4) Proj. Code <u>DUB</u>	5) Assr's: Chart <u>063 D 015</u>	6) Bl.	7) Lot	8) Census: Tract	9) Blk.	10) Insp.	11) Form No.	
12) House No. <u>52</u>	13) Sec. H. No.	14) Suff.	15) Direct.	16) Street Name <u>Carleton</u>			17) St. Design. <u>PK</u>			
18) Owner or Agent: <u>Matthew &amp; Robert Smith Jr</u>							19) Status	20) Bldg's Rat.		
21) Address: <u>54 Lexington Ave</u>							Zip Code: <u>04103</u>			
22) City and State: <u>Portland, Maine</u>	73) D. Units <u>5</u>	24) Occ. D. U. s.	25) Rm. Units <u>9</u>	26) Occ. R. U. s.	27) No. Occupants <u>10</u>	28) Com'l U.	29) Bldg. Type <u>SP-1-D</u>	30) Stories <u>3</u>	31) Const. Mat. <u>Brick</u>	32) O. Bs. <u>D.</u>
33) C.H. <u>V-L</u>	34) Photo <u>ND</u>	35) Zoned For <u>R-3</u>	36) Actual Land Use <u>Res</u>	37) D.D.	38) L.S. Ad. Bth. Fac <u>Yes</u>	39) Disp. <u>No</u>	40) Closing Date			

Viol. No.	Remedy	Cond.	Violation Description	Fl. No.	Room Type	Area Type	Resp. Party	Code Sect. Viol.	Viol. Rem. Date

OK

City of Portland

PLANNING AND URBAN DEVELOPMENT

Inspection Services Division

DWELLING UNIT SCHEDULE

ARTICLE 5 - HOUSING CODE

INSP DATE

1 26 85

INSP

FORM NO.

TENANTS NAME

Carol (PUIK)

Flr. # Location Rm. Tp. # Bms. # Pco. # All'd Slp. Rm.

1 FR DU 3.2 4 1

Child Un. 10	Child 1 - 6	+ Lead Survey - Results	Rent	Rent Code	Furn	Hot Water	Dual Egrs.	CK'ing	Heat	Lav.	Bath	Flush
					NO	YES	YES	YES	OK	PL	DB	PL

**KITCHEN**

<input type="checkbox"/>	Plaster - L, C, M, - Ceiling/Walls	108-2
<input checked="" type="checkbox"/>	Windows - loose, broken glass, glaze	108-3
<input checked="" type="checkbox"/>	Sash/Frames - broken, missing, worn	108-3
<input checked="" type="checkbox"/>	Floor - loose, worn, dam., buckled	108-2
<input checked="" type="checkbox"/>	Doors - Knob/lk - miss.-Pan./Fram.dam.	108-2
<input checked="" type="checkbox"/>	Counter/Stor. Space Yes No	-
<input checked="" type="checkbox"/>	Sink - chip., crack., leaks	111-1
<input checked="" type="checkbox"/>	Range - improper stack, flue, vent.	114-1
<input checked="" type="checkbox"/>	Refrigerator Space Yes No	-
<input checked="" type="checkbox"/>	Plumbing (a)6 (a)Water Sup. Hot/Cold	111.3
<input checked="" type="checkbox"/>	Electrical (a)	113
<input checked="" type="checkbox"/>	Sanitation (a)	109

**BATHROOM**

<input type="checkbox"/>	Plaster - L, C, M - Ceiling/Walls	108-2
<input type="checkbox"/>	Window - loose, broken glass, glaze	108-3
<input checked="" type="checkbox"/>	Sash/Frames - broken, missing, worn	108-3
<input checked="" type="checkbox"/>	Floor - loose, worn, dam., buckled	108-2
<input type="checkbox"/>	Door - knob/lk - miss.-Pan./Fram. dam.	108-3
<input type="checkbox"/>	Toilet-Fnk-brkn, loose, leaks, seat, crkd.	111-1
<input checked="" type="checkbox"/>	Lavatory - chip., crkd, leaks, trap leaks	111-1
<input checked="" type="checkbox"/>	Bathtub/shower- leaks, cross connect.	111-1
<input checked="" type="checkbox"/>	Ventilation Yes No	112
<input checked="" type="checkbox"/>	Plumb. (b)6(a)Water Sup. Hot/Cold	111-3
<input checked="" type="checkbox"/>	Electrical (b)	113
<input type="checkbox"/>	Sanitation (b)	109

**LIVING ROOM**

<input type="checkbox"/>	Plaster - L, C, M, - Ceil./Walls	108-2
<input checked="" type="checkbox"/>	Windows - loose, broken, glaze	108-3
<input checked="" type="checkbox"/>	Sash/Frames - broken, missing, worn	108-3
<input checked="" type="checkbox"/>	Floor - loose, worn, damaged	108-2
<input checked="" type="checkbox"/>	Door - knob/lk - miss. - panels/frames	dam. 108-3
<input checked="" type="checkbox"/>	Electrical (c)	113
<input checked="" type="checkbox"/>	Sanitation (c)	109

**DINING ROOM**

<input type="checkbox"/>	Plaster - L, C, M - Ceil/Walls	108-2
<input type="checkbox"/>	Windows - loose, broken, glaze	108-3
<input type="checkbox"/>	Sash/Frames - broken, missing, worn	108-3
<input type="checkbox"/>	Floor - loose, worn, damaged	108-2
<input type="checkbox"/>	Doors - Knobs/lk - miss. - panels/frames	dam. 108-3
<input type="checkbox"/>	Electrical (d)	113
<input type="checkbox"/>	Sanitation (d)	109

**Bedrooms and/or other rooms**


<input type="checkbox"/>	Plaster - L, C, M - Ceiling/Walls	108-2
<input type="checkbox"/>	Windows - loose, broken, glaze	108-3
<input type="checkbox"/>	Sash/Frames - broken, missing, worn	108-3
<input type="checkbox"/>	Floors - loose, worn, damaged	108-2
<input type="checkbox"/>	Door - knobs/lk - miss.-Panels/Frames	dam. 108-3
<input type="checkbox"/>	Electrical (e)	113
<input type="checkbox"/>	Sanitation (e)	109
<input type="checkbox"/>	Clothes Closet Yes No	

Plumbing	Electrical	Sanitation - Vermin O R
----------	------------	-------------------------

REMARKS:

City of Portland

PLANNING AND URBAN DEVELOPMENT

Inspection Services Division

DWELLING UNIT SCHEDULE

ARTICLE 5 - HOUSING CODE

INSP DATE

0 20 1 1 1

OK 1st Inspection

INSP

FORM NO.

TENANTS NAME

VACU

Flr.# Location Bng. Tp.# Rms.# Eco.# All'd Slp.Rm.

1 RE DU 1 0 2 1

Child Un.10	Child 1 - 6	+ Lead Survey - Results	Rent	Rent Code	Furn	Hot Water	Dual Ears.	Ck'ing	Heat	Lav.	Bath	Flush
					NO	YES	YES	LE	OFF	DL	PL	
KITCHEN					CODE	BATHROOM					CODE	
( ) Plaster - L, C, M, - Ceiling/Walls					108-2	( ) Plaster - L, C, M - Ceiling/Walls					108-2	
( ) Windows - loose, broken glass, glaze					108-3	( ) Window - loose, broken glass, glaze					108-3	
( ) Sash/Frames - broken, missing, worn					108-3	( ) Sash/Frames - broken, missing, worn					108-3	
( ) Floor - loose, worn, dam., buckled					108-2	( ) Floor - loose, worn, dam., buckled					108-2	
( ) Doors - Knob/lk - miss.-Pan./Fram.dam.					108-3	( ) Door - knob/lk - miss.-Pan./Fram. dam.					108-3	
( ) Counter/Stor. Space Yes <u>No</u>					-	( ) Toilet-Tnk-brkn, loose, leaks, seat, crkd.					111-1	
( ) Sink - chip., crack., leaks					111-1	( ) Lavatory - chip., crkd, leaks, trap leaks					111-1	
( ) Range - improper stack, flue, vent					114-1	( ) Bathtub/shower- leaks, cross connect.					111-1	
( ) Refrigerator Space Yes <u>No</u>					-	( ) Ventilation Yes <u>No</u>					112	
( ) Plumbing (a)6 (a)Water Sup. Hot <u>Cold</u>					111.3	( ) Plumb. (b)6(a)Water Sup. Hot <u>Cold</u>					111-3	
( ) Electrical (a)					113	( ) Electrical (b)					113	
( ) Sanitation (a)					109	( ) Sanitation (b)					109	
LIVING ROOM					CODE	DINING ROOM					CODE	
( ) Plaster - L, C, M, - Ceil./Walls					108-2	( ) Plaster - L,C,M - Ceil/Walls					108-2	
( ) Windows - loose, broken, glaze					108-3	( ) Windows - loose, broken, glaze					108-3	
( ) Sash/Frames - broken, missing, worn					108-3	( ) Sash/Frames - broken, missing, worn					108-3	
( ) Floor - loose, worn, damaged					108-2	( ) Floor - loose, worn, damaged					108-2	
( ) Door - knob/lk - miss. - panels/frames					dam.108-3	( ) Doors - Knobs/lk - miss. - panels/frames					dam.108-3	
( ) Electrical (c)					113	( ) Electrical (d)					113	
( ) Sanitation (c)					109	( ) Sanitation (d)					109	
Bedrooms and/or other rooms											CODE	
( ) Plaster - L,C,M - Ceiling/Walls					108-2	( ) Plaster - L,C,M - Ceiling/Walls					108-2	
( ) Windows - loose, broken, glaze					108-3	( ) Windows - loose, broken, glaze					108-3	
( ) Sash/Frames - broken, missing, worn					108-3	( ) Sash/Frames - broken, missing, worn					108-3	
( ) Floors - loose, worn, damaged					108-2	( ) Floors - loose, worn, damaged					108-2	
( ) Door - knobs/lk - miss.-Panels/Frames					dam.108-3	( ) Door - knobs/lk - miss.-Panels/Frames					dam.108-3	
( ) Electrical (e)					113	( ) Electrical (e)					113	
( ) Sanitation (e)					109	( ) Sanitation (e)					109	
( ) Clothes Closet Yes <u>No</u>						( ) Clothes Closet Yes <u>No</u>						
Plumbing			Electrical			Sanitation - Vermin O R						

REMARKS:

City of Portland

PLANNING AND URBAN DEVELOPMENT

Inspection Services Division

DWELLING UNIT SCHEDULE

ARTICLE 5 - HOUSING CODE

INSP DATE

2/21/81

OK 1st Inspection

INSP

FORM NO.

TENANTS NAME

NELL GRIFFIN

Fir. # Location Bng. Tp. # Bms. # Pco. # All'd Slp. Rm.

2 FR. D. 3-2 4 1

Child Un. 10	Child 1 - 6	+ Lead Survey Results	Rent	Renc Code	Furn	Hot Water	Dual Egrs.	Ck'ing	Heat	Lav.	Bath	Flush
					NO	YES	YES	LE	OFF	PL	PB	1/1
KITCHEN					CODE	BATHROOM					CODE	
<input checked="" type="checkbox"/> Plaster - L, C, M, - Ceiling/Walls					108-2	<input checked="" type="checkbox"/> Plaster - L, C, M - Ceiling/Walls					108-2	
<input checked="" type="checkbox"/> Windows - loose, broken glass, glaze					108-3	<input checked="" type="checkbox"/> Window - loose, broken glass, glaze					108-3	
<input checked="" type="checkbox"/> Sash/Frames - broken, miss'g, worn					108-3	<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn					108-3	
<input checked="" type="checkbox"/> Floor - loose, worn, dam., buckled					108-2	<input checked="" type="checkbox"/> Floor - loose, worn, dam., buckled					108-2	
<input checked="" type="checkbox"/> Doors - Knob/lk - miss. - Pan./Fram.dam.					108-3	<input checked="" type="checkbox"/> Door - knob/lk - miss. - Pan./Fram. dam.					108-3	
<input checked="" type="checkbox"/> Counter/Stor. Space Yes <u>No</u>					-	<input checked="" type="checkbox"/> Toilet-Tnk-brkn, loose, leaks, seat, crkd.					111-1	
<input checked="" type="checkbox"/> Sink - chip., crack., leaks					111-1	<input checked="" type="checkbox"/> Lavatory - chip., crkd, leaks, trap leaks					111-1	
<input checked="" type="checkbox"/> Range - improper stack, flue, vent					114-1	<input checked="" type="checkbox"/> Bathtub/shower- leaks, cross connect.					111-1	
<input checked="" type="checkbox"/> Refrigerator Space Yes <u>No</u>					-	<input checked="" type="checkbox"/> Ventilation Yes <u>No</u>					112	
<input checked="" type="checkbox"/> Plumbing (a)6 (a)Water Sup. Hot <u>Cold</u>					111.3	<input checked="" type="checkbox"/> Plumb. (b)6(a)Water Sup. Hot <u>Cold</u>					111-3	
<input checked="" type="checkbox"/> Electrical (a)					113	<input checked="" type="checkbox"/> Electrical (b)					113	
<input checked="" type="checkbox"/> Sanitation (a)					109	<input checked="" type="checkbox"/> Sanitation (b)					109	
LIVING ROOM					CODE	DINING ROOM					CODE	
<input checked="" type="checkbox"/> Plaster - L, C, M, - Ceil./Walls					108-2	<input type="checkbox"/> Plaster - L,C,M - Ceil/Walls					108-2	
<input checked="" type="checkbox"/> Windows - loose, broken, glaze					108-3	<input type="checkbox"/> Windows - loose, broken, glaze					108-3	
<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn					108-3	<input type="checkbox"/> Sash/Frames - broken, missing, worn					108-3	
<input checked="" type="checkbox"/> Floor - loose, worn, damaged					108-2	<input type="checkbox"/> Floor - loose, worn, damaged					108-2	
<input checked="" type="checkbox"/> Door - knob/lk - miss. - panels/frames					dam. 108-3	<input type="checkbox"/> Doors - Knobs/lk - miss. - panels/frames					dam. 108-3	
<input checked="" type="checkbox"/> Electrical (c)					113	<input type="checkbox"/> Electrical (d)					113	
<input checked="" type="checkbox"/> Sanitation (c)					109	<input type="checkbox"/> Sanitation (d)					109	
Bedrooms and/or other rooms											CODE	
<input type="checkbox"/>						<input type="checkbox"/> Plaster - L,C,M - Ceiling/Walls					108-2	
<input type="checkbox"/>						<input type="checkbox"/> Windows - loose, broken, glaze					108-3	
<input type="checkbox"/>						<input type="checkbox"/> Sash/Frames - broken, missing, worn					108-3	
<input type="checkbox"/>						<input type="checkbox"/> Floors - loose, worn, damaged					108-2	
<input type="checkbox"/>						<input type="checkbox"/> Door - knobs/lk - miss. - Panels/Frames					dam. 108-3	
<input type="checkbox"/>						<input type="checkbox"/> Electrical (e)					113	
<input type="checkbox"/>						<input type="checkbox"/> Sanitation (e)					109	
<input type="checkbox"/>						<input type="checkbox"/> Clothes Closet					Yes No	
Plumbing						Electrical						
						Sanitation - Vermin					O R	

REMARKS:



City of Portland

PLANNING AND URBAN DEVELOPMENT

Inspection Services Division

DWELLING UNIT SCHEDULE  
ARTICLE 5 - HOUSING CODE

INSP DATE

6/26/81

OK 1st Inspection

INSP

FORM NO.

TENANT'S NAME

Ronwyn Gallagher

Flr. # Location Bldg. Tp. # Bms. # Pco. # All'd Slp. Rm.

2 RE DU 2 1 3

Child Un. 10	Child 1 - 6	+ Lead Survey Results	Rent	Rent Code	Furn	Hot Water	Dual Egrs.	Ck'ing	Heat	Lav.	Bath	Flush
					NO	YES	YES	LE	OFF	DI	PVB	DR
KITCHEN						BATHROOM						
<input type="checkbox"/> Plaster - L, C, M, - Ceiling/Walls 108-2						<input type="checkbox"/> Plaster - L, C, M - Ceiling/Walls 108-2						
<input type="checkbox"/> Windows - loose, broken glass, glaze 108-3						<input type="checkbox"/> Window - loose, broken glass, glaze 108-3						
<input type="checkbox"/> Sash/Frames - broken, missing, worn 108-3						<input type="checkbox"/> Sash/Frames - broken, missing, worn 108-3						
<input type="checkbox"/> Floor - loose, worn, dam., buckled 108-2						<input type="checkbox"/> Floor - loose, worn, dam., buckled 108-2						
<input type="checkbox"/> Doors - Knob/lk - miss.-Pan./Fram.dam. 108-3						<input type="checkbox"/> Door - knob/lk - miss.-Pan./Fram. dam. 108-3						
<input type="checkbox"/> Counter/Stor. Space Yes <u>No</u>						<input type="checkbox"/> Toilet-Tnk-brkn, loose, leaks, seat, crkd. 111-1						
<input type="checkbox"/> Sink - chip., crack., leaks 111-1						<input type="checkbox"/> Lavatory - chip., crkd, leaks, trap leaks 111-1						
<input type="checkbox"/> Range - improper stack, flue, vent 114-1						<input type="checkbox"/> Bathtub/shower- leaks, cross connect. 111-1						
<input type="checkbox"/> Refrigerator Space Yes <u>No</u>						<input type="checkbox"/> Ventilation Yes <u>No</u> 112						
<input type="checkbox"/> Plumbing (a)6 (a)Water Sup. Hot <u>Cold</u> 111.3						<input type="checkbox"/> Plumb. (b)6(a)Water Sup. Hot <u>Cold</u> 111-3						
<input type="checkbox"/> Electrical (a) 113						<input checked="" type="checkbox"/> Electrical (b) 113						
<input type="checkbox"/> Sanitation (a) 109						<input type="checkbox"/> Sanitation (b) 109						
LIVING ROOM						DINING ROOM						
<input type="checkbox"/> Plaster - L, C, M, - Ceil./Walls 108-2						<input type="checkbox"/> Plaster - L,C,M - Ceil/Walls 108-2						
<input type="checkbox"/> Windows - loose, broken, glaze 108-3						<input type="checkbox"/> Windows - loose, broken, glaze 108-3						
<input type="checkbox"/> Sash/Frames-broken, missing, worn 108-3						<input type="checkbox"/> Sash/Frames-broken, missing, worn 108-3						
<input type="checkbox"/> Floor - loose, worn, damage 108-2						<input type="checkbox"/> Floor - loose, worn, damaged 108-2						
<input type="checkbox"/> Door - knob/lk - miss. - panels/frames dam. 108-3						<input type="checkbox"/> Doors - Knobs/lk - miss. - panels/frames dam. 108-3						
<input checked="" type="checkbox"/> Electrical (c) 113						<input type="checkbox"/> Electrical (d) 113						
<input checked="" type="checkbox"/> Sanitation (c) 109						<input type="checkbox"/> Sanitation (d) 109						
Bedrooms and/or other rooms												
						<input type="checkbox"/> Plaster - L,C,M - Ceiling/Walls 108-2						
						<input type="checkbox"/> Windows - loose, broken, glaze 108-3						
						<input type="checkbox"/> Sash/Frames - broken, missing, worn 108-3						
						<input type="checkbox"/> Floors - loose, worn, damaged 108-2						
						<input type="checkbox"/> Door - knobs/lk - miss.-Panels/Frames dam. 108-3						
						<input type="checkbox"/> Electrical (e) 113						
						<input type="checkbox"/> Sanitation (e) 109						
						<input type="checkbox"/> Clothes Closet Yes No						
Plumbing			Electrical			Sanitation - Vermin O R						

REMARKS:

City of Portland

PLANNING AND URBAN DEVELOPMENT

Inspection Services Division

DWELLING UNIT SCHEDULE  
ARTICLE 5 HOUSING CODE

INSP DATE

01/26/13

OK 1st Inspection

INSP

FORM NO.

TENANTS NAME

Tommy Smith

Flr. # Location Bldg. Tp. # Rms # Pco. # All'd Slp. Rm.

Child Un. 10	Child 1 - 6	+ Lead Survey Results	Rent	Rent Code	Furn	Hot Water	Dual Egrs.	CK'ing	Heat	Lav.	Bath	Flush
					NO	YES	YES	LF	OK	PL	PB	0

DESCRIPTION	CODE	DESCRIPTION	CODE
<b>KITCHEN</b>		<b>BATHROOM</b>	
( <input checked="" type="checkbox"/> ) Plaster - L, C, M, - Ceiling/Walls	108-2	( <input checked="" type="checkbox"/> ) Plaster - L, C, M - Ceiling/Walls	108-2
( <input checked="" type="checkbox"/> ) Windows - loose, broken glass, glaze	108-3	( <input checked="" type="checkbox"/> ) Window - loose, broken glass, glaze	108-3
( <input checked="" type="checkbox"/> ) Sash/Frames - broken, missing, worn	108-3	( <input checked="" type="checkbox"/> ) Sash/Frames - broken, missing, worn	108-3
( <input checked="" type="checkbox"/> ) Floor - loose, worn, dam., buckled	108-2	( <input checked="" type="checkbox"/> ) Floor - loose, worn, dam., buckled	108-2
( <input checked="" type="checkbox"/> ) Doors - Knob/lk - miss.-Pan./Fram.dam.	108-3	( <input checked="" type="checkbox"/> ) Door - knob/lk - miss.-Pan./Fram. dam.	108-3
( <input checked="" type="checkbox"/> ) Courter/Stor. Space Yes <u>NO</u>	-	( <input checked="" type="checkbox"/> ) Toilet-Tnk-brkn, loose, leaks, seat, crkd.	111-1
( <input checked="" type="checkbox"/> ) Sink - chip., crack., leaks	111-1	( <input checked="" type="checkbox"/> ) Lavatory - chip., crkd, leaks, trap leaks	111-1
( <input checked="" type="checkbox"/> ) Range - improper stack, flue, vent	114-1	( <input checked="" type="checkbox"/> ) Bathtub/shower- leaks, cross connect.	111-1
( <input checked="" type="checkbox"/> ) Refrigerator Space Yes <u>No</u>	-	( <input checked="" type="checkbox"/> ) Ventilation Yes <u>No</u>	112
( <input checked="" type="checkbox"/> ) Plumbing (a)6 (a)Water Sup. Hot <u>Cold</u>	111.3	( <input checked="" type="checkbox"/> ) Plumb. (b)6(a)Water Sup. Hot <u>Cold</u>	111-3
( <input checked="" type="checkbox"/> ) Electrical (a)	113	( <input checked="" type="checkbox"/> ) Electrical (b)	113
( <input checked="" type="checkbox"/> ) Sanitation (a)	109	( <input checked="" type="checkbox"/> ) Sanitation (b)	109
<b>LIVING ROOM</b>		<b>DINING ROOM</b>	
( <input checked="" type="checkbox"/> ) Plaster - L, C, M, - Ceil./Walls	108-2	( <input type="checkbox"/> ) Plaster - L,C,M - Ceil/Walls	108-2
( <input checked="" type="checkbox"/> ) Windows - loose, broken, glaze	108-3	( <input type="checkbox"/> ) Windows - loose, broken, glaze	108-3
( <input checked="" type="checkbox"/> ) Sash/Frames - broken, missing, worn	108-3	( <input type="checkbox"/> ) Sash/Frames - broken, missing, worn	108-3
( <input checked="" type="checkbox"/> ) Floor - loose, worn, damaged	108-2	( <input type="checkbox"/> ) Floor - loose, worn, damaged	108-2
( <input checked="" type="checkbox"/> ) Door - knob/lk - miss. - panels/frames	dam. 108-3	( <input type="checkbox"/> ) Doors - Knobs/lk - miss. - panels/frames	dam. 108-3
( <input type="checkbox"/> ) Electrical (c)	113	( <input type="checkbox"/> ) Electrical (d)	113
( <input type="checkbox"/> ) Sanitation (c)	109	( <input type="checkbox"/> ) Sanitation (d)	109
<b>Bedrooms and/or other rooms</b>			
		( <input type="checkbox"/> ) Plaster - L,C,M - Ceiling/Walls	108-2
		( <input type="checkbox"/> ) Windows - loose, broken, glaze	108-3
		( <input type="checkbox"/> ) Sash/Frames - broken, missing, worn	108-3
		( <input type="checkbox"/> ) Floors - loose, worn, damaged	108-2
		( <input type="checkbox"/> ) Door - knobs/lk - miss.-Panels/Frames	dam. 108-3
		( <input type="checkbox"/> ) Electrical (e)	113
		( <input type="checkbox"/> ) Sanitation (e)	109
		( <input type="checkbox"/> ) Clothes Closet Yes No	
Plumbing	Electrical	Sanitation - Vermin	O R

REMARKS:



# CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT  
INSPECTION SERVICES DIVISION

## NOTICE OF HOUSING CONDITIONS

DU: 5  
CHART-BLOCK-LOT - 63-D-15  
LOCATION: 52 Carleton Street

DISTRICT: 5  
ISSUED: March 11, 1988  
EXPIRES: May 14, 1988

Mr. Robert Smith  
54 Lexington Avenue  
Portland, ME 04103

Dear: Mr. Smith:

You are hereby notified, as owner or agent, that an inspection was made of the premises at 52 Carleton 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 May 14, 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.

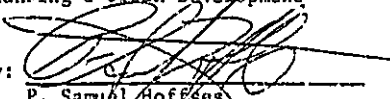
Please Note: You should consult the inspection Services Division to insure that any corrective action you undertake complies with the building, plumbing, electrical, zoning and other Article of the City Code.

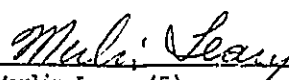
Please contact this office if you have any questions regarding this order.

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 F. Gray, Jr., Director  
Planning & Urban Development

By:   
P. Samuel Hoffes  
Chief of Inspection Services

  
Merlin Leary (5)  
Code Enforcement Officer

Attachments

HOUSING INSPECTION REPORT

OWNER: Mr. Robert Smit'

LOCATION: 52 Carleton Street 63-D-15

CODE ENFORCEMENT OFFICER: Merlin Leary (5)

HOUSING CONDITIONS DATED: March 14, 1988

EXPIRES: May 14, 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)

116-6

- \* 1. INTERIOR CELLAR - friable asbestos.





# CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT  
INSPECTION SERVICES DIVISION

## CERTIFICATE OF COMPLIANCE

DATE: August 5, 1988

DU: 5

Housing Inspections Division  
Telephone: 775-5451 - Extension 311

Mr. Robert Smith  
54 Lexington Avenue  
Portland, Maine 04103

RE: Premises located at 52 Carleton St. 63-D-15

Dear Mr. Smith:

A re-inspection of the premises noted above was made on August 5, 1988  
by Code Enforcement Officer Merlin Leary.

This is to certify that you have complied with our request to correct the violation(s) of the Municipal Code relating to housing conditions as described in our "Notice of Housing Conditions" dated March 14, 1988.

Thank you for your cooperation and your efforts to help us maintain decent, safe and sanitary housing for all Portland residents.

In order to aid in the preservation of Portland's existing housing inventory, it shall be the policy of this Department to inspect each residential building at least once every five years. Although a property is subject to re-inspection at any time during the said five-year period, the next regular inspection of this property is scheduled for August 1993.

Sincerely yours,

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

By Joseph E. Gray, Jr.  
P. Samuel Hoffses,  
Chief of Inspection Services

Merlin Leary  
Merlin Leary - Code Enforcement Officer (5)  
Code Enforcement Officer

jmr

C.E.B.  
B.S.L.  
M.F.





# CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT  
INSPECTION SERVICES DIVISION

## NOTICE OF HOUSING CONDITIONS

DU: 5  
CHART-BLOCK-LOT - 63-D-15  
LOCATION: 52 Carleton Street

DISTRICT: 5  
ISSUED: March 14, 1988  
EXPIRES: May 14, 1988

Mr. Robert Smith  
54 Lexington Avenue  
Portland, ME 04103



Dear: Mr. Smith:

You are hereby notified, as owner or agent, that an inspection was made of the premises at 52 Carleton Street by Code Enforcement Officer Merlin Leary. Violations of Article 1 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 May 14, 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.

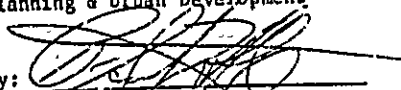
Please Note: You should consult the inspection Services Division to insure that any corrective action you undertake complies with the building, plumbing, electrical, zoning and other Article of the City Code.

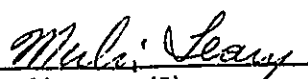
Please contact this office if you have any questions regarding this order.

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

By:   
P. Samuel Hoffner  
Chief of Inspection Services

  
Merlin Leary (5)  
Code Enforcement Officer

Attachments

HOUSING INSPECTION REPORT

OWNER: Mr. Robert Smith

LOCATION: 52 Carleton Street 63-D-15

CODE ENFORCEMENT OFFICER: Merlin Leary (5)

HOUSING CONDITIONS DATED: March 14, 1988

EXPIRES: May 14, 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 CELLAR friable asbestos.~~

~~216-6~~



Inspection Services  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

## CITY OF PORTLAND

May 08, 1995

SMITH, MARTHA B  
54 LEXINGTON AVE  
PORTLAND ME 04103

Re: 52 Carleton St  
CBL: 063- - D-015-001-01  
DU: 5

Dear Ms. Smith:


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

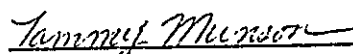
Congratulations are extended to you for the general condition of your property which was found to meet the standards established by the City's Housing Code.

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,

  
Amy Simpson  
Code Enforcement Officer

  
Tammy Munson  
Code Enfc. Offr. /Field Supv.

Inspection Services  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

## CITY OF PORTLAND

APRIL 15, 1997

SMITH MARTHA B  
54 LEXINGTON AVE  
PORTLAND ME 04103

Re: 52 CARLETON ST  
CBL: 063- - D-015-001-01  
DU: 5

Dear Ms. Smith:

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. We did, however, note the following items that could cause future problems:

1. INT - OVERALL - 113.50  
HARD-WIRED BATTERY-BACKUP SMOKE DETECTORS ARE REQUIRED IN EACH UNIT

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,

Tammy Munson  
Code Enfc.Offc./ Field Supv.

Inspection Services  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

May 08, 1995

SMITH MARTHA B  
54 LEXINGTON AVE  
PORTLAND ME 04103

Re: 52 Carleton St  
CBL: 063- - D-015-001-01  
DU: 5

Dear Ms. Smith:

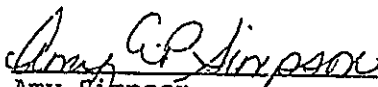
The Housing Inspections Division of the Department of Planning and Urban Development has recently completed an exterior inspection of the above referenced property.

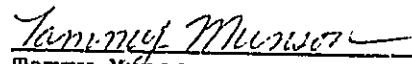
Congratulations are extended to you for the general condition of your property which was found to meet the standards established by the City's Housing Code.

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,

  
Amy Simpson  
Code Enforcement Officer

  
Tammy Mynson  
Code Enfc. Offr. /Field Supv.