

223 Western Promenade

January 9, 1968

Mr. Edward W. Atwood, Attorney at Law
225 Western Promenade
Portland, Maine

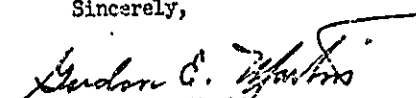
Dear Mr. Atwood:

Your property has been surveyed by the Portland Housing Division and has met Minimum Code Standards. Congratulations are extended to you for the general condition of your property. Many people in the area are making improvements in their property even though they meet the requirements of ordinance relating to housing conditions. Good maintenance is the best way to preserve the useful life of your property and neighborhood.

Many services are available through the site office for further improvements to your property. Should you want advice on landscaping, structural changes, plans, and financing, please call 773-1773.

If we can be of further help, please feel free to call on us. Thank you for your interest in the program and your cooperation in making Bramhall Hill a more beautiful residential area.

Sincerely,


Gordon E. Martin
Housing Supervisor

GLS:ac

Photos yes no

Date 1/4/68

Proj. No. C.I. RESIDENTIAL Ass'ts Zone Zone Viol.

Stories 3 DFM AS/D SAR SA NA MS/ST P Com. Units 0 Rmg Units 0 'el Units 1

LOCATION	<u>223 W. 10th</u>	COMP
OWNER	<u>EDWARD W. ATWOOD</u>	PEND
AGENT	<u>S A M E</u>	
OWNER AGENT		
OFFICE AGENT		

Occupants	Information LOC. RENT FURN. WK. I. RMS	Occupancy		Facilities				Violations
		PER. ALLD	'GRS	HEAT	BATH	FLSH	K. SK H.W.	
1. <u>EDWARD W. ATWOOD</u>	<u>SING</u>	<u>143</u>	<u>210</u>	<u>SA</u>	<u>IP</u>	<u>V</u>	<u>SA</u>	<u>LE</u>
2.								
3.								
4.								
5.								
6.								
7.								
8.								

STRUCTURE SCHEDULE

STRUCTURE RATING

<p>YARD</p> <p><input checked="" type="checkbox"/> BARBIC & HURDISH</p> <p><input checked="" type="checkbox"/> CONTAINERS COPPLY</p> <p><input checked="" type="checkbox"/> DRAINAGE</p> <p><input checked="" type="checkbox"/> STONE VIOL.</p> <p>STRUC. VRE EXTERIOR</p> <p><input checked="" type="checkbox"/> STEPS, STAIRS, PORCHES</p> <p><input checked="" type="checkbox"/> FOUNDATION</p> <p><input checked="" type="checkbox"/> ROOF</p> <p><input checked="" type="checkbox"/> WINDOWS, DOORS</p> <p><input checked="" type="checkbox"/> GROUP, GRABBS</p> <p><input checked="" type="checkbox"/> OUT BUILDINGS</p> <p>INFESTATION</p> <p><input checked="" type="checkbox"/> RATS <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 2</p> <p><input checked="" 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 checked="" type="checkbox"/> OPENING</p>	<p>STRUCTURE INTERIOR</p> <p><input checked="" type="checkbox"/> HALL, OPENING</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"/> SELECT. WIRING</p> <p>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</p> <p><input checked="" type="checkbox"/> EQUIPMENT, REPAIR</p> <p>PLUMBING</p> <p><input checked="" type="checkbox"/> SUPPLY 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"/> DAMPNESS <input type="checkbox"/> 1 <input type="checkbox"/> 0</p> <p><input checked="" type="checkbox"/> STAIRS</p> <p><input checked="" type="checkbox"/> LIGHTING</p> <p>BASE DPL UNIT</p> <p><input checked="" type="checkbox"/> MIN 7' - 6"</p> <p><input checked="" type="checkbox"/> DAMPNESS <input type="checkbox"/> 1 <input type="checkbox"/> 0</p> <p><input checked="" type="checkbox"/> WINDOW 1/12 X 6"</p> <p><input checked="" type="checkbox"/> DUAL EGRESS <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>PROHIBITED COMB'N USE</p> <p><input checked="" type="checkbox"/> ASSOC. USE HAZARD</p> <p><input checked="" type="checkbox"/> HAZARDOUS WASTE</p>
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Remarks: OK OK OK N/A

Inspector: Mark Dough

Portland Health Dept.

CS-8

Photos ver no.

Proj. No.

BRAMHALL

Date 1/14/68

DWELLING UNIT SCHEDULE

CROWDING	LOCATION	923 W. PROM	COMP.
SAP'Z.	D.O. LOC.	SINGLE	PERM.
INFEST.	OCCUPY	EDWARD W. ATWARD	
RASC D.U.	OWNER		
DET'N	ADDRESS	SAME	STS

Occupants	Information	Occupancy	Facilities				Violations								
			LOC. RENT	FURN.	WK. I.	2MS		PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K.SK	H.W.
1. EDWARD ATWARD (R)	SIN				149	218	CO	P	V	CO	LE				
2.															
3.															
4.															

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

LIBRARY

KITCHEN SINK & WATER
<input checked="" type="checkbox"/> SINK
<input checked="" type="checkbox"/> SUPPLY & WASTE
<input checked="" type="checkbox"/> FLOO. 65" L
HEATING
<input checked="" type="checkbox"/> PACKS, FLUES, VENTS
<input checked="" type="checkbox"/> HT'GS VENTFD. REP'N
BATHING FACILITIES
<input checked="" type="checkbox"/> SHARED MAX 100
<input checked="" type="checkbox"/> SHD U 1 PER 10
<input checked="" type="checkbox"/> SHD. 7' STOD HT.
<input checked="" type="checkbox"/> VENT'LN
<input checked="" type="checkbox"/> PROPR ACCESS
<input checked="" type="checkbox"/> PLB'S
<input checked="" type="checkbox"/> SANIT'N
TOILET FACILITIES
<input checked="" type="checkbox"/> SHARED MAX. 200
<input checked="" type="checkbox"/> SHD U FLSH & LAV 1 PER 10
<input checked="" type="checkbox"/> VENT'LN
<input checked="" type="checkbox"/> PROPR ACCESS
<input checked="" type="checkbox"/> PLB'S
<input checked="" type="checkbox"/> SANIT'N
INFESTATION
<input checked="" type="checkbox"/> MICE <input type="checkbox"/> FL <input type="checkbox"/> O <input type="checkbox"/> C
<input checked="" type="checkbox"/> OTHER (SPECIFY)
EGRESS
<input checked="" type="checkbox"/> EQUAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> CORST'N

Remarks

OK

OK

Portland Health Dept.
CS-7

Inspector *Walter Joseph*