

97 Chadwick Street

BRAMHALL

STANDARD
185043R

INTER-OFFICE CORRESPONDENCE

CITY OF PORTLAND, MAINE
FIRE DEPARTMENT

To: Mr. Robert Curley, Director
Bramhall Hill Conservation Program
From Samuel Gerber, Captain - Fire Prevention Bureau

DATE: July 28, 1967

SUBJECT: Re-inspections of referred notices and general inspection
of building shown below in the Bramhall area

97 Chadwick Street

Received: 7/18/67
Inspected: 7/27/67

The complaint was: Only one exit from the second floor apartment

An inspection of the above named property shows it to be a garage with an apartment overhead. The garage is being used for the storage of new construction material.

The property is owned by Miss Margaret Payson and occupied by Mrs. Anna Luja, formerly employed by the Payson Family.

The City of Portland Building Code does not require two means of egress where less than three families are living here. It might be noted, however, that Mrs. Luja plans to move within three or four weeks because the noise of construction bothers her. Therefore, the situation will resolve itself shortly without further action. No other hazards were found. No re-inspection will be necessary. The estimated inspection time was 1 hour.

Samuel Gerber
Captain - Fire Prevention Bureau

Copy: Mr. Gordon E. Martin ✓

Fire Chief Joseph R. Cremo

July 17, 1967

Gordon E. Martin, Housing Supervisor

97 Chadwick Street - owner: Miss Margaret Payson

As part of the Bramhall Project, we have made an inspection of 97 Chadwick Street and find only one entrance to the second floor apartments.

I call this to your attention for whatever action you care to take.

GEM:pvj

cc: Bramhall

July 12, 1967

Miss Margaret Payson
Menikoe Point
Falmouth Foreside, Maine

Dear Miss Payson: RE: 97 Chadwick Street

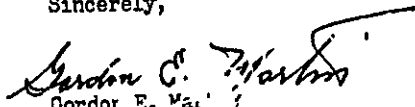
Your property has been surveyed by the Portland Housing Division, and certain deficiencies to the minimum Code standards were noted. A list of these deficiencies is attached, and we suggest that you make the necessary corrections.

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:ac

Enclosure

97 Chadwick Street

Area: Bramhall

Inspection Date: June 30, 1967

Dwelling Units: 1

Owner: Miss Margaret Payson
Menikoe Point
Falmouth Foreside, Maine

DEFECTS NEEDING CORRECTION

STRUCTURAL

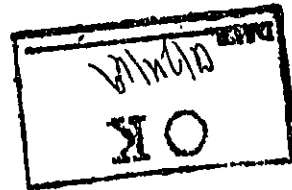
Repair and put in good order all dilapidated and hazardous parts of the structure as follows:

- a. Repair or replace the cracked, worn or missing bricks on all sides of the foundation.
- b. Point up the loose bricks on all sides of the foundation.
- c. Repair or replace the worn and dilapidated siding on all sides of the structure.
- d. Putty and have adjusted all the loose window panes and windows throughout the structure.
- e. Repair or replace the worn and dilapidated parts of the roof, drains, and gutters on all sides of the structure.
- f. Repair or replace the loose, cracked or missing plaster on the walls and ceilings in the halls.
- g. Repair or replace the worn and dilapidated treads on the cellar stairs.
- h. Repair or replace the loose, cracked or missing plaster on the ceilings in the kitchen, bathroom, front bedroom and middle bedroom on the second floor.
- i. Determine the reason and remedy the condition which causes the handrail in the hallway to be loose.

PLUMBING

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

- a. Have the safety valve on the hot water tank checked.



Photos yes no
 Proj. No. Ass'ts Zone Zone Viol
 Stories 2 DFM ASDJ SAR NSJ NA NSJ P
 Date 6/30/67
 Location 97 Chadwick
 Owner Agent Margaret O'Keefe
 Owner Agent Mehi Koe, Ph
 Owner Agent Edinburgh Frontside
 Occupant Residence 189 Prie
 Occupants Information Facilities Violations
 Loc RENT FURN WK.1 RMS PER. ALL L'RS HEAT BATH FLSH K.SK H.W. C&G

1. <u>Anna Lopez</u>	<u>25</u>	<u>9</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> </u>	<u> </u>	<u> </u>	<u> </u>	
2.																				
3.																				
4.																				
5.																				
6.																				
7.																				
8.																				

STRUCTURE SCHEDULE

YARD
 WASTE & RUBBISH
 CONTAINERS COMPLY
 DRAINAGE
 SOIL VIOL
 STRUCTURE EXTERIOR
 STEPS, STAIRS, PORCHES
 FOUNDATION Bricks missing
 WALLS Bricks need pointing or replacing - siding badly
 WINDOWS, DOORS Need shutters & caulking overall
 ROOF, DRAINS Part of downspout gutter delapidating
 OUT BUILDINGS
 INFESTATION
 RATS RI DI C
 OTHER (SPECIFY)
 EGRESS
 DUAL V-E NO
 OBST'
 STRUCTURE INTERIOR
 HALL, CLOSET
 HALL LIGHTING
 WALL, FLOOR WALLS CEILING Ceiling corner missing plaster
 STAIRWAYS Down handrail
 WINDOWS, AIRSHAFF
 ELECT. WIRING
 HEATING CENTRAL YES NO
 STACES FLUES, VENTS
 CHIMNEY
 EQUIPMENT, REPAIR Water valves on first winter tank should be checked - possibly not working.
 PLUMBING
 SUPPLY LINE
 WASTE LINE
 BASEMENT
 GEN'L SANIT'
 DAMPNES
 STAIRS Trunks broken
 LIGHTING
 BASE DWL. UNIT
 MIN 7' x 3'
 DAMPNES RI O
 WINDOW 1/1" x 1"
 DUAL EGRESS YES NO
 PROHIBITED COM'D N USE
 ASSOC. USE HAZARD
 HAZARDOUS VENTS

Remarks This house in need of extensive rehab overall - or should be torn down.

Inspector Robert [Signature]

Portland Health Dept.
 OS-8

Photos Yes No
 Proj. No.

Bramhall Project

Date *6/30/67*

CROWDING	LOCATION <i>97 Hawthorne</i>	COMP.
BATHY	D U LOC <i>2nd floor</i>	PEND.
INFEST.	OCCUPY <i>Anna Kasper</i>	
BASE D U.	OWNER <i>Margaret Kasper</i>	YTS
DE 'RN	ADDRESS <i>Hawthorne Hawthorne</i>	

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy		Facilities				Violations		
		PER	ALL'D	LGRS	HEAT	BATH	FLSH		K-SK	H.V.
1. <i>Anna Kasper</i>	LOC <i>2F</i>	<i>6</i>	<i>9</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
2.										
3.										
4.										

	KITCHEN	BATH	TOI	DINING	LIV.	BED	F	M	R	OTHER	TOTAL
OVERCROWDIN	<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"/>
60 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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VEN. ILLATION	<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"/>
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"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CEILINGS	<i>1-X</i>	<i>1-X</i>	<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	<i>2-X</i>	<i>None</i>	<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"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

KITCHEN SINK & WATER

SINK

SUPPLY & WASTE

PLBG. GEN L.

HEATING

STACKS, FLUES, VENTS

HT'GS VENTED, REP'N

BATHING FACILITIES

SHARED MAX. 4DU

SHW D. 1 PER 15

MIN. 7' STUB HT.

VENT'LN

PROPER ACCESS

PLB'G

SANIT'N

TOILET FACILITIES

SHARED MAX. 2 DU

SHW D. FLSH & LAV 1 PER 10

VENT'LN

PROPER ACCESS

PLB'G

SANIT'N

INFESTATION

BATH R O: C

OTHER (SPECIFY)

GRESS

QUAL YES NO *Unit out of order*

OBST'N

Remarks

1. Cracked, loose, or missing plaster on panels

2. All windows need adjusting & painting.

Portland Health Dept.
CS-7

Inspector *Robert P. [Signature]*