

66

WEST STREET

BRAWNALL

May 31, 1907

Mr. Abion C. Sinnott
66 West Street
Portland, Maine

Mr. Sinnott:

Photos yes no

Date 5/29/67

Proj. No. C.I. Wrenhall Project Ass'ts Zone Zone Viol

Stories 2 3 4 5 6 7 8 9 10
 Cop. Units 1 Rmg Units 2 Del. Units 1

Security Parlor

LOCATION	<u>66 West</u>	COMP
OWNER	<u>Alton C. Bennett</u>	PEND
OWNER AGENT		
OWNER AGENT		
OWNER AGENT		

Occupants	Information				Occupancy				Facilities				Violations					
	LOC	RENT	FURN.	WX. I.	RMS	PER.	ALLD	LGRS	HEAT	BATH	FLSH	P. SN	H. W.	CK'G				
1. <u>Alton Bennett</u>					6	9												
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		

STRUCTURE RATING

STRUCTURE SCHEDULE

YARD

BARBIC & GUARDIN OK

CONTAINERS COMPLY OK

DRAINAGE OK

ERECTION OK

STRUCTURE EXTERIOR

STEPS, STAIRS, PORCHES OK

FOUNDATION OK

WALLS OK

WINDOWS DOORS OK

ROOF, DRAINS OK

OUT BUILDINGS OK

PLANTATION

PAVES RI OI

OTHER (SPECIFY) OK

EGRESS

DUAL YES NO OK

OBST'N OK

STRUCTURE INTERIOR

WALL, OBST'N OK

WALL, LIGHTING OK

WALL, FLOOR WALLS CEILING OK

STAIRWAYS OK

WINDOWS, AIRSHPRT OK

ELECT. WIRING OK

HEATING CENTRAL YES NO

STACKS FLJES, VENTS OK

CHIMNEY OK

EQUIPMENT, REPAIR OK

PLUMBING

SUPPLY LINE OK

WASTE LINE OK

BASELINE OK

GEN'L SANIT'N OK

DAMPNES RI O OK

STAIRS OK

LIGHTING OK

BASE DWL. UNIT

MIN 7' x 3' None

DAMPNES RI O None

WINDOW 1/12 x 8" None

DUAL EGRESS YES NO None

PROHIBITED COM'N USE

ASSOC. USE HAZARD None

HAZARDOUS VENTS None

Remarks

Portland Health Dept.

CS-8

Inspector Robert O'Neil

Photos yes no

Proj. No.

Bramhall Project

Date 5/29/6

CROWDING	LOCATION <u>106 West</u>	COMP
SANIT.	D.U. LOC. <u>106 West</u>	FEAR
IN	OCCUPY <u>Alberto Simoni</u>	VTG
BA.C. D.U.	OTHER AGENT <u>same</u>	
CCY'ER	ADDRESS	

DWELLING UNIT SCHEDULE

Occupant	Information	Occupancy	Facilities				Violations													
			LOC.	RENT	FURN.	WK. I. RMS														
1. <u>Alberto Simoni</u>	<u>37</u>	<u>S</u>	<u>6</u>	<u>3</u>	<u>9</u>	<u>4</u>	<u>6</u>	<u>1</u>	<u>6</u>	<u>1</u>	<u>6</u>	<u>1</u>	<u>6</u>	<u>1</u>	<u>6</u>	<u>1</u>	<u>6</u>	<u>1</u>	<u>6</u>	
2.																				
3.																				
4.																				

	KITCHEN	BATH	TOILET	DINING	DEK	BED	BEL	RED	SED	OTHER	TOTAL
OVERCROWDING 85' 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"/>	<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 & 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 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"/>		
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

1/2 bath w/ no stairs
Plus full bath
2 3 with stairs.

KITCHEN SINK & WATER	
<input type="checkbox"/>	SINK
<input checked="" type="checkbox"/>	SUPPLY & WASTE <u>OK</u>
<input type="checkbox"/>	PLB'G GEN'L
HEATING	
<input type="checkbox"/>	STACKS, FLUES, VENTS
<input checked="" type="checkbox"/>	HT'GS VERIFIED, REP'R <u>OK</u>
BATHING FACILITIES	
<input type="checkbox"/>	SHARED MAX. 4 DU
<input type="checkbox"/>	MIN. 3' STOC HT.
<input checked="" type="checkbox"/>	VENT'LN <u>OK</u>
<input type="checkbox"/>	PROPER ACCESS
<input type="checkbox"/>	PLB'G
<input type="checkbox"/>	SANIT'N
TOILET FACILITIES	
<input type="checkbox"/>	SHARED MAX. 2 DU
<input type="checkbox"/>	MIN 4' FLSH & LAV + PCE 10
<input checked="" type="checkbox"/>	VENT'LN <u>OK</u>
<input type="checkbox"/>	PROPER ACCESS
<input type="checkbox"/>	PLB'G
<input type="checkbox"/>	SANIT'N
INFESTATION:	
<input type="checkbox"/>	RATS <input type="checkbox"/> RO <input type="checkbox"/> O <input type="checkbox"/> E
<input type="checkbox"/>	OTHER (SP. J. V)
CORRUSS	
<input type="checkbox"/>	DUAL <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	COAST'N

Portland Health Dept.

CS-7

Inspector Rothman