

104

NEAL STREET

BRAMHALL

SHAW-WALKER

77-8513-12

June 14, 1967

Mrs. Ben Barker
104 Noss Street
Portland, Maine

Dear Mrs. Barker:


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

104 Neal Street

Area: Bramhall

Inspection Date: June 13, 1967

Dwelling Units: 1

Owner: Mrs. Ben Darker
104 Neal 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 loose and cracked plaster on the housekeeper's bedroom ceiling on the third floor.

Photos yes no

Proj. No. C.I. Bramhall Project

Date 6/13/67

Stories 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

Asn'srs _____ Zone _____ Zone Viol _____

Com.Units _____ Rng Units _____ Del.Units 1

| | | | |
|----------------|-----------------------|------|--|
| LOCATION | <u>104 Neal St.</u> | CUMP | |
| OWNER | <u>Mrs Ben Barker</u> | PERM | |
| D. H. E. AGENT | <u>Same</u> | | |
| CHECK | | | |
| AGENT | | | |
| DATE | | | |
| AGLT | | | |

| Occupants | Information | | Occupancy | | Facilities | | | | | Violations | | | | |
|-----------------------|-------------|------|-----------|-------|------------|----------|-----------|-----------|----------|------------|----------|----------|----------|------|
| | LOC. | RENT | FURN. | NK. 1 | RMS | PEN. | ALL'D | LGRS | HEAT | | BATH | FLSH | K.SK | H.W. |
| <u>Mrs Ben Barker</u> | | | | | <u>9</u> | <u>5</u> | <u>13</u> | <u>50</u> | <u>R</u> | <u>W</u> | <u>V</u> | <u>5</u> | <u>5</u> | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |

STRUCTURE SCHEDULE

STRUCTURE RATING

YARD

GARBAGE & RUBBISH _____

REARERS COMPLY _____

DRAINAGE _____

FENCE _____

STRUCTURE EXTERIOR

STEPS, STAIRS, PORCHES _____

FOUNDATION _____

WALLS _____

WINDOWS, DOORS _____

ROOF, DRAINAGE _____

OUT BUILDINGS _____

INFESTATION

RATS A S O L _____

OTHER (SPECIFY) _____

EGRESS

DUAL YES NO _____

OBST'N _____

STRUCTURE INTERIOR

OBST'N _____

HALL LIGHTING _____

HALL FLOOR WALL CEILING _____

STAIRWAYS _____

WINDOW AIRSHP'N _____

ELEC. WIRING _____

HEATING CENTRAL YES NO

SVACS FLUES, VENTS _____

CHIMNEY _____

EQUIPMENT, REPAIR _____

PLUMBING

SUPPLY LINES _____

WASTE LINE _____

BASEMENT

G.A.L. SANIT'N _____

DAMPNESS _____

S. AIRS _____

LIGHTING _____

BASE DWL UNIT

MIN 7' - 3" _____

DAMPNESS R O _____

WINDOW 1/12 X 8" _____

DUAL EGRESS YES NO _____

PROHIBITED COND'N USE _____

ASSOC. USE HAZARD _____

HAZARDOUS WASTE _____

Remarks Would like to talk with Landscaper out at

Portland Health Dept.

CS-8

Inspector Robert V. [Signature]

Photos yes no

Proj. No.

Bramhall Road

Date 6/13/67

| | | |
|-----------|-------------------------------|-------|
| CROWDING | LOCATION <u>104 Neal St.</u> | COMP. |
| SANIT. | D.U. LOC. <u>Single House</u> | END. |
| INFEST. | OCCUPI <u>Mrs Ben Barker</u> | |
| BASE D.U. | OWNER <u>Same</u> | |
| DET'RN | ADDRESS <u>Same</u> | 112 |

PELLENG UNIT SCHEDULE

| Occupants | Information | Occupancy | Facilities | | | | Violations |
|---------------------------|--------------------------|--|------------|------|--------|--------|------------|
| | | | KITCHEN | BATH | TOILET | DINING | |
| 1 <u>Mrs Ben Barker 2</u> | LOC. REAT UPN. CK. ... 9 | PER. LL'D LGRS HEAT BATH FLSH K.OF H.W. CK'G | ✓ | ✓ | ✓ | ✓ | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |

| | KITCHEN | BATH | TOILET | DINING | Liv sitting F | BED | BED | BED | BED | OTHER | 2.0% |
|--------------------------|---------|------|--------|--------|---------------|-----|-----|-----|-----|-------|------|
| OVERCROWDING 65' - 7' | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| SO SLEEP'G | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| VEN. FLATION 1/12 & 1/72 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| LIGHTING WIRING | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| DET'RN WALLS | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| CEILING | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| WINDOWS | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| DOORS | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| FLOORS | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

Remarks

X Removes bedroom ceiling - third floor - back and base - should be repaired.

KITCHEN SINK & WATER

SINK _____

SUPPLY & WASTE OK

PLUG. CH'L _____

HEATING

STACKS, FLUES, VENTS OK

HT'BE VLTED REP'N _____

BATHING FACILITIES

SHARED MAX. 40L _____

ONE "1. 1 PER 15" _____

MIN. 2' BY 12" _____

VENT'LN _____

PROPER ACCESS _____

PLB'G _____

TREN'N _____

TOILET FACILITIES

SHARED MAX. 2 DU _____

TWO "1. FLUSH & LAV 1 PER 10" OK

VENT'LN _____

PROPER ACCESS _____

PLB'G _____

SANIT'N _____

INFILTRATION

RATS R UT G _____

OTHER (SPECIFY) _____

EGREMS

GUAL YES NO OK

DIST'N _____

Portland Health Dept.

CS-7

Inspected by Robert Prater