

187 VAUGHAN STREET

BRANFILL

July 20, 1967

Mr. Thomas J. Murphy and
Mr. Joseph E. Rouss
137 Vaughan Street
Portland, Maine

Sirs:

Photos Yrs No. 1 11/12 net
 Date 7/11/17
 Prop. No. C.I. (2) Asst's Zone Zone Viol.
 Stories 1 2 3 4 5 6 7 8 9 10 11 12
 Com. Units Res. Units Dvl. Units

LOCATION	<u>127 Van Dine</u>	COMP.	<input type="checkbox"/>
OWNER	<u>Thomas J. Murphy</u>	ASSESSOR	<input type="checkbox"/>
AGENT	<u>Robert B. ...</u>	INSPECTOR	<input type="checkbox"/>
OWNER		ASSESSOR	<input type="checkbox"/>
AGENT		INSPECTOR	<input type="checkbox"/>
OWNER		ASSESSOR	<input type="checkbox"/>
AGENT		INSPECTOR	<input type="checkbox"/>

Occupants	Information	Occupancy	Facilities						Violations										
			LOC.	RENT	FURN.	WK. I.	R.	PER.		ALL'D	LGRS	HEAT	BATH	FLSH	K.SK	H.W.	C.A.C.		
<u>Thomas J. Murphy</u>	<u>20-17-12</u>	<u>1F</u>																	
<u>Frank ...</u>	<u>27</u>	<u>2F</u>																	

STRUCTURE SCHEDULE

STRUCTURE RATING F

YARD

GARBAGE & RUBBISH OK

CONTAINERS COMPLY OK

DRAINAGE OK

ZONE VIOL. OK

STRUCTURE EXTERIOR

STEPS, STAIRS, PORCHES OK

FOUNDATION OK

WALLS OK

WINDOWS, DOORS OK

ROOF, DRAINS OK

OUT BUILDINGS OK

INFILTRATION

15 # 10 # 5 # 1

OTHER (SPECIFY) OK

CURBS

DUAL YES NO OK

CURB OK

STRUCTURE INTERIOR

HALL, ORBIT OK

HALL LIGHTING OK

HALL, FLOOR WALLS CEILING OK

STAIRWAYS OK

WINDOWS, AIRSHUTT OK

ELECT. WIRING OK

HEATING SPECIAL YES NO

STACKS FLUES, VENTS OK

CHIMNEY OK

EQUIPMENT - REPAIR OK

PLUMBING

SUPPLY LINE OK

WASTE LINE OK

DRAINAGE OK

SINK, SINK, TUB OK

DAMPERS RI O OK

STAIRS OK

LIGHTING OK

BATH C.W.L. UNIT

7' x 7' 7' x 5' OK

DAMPERS RI O OK

WINDOW 1/12 x 8" OK

DUAL CLOSURE YES NO OK

PROHIBITED COMB. USE

REGUL. USE HAZARD OK

HAZARDOUS VENT. OK

Remarks

Portland Health Dept.

CS-8

Inspector Robert B. ...

Photos yes no

Proj. No.

Bramhall Project

Date *7/11/63*

DWELLING UNIT SCHEDULE

CLOTHING	LOCATION	<i>197 Vanoy Ave</i>	UNIT
LANDING	D.U. NO.	<i>197 Vanoy Ave</i>	PHONE
INFEST.	OCCUPI	<i>Same</i>	
RARE D.U.	OWNER	<i>Same</i>	
DESTROY	ADDRESS	<i>Same</i>	

Occupants

Information

Occupancy

Facilities

Violations

1	2	3	4	100	RENT	FUNN.	T.I.	RMS	PER.	ALL'D	LDRS	HEAT	BATH	FLSH	K.K.NK	H.W.	CK'G	Violations		
																		1	2	
<i>Shirley J. Murphy</i>	<i>2</i>	<i>20-17-12</i>																		

	KITCHEN	BATH	TOILET	LINING	L.I.V.	F.	D.P.	M.	R.	OTHER	TOTAL
					NEW	BED	BED	BED	BED		
OVERCROWDING	<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"/>		
NO 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	<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"/>		
ELECTRICAL	<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"/>		
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"/>		
NEUTRAL	<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"/>		
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"/>		
C'ILLINGS	<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"/>		
FLOOR	<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

KITCHEN SINK & WATER

<input type="checkbox"/> SINK	<i>OK</i>
<input type="checkbox"/> SUPPLY & WASTE	<i>OK</i>
<input type="checkbox"/> FLOOR CCK L.	<i>OK</i>
HEATING	
<input type="checkbox"/> STACKS, CHUFS, VENTS	<i>OK</i>
<input type="checkbox"/> HW'RS VENTED, REP'D	<i>OK</i>
BATHING FACILITIES	
<input type="checkbox"/> SHARED BAR. ADU.	
<input type="checkbox"/> RMB U. 1 PER 10.	<i>OK</i>
<input type="checkbox"/> H.W. 7" STUB HT.	<i>OK</i>
<input type="checkbox"/> JEN'T N.	
<input type="checkbox"/> PROPER ACCESS	
<input type="checkbox"/> FLD G.	
<input type="checkbox"/> SANIT'N	
TOILET FACILITIES	
<input type="checkbox"/> SHARED MAX. 2 U.	<i>OK</i>
<input type="checkbox"/> RMB U. FLSH & LAV 1 PER 10	<i>OK</i>
<input type="checkbox"/> VENT'LV	
<input type="checkbox"/> PROPER ACCESS	
<input type="checkbox"/> PLB'G	
<input type="checkbox"/> SANIT'N	
INFESTATION:	
<input type="checkbox"/> NAT'L	<input type="checkbox"/> R <input type="checkbox"/> OI <input type="checkbox"/> S
<input type="checkbox"/> OTHER (SPECIFY)	
EGRESS	
<input type="checkbox"/> QUAL	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> OBST'N	

Portland Health Dept.

CS-7

Inspector *[Signature]*

Photos yes no
 Proj. No.

Bra. Hall Project Date *7, '52*

DWELLING UNIT SCHEDULE

CROWDING	LOCATION <i>18) Vanden ...</i>	UNIT NO.
EQUIP.	D.U. LOC <i>2nd floor</i>	FEND.
INFEST.	OCCUPY <i>Joseph D. ...</i>	
BASE D.U.	ORIGIN	
DET'N	ADDRESS <i>June</i>	1575

Occupants Information Occupancy Facilities Violations

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
1	<i>Joseph D. ...</i>																		
2																			
3																			
4																			

	KITCHEN	BATH	HALL	LIVING ROOM	R. BED	L. BED	DIN. BED	STED	OTHER	TOTAL
OVERCROWDING 65' x 7'										
NO SLEEP'G										
VEN. VENT'G 1/12 x 1/2										
LIGHT'G WIRING										
OUTLET WALLS										
CELLINGS										
FIBERS										
DOORS										
FLOORS										

KITCHEN SINK & WATER

KITCHEN SINK & WATER

SINK

SUPPLY & WASTE

PLUGS, GEN'L

HEATING

STAGES, FLAPS, TENS

RY'RS VENT'D, REP'R

DAYTIME FACILITIES

SHARED MAX. 400

SH. UL. 1 PER 15

MIN. 7' STD. HT.

VENT'LN

PAPER ACCESS

PLAT'D

SANIT'N

TOILET FACILITIES

SHAPED MAX. 2 1/2'

VENT'LN 1 PER 10

PAPER ACCESS

PLAT'D

SANIT'N

INFESTATION

BIRTS R' CO S

OTHER (SPECIFY) *NONE*

EGRESS

EQUAL YES NO

DET'N

Remarks

OK and 2 other OK

Portland
Housing Dept.
CS-1

Inspector

Joseph D. ...