

40 West Street

BROOKHAME

FOR SERVICE

PORTLAND HEALTH DEPARTMENT

DATE RECEIVED		6/17/69	BY	080	DISTRICT	Bramhall
REQUEST BY	NAME	Mrs Hall			PHONE	
	ADDRESS	28 Carleton St.				
CONDITIONS	NAME	C. W. Holbrook			PHONE	
	ADDRESS	4042 West St				
	DES.	owner lives at 56 West St				
	Rubbish & trees in yard.					
DIVISION	SANITATION	HOUSING	NURSING	CATEGORY		
PRIORITY	ROUTINE	SPECIAL	OK		BY	080
	URGENT	REPORT TO			DATE	6-20-69
SPECIAL INSTRUCTIONS						
COMMENTS	Inspected & found to be true, notified owner. she will take care of the situation. Yard cleaned.					

REQUEST FOR SERVICE

PORTLAND HEALTH DEPARTMENT

DATE RECEIVED		6/17/69	BY	OJD	DISTRICT	Bramhall
REQUEST BY	NAME	Mrs Hall			PHONE	
	ADDRESS	28 Carlton St				PHONE
CONDITIONS	NAME	C. W Holbrook			PHONE	
	ADDRESS	4092 West St				
	DES.	Owner lives at 56 West St				
	Pub-house & trees on yard.					
DIVISION	SANITATION	HOUSING	NURSING	CATEGORY		
PRIORITY	ROUTINE	SPECIAL REPORT TO		BY	DATE	
SPECIAL INSTRUCTIONS						
COMMENTS	Inspected & found to be true, notified owner.					

June 5, 1967

Mr. B. William Holbrook
56 West Street
Portland, Maine

Dear Mr. Holbrook: RE: 46 West Street

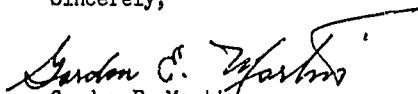
Your property has been surveyed by the Portland Housing Division, and certain deficiencies to the minimum Code standards were noted. A list of these deficiencies is attached, and we suggest that you make the necessary corrections.

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

40 West Street

Area: Bramhall

Inspection Date: May 31, 1967

Dwelling Units: 6

Owner: Mr. B. William Holbrook
56 West 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, worn, dilapidated, and hazardous parts of the side porch including the steps.
- b. Replace the missing shingles and siding on all sides of the structure.
- c. Repair or replace the worn and deteriorated sills on all of the windows throughout the structure.
- d. Putty the loose window panes in all of the windows throughout the structure.
- e. Repair or replace the loose, worn, and dilapidated gutters and trim on all sides of the structure.
- f. Repair or replace the loose, worn, dilapidated, and hazardous parts of the rear fire escape.
- g. Repair or replace the worn and dilapidated trim on the dormer windows on the third floor.
- h. Repair or replace the cracked plaster on the walls and ceilings in the front and rear halls.
- i. Repair or replace the cracked plaster on the stairways in the front and rear halls.
- j. Repair or replace the worn and dilapidated sash cords in all of the windows throughout the structure.
- k. Repair or replace the cracked plaster on the walls and ceiling in the cellar.
- l. Determine the reason and remedy the condition which causes the leaking from the ceilings in the kitchen and the bathroom in Apt. 1 on the first floor.
- m. Determine the reason and remedy the condition which causes the living room door knob in Apt. 1 to be loose.
- n. Repair or replace the loose and scaling plaster on the bedroom ceiling in Apt. 2 on the first floor.
- o. Determine the reason and remedy the condition which causes the kitchen ceiling in Apt. 3 on the second floor to leak.
- p. Repair or replace the scaling plaster on the bedroom ceiling in Apt. 4 on the second floor.
- q. Repair or replace the scaling plaster on all of the ceilings in Apt. 5 on the third floor.

40 West Street contin.....

HEATING

- a. Repair or replace the defective boiler in the cellar.

ELECTRICAL

Check and have repaired all defective electric wiring and electrical equipment throughout the structure.

- a. Determine the reason and remedy the condition which causes the wall fixture in the bathroom in Apt. 2 to be loose.
- b. Repair or replace the defective ceiling fixture in the bedroom in Apt. 4.

Photos yes no

Proj. No.

Date 5/31/64

CROSSING	LOCATION <u>40 West St.</u>	COMP.
SANIT.	D.U. LOC. #1 <u>1st Floor</u>	PEND.
INFMT.	OCCPNT <u>Mrs MacCaffery</u>	
BASE D.U.	OWNER AGENT	
DET'RN	ADDRESS	YTS

DWELLING UNIT SCHEDULE

Occupants

Information

Occupancy

Facilities

Violations

1.	2.	3.	4.	LOC. RENT		FURN. WK. I.		RMS	PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K.SK	H.W.	CK'G	
				#	1/3	hd	3											

OVERCROWDIN: 65' - 7'	50 SLEEP'G	VEN. ILATION 1/12 x 1/2	LIGHTING WIRING	DET'RN WALLS	CEILINGS	WINDOWS	DOORS	FLOORS	LIV							OTHER	TOTAL									
									KITCHEN	BATH	TOILET	DINING	BED	BED	BED			BED	BED							

Remarks
 1. Plaster Shows Signs of leakage
 2. Needs Putty
 3. Door knob loose

- KITCHEN SINK & WATER**
- SINK
 - SUPPLY & WASTE OK
 - PLBS. GEN'L
- HEATING**
- STACKS, FLUES, VENYS
 - XT'RS VENTED, REP'R
- BATHING FACILITIES**
- SHARED MAX. 4DU
 - RMG U. 1 PER 15
 - MIN. 7' STDG HT.
 - VENT'LN
 - PROPER ACCESS
 - PLB'G
 - SANIT'N
- TOILET FACILITIES**
- SHARED MAX. 2 DU
 - RMG U FLSH & LAY 1 PER 10
 - VENT'LN
 - PROPER ACCESS
 - PLB'G
 - SANIT'N
- INFESTATION**
- RATS R' O' E
 - OTHER (SPECIFY)
- EGRESS**
- DUAL YES, NO
 - DBST'N

Portland
Health Dept.
CS-7

Inspector Noyes

Photos yes no
 Proj. No.

Date 5/31/67

CROWDING	LOCATION <u>40 West St.</u>	COMP.
SANIT.	D.U. LOC. <u>#3 1st fl.</u>	PIND.
INFEST.	OCCUPY <u>Richard - Belino</u>	
BASE D.U.	OWNER	ITS
DET'N	AGENT	
	ADDRESS	

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities						Violations									
			LOC.	RENT	FURN.	WK. I.	RMS	PER.		ALL'D	LGRS	HEAT	BATH	FLSH	K.SK	H.W.	CK'G	
1.			#2	150				3										
2.																		
3.																		
4.																		

	KITCHEN	BATH	TOILET	CEILING	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 65' x 7'											
NO SLEEP'G											
VENTILATION 1/12 x 1/2											
LIGHTING WIRING											
DET'N WALLS											
CEILINGS											
WINDOWS											
DOORS											
FLOORS											

Remarks

1. Repair Loose Wall Fixtures
2. Plaster Loose or Scaling
3. Needs Putty.

KITCHEN SINK & WATER

SINK

SUPPLY & WASTE

PLUG. GEN'L

HEATING

STACKS, FLUES, VENTS

HT'NG VENTED. REP'R

BATHING FACILITIES

SHARED MAX. 4DU

RMG U. ' PER 15

MIN. 7' STDG HT.

VENT'LN

PROPER ACCESS

PLB'G

SANIT'N

TOILET FACILITIES

SHARED MAX. 2 DU

RMG U FLSH & LAV 1 PER 10

VENT'LN

PROPER ACCESS

PLB'G

SANIT'N

INFESTATION

D.A.S. R. OI C

OTHER (SPECIFY)

EGRESS

EQUAL YES NO

DET'N

Portland
Health Dept.

OS-7

Inspector Noyce

Photos yes no

Proj. No.

Date 5/31/67

CROWDING	LOCATION <u>412 West St.</u>	COMP.
SANIT.	D.U. LCC: <u>#4 2nd Flr.</u>	PERG.
INFES.	OCCUPY: <u>Fred Lee</u>	
BASE D.U.	OPFR AGENT	
ULT'RN	ADDRESS	VIS

DWELLING UNIT SCHEDULE

Occupants

Information

Occupancy

Facilities

Violations

	LOC.	RENT	FURN.	WK. I.	RMS	PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K.SK	H.W.	CK'G					
1.	<u>412 West St.</u>					<u>3</u>	<u>2</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>					
2.																			
3.																			
4.																			

	KITCHEN	BATH	TOILET	^{LIV} DRESS	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 65' x 7'											
50 SLEEP'G											
VENTILATION 1/12 x 1/2											
LIGHTING WIRING	✓			✓	③						
DEFERN WALLS	✓			✓	✓						
CCILINGS	✓			✓	✓						
WINDOWS	②			②	✓						
DOORS	✓			✓	✓						
FLOORS	✓	OK	OK	✓	✓						

KITCHEN SINK & WATER

SINK

SUPPLY & WASTE

PLUG. GEN'L

HEATING

STACKS, FLUES, VENTS

HT'GS VENTED, REP'N

BATHING FACILITIES

SHARED MAX. 4DU

RND U. 1 PFG 15

SHW. 7' STDG HT.

VENT'LN

PROPER ACCESS

PLG'G

SANIT'N

TOILET FACILITIES

SHARED MAX. 2 DU

RND U FLSH & LAV 1 PER 10

VENT'LN

PROPER ACCESS

PLG'G

SANIT'N

INFESTATION

TERMS R: O: E

OTHER (SPECIFY)

EGRESS

EQUAL YES NO

CAST'N

Remarks

1. Plaster Scaling

2. Needs Putty

3. Replace Ceiling Fixture

Portland Health Dept.

88-7

Inspector [Signature]

Photos yes no

Proj. No.

Date 5/31/67

CROWDING	LOCATION <u>412 West Str</u>	COMP.
SANIT.	D.U. LUG <u># 6 3rd floor</u>	PEND.
INFEST.	OCCUPY <u>Mrs. Allison, Sherwin</u>	
BASE D.U.	OWNER AGENT	
DET'N	ADDRESS	PTS

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities				Violations								
			KITCHEN	BATH	TOILET	OTHER									
		LOC.	RENT	FURN.	WK. I.	RMS	PER.	ALL'D	LGRE	HEAT	BATH	FLSH'	K.SK	H.W.	CK'G
1.		#6	1.50			3									
2.															
3.															
4.															

	KITCHEN	BATH	TOILET	LED	BED	BED	BED	BED	OTHER	TOTAL
OVERLAPPING										
65' - 7"										
SO SLEEP'G										
VENTILATION										
1/12 x 1/2										
LIGHTING										
WIRING										
DET'N										
WALLS										
Ceilings										
Windows										
Doors										
Floors										

Remarks

Needs Putty

KITCHEN SINK & WATER

SINK

SUPPLY & TASTE

FLOOR GEN'L

HEATING

STAGES, FLUES, VENTS

HT'S VENTED, REP'R

BATHING FACILITIES

SHARED MAX. 4DU

RND U. 1 PER 15

MIN. 7' STDP HT.

VENT'LN

PROPER ACCESS

FLD'G

SANIT'N

TOILET FACILITIES

SHARED MAX. 2 DU

RND ' FLD' & LAV 1 PER 10

VENT'LN

PROPER ACCESS

FLD'G

SANIT'N

INFESTATION

CATS R' O' E

OTHER (SPECIFY)

EGRESS

DUAL YES, NO

OBST'N

Portland
Health Dept.

OS-7

Inspector J. Meyer

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

APRIL 16, 1997

MCCLURE JENNIE D
PO BOX 444
OLD ORCHARD BEACH ME 04064

Re: 40 WEST ST
CBL: 063- - H-004-001-01
DU: 12

Dear Ms. McClure:

You are hereby notified, as owner or agent, that an inspection was made of the above-referenced property. Violations of Article V of the Municipal Ordinance (Housing Code) were found as described in detail on the attached "Housing Inspections Report".

In accordance with the provisions of the above-mentioned Code, you are hereby ordered to correct those defects within sixty (60) days. If you are unable to make such repairs within the specified time, you may contact this office to arrange a satisfactory repair schedule. If we do not hear from you within ten (10) days from this date, we will assume the repairs to be in progress and, on reinspection within the time set forth above, will anticipate that the premises have been brought into compliance with the Housing Code Standards.

Please Note: You should consult this department to insure that any corrective action you should undertake complies with the building, plumbing, electrical, zoning and other Articles of the City Code.

Please contact this office if you have any questions regarding this order.

Your cooperation will aid this department in its goal to maintain decent, safe, and sanitary housing for all of Portland's residents.

Sincerely,

Tammy Munson
Code Enfc. Offr./ Field Supv.

HOUSING INSPECTION REPORT

Location: 40 WEST ST

Housing Conditions Date: APRIL 16, 1997

Expiration Date: June 15, 1997

Items listed below are in violation of Article V of the Municipal Codes, "Housing Codes", and must be corrected before the expiration date:

1. EXT - ROOF - 108.50
CHIMNEYS NEED TO BE REPOINTED
2. INT - OVERALL - 113.50
HARD-WIRED BATTERY-BACK/UP SMOKE DETECTORS ARE REQUIRED IN EACH UNIT
3. EXT - MIDDLE/REAR - 108.10
FOUNDATION NEEDS TO BE REPOINTED --- PRIORITY --- ASAP