

83-107 Neal Street

BRAMHALL

City of Portland

Check Out Sheet
STRUCTURE INSPECTION SCHEDULE

Housing Inspection Division

1) Insp. Name *M. Leary*

Condominiums

2) Insp. Date	3) Insp. Type	4) Frz. Code	5) Assr.'s Chart	6) Bl.	7) Lot	8) Census: Tract	9) Blk.	10) Insp.	11) Form No.
	GEN			63	H	0			
12) House No.	13) Sec. H. No.	14) Suff.	15) Direct.	16) Street Name			17) St. Design.		
83-107				Neal			152		
18) Owner or Agent: <i>Mrs. Charles R. Martin, Esq. J.C.</i>							19) Status		20) Bldg. Rat.
21) Address: <i>149 Pine St. Unit 2</i>							22) City and State: <i>Portland, Maine</i>		Zip Code: <i>04101</i>
23) D. Units	24) Occ. D.U.'s	25) Rm. Units	26) Occ. R.U.'s	27) No. Occupants	28) Com' IU.	29) Hldg. Type	30) Const. Mat.	32) O.B.'s	
11	11								
33) C.H.	34) Pho.	35) Zoned For	36) Actual Land Use	37) D.D.	38) Lk. Yr.	39) Disp. Yr.	40) Closing Date		

EXTERIOR - Structure		Cd. Viol.	INTERIOR - Str.		Cd. Viol.
Foundation	EX/FO	3a	Lighting		8
Walls	EX/WA	3a	Elec. Wiring	EW	
Roof	RO	3a	Floors	FL	129 PINE ST - 11 CONDO UNITS
Porch	PO	3d	Walls	IN/WA	83-107 NEAL - 11 CONDO UNITS
Stairs	EX/SR	3d	Ceilings	CE	
Steps	SP	3d	Windows	IN/WI	
Doors	DO	3c	Airshafts	AS	all owned individually
Windows	EX/WI	3c	Roof Rafters	ROR	and managed by
Eaves	EA	3a	Sanitation	SAN	
Trim	TR	3a	Stairways	IN/SRW	WESTERN PROMENADE ASSOC.
Chimney	EX/CH	3e	Stair Treads	SRT	President Priscilla Chase
Gutters	GU	3a	Wastelines	WSL	95 Neal St. Portland, Me.
Roof Drains	RD	3a	Supply Lines	SUL	
Bulkhead	BU	3d	Stacks	ST	
Outbuildings	GR - SH	4e	Floes	FU	
Yard	YA		Vents	VE	
Garbage	GA	4d	Chimney	IN/CH	
Rubbish	RU	4d	Heating Equip. Furnace - FU	Spaceheater - SPH	
Containers	CO	4d	Bsmt. Sanitation Litter - LI	Debris - DE	
Drainage	DR	3a	Dampness - DM		
Infestation	IN-CR-FL	4e	Lighting	BS/LI	
Rats	RA	4e	Elec. Panel	EL/PA	
Other		4e	Stairs	BS/SR	
Fire Escape	FE	10	Foundation	IN/FO	
Dual Egress	DE	10	Floor Joists	FL/JO	
Driveways	DW		Carrying Timbers	CA/TY	
Walks	WA		Sills	SI	
Fences	FN		Basement Components	PDU	

Remarks on reverse side

X

November 16, 1978

Mr. Harrison Sawyer
Box 7225
Portland, Maine 04102

Dear Mr. Sawyer Re: 83-107 Neal Street, Portland, Maine Gen. 63-H-6-7-8

Your property has been surveyed by the Housing Inspections Division, of this department, and has met Minimum Code Standards. Congratulations are extended to you for the general condition of your property. Good maintenance is the best way to preserve the useful life of your property and neighborhood.

In order to aid in the preservation of Portland's existing housing inventory, it shall be the policy of this department to inspect each residential building at least once every five years. Although a property is subject to re-inspection at any time during the said five year period, the next regular inspection of this property is scheduled for November 1983.

If we can be of further help, please feel free to call on us.

Sincerely yours,
Joseph E. Gray, Jr., Director
Neighborhood Conservation

By Lyle D. Noyes
Lyle D. Noyes,
Chief of Housing Inspections

Inspector G. Hronka

G. Hronka

VW

City of Portland

Department of Neighborhood Conservation

Housing Inspection Division

DWELLING UNIT SCHEDULE

1) INSP. DATE

11 15 78

2) INSP.

19

3) FORM NO.

4) TENANT'S NAME

33107 N.W. 11

5) Flr #

6) Location

7) Rmg. Tp.

8) #Rms

9) #Peo.

10) #All'd.

11) Slp.

12) Child Under 10

13) Child 1-6

14)

15) Rent

16) Rent Code

17) Furn.

18) Heat

19) Hot Water

20) Dual Egress

21) Ck'ng

22) Lav.

23) Bath

24) Flush

Viol. No.

Remedy

Cond.

Violation

Location

Room Type

Area Type

Resp. Party

Code Sec. Violated

Violation Rem.-Date

all DUs are low houses
meets standard 1st

CERTIFICATE
OF
COMPLIANCE

CITY OF PORTLAND
Health Department - Housing Division
Tel. 774-8221 Ext. 226

June 12, 1970

Mr. Harrison Sawyer
64 Neal Street
Portland, Maine 04102

Re: Premises located at 83-107 Neal Street, Portland, Maine

Dear Mr. Sawyer:

A re-inspection of the premises noted above was made on June 5, 1970
by the Housing Inspection Division.

This is to certify that you have complied with our request to correct the
violations of Municipal Codes relating to housing conditions described in our
Notice of Housing Conditions dated April 7, 1970.

Thank you for your cooperation and your efforts to help us maintain decent, safe
and sanitary housing for all Portland residents.

Please feel free to call on us if we can be of further service to you.

Very truly yours,

Arthur A. Hughson, CFH, MPH
Health Director

By *Gyle D. Sawyer*
Housing Inspection Supervisor

LDN:gg

NOTICE OF HOUSING CONDITIONS

CITY OF PORTLAND
Health Department - Housing Division
77-2221 Ext 226

Loc: ~~321st East Street~~
Proj: ~~Orchard~~
Issued: 4-7-78
Expires: 8-7-78

Mr. Marvian Sawyer
26 West Street
Portland, Maine 04101

2A
6/15/78
C

Dear Mr. Sawyer:

An examination was made on April 6, 1978, of the premises located at ~~321st East Street~~, Portland, Maine, by Housing Inspector ~~Sawyer, R.~~. Violations of Municipal Codes relating to housing conditions were found as described in detail below.

In accordance with the provisions of the above mentioned Codes, you are requested to correct these defects on or before May 7, 1978. You may contact the Housing Inspection Supervisor at this office to arrange a satisfactory repair schedule if you are unable to make such repairs within the specified time. We will assume the repairs to be in progress if we do not hear from you within ten days from this date, and on reinspection within the time set forth above will anticipate that the premises have been brought into compliance with Code Standards.

Your cooperation will help this Department in its goal to maintain all Portland residents in decent, safe and sanitary housing.

Very truly yours,

Health Director

By *[Signature]*
Housing Inspection Supervisor

Existing violations of Chapter 307, "Minimum Standards for Housing" Section(s)
Repair or replace the deteriorated parts of the foundation overall. 3(a)

99A NEAL STREET

BRANWELL

July 11, 1967

Dr. Michael I. Leckie
93 Neal Street
Portland, Maine

Dr. Leckie: RG: 99A Neal Street

Photos yes no

Date 7/5/67

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

S. series (B) (M) (S) (D) (S) (A) (S) (A) (S) (T) (P) Cox. Units Rng Units Dvl. Units 1

LOCATION	<u>99A N=91 St</u>	COMP	
OWNER		PEND	
AGENT	<u>Michael T. Lecker</u>		
OWNER			
AGENT	<u>G3 Neal</u>		
OTHER			
AGENT		YES	

Occupants	Information LOC. RENT FURN. WK. I. RMS	PER ALL'D	LGRS	HEAT	BATH	1 1/2" K	SK	H.W.	CK '2	Facilities		Violations	
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													

STRUCTURE SCHEDULE

STRUCTURE RATING

<p>YARD</p> <p><input checked="" type="checkbox"/> GRABRACK & RUBBISH</p> <p><input checked="" type="checkbox"/> CONTAINERS COMPLY</p> <p><input checked="" type="checkbox"/> DRAINAGE</p> <p><input checked="" type="checkbox"/> ZONE VIOL</p> <p>STRUCTURE EXTERIOR</p> <p><input checked="" type="checkbox"/> STEPS, STAIRS, PORCHES</p> <p><input checked="" type="checkbox"/> FOUNDATION</p> <p><input checked="" type="checkbox"/> WALLS</p> <p><input checked="" type="checkbox"/> WINDOWS, DOORS</p> <p><input checked="" type="checkbox"/> ROOF, RAFTERS</p> <p><input checked="" type="checkbox"/> OUT BUILDINGS</p> <p>INFESTATION</p> <p><input checked="" type="checkbox"/> RATS <input type="checkbox"/> FI <input type="checkbox"/> OI <input type="checkbox"/> I</p> <p><input checked="" type="checkbox"/> OTHER (SPECIFY)</p> <p>EGRESS</p> <p><input checked="" type="checkbox"/> EQUAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input checked="" type="checkbox"/> OBST'N</p>	<p>STRUCTURE INTERIOR</p> <p><input type="checkbox"/> WALL, OBST'N</p> <p><input type="checkbox"/> WALL, LIGHTING</p> <p><input type="checkbox"/> WALL, FLOOR WALLS CEILING</p> <p><input type="checkbox"/> STAIRWAYS</p> <p><input type="checkbox"/> WINDOWS, AIRSHAFT</p> <p><input type="checkbox"/> ELECT. WIRING</p> <p>HEATING CENTRAL YES: <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p><input type="checkbox"/> STACKS FLUES, VENTS</p> <p><input type="checkbox"/> CHIMNEY</p> <p><input type="checkbox"/> EQUIPMENT, REPAIR</p> <p>PLUMBING</p> <p><input checked="" type="checkbox"/> SUPPLY LINE</p> <p><input checked="" type="checkbox"/> WASTE LINE</p> <p>BASEMENT</p> <p><input checked="" type="checkbox"/> SEW'L SANIT'N</p> <p><input type="checkbox"/> DAMPNESS R1 - 0</p> <p><input type="checkbox"/> STAIRS</p> <p><input type="checkbox"/> LIGHTING</p> <p>BASE DWL UNIT</p> <p><input type="checkbox"/> MIN 7' - 3'</p> <p><input type="checkbox"/> DAMPNESS R1 <input type="checkbox"/> 0</p> <p><input type="checkbox"/> WINDOW 1/12 x 8"</p> <p><input type="checkbox"/> EQUAL EGRESS <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>PROHIBITED COMB'N USE</p> <p><input checked="" type="checkbox"/> APPOC. USE HAZARD</p> <p><input type="checkbox"/> HAZARDOUS VENTS</p>
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Remarks _____

Inspector [Signature]

Portland Health Dept.

CS-8

Photos yls no

Proj. No.

Date 7/5/67

DWELLING UNIT SCHEDULE

CROWDING	LOCATION <u>99A Neal St.</u>	COMP.
SAFETY	D.U. LOC.	PEND.
INFEST.	OCCUPY <u>Robert C'lenatt</u>	
BASE D.U.	OWNER	
DET'RN	AGENT	
	ADDRESS	YTS

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.														
3.														
4.														

	KITCHEN	BATH	TOILET	LIV'G	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 85' x 7'											
50 SLEEP'G											
VENTILATION 1/12 x 1/2											
LIGHTING WIRING	✓	✓	✓	✓	✓	✓					
DET'RN WALLS	✓	✓	✓	✓	✓	✓					
CEILING	✓	✓	✓	✓	✓	✓					
WINDOWS	✓	✓	✓	✓	✓	✓					
DOORS	✓	✓	✓	✓	✓	✓					
FLOORS	✓	✓	✓	✓	✓	✓					

Remarks

Portland
Health Dept.
CS-7

Inspector [Signature]

KITCHEN SINK & WATER

SINK _____

SUPPLY & WASTE _____

PLBG. GEN'L _____

HEATING

STACES, FLUES, VENTS _____

HT'S VENTED, REP'R _____ D/K

BATHING FACILITIES

SHARED MAX. 4DU _____

AVG U. 1 PER 15 _____

MIN. 7' STOK HT. _____

VENT'LN _____

PROPER ACCESS _____

PLBG _____

SANIT'N _____

TOILET FACILITIES

SHARED MAX. 2 DU _____

AVG U. FLSH & LAV 1 PER 10 _____

VENT'LN _____

PROPER ACCESS _____

PLBG _____

SANIT'N _____

INFESTATION

CATS R F C _____

OTHER (SPECIFY) _____

EGRESS

ESC. YES NO _____

OBS'N _____

99

NEAL STREET

BRANFALL

July 5, 1967

Dr. Michael J. Leckie
93 Neal Street
Portland, Maine

Dr. Leckie: RE: 99 Neal Street

Photos yes no

Date 6/30/67

Proj. No. C.I.

Asa's

Zone Zone Viol

Stories 2

Com. Units

Rmg Units

Dwl. Units 1

LOCATION	<u>99 Neal St</u>	COMP	
OWNER AGENT		PEND	
OWNER AGENT	<u>Michael T. Leckie</u>		
OWNER AGENT	<u>99 Neal</u>		
OWNER AGENT		YTS	

Occupants	Information				Occupancy				Facilities				Violations
	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	

STRUCTURE SCHEDULE

STRUCTURE RATING

YARD
 RAMPAGE & RUBBISH
 CONTAINERS COMPLY
 DRAINAGE
 ZONE VIOL.

STRUCTURE EXTERIOR

STEPS, STAIRS, PORCHES
 VENTILATION
 WALLS
 WINDOWS, DOORS
 ROOF, DRAINS
 OUT BUILDINGS

OK

INFESTATION
 RATS RI OC E
 OTHER (SPECIFY)

EGRESS
 DUAL YES NO
 OBST'N

Remarks

Portland Health Dept.

CS-8

STRUCTURE INTERIOR

WALL, CEILING
 HALL LIGHTING
 HALL, FLOOR HALLS CEILING
 STAIRWAYS
 WINDOWS, AIRSHAFT
 ELECT. WIRING
 HEATING CENTRAL YES: NO

OK

STACKS FLUES VENTS
 CHIMNEY
 EQUIPMENT, REPAIR

OK

PLUMBING

SUPPLY LINE
 WASTE LINE

BASEMENT
 SEPTIC SANIT'N
 DAMPNESS — RI — O
 STAIRS
 LIGHTING

BASE DWL. UNIT
 MIN 7' x 3'
 DAMPNESS RI O
 WINDOW 1/12 x 6"
 DUAL EGRESS YES NO

None

PROHIBITED COMB'N USE
 ASSOC. USE HAZARD
 HAZARDOUS VENTS

Inspector Wray

Photos yes no

Proj. No.

Date 6/30/67

CROWDING	LOCATION <u>99 Neal St.</u>	COMP.
SANIT.	D.U. LOC.	PEND.
INFEST.	OCCUPY <u>Abraham Leibaowitz</u>	
BASE D.U.	OWNER AGENT	
DET'N	ADDRESS	YTS

DWELLING UNIT SCHEDULE

Occupants

Information

Occupancy

Facilities

Violations

	LOC.	RENT	FURN.	WK. I.	RMS	PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K.S.K	H.W.	CK'G	Violations	
															1	2
1.	99	165														
2.																
3.																
4.																

	KITCHEN	BATH	TOILET	DINING*	BED	BED	BED	BED	BED	OTHER	TOTAL	Remarks	
												1	2
OVERHEADIN 85' x 7'													
50 SLEEP'G	X	X	X										
VENTILATION 1/12 & 1/2													
LIGHTING WIRING	✓	✓	✓	✓	✓								
DET'N WALLS	✓	✓	✓	✓	✓								
CEILING	✓	✓	✓	✓	✓								
WINDOWS	✓	✓	✓	✓	✓								
DOORS	✓	✓	✓	✓	✓								
FLOORS	✓	✓	✓	✓	✓								

KITCHEN SINK & WATER

SINK

SUPPLY & WASTE

PLUG. SER'LS

HEATING

STACKS, FLUES, VENTS

HT'S VENTED, REP'N OK

BATHING FACILITIES

SHARED MAX. 4DU

RMS U. 1 PER 15

MINC 7' STDG HT.

VENT'LN

PROPR ACCESS

PLU'G

SANIT'N

TOILET FACILITIES

SHARED MAX. 2 DU

RMS U-FLSH & LAV 1 PER 10

VENT'LN

PROPR ACCESS

PLU'G

SANIT'N

INFESTATION

RATS RI OI L

OTHER (SPECIFY)

EGRESS

QUAL YES NO

DET'N

Portland
Health Dept.
CS-7

Inspector [Signature]