

87

NEAL STREET

BRANTALE

July 3, 1967

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

Dr. Leckie: RE: 87 Neal Street

Photos yes no

Proj. No. C.I.

Ass'rs

Zone Zone Viol

Date 6/30/47

Stories 1 2 3 4 5 6 7 8

Com.Units

Rmg Units

Dvl.Units 1

LOCATION <u>87 Neal St</u>	COMP
DIVISION	PEND
OWNER AGENT <u>Michael Leslie</u>	
DIVISION AGENT <u>83 Neal</u>	
OWNER AGENT	
AGENT	
	VTS

Occupants	Information				Occupancy							Facilities				Violations	
	LOC.	RENT	FURN.	WK.1.	RMS	PER.	ALLD	LGAS	HEAT	BATH	FLSH	K.SK	H.W.	CK*G			
1.																	
2.																	
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	

STRUCTURE RATING

STRUCTURE SCHEDULE

YARD

SWRAGE & RUBBISH

CONTAINERS COMPLY

DRAINAGE

ZONE VIOL.

STRUCTURE EXTERIOR

STEPS, STAIRS, PORCHES

FOUNDATION

WALLS

WINDOWS, DOORS

ROOF, DRAINS

OUT BUILDINGS

INFESTATION

PETS R D E

OTHER (SPECIFY)

EGRES

DUAL YES NO

OBST'N

Remarks _____

Portland
Health Dept.

CS-8

Inspector W. Hays

STRUCTURE INTERIOR

HALL, OBST'N

HALL, LIGHTING

HALL, FLOOR WALLS CEILING

STAIRWAYS

WINDOWS, AIRSHAFT

ELECT. WIRING

HEATING CENTRAL YES NO

STACKS FLUES, VENTS

CHIMNEY

EQUIPMENT, REPAIR

PLUMBING

SUPPLY LINE

WASTE LINE

BASEMENT

GEN'L SANIT'N

DAMPNSS R O

STAIRS

LIGHTING

BASE DWL UNIT

WIN 2' x 3'

DAMPNSS R O

WINDOW 1/12 X 8"

DUAL EGRES YES NO

PROHIBITED COMB'N USE

ASSOC. USE HAZARD

HAZARDOUS VENTS

OK

OK

None

89

NEAL STREET

BRANFALL

July 11, 1967

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

Dr. Leckie: RE: 89 Neal Street

Photos yes no

Proj. No. C.I.

Ass'rs

Zone Zone Viol

Stories 1 2 3 4 5 6 7 8

Com. Units

Rmg Units

Dwl. Units

Date 7/3/67

LOCATION	89 Neal St	COMP
OWNER AGENT		PEND
OWNER AGENT	Dr. Michael J. Lerkie	
OWNER AGENT	89 Neal St	
OWNER AGENT		YES

Occupants	Information LOC. RENT FURN. WK. I. RMS	Occupancy							Facilities					Violations	
		PER.	ALLD	LGHS	HEAT	BATH	FLSH	K.SK	H.W.	CK*G					
1.															
2.															
3.															
4.															
5.															
6.															
7.															
8.															

STRUCTURE RATING

STRUCTURE SCHEDULE

YARD

GRASS & RUBBISH

CONTAINERS COMPLY

DRAINAGE

ZONE VIOL.

STRUCTURE EXTERIOR

STEPS, STAIRS, PORCHES

FOUNDATION

WALLS

WINDOWS, DOOR

ROOF, DRAINS

OUT BUILDINGS

INFESTATION

PEST R O I

OTHER (SPECIFY)

EGRESS

OPEN YES NO

OBST'Y

STRUCTURE INTERIOR

HALL, GEBT'N

HALL, LIGHTING

HALL, FLOOR WALLS CEILING

STAIRWAY

HANGERS, AIRSHAFT

ELECT. WIRING

HEATING CENTRAL YES NO

STACKS FLUES, VENTS

CHIMNEY

EQUIPMENT, REPAIR

PLUMBING

SUPPLY LINE

WASTE LINE

BASEMENT

BASIC SANIT'N

DAMPNSS R O

STAIRS

LIGHTING

BASE DWL. UNIT

MIN 7' - 3'

DAMPNSS R O

HINDER 1/12 X 8'

DUAL EGRESS YES NO

PROHIBITED COMB'N USE

ASSOC. USE HAZARD

HAZARDOUS VENTS

Remarks

Portland Health Dept.

CS-8

Inspector Mayer

Photos yes no

Proj. No.

Date 7/3/67

DWELLING UNIT SCHEDULE

CROWDING	LOCATION <u>89 Neal St</u>	COMP.
SANIT.	D.U. LOC.	END.
INFEST.	OCCUPY <u>Leolona - Knieles</u>	
BASE D.U.	OWNER AGENT	
DET'N	ADDRESS	YES

Occupants

Information

Occupancy

Facilities

Violations

LOC. RENT FURN. WK.I. RMS PER. ALL'D LGHD HEAT BATH FLSH K.SK H.W. CK'G

1.																					
2.																					
3.																					
4.																					

OVERLORDING 6' x 7'	KITCHEN	BATH	TOILET	BHWHF	BED	BED	BEL	BED	BED	OTHER	TOTAL
SO 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"/>					
VENTILATION 1/12 x 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"/>					
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"/>					
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"/>					
Ceilings	<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"/>					
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"/>					
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"/>					

KITCHEN SINK & WATER

SINK _____

SUPPLY & WASTE OK

FLOOD. GEN'L _____

HEATING

STACKS, FLUES, VENTS _____

HT'GS VENTED. HP'GS _____

BATHING FACILITIES

SHARED MAX. 4DU _____

RMS U. 1 PER 10 _____

MIN. 7' STOR HT. _____

VENT'LN _____

PROPER ACCESS _____

FLD'G OK

SANIT'N _____

TOILET FACILITIES

SHARED MAX. 2 DU _____

RMS U FLSH & LAV 1 PER 10 _____

VENT'LN _____

PROPER ACCESS _____

FLD'G OK

SANIT'N _____

INFESTATION

RATS RI OI E _____

OTHER (SPECIFY) OK

EGRESS

DUAL YES NO _____

OBST'N OK

Portland
Health Dept.
OS-7

Inspector Keyes

91

NEAL STREET

BRANNALL

July 17, 1967

Dr. Michael I. Lockie
93 Noel Street
Portland, Maine

Dr. Lockie: RE: 91 Noel Street

Photos yes no

Date 7/5/67

Proj. No. C.I.

Ass'rs

Zone

Zone Viol

Stories

RFM

ASDD

SAR

NSA NA

VS ST P

Com. Units

Rmg Units

Dwl. Units 1

LOCATION	<u>91 Neal St</u>	COMP
OWNER AGENT		PEND
OWNER AGENT	<u>Dr. M. ... T. Beckie</u>	
OWNER AGENT	<u>93 Neal</u>	
OWNER AGENT		YES

Occupants

Information
LOC. RENT FURN. WK. I. RMS

Occupancy

Facilities

Violations

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

STRUCTURE SCHEDULE

STRUCTURE RATING

YARD

SARGE & RUBBISH

CONTAINERS COMPLY

DRAINAGE

ZONE VIOL.

STRUCTURE EXTERIOR

STEPS, STAIRS, PORCHES

FOUNDATION

WALLS

WINDOWS, DOORS

ROOF, DRAINS

ADJUT BUILDINGS

PESTATION

RASH R O C

OTHER (SPECIFY)

MOSS

MOAL YES NO

OBST'N

STRUCTURE INTERIOR

HALL, OBST'N

HALL, LIGHTING

HALL, FLOOR WALLS CEILING

STAIRWAYS

WINDOWS, AIRRAFT

ELECT. WIRING

HEATING CENTRAL YES NO

STACK FLUES, VENTS

CHIMNEY

EQUIPMENT, REPAIR

PLUMBING

SUPPLY LINE

WASTE LINE

BASEMENT

GEN'L SANIT'N

DAMPNESS R O

WERS

LIGHTING

BASE DWL. UNIT

WIA 7' - 3'

DAMPNESS R O

WINDOW 1/12 X 6"

DUAL EGRESS YES NO

PROHIBIT'D COMB'N USE

ALOC. USE HAZARD

HAZARDOUS VENTS

OK

None

Remarks

Portland Health Dept.

CS-8

Inspector W. J. ...

93

NEAL STREET

BRAMHALL

July 3, 1967

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

Dr. Leckie: RE: 93 Noel Street

93A NEAL STREET

BRAMHALL

July 11, 1967

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

Dr. Leckie: RE: 93A Neal Street

95

NEAL STREET

BRANDHALL

July 11, 1967

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

Dr. Leckie: RE: 95 Neal Street

Photos yes no

Date 7/12/77

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

Stories 1 2 3 4 5 6 7 8 Com. Units Rng Units Dvl. Units

LOCATION <u>93 Neal St</u>	COMP
OWNER AGENT	PEND
OWNER AGENT <u>Dr. Michael T. Lerkie</u>	
OWNER AGENT <u>93 Neal</u>	
OWNER AGENT	VTS

Occupants	Information			Occupancy			Facilities				Violations		
	LOC.	RENT	FURN.	NK.I.	RMS	PER ALLD	LGRS	HEAT	BATH	FLSH		K.SK	H.W.
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													

STRUCTURE SCHEDULE

STRUCTURE RATING

YARD

- GARBAGE & RUBBISH
- CONTAINERS COMPLY
- DRAINAGE
- ZONE VIOL.

STRUCTURE EXTERIOR

- STEPS, STAIRS, PORCHES
- FOUNDATION
- WALLS
- WINDOWS, DOORS
- ROOF, DRAINS
- OUT BUILDINGS

INFESTATION

- RATS PL OI E
- OTHER (SPECIFY)

EGRESS

- DUAL YES NO
- OBST'N

Remarks

Portland Health Dept.

OS-8

Inspector [Signature]

STRUCTURE INTERIOR

- HALL OBST'N
- HALL LIGHTING
- HALL, FLOOR WALLS CEILING
- STAIRWAYS
- WINDOWS, AIRSHAFT
- ELECT. WIRING

HEATING CENTRAL YES NO

- STACKS FLUES, VENTS
- CHIMNEY
- EQUIPMENT, REPAIR

PLUMBING

- SUPPLY LINE
- WASTE LINE

BASEMENT

- GEN'L SANIT'N
- DAMPNESS R1 - 0
- STAIRS
- LIGHTING

BASE DWL. UNIT

- MIN 7' - 3'
- DAMPNESS R1 0
- WINDOW 1/12 H X 8"
- DUAL EGRESS YES NO

PROHIBITED COMB'N USE

- ASSOC. USE HAZARD
- HAZARDOUS VENTS

97

NEAL STREET

BRAMHALL

July 11, 1967

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

Dr. Leckie: RE: 97 Neal Street

Photos yes no
 Proj. No. C.I. Ass'rs Zone Zone Viol
 Stories NEW ADD SAR NA AS ST P Com. Units Rng Units Fel. Units 1

Date 7/4/67

LOCATION	<u>94 Neal St</u>	COMP	
OWNER AGENT	<u>Dr. Michael T. Leckie</u>	PEND	
OWNER AGENT	<u>93 Neal</u>		
OWNER AGENT		VIS	

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

STRUCTURE RATING

STRUCTURE SCHEDULE

YARD

GARBAGE & RUBBISH

CONTAINERS COMPLY

REFRIGER

TONE VIOL.

STRUCTURE EXTERIOR

STEPS, STAIRS, PORCHES

FOUNDATION

WALLS

WINDOWS, DOORS OK

ROOF, DRAINS

OUT BUILDINGS

INFESTATION

RATS RI OI IC

OTHER (SPECIFY)

EGGSES

DUAL YES NO

OBST'N

STRUCTURE INTERIOR

HALL, OBST'N

HALL, LIGHTING

HALL, FLOOR WALLS CEILING

STAIRWAYS OK

WINDOWS, AIRSHAFF

ELECT. WIRING

HEATING CENTRAL YES: NO:

STACKS FLUES, VENTS

CHIMNEY OK

EQUIPMENT, REPAIR

PLUMBING

SUPPLY LINE

WASTE LINE

BASMENT

CEMENT SANIT'N

DAMPNSS RI O

STAIRS

LIGHTING

BASE DNL. UNIT

MIN 7' - 5"

DAMPNSS RI O None

WINDOW 1/12 x 6"

DUAL EGRESS YES: NO

PROHIBITED COMB'N USE

AS-OC. USE HAZARD

HAZARDOUS VENTS

Remarks _____

Portland Health Dept.

CS-8

Inspector [Signature]

101 NEAL STREET

DRAWING

July 11, 1967

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

Dr. Lockie: RFB: 101 Neal Street

Photos yes no
 Proj. No. C.I. Ass'ts Zone Zone Viol
 Stories DBM ASDD SAR NS NA ST P Com.Units Rng Units Dwl.Units 1
 Date 7/6/67

VIOLATION	101 Neal St	COMP
OWNER AGENT		PEND
OWNER AGENT	Michael T. Lockie	
OWNER AGENT	93 Neal	
OWNER AGENT		VTS

Occupants	Information				Occupancy				Facilities				Violations	
	LOC.	RENT	FURN.	WK. I.	PER.	ALL'D	LGRS	HEAT	PATH	FLSH	C.SK	H.W.		CK'G
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
0.														

STRUCTURE SCHEDULE

<p>YARD</p> <p><input checked="" type="checkbox"/> GARBAGE & RUBBISH</p> <p><input checked="" type="checkbox"/> CONTAINERS COMPLY</p> <p><input checked="" type="checkbox"/> SIGNAGE</p> <p><input checked="" type="checkbox"/> ZONE VIOL.</p> <p>STACKS, FIRE EXTERIOR</p> <p><input checked="" type="checkbox"/> SCARF, STAIRS, PORCHES</p> <p><input checked="" type="checkbox"/> FOUNDATION</p> <p><input checked="" type="checkbox"/> WALLS</p> <p><input checked="" type="checkbox"/> WINDERS, DOOR S</p> <p><input checked="" type="checkbox"/> ROOF, DRAINS</p> <p><input checked="" type="checkbox"/> OUT BUILDINGS</p> <p>INFESTATION</p> <p><input checked="" type="checkbox"/> RATS <input type="checkbox"/> NI <input type="checkbox"/> O <input type="checkbox"/> C</p> <p><input checked="" type="checkbox"/> OTHER (SPECIFY)</p> <p>EGRESS</p> <p><input checked="" type="checkbox"/> DWEL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input checked="" type="checkbox"/> OBST'N</p>	<p>STRUCTURE INTERIOR</p> <p><input checked="" type="checkbox"/> WALL OBST'N</p> <p><input checked="" type="checkbox"/> WALL LIGHTING</p> <p><input checked="" type="checkbox"/> WALL FLOOR WALLS CEILING</p> <p><input checked="" type="checkbox"/> CEILING</p> <p><input checked="" type="checkbox"/> WINDOWS AIRSHAFT</p> <p><input checked="" 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"/> GEN'L SANIT'N</p> <p><input checked="" type="checkbox"/> DAMPNSS NI <input type="checkbox"/> O</p> <p><input checked="" type="checkbox"/> STAIRS</p> <p><input checked="" type="checkbox"/> LIGHTING</p> <p>BASE DWL. UNIT</p> <p><input type="checkbox"/> MIN 7' x 3'</p> <p><input type="checkbox"/> DAMPNSS NI <input type="checkbox"/> O</p> <p><input type="checkbox"/> WINDOW 4/12 x 6'</p> <p><input type="checkbox"/> QUAL EGRESS YES <input type="checkbox"/> NO</p> <p>PROHIBITED COM'N USE</p> <p><input checked="" type="checkbox"/> SPEC. USE IN YARD</p> <p><input checked="" type="checkbox"/> HAZARDOUS VENTS</p>
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Remarks _____
 Portland Health Dept.
 CS-8

Inspector Morgan

OK

None

103 NEAL STREET

BRAMHALL

July 11, 1967

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

Dr. Lockie: RE: 103 Neal Street

Photos yes no

Date 7/10/67

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

Stories UFM ASD SAR ASD NA ST P Com. Units Rmg Unit Del. Units

LOCATION	<u>107 Neal St.</u>	COMP	
OWN'G AGENT		PERM	
OWNER AGENT	<u>Michael Lecker</u>		
OWNER AGENT			
OWNER AGENT			
OWNER AGENT			

Occupants	Information			Occupancy				Facilities				Violations		
	LOC.	RENT	FURN.	WK.1.	SMS	PER.	ALLD	LPS	HEAT	BATH	FLSH		K.SK	H.W.
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														

STRUCTURE SCHEDULE

STRUCTURE RATING

YARD

WASTE & RUBBISH

CONTAINERS COMPLY

DRAINAGE

ZONE VIOL

STRUCTURE EXTERIOR

STEPS, STAIRS, PORCHES

FOUNDATION

WALLS

WINDOWS, DOORS

ROOF, DRAINS

OUT BUILDINGS

INFESTATION

RATS RI D I

OTHER (SPECIFY)

EGRESS

DUAL YES NO

OBST'N

STRUCTURE INTERIOR

WALL OBST'N

WALL LIGHTING

WALL FLOOR WALLS CEILING

STAIRWAYS

ELEVATORS, ESCAPES

ELEV. WIRING

HEATING CENTRAL YES NO

STACKS FLUES, VENTS

CHIMNEY

EQUIPMENT, REPAIR

PLUMBING

SUPPLY LINE

WASTE LINE

BASEMENT

GENS. SANIT'N

DAMPNSS RI D

STAIRS

LIGHTING

BASE DWL. UNIT

MIN 7' x 3'

DAMPNSS RI D

WINDOW 1/12 x 8"

DUAL EGRESS YES NO

PROHIBITED COMB'N USE

ASOC. USE HAZARD

HAZARJUS VENTS

Remarks _____

Portland Health Dept.

CS-8

Inspector Morgan

OK

None

Photos yes no

Proj. No.

Date 7/10/67

DWELLING UNIT SCHEDULE

CROWDING	LOCATION <u>103 Neal St</u>	CDM#
SANIT.	D.U. LOC.	PERM.
INFEST.	OPCPNT <u>H. Willy</u>	
BASE D.U.	OWNER	
DET'N	AGENT	
	ADDRESS	YES

Occupants

Information

Occupancy

Facilities

Violations

1.	2.	3.	4.	LOC. RENT	A/RN.	WK-I.	RMS	PER.	ALL'D	LCRS	HEAT	BATH	FLSH	K-SK	H.W.	CK'G	Violations	
				<u>103</u>	<u>16</u>	<u>2</u>	<u>2</u>	<u>3</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	

OVERCROWDING 65' x 7'	KITCHEN	BATH	TOILET	SINK	WATER	SEIN	BED	BED	BED	BED	OTHER	TOTAL
SO SLEEP'G	X	X	X	X	X	X	X	X	X	X	X	X
VEN ILATION 1/12 x 1/2	X	X	X	X	X	X	X	X	X	X	X	X
LIGHTING	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
DET'N	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WALLS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CEILING	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WINDOWS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
DOORS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
FLOORS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Remarks

KITCHEN SINK & WATER

- SINK
- SUPPLY & WASTE
- PLBS. SEM'L

HEATING

- STACKS, FLUES, CHIMES
- HT'NG VENTED, REP'N OK

BATHING FACILITIES

- SHARED MAX. 4DU
- MAX U. 1 PER 15
- MIN 7' STOD HT.
- VENT'LN
- PROPER ACCESS
- PLB'S
- SANIT'N

TOILET FACILITIES

- SHARED MAX. 2 DU
- MIN U FLSH & LAV 1 PER 10
- VENT'LN
- PROPER ACCESS
- PLB'S
- SANIT'N

INFESTATION

- TERMS RI CO C
- OTHER (SPECIFY) _____

GRESS

- QUAL YES NO
- OBS'N

Portland Health Dept.

CS-7

Inspector Morgan