

May 22, 1967

Mr. Eugene C. McNally
130-152 Neal Street
Portland, Maine

Dear Mr. McNally:

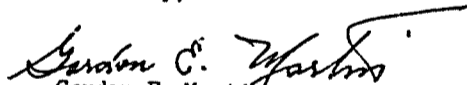
Your property has been surveyed by the Portland Housing Division, and certain deficiencies to the minimum Code standards were noted. A list of these deficiencies is attached, and we suggest that you make the necessary corrections.

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

130-132 Neal Street

Area: Bramhall

Inspection Date: May 10, 1967

Dwelling Units: 2

Owner: Mr. Eugene W. McNeally
130-132 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. Replace the missing trim for the post on the front steps.
- b. Have all sides of the foundation pointed.
- c. Repair or replace the loose, cracked or missing plaster on the rear hall ceiling on the second floor.

Photos ☐ yes ☐ no

Date 5/10/67

Proj. No. ☐ C.I. Bramhall Project Ass'ts ☐ Zone ☐ Zone Viol ☐

Stories 2 RDM ASD SAR NA STP Com. Units ☐ Rmg Units ☐ Dw. Units 2

LOCATION	<u>180-132 Neal St</u>	COMP	<input type="checkbox"/>
OWNER	<u>Eugene W. Mc Neally</u>	PERM	<input type="checkbox"/>
AGENT			
OWNER			
AGENT			
OWNER			
AGENT			

Occupants	Information				Occupancy				Facilities				Violations			
	LOC.	RENT	FURN.	SK. I.	RMS	PER.	ALL'D	LGHS	HEAT	BATH	FLSH	K. SK	M.W.	CK-G		
1. Eugene W. Mc Neally	2					7	3	10								
2. Henry Marshall	2					8	3	12								
3.																
4.																
5.																
6.																
7.																
8.																

STRUCTURE SCHEDULE

STRUCTURE RATING ☐

YARD <input type="checkbox"/> GARBAGE & RUBBISH <input type="checkbox"/> CONTAINERS COMPLY <input type="checkbox"/> DRAINAGE <input type="checkbox"/> ZONE VIOL.	STRUCTURE EXTERIOR <input checked="" type="checkbox"/> STEPS, STAIRS, PORCHES <u>Front steps post trim missing</u> <input checked="" type="checkbox"/> FOUNDATION <u>Needs minor pointing</u> <input type="checkbox"/> WALLS <input type="checkbox"/> WINDOWS, DOORS <input type="checkbox"/> ROOF DRAINS <input type="checkbox"/> JOINT BUILDINGS INFESTATION <input type="checkbox"/> RATS <input type="checkbox"/> FL <input type="checkbox"/> OR <input type="checkbox"/> <input type="checkbox"/> OTHER (SPECIFY) EGRESS <input checked="" type="checkbox"/> DUAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OBST'N	STRUCTURE INTERIOR <input type="checkbox"/> WALL, OBST'N <input type="checkbox"/> WALL, LIGHTING <input type="checkbox"/> WALL, FLOOR WALLS CEILING <input type="checkbox"/> STAIRWAYS <input type="checkbox"/> WINDOWS, AIRSHEATH <input type="checkbox"/> ELECT. WIRING <input type="checkbox"/> HEATING CENTRAL YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> STACKS FLUES, VENTS <input type="checkbox"/> CHIMNEY <input type="checkbox"/> EQUIPMENT, REPAIR PLUMBING <input type="checkbox"/> SUPPLY LINE <input type="checkbox"/> WASTE LINE BASEMENT <input type="checkbox"/> GEN'L SANIT'N <input type="checkbox"/> DAMPNESS <input type="checkbox"/> FL <input type="checkbox"/> G <input type="checkbox"/> STAIRS <input type="checkbox"/> LIGHTING BASE DWL. UNIT <input type="checkbox"/> MIN 7' x 3' <input type="checkbox"/> DAMPNESS <input type="checkbox"/> FL <input type="checkbox"/> G <input type="checkbox"/> WINDOW 1/12 x 8" <u>None</u> <input type="checkbox"/> DUAL EGRESS <input type="checkbox"/> YES <input type="checkbox"/> NO PROHIBITED COMB'N USE <input type="checkbox"/> ASSOC. USE HAZARD <input type="checkbox"/> HAZARDOUS VENTS
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Remarks _____

Portland Health Dept.

CS-8

Inspector Robert Pratt

Photos ☐ yes ☐ no

Proj. No.

Date 5/10/67

Bramhall Project

DWELLING UNIT SCHEDULE

CROWDING	LOCATION <u>130-132 Neal</u>	COMP.
SANIT.	D.U. LOC. <u>1st Floor</u>	PEBB.
INFEST.	OCCUPY <u>Eugene W. Mc Neally</u>	
BASE D.U.	OWNER <u>6</u>	
DET'N	ADDRESS <u>11</u>	VTS

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>Eugene W. Mc Neally</u> <u>27</u>		<u>7</u> <u>2</u> <u>10</u>	<u>56</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u>	
2.				
3.				
4.				

	KITCHEN	BATH	TOILET	DINING	Liv	Parlor	FR	RL	RR	OTHER	TOTAL
OVERCROWDING 65' - 7'	<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"/>	<input checked="" type="checkbox"/>	
50 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"/>	<input checked="" type="checkbox"/>	
VENTILATION 1/12 & 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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
LIGHTING	<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"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
CEILING	<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"/>	<input checked="" type="checkbox"/>	<u>Chimp</u>
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"/>	<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"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Remarks

Portland Health Dept.
CS-7

Inspector

Robert Orato

KITCHEN SINK & WATER

☐ SINK OK

☐ SUPPLY & WASTE OK

☐ PLBG. GEN'L OK

HEATING

☐ STACKS, FLUES, VENTS OK

☐ HT'GS VENTED, REP'N OK

BATHING FACILITIES

☐ SHARED MAX. 4DU OK

☐ RUG U. 1 PER 15 OK

☐ MIN. 7' STDC HT. OK

☐ VENT'LN OK

☐ PROPER ACCESS OK

☐ PLB'G OK

☐ SANIT'N OK

TOILET FACILITIES

☐ SHARED MAX. 2 DU OK

☐ RUG U. FLSH & LAV 1 PER 10' OK

☐ VENT'LN OK

☐ PROPER ACCESS OK

☐ PLB'G OK

☐ SANIT'N OK

INFESTATION

☐ RATS ☐ R' ☐ O' ☐ E OK

☐ OTHER (SPECIFY) OK

EGRESS

☐ DUAL ☐ YES ☐ NO OK

☐ OBST'N OK

Photos ☐ yes ☐ no
Proj. No.

Date 5/10/67

Branchell Project

DWELLING UNIT SCHEDULE

CROWDING	LOCATION <u>130-137 Neal</u>	COMP.
SANIT.	D.U. LOC. <u>2nd floor</u>	PEND.
INFEST.	OCCUPY <u>Mr. J. Henry Marshall</u>	
RACE D.U.	OWNER <u>ASST.</u>	
DET'N	ADDRESS	YTS

Occupants

Information

Occupancy

Facilities

Violations

		LOC.	RENT	FURN.	WK. I.	RMS	PER.	ALL'D	LGHS	HEAT	BATH	FLSH	K-SK	H.W.	CK	G
1	<u>Mr. J. Henry Marshall</u>	<u>2</u>														
2.																
3.																
4.																

	KITCHEN	BATH	TOILET	DINING	Den BED	Liv. BED	FR BED	M BED	R BED	RL OTHER	TOTAL
OVERCROWDING 25 - 7'	<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"/>	<input checked="" type="checkbox"/>	
50 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"/>	<input checked="" type="checkbox"/>	
VENTILATION 17/12 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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
LIGHTING	<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"/>	<input checked="" type="checkbox"/>	
PIPING	<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"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
CEILING	<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"/>	<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"/>	<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"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Remarks

Rear Hall Chimp walls

KITCHEN SINK & WATER

☐ SINK - OK
☐ SUPPLY - WASTE
☐ PLAS. KEN'L - OK

HEATING

☐ STACKS, FLUES, VENTS
☐ HT'GS LHTED, REP'N

BATHING FACILITIES

☐ SHARED MAX. 400
☐ RMS U. 1 PER 15
☐ MIN. 7' STDG HT
☐ VENT'N
☐ PROPER ACCESS
☐ PLB'G
☐ SANIT'N

TOILET FACILITIES

☐ SHARED MAX. 200
☐ RMS U. FLSH & LAV 1 PER 10
☐ VENT'N
☐ PROPER ACCESS
☐ PLB'G
☐ SANIT'N

INFESTATION

☐ RATS ☐ R ☐ O ☐ E
☐ OTHER (SPECIFY)

EGRESS

☐ DUAL ☐ YES ☐ NO
☐ OBST'N

Portland
Health Dept.
CS-7

Inspector

Robert Prato

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

December 23, 1991

Robert B. & Frederick Barton
127 Neal St
Portland, ME 04102

Re: 17 Marshall St-Attic Apt
CBL #: 063-I-011
DU: 4

Dear Sirs,

A re-inspection of the premises noted above was made on December 23, 1991,
by Code Enforcement Officer Kathleen Lowe.

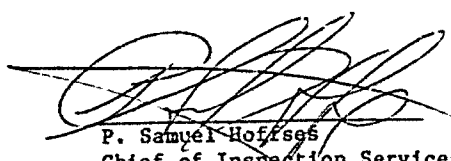
This is to verify that you have complied with our request to correct the
violation(s) of the Municipal Code relating to housing conditions as
described in our "Letter of Defects" dated December 12, 1991.

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

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

Sincerely,


Kathleen Lowe
Code Enforcement Officer


P. Samuel Hoffses
Chief of Inspection Services

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

December 12, 1991

Robert B. & Frederick Barton
127 Neal St
Portland, ME 04102

Re: 17 Marshall St (128-130 Neal St)
CBL #: 063-I-011
DU: 4

Dear Sirs,

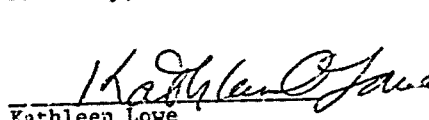
We recently received a complaint and an inspection was made of the property owned by you at the above referred address. As a result of the inspection, you are hereby notified to correct the following substandard housing conditions:

Attic Apartment

- | | |
|---------------------------------|-------|
| 1. Eliminate insect infestation | 109.5 |
| 2. Eliminate holes in chimney | 108.5 |

The above mentioned conditions are in violation of Article V of the Municipal Code of the City of Portland, Maine, and must be corrected on or before December 22, 1991. Failure to comply with this order may result in a complaint being filed for prosecution in District Court.

Sincerely,


Kathleen Lowe
Code Enforcement Officer


P. Samuel Hoffses
Chief of Inspection Services

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

December 27, 1991

Robert & Frederick Barton
127 Neal St
Portland, ME 04102

Re: 17 Marshall St
C3L #: 063-I-011
DU: 4

Gentlemen:

On December 4, 1991, this office received a complaint from your tenant Beverly Lavigne. Accompanying this complaint were photos of what the Munjoy Health Station identified as flea bites of the arms and legs of their daughter, Sarah Lavigne.

I was unable to speak with Ms. Lavigne and do an inspection until December 11, 1991. At this time, I visited the attic apartment at 17 Marshall St. Ms. Lavigne showed me a glue board with insects on it, and a jar full of mealybugs and silverfish. She claimed she had just sprayed the whole apartment, but was worried about the eggs, etc.

I did not see any fleas in the carpet at the time of my inspection, but due to the photos, glue board and jar, I gave the tenant the benefit of the doubt, and ordered, on December 20, 1991, that insect infestation be removed.

As it turns out, there is apparently a tenant/landlord dispute in the works. The property had already been inspected by a pest control operator and found to be flealess.

In view of this new information, I am rewording this housing complaint as "in compliance", with the note that the flea infestation apparently did not exist at 17 Marshall St.

Sincerely,

Kathleen Lowe
Kathleen Lowe
Code Enforcement Officer

Samuel P. Hoffses
P. Samuel Hoffses
Chief of Inspection Services

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

May 04, 1995

BARTON ROBERT B
127 NEAL ST
PORTLAND ME 04102

Re: 128 Neal St
CBL: 063- - I-011-001-01
DU: 4

Dear Mr. Barton:

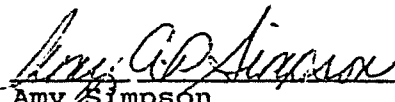
The Housing Inspections Division of the Department of Planning and Urban Development has recently completed an exterior inspection of the above-referenced property.

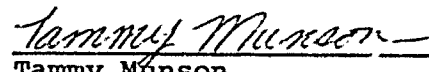
Congratulations are extended to you for the general condition of your property which was found to meet the standards established by the City's Housing Code.

Good maintenance is the best way to protect the value of your property and neighborhood.

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

Sincerely,


Amy Simpson
Code Enforcement Officer


Tammy Munson
Code Enfc. Offr. / Field Supv.

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

May 04, 1995

BARTON ROBERT B
127 NEAL ST
PORTLAND ME 04102

Re: 128 Neal St
CBL: 063- - I-011-001-01
DU: 4

Dear Mr. Barton:

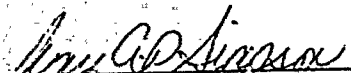
The Housing Inspections Division of the Department of Planning and Urban Development has recently completed an exterior inspection of the above-referenced property.

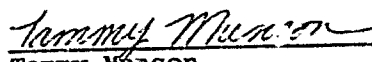
Congratulations are extended to you for the general condition of your property which was found to meet the standards established by the City's Housing Code.

Good maintenance is the best way to protect the value of your property and neighborhood.

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

Sincerely,


Amy Simpson
Code Enforcement Officer


Tammy Manson
Code Enfc. Offr. /Field Supv.