

28 Chadwick Street

BRAMHALL

BRAMHALL
1810-1811

July 11, 1967

Mr. Stewart Tisdale
28 Chadwick Street
Portland, Maine
Mr. Tisdale:

Photos yes no
 Proj. No. _____ C.I. Granville Project Ass'ts _____ Zone _____ Zone Viol _____
 Stories 3 DKM ASMO SAR NA ST P Com. Units _____ Rng Units _____ Dwl. Units 1
 STONE

Date 7/5/62

LOCATION	<u>38 Chadwick St.</u>	COMP	
OWNER	<u>Stewart Vesdale</u>	PEND	
AGENT	<u>Garrie</u>		
OWNER			
AGENT			
OWNER			
AGENT			

Occupants	Information LOC. RENT FURN. WK. I. RMS	Occupancy PER. ALLD LGRS	Facilities				Violations
			HEAT	BATH	FLSH	K. SK H.W. CH'G	
1. <u>Stewart Vesdale</u> 2. <u>18-16</u>	<u>5199</u>	<u>14</u>	<u>21</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
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 _____ OK

WINDOWS, DOORS _____ OK

ROOF, DRAINS _____ OK

OUT BUILDINGS _____

INFESTATION

RATS RI OI E _____ OK

OTHER (SPECIFY) _____

EGRESS

DUAL YES NO _____

OBST'N _____

STRUCTURE INTERIOR

WALL OBST'N _____

WALL LIGHTING _____

WALL, FLOOR WALLS CEILING _____ OK

STAIRWAYS _____

WINDOWS, AIRSHAFT _____

ELECT. WIRING _____

HEATING CENTRAL YES: NO

STACKS FLUES, VENTS _____

CHIMNEY _____ OK

EQUIPMENT, REPAIR _____

PLUMBING

SUPPLY LINE _____

WASTE LINE _____ OK

BASEMENT

GEN'L BATH' N _____

DAMPNES RI O _____ OK

STAIRS _____

LIGHTING _____

BASE OWL. UNITS

MIN 7' x 3' _____

DAMPNES RI O _____ None

WINDOW 1/12 x 8' _____

DUAL EGRESS YES NO _____

PROHIBITED COMB'N USE

ASSOC. USE HAZARD _____

HAZARDOUS VENTS _____

Remarks Roof joint has been repaired

Portland Health Dept.

GS-8

Inspector Robert Peart & Byron Green

Photos yes no
 Proj. No.

Brandall Project Date 7/5/67

CROSSING	LOCATION	28 Chadwick St.	COMP.
SANIT.	D.U. LOC	Single Home	PEND.
INFEST.	OWNER	Stewart Tisdale	
BASE D.U.	OWNER	Same	
DET'N	ADDRESS	Same	

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities				Violations				
			BATH	FLSH	K.CK	H.W. CK'G					
1. <u>Stewart Tisdale</u> 1P 1G	LOC. RENT FU'N. WK. I. RMS	PER ALL'D LGHS HEAT	<u>14</u>	<u>4</u>	<u>21</u>	<u>COP</u>	<u>V</u>	<u>V</u>	<u>V</u>	<u>C</u>	
2.											
3.											
4.											

	KITCHEN	BATH	TOILET	DINING	LIV 200	LIB 250	Sump 200	M 250	L 250	FR OTHER	FB TOTAL	KITCHEN SINK & WATER	
												SINK	SUPPLY & WASTE
OVERCROWDIN 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"/>	<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"/>	<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"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CEILING 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Remarks	<u>Roof has been repaired</u> <u>All other tests OK</u> <u>4 Bedrooms 3rd floor and bath OK</u>											<input checked="" type="checkbox"/> STAGES, FLUES, VENTS <input checked="" type="checkbox"/> HT'GS VENTED, REP'N <u>OK</u>	
												<input type="checkbox"/> SHARED MAX 4DU <input type="checkbox"/> RMS U. 1 PER 15 <input type="checkbox"/> MIN. 7' STDB HT. <input type="checkbox"/> VENT'LN <u>OK</u> <input type="checkbox"/> PROPER ACCESS <u>OK</u> <input type="checkbox"/> PLB'G <input type="checkbox"/> SANIT'N	
												<input type="checkbox"/> SHARED MAX. 2 DU <input type="checkbox"/> RMS U. FL. 1 LAY 1 PER 10 <input type="checkbox"/> VENT'LN <u>OK</u> <input type="checkbox"/> PROPER ACCESS <input type="checkbox"/> PLB'G <input type="checkbox"/> SANIT'N	
												<input type="checkbox"/> INFESTATION <input type="checkbox"/> RATS <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> C <u>OK</u> <input type="checkbox"/> OTHER (SPECIFY) <input checked="" type="checkbox"/> EGRESS <input checked="" type="checkbox"/> EQUAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OBST'N	

Portland Health Dept.
CS-7

Inspector Robert Patton & Byron Green