

22 Chadwick Street

DRENTHAL

SILVERMASTER  
#2503 JR

November 9, 1967

Mrs. Mary D'Eato Davis  
22 Chadwick Street  
Portland, Maine

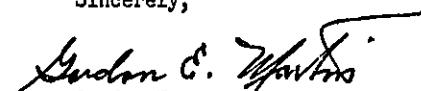
Dear Mrs. Davis:

Your property has been surveyed by the Portland Housing Division and has met Minimum Code Standards. Congratulations are extended to you for the general condition of your property. Many people in the area are making improvements in their property even though they meet the requirements of ordinance relating to housing conditions. Good maintenance is the best way to preserve the useful life of your property and neighborhood.

Many services are available through the site office for further improvements to your property. Should you want advice on landscaping, structural changes, plans, and financing, please call 773-1773.

If we can be of further help, please feel free to call on us. Thank you for your interest in the program and your cooperation in making Bramhall Hill a more beautiful residential area.

Sincerely,

  
Gordon E. Martin  
Housing Supervisor

GLS:ac

Date 11-30-67 LOCATION 22 Chadwick COMP.   
 Photos  yes  no  
 Proj. No.  C.I. Printhead Project Ass'ts Zone  Zone Viol   
 Stories 2  M  A  S  R  N  A  S  T  P Com. Units  Rmg Units  Dwl. Units 1  
 OWNER AGENT Mary D'Este Davis  
 OWNER AGENT Sarhe

Occupants	Information			Occupancy							Facilities			Violations		
	LOC	RENT	FURN. WK. I	RMS	PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K.SX	H.W.	CK'G			
1. <u>Mary D'Este Davis</u>	<u>Single</u>			<u>9</u>	<u>1</u>	<u>13</u>	<u>1/2</u>	<u>1/2</u>	<u>1/2</u>	<u>1/2</u>	<u>1/2</u>	<u>1/2</u>	<u>1/2</u>			
2.																
3.																
4.																
5.																
6.																
7.																
8.																

STRUCTURE SCHEDULE

YARD

GARBAGE & RUBBISH OK

CONTAINERS COMPLY OK

DRAINAGE OK

ZONE VIOL. OK

STRUCTURE EXTERIOR

STEPS, STAIRS, PORCHES OK

FOUNDATION OK

WALLS OK

WINDOWS, DOORS OK

ROOF DRAINS OK

OUT BUILDINGS OK

INFESTATION

RATS  RI  O  E OK

OTHER (SPECIFY) OK

EGRESS

DUAL  YES  NO OK

OBST'N OK

Remarks \_\_\_\_\_

Portland Health Dept. CS-8

Inspector Robert [Signature]

STRUCTURE INTERIOR

HALL, OBST'N OK

HALL, LIGHTING OK

HALL, FLOOR WALLS CEILING OK

STAIRWAYS OK

WINDOWS, AIRSHAFF OK

ELECT. WIRING OK

HEATING CENTRAL YES:  NO:

STACKS FLUES, VENTS OK

CHIMNEY OK

EQUIPMENT, REPAIR OK

PLUMBING

SUPPLY LINE OK

WASTE LINE OK

BASEMENT

GEN'L SANIT'N OK

DAMPNSS  RI  O None

STAIRS OK

LIGHTING OK

BASE DWL. UNIT

WIN 7' x 3' None

DAMPNSS  RI  O None

WINDOW 1/12 x 8' None

DUAL EGRESS  YES  NO None

PROHIBITED COMB'N USE

ASSOC. USE HAZARD None

HAZARDOUS VENTS None

STRUCTURE RATING

Photos  yes  no  
 Proj. No.

Burnhall Project

Date 10-30-67

**DWELLING UNIT SCHEDULE**

CROWDING	LOCATION <u>22 Chadwick</u>	COMP.
SANIT	D U LOC <u>Single</u>	PENS.
INFEST.	JCCPNY <u>Mrs. J. E. Eddy</u>	
RATE D U	OTHER AGENT <u>Scale</u>	VIS
DET'N	ADDRESS <u>Same</u>	

Occupants	Information	Occupancy	Facilities				Violations
			KITCHEN	BATH	FLSH	K.SK	
<u>Mrs. J. E. Eddy</u>	<u>Single</u>	<u>9</u>	<u>19</u>	<u>56</u>	<u>12</u>	<u>1</u>	<u>1</u>
2.							
3.							
4.							

	KITCHEN	BATH	TOILET	DINING	LW Lib FR				OTHER	TOTAL	KITCHEN SINK & WATER	
					BRD	BRD	BRD	BRD			DRINK	WATER
OVERCROWDING	<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"/>	
NO 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"/>	
VENT'LAYING	<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"/>	
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"/>	<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"/>	
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"/>	
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"/>	
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"/>	
Remarks	<u>Area Hand Rem OK 2 other bath OK</u>										<input checked="" type="checkbox"/> SINK <input checked="" type="checkbox"/> SUPPLY & WASTE <input checked="" type="checkbox"/> PLBG. GEN'L <input checked="" type="checkbox"/> HEATING <input checked="" type="checkbox"/> STACS. FLUES. VENTS <u>OK</u> <input checked="" type="checkbox"/> WY'RS VENTED. REP'N <input checked="" type="checkbox"/> BATHING FACILITIES <input checked="" type="checkbox"/> SHARED MAX. 4DU <input checked="" type="checkbox"/> SINK U. 1 PER IS <u>OK</u> <input checked="" type="checkbox"/> MIN. 7" STDB HT. <input checked="" type="checkbox"/> VENT'LN <u>OK</u> <input checked="" type="checkbox"/> PROPER ACCESS <input checked="" type="checkbox"/> PLB'G <input checked="" type="checkbox"/> SANIT'N <input checked="" type="checkbox"/> TOILET FACILITIES <input checked="" type="checkbox"/> SHARED MAX. 2 DU <input checked="" type="checkbox"/> SINK U. FLSH & LAY 1 PER 10 <u>OK</u> <input checked="" type="checkbox"/> VENT'LN <u>OK</u> <input checked="" type="checkbox"/> PROPER ACCESS <input checked="" type="checkbox"/> PLB'G <input checked="" type="checkbox"/> SANIT'N <input checked="" type="checkbox"/> INFESTATION <input checked="" type="checkbox"/> RATS <input type="checkbox"/> R <input type="checkbox"/> O: <input type="checkbox"/> <input checked="" type="checkbox"/> OTHER (SPECIFY) <input checked="" type="checkbox"/> EGRESS <input checked="" type="checkbox"/> DUAL <input type="checkbox"/> YEC. <input type="checkbox"/> NO <input checked="" type="checkbox"/> OBST'N	

Portland Health Dept.  
 CS-7

Inspector A. H. P. 12 ED