

27 Chadwick Street

BRANCH HALL

SHAW-WALKER
725037

June 30, 1967

Mrs. Charles B. Hinds
27 Chadwick Street
Portland, Maine

Mrs. Hinds:

Photos yes no
 Proj. No. C.I. Bramhall Project Ass'n Zone Zone Viol
 Stories 3 DFM ASXD SAH SA NA ST P Con. Units Rmg Units Dwl. Units 1

Date 7/1

LOCATION <u>27 Chadwick</u>	COMP
OWNER AGENT <u>Mrs Charles B. Hinds</u>	PEND
OWNER AGENT <u>Boyle</u>	
OWNER AGENT	
OWNER AGENT	YES

Occupants	Information			Occupancy				Facilities				Violations				
	LOC	RENT	FURN	WK. I.	RMS	PER. ALL	LGRS	HEAT	BATH	FLSH	K	SK	H.W.	CK'G		
1 Mrs Charles B. Hinds 27					13	2										
2.																
3.																
4.																
5.																
6.																
7.																
8.																

STRUCTURE RATING

STRUCTURE SCHEDULE

<p>YARD</p> <p><input type="checkbox"/> GARBAGE & ALBESH <u>OK</u></p> <p><input type="checkbox"/> CONTAINERS COMPLY <u>OK</u></p> <p><input type="checkbox"/> DRAINAGE <u>OK</u></p> <p><input type="checkbox"/> ZONE VIOL. <u>OK</u></p> <p>STRUCTURE EXTERIOR</p> <p><input type="checkbox"/> STEPS, STAIRS, PORCHES <u>OK</u></p> <p><input type="checkbox"/> FOUNDATION <u>OK</u></p> <p><input type="checkbox"/> WALLS <u>OK</u></p> <p><input type="checkbox"/> WINDOWS, DOORS <u>OK</u></p> <p><input type="checkbox"/> ROOF, DRAINS <u>OK</u></p> <p><input type="checkbox"/> OUT BUILDINGS <u>OK</u></p> <p>INFESTATION</p> <p><input type="checkbox"/> RATS <input type="checkbox"/> R1 <input type="checkbox"/> O1 <input type="checkbox"/> I <u>OK</u></p> <p><input type="checkbox"/> OTHER (SPECIFY) <u>OK</u></p> <p>EGRESS</p> <p><input type="checkbox"/> DUAL <input type="checkbox"/> YES <input type="checkbox"/> NO <u>OK</u></p> <p><input type="checkbox"/> OBST'N <u>OK</u></p>	<p>STRUCTURE INTERIOR</p> <p><input type="checkbox"/> HALL, OBST'N <u>OK</u></p> <p><input type="checkbox"/> HALL, LIGHTING <u>OK</u></p> <p><input type="checkbox"/> HALL, FLOOR WALLS CEILING <u>OK</u></p> <p><input type="checkbox"/> STAIRWAYS <u>OK</u></p> <p><input type="checkbox"/> WINDOWS, AIRSHAFF <u>OK</u></p> <p><input type="checkbox"/> ELECT. WIRING <u>OK</u></p> <p>HEATING CENTRAL YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p><input type="checkbox"/> SPACES FLUES, VENTS <u>OK</u></p> <p><input type="checkbox"/> CHIMNEY <u>OK</u></p> <p><input type="checkbox"/> EQUIPMENT, REPAIR <u>OK</u></p> <p>PLUMBING</p> <p><input type="checkbox"/> SUPPLY LINE <u>OK</u></p> <p><input type="checkbox"/> WASTE LINE <u>OK</u></p> <p>BASEMENT</p> <p><input type="checkbox"/> GEN'L SANIT'N <u>OK</u></p> <p><input type="checkbox"/> DAMPNSS <input type="checkbox"/> R1 <input type="checkbox"/> O <u>OK</u></p> <p><input type="checkbox"/> STAIRS <u>OK</u></p> <p><input type="checkbox"/> LIGHTING <u>OK</u></p> <p>BASE DWL. UNIT</p> <p><input type="checkbox"/> MIN 7' - 3" <u>None</u></p> <p><input type="checkbox"/> DAMPNSS <input type="checkbox"/> R1 <input type="checkbox"/> O <u>None</u></p> <p><input type="checkbox"/> WINDOW 1/12 X 8" <u>None</u></p> <p><input type="checkbox"/> DUAL EGRESS <input type="checkbox"/> YES <input type="checkbox"/> NO <u>None</u></p> <p>PROHIBITED COMB'N USE</p> <p><input type="checkbox"/> ASSOC. USE HAZARD <u>None</u></p> <p><input type="checkbox"/> HAZARDOUS VENTS <u>None</u></p>
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Remarks _____

Portland Health Dept.

CS-8

Inspector Robert Paul D

Photos yes no
 Proj. No.

Bramhall Project

Date *6/20/67*

DWELLING UNIT SCHEDULE

CROWDING	LOCATION <i>27, Chadwick</i>	COMP.
SANIT.	D.U. LOC. <i>Single</i>	PEND.
INFEST.	OCCUPY <i>Mrs Charles B Amick</i>	
BASE D.U.	OWNER <i>Same</i>	
DET'N	ADDRESS <i>Same</i>	VTS

Occupants	Information	Occupancy	Facilities					Violations									
			LOC.	PENT	FURN.	N.K.I.	RMS		PER	ALL'D	LCRS	HEAT	BATH	FLSH	K.E.C	H.F.	CK'G
1 <i>Mrs Charles B Amick 27</i>																	
2.																	
3.																	
4.																	

	KITCHEN	BATH	TOILET	DINING	div BED	BED	BED	UED BED	R BED	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"/>	<input checked="" type="checkbox"/>
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"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LIGHTING 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"/>
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 *3rd floor 3 rms OK*
4th floor rooms on second floor OK
Small Room OK
Living Room OK
Den OK

- KITCHEN SINK & WATER
- SINK
- SUPPLY & WASTE *OK*
- FLOOR, GEN'L
- HEATING
- STAIRS, FLUES, VENTS *OK*
- HT'GS INSTED, REP'R
- BATHING FACILITIES
- SHARED MAX. 4DU
- RMS U. 1 PER 15
- MIN. 7' STOR HT *OK*
- VENT'LN
- PROPER ACCESS
- PLB'G
- SANIT'N
- TOILET FACILITIES
- SHARED MAX. 2 DU
- RMS U FLSH & LAV 1 PER 10 *OK*
- VENT'LN
- PROPER ACCESS
- PLB'G
- SANIT'N
- INFESTATION
- RATS N D: E *OK*
- OTHER (SPECI.V)
- EGRESS
- DUAL YES NO
- OSBY'N

Portland Health Dept.
 GS-7

Inspector *Robert Pratt*