

59 Chadwick Street

BRAMHALL



December 20, 1967

Mr. Frank Langlois
59 Chadwick Street
Portland, Maine


Dear Mr. Langlois:

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

Photos yes no

Proj. No. C.I. Cranhall Ass'ts Zone Zone Viol

Stories (DFM) (ASFD) (SAR) (NS) (ST P) Com. Units 0 Reg Units 0 Dwl. Units 1

Date 12-13-67

LOCATION	<u>59 Chadwick</u>	COMP
OWNER	<u>Frank Langlois</u>	PEND
AGENT	<u>Frank Langlois</u>	
AGENT	<u>Frank</u>	
AGENT		
AGENT		
AGENT		

Occupants	Information				Occupancy				Facilities				Violations	
	LOC	RENT	FURN.	WK. I	RMS	PER	ALLD	LGIS	HEAT	BATH	FLSH	K. SK		H.W.
<u>Frank Langlois (2)</u>	<u>5</u>													

STRUCTURE RATING

STRUCTURE SCHEDULE

<p>YARD</p> <input type="checkbox"/> SURFACE & RUBBISH <u>OK</u> <input type="checkbox"/> CONTAINERS COMPLY <u>OK</u> <input type="checkbox"/> DRAINAGE <u>OK</u> <input type="checkbox"/> ZONE VIOL. <u>OK</u>	<p>STRUCTURE EXTERIOR</p> <input type="checkbox"/> STEPS, STAIRS, PORCHES <u>OK</u> <input type="checkbox"/> FOUNDATION <u>OK</u> <input type="checkbox"/> WALLS <u>OK</u> <input type="checkbox"/> WINDOWS, DOORS <u>OK</u> <input type="checkbox"/> ROOF, DRAINS <u>OK</u> <input type="checkbox"/> OUT BUILDINGS <u>OK</u>	<p>INFESTATION</p> <input type="checkbox"/> RATS <input type="checkbox"/> R. <input type="checkbox"/> O. <input type="checkbox"/> C. <u>OK</u> <input type="checkbox"/> OTHER (SPECIFY) <u>OK</u>	<p>EGRESS</p> <input type="checkbox"/> DUAL <input type="checkbox"/> YES <input type="checkbox"/> NO <u>OK</u> <input type="checkbox"/> OBST'N <u>OK</u>	<p>STRUCTURE INTERIOR</p> <input type="checkbox"/> WALL OBST'N <u>OK</u> <input type="checkbox"/> WALL LIGHTING <u>OK</u> <input type="checkbox"/> WALL, FLOOR WALLS CEILING <u>OK</u> <input type="checkbox"/> STAIRWAYS <u>OK</u> <input type="checkbox"/> WINDOWS, AIRSHAFF <u>OK</u> <input type="checkbox"/> ELECT. WIRING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>OK</u> <input type="checkbox"/> HEATING CENTRAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>OK</u> <input type="checkbox"/> STACKS FLUES, VENTS <u>OK</u> <input type="checkbox"/> CHIMNEY <u>OK</u> <input type="checkbox"/> EQUIPMENT, REPAIR <u>OK</u>	<p>PLUMBING</p> <input type="checkbox"/> SUPPLY LINE <u>OK</u> <input type="checkbox"/> WASTE LINE <u>OK</u>	<p>BASEMENT</p> <input type="checkbox"/> GEN'L SANIT'N <u>OK</u> <input type="checkbox"/> DAMPRESS <input type="checkbox"/> R. <input type="checkbox"/> D. <u>OK</u> <input type="checkbox"/> STAIRS <u>OK</u> <input type="checkbox"/> LIGHTING <u>OK</u>	<p>BASE OWL. UNIT</p> <input type="checkbox"/> MIN 7' x 3' <u>None</u> <input type="checkbox"/> DAMPRESS <input type="checkbox"/> R. <input type="checkbox"/> D. <u>None</u> <input type="checkbox"/> WINDOW 1/12 x 8" <u>None</u> <input type="checkbox"/> DUAL EGRESS <input type="checkbox"/> YES <input type="checkbox"/> NO <u>None</u>	<p>PROHIBITED COMB'N USE</p> <input type="checkbox"/> ASSOC. USE HAZARD <u>OK</u> <input type="checkbox"/> HAZARDOUS VENTS <u>OK</u>
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Portland Health Dept.
CS-8

Inspector Robert Reed & John Meyers

Photos yes no
 Proj. No.

Bramhall Project

Date 12-13-67

CROWDING	LOCATION <u>59 Chedoke</u>	COMP.
SANIT.	D.U. LOC <u>Ames</u>	PENS.
INFEST.	OCCPNT <u>Franklin</u>	
BASE D.U.	OWNER <u>Frank</u>	V/S
DET'N	ADDRESS <u>June</u>	

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy				Facilities						Violations
		PER	ALL'D	LGHS	H/LAT	BATH	FLSH	K-SK	H-W	CK'G		
1 <u>Franklin</u> 2	LOC <u>5</u>	8	2	12	2	1	1	1	1	1		
2.												
3.												
4.												

	KITCHEN	BATH	TOILET	DINING	L v Den	R	M	M/R	LB	OTHER	TOTAL
OVERCROWDIN 65 - 7'	/	/	/	/	/	/	/	/	/	/	/
50 SLEEP'G	/	/	/	/	/	/	/	/	/	/	/
VENTILATION 1/12 & 1/2	/	/	/	/	/	/	/	/	/	/	/
LIGHTING	/	/	/	/	/	/	/	/	/	/	/
WIRING	/	/	/	/	/	/	/	/	/	/	/
DET'N WALLS	/	/	/	/	/	/	/	/	/	/	/
CEILINGS	/	/	/	/	/	/	/	/	/	/	/
WINDOWS	/	/	/	/	/	/	/	/	/	/	/
DOORS	/	/	/	/	/	/	/	/	/	/	/
FLOORS	/	/	/	/	/	/	/	/	/	/	/

Remarks

KITCHEN SINK & WATER

SINK OK

SUPPLY & WASTE OK

PLS. GEN'L OK

HEATING

STACKS, FLUES, VENTS OK

HT'RS VENTED, REP'D OK

BATHING FACILITIES

SHARED MAX. 4OU OK

SMO U 1 PER 15 OK

MIN. 7' STDS HT OK

VENT'LN OK

PROPER ACCESS OK

PLS'G OK

SANIT'N OK

TOILET FACILITIES

SHARED MAX 2 OU OK

SMO U FLSH & LAV 1 PER 10 OK

VENT'LN OK

PROPER ACCESS OK

PLS'G OK

SANIT'N OK

INFESTATION

RATS R O J OK

OTHER (SPECIFY) OK

EGRESS

EQUAL YES NO OK

OBS'N OK

Portland Health Dept.
 CS-7

Inspector Robert Hall John Hughes

