

72 Bowcoin Street

BRAMHALL



July 20, 1967

Mrs. Carroll S. Chaplin  
125 Western Promenade  
Portland, Maine

Mrs. Chaplin RE: 72 Bondoin Street

Photos  yes  no Date 7/12/67  
 Proj. No.  C.I. Portland Property Ass'ts  Zone  Zone Viol

LOCATION	<u>72 Bondin St</u>	COMP
OWNER	<u>Mrs. Carroll S. Chaplin</u>	PEND
AGENT	<u>125 Western Electric Bldg</u>	
AGENT		
AGENT		
AGENT		

Stories 2  REM  NSDD  SIAR  SA NA  ST P Con. Units     Rmg Units     Dwl. Units 1

Occupants	Information				Occupancy				Facilities				Violations	
	LOC.	RENT	FURN.	WK.I.	RMS	PER.	ALL'D	LCRS	HEAT	BATH	FLSH	K.SK		H.W.
1. <u>Robert Brown (2-15-12-10-5)</u>	<u>S</u>				<u>12</u>	<u>19</u>	<u>25</u>	<u>20</u>	<u>P</u>	<u>P</u>	<u>V</u>	<u>V</u>	<u>E</u>	
2.														
3.														
4.														
5.														
6.														
7.														
8.														

**STRUCTURE SCHEDULE** STRUCTURE RATING

**YARD**

DAMAGE & RUBBISH

CONTAINERS COMPLY

DRAINAGE

ZONE VIOL.

**STRUCTURE EXTERIOR**

STEPS, STAIRS, PORCHES

FOUNDATION

WALLS

WINDOWS, DOORS

ROOF, DRAIN

OUT BUILDINGS

**INFESTATION**

RAT  RI  O  C

OTHER (SPECIFY) NONE

**EGRESS**

DUAL  YES  NO

OBST'N

**STRUCTURE INTERIOR**

HALL, OUST'N

HALL, LIGHTING

HALL, FLOOR WALLS CEILING OK

STAIRWAYS

WINDOWS, AIRSHAIT

ELECT. WIRING

HEATING CENTRAL YES:  NO

STACKS FLUES, VENTS

CHIMNEY OK

EQUIPMENT, REPAIR OK

**PLUMBING**

SUPPLY LINE OK

WASTE LINE OK

**BASEMENT**

GEN'L SANIT'N

DAMPNSS RI  O OK

STAIRS OK

LIGHTING

**BASE DNL. UNIT**

MIN 7' - 3'

DAMPNSS  RI  O NONE

WINDOW 1/12 X 8'

DUAL EGRESS  YES  NO NONE

**PROHIBITED COMB'N USE**

ASSOC. USE HAZARD

HAZARDOUS VENTS

Remarks \_\_\_\_\_

Portland Health Dept.

CS-8

Inspector Robert List + Lynn Green

Photos  yes  no  
 Proj. No.

*Bromhall Project* Date 7/12/67

**DWELLING UNIT SCHEDULE**

CROWDING	LOCATION <i>72 Bromhall</i>	COMP.
SANIT.	D.U. LOC. <i>72 Bromhall</i>	PEND.
INFEST.	OCCPNT <i>Robert Brown</i>	
BASE D.U.	OWNER AGENT <i>Connell Building</i>	VTS
DET'RN	ADDRESS <i>125 1/2 Madison Brown</i>	

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 <i>Robert Brown (2)</i>	<i>15-12-18-5</i>	<i>S</i>						<i>13</i>																	
2.																									
3.																									
4.																									

	KITCHEN	PATH	TOILET	DINING	LN	RF	ST	LR	LR	LF	OTHER	TOTAL
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"/>
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"/>
VENT'ILATION 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"/>	<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"/>
WIRING	<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"/>
DETRN 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"/>
CEILINGS	<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"/>
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"/>
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"/>

Remarks *3 Rooms on 3rd floor right side*  
*2 Rooms on 2nd floor left side*  
*3 other baths OK*

**KITCHEN SINK & WATER**

SINK

SUPPLY & WASTE

PLUG. GEN'L

**HEATING**

STACKS FLUES. VENTS

HT'RS VENTED. REP'R *OK*

**BATHING FACILITIES**

SHARED MAX. 4DU

RMS U. 1 PER 15

MIN. 7' STGG HT.

VENT'LN *OK*

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  R'  O:  E *OK*

OTHER (SPECIFY)

**EGRESS**

DUAL  YES.  NO

OBST'N

Portland Health Dept.  
 CS-7

Inspector *Robert Pratt & Byron Green*