

56 Bowdoin Street

BRAMHALL



SHAW-WALKER

#8502-1R

July 20, 1967

Mrs. Howard R. Ivon
56 Bowdoin Street
Portland, Maine

Mrs. Ivon:

Photos yes no

Date 7/13/67

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

Stories 2 1/2 RDM ASYD SJAR SA NA ST P Com.Units Rmg Units Dwl.Units 1

LOCATION	<u>56 Broadway St</u>	COMP	
OWNER	<u>Mrs. Howard G. Davis</u>	PEND	
AGENT	<u>Same</u>		
OWNER			
AGENT			
OWNER			
AGENT			

No.	Occupants	Information LOC. RENT FURN. WK.I. RMS	Occupancy				Facilities				Violations
			PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K.K.H.W.	CR'G	
1.	<u>Howard Jones 3)</u>	<u>1</u>	<u>13</u>	<u>14</u>	<u>19</u>	<u>50</u>	<u>2</u>	<u>1</u>	<u>1</u>	<u>1</u>	
2.											
3.											
4.											
5.											
6.											
7.											
8.											

STRUCTURE SCHEDULE

STRUCTURE RATING

<p>YARD</p> <p><input type="checkbox"/> GARBAGE & RUBBISH</p> <p><input type="checkbox"/> CONTAINERS COMPLY</p> <p><input type="checkbox"/> DRAINAGE</p> <p><input type="checkbox"/> ZONE VIOL.</p> <p>STRUCTURE EXTERIOR</p> <p><input type="checkbox"/> STEPS, STAIRS, PORCHES</p> <p><input type="checkbox"/> FOUNDATION</p> <p><input type="checkbox"/> WALLS</p> <p><input type="checkbox"/> WINDOWS, DOORS</p> <p><input type="checkbox"/> ROOF, DRAINS</p> <p><input type="checkbox"/> OUT BUILDINGS</p> <p>INFESTATION</p> <p><input type="checkbox"/> RATS <input type="checkbox"/> RI <input type="checkbox"/> DI <input type="checkbox"/> E</p> <p><input type="checkbox"/> OTHER (SPECIFY)</p> <p>EGRESS</p> <p><input checked="" type="checkbox"/> DUAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input checked="" type="checkbox"/> OBST'N</p>	<p>STRUCTURE INTERIOR</p> <p><input type="checkbox"/> HALL, OBST'N</p> <p><input type="checkbox"/> HALL, LIGHTING</p> <p><input type="checkbox"/> HALL, FLOOR WALLS CEILING</p> <p><input type="checkbox"/> STAIRWAYS</p> <p><input type="checkbox"/> WINDOWS, AIRSHAFF</p> <p><input type="checkbox"/> ELECT. WIRING</p> <p>HEATING CENTRAL YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p><input type="checkbox"/> STACKS FLUES, VENTS</p> <p><input type="checkbox"/> CHIMNEY</p> <p><input type="checkbox"/> EQUIPMENT, REPAIR</p> <p>PLUMBING</p> <p><input type="checkbox"/> SUPPLY LINE</p> <p><input type="checkbox"/> WASTE LINE</p> <p>BASEMENT</p> <p><input type="checkbox"/> GEN'L SANIT'N</p> <p><input type="checkbox"/> DAMPNESS - RI <input type="checkbox"/> D</p> <p><input type="checkbox"/> STAIRS</p> <p><input type="checkbox"/> LIGHTING</p> <p>BASE DWL. UNIT</p> <p><input type="checkbox"/> MIN 7' x 3'</p> <p><input type="checkbox"/> DAMPNESS <input type="checkbox"/> RI <input type="checkbox"/> D</p> <p><input type="checkbox"/> WINDOW 1/12 x 8'</p> <p><input type="checkbox"/> DUAL EGRESS <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>PROHIBITED COMB'N USE</p> <p><input type="checkbox"/> ASSOC. USE HAZARD</p> <p><input type="checkbox"/> HAZARDOUS VEHCS</p>
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Remarks _____

Inspector Rayon Green

Portland Health Dept. 68-8

Photos yes no
 Proj. No.

Bramhall Project

Date 7/13/69

CROWDING	LOCATION <u>56 Bowdoin St.</u>	COMP.
SANIT.	D.U. LOC. <u>Single house</u>	PEND.
INFEST.	OCCPNT <u>Howard Inver</u>	
RACE D.U.	OWNER <u>Same</u>	
DET'N	ADDRESS <u>Same</u>	VYS

DWELLING UNIT SCHEDULE

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 <u>Howard Inver 3</u>	1		<u>56</u>					<u>13</u>	<u>13</u>	<u>19</u>		<u>2</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>		
2.																							
3.																							
4.																							

	KITCHEN	BATH	TOILET	DINING	LIV	DEK	STUDY	LF	RF	BED	BED	LR	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"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VEN. FLATION 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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LIGHTING STRING	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input checked="" type="checkbox"/>

Remarks
 1-Lavatory 1st floor OK
 2-beds on 2nd floor (1)
 4-beds on 3rd floor + 2 baths - OK
 1-Lavatory in cellar not in use.

KITCHEN SINK & WATER	
<input type="checkbox"/> SINK	
<input type="checkbox"/> SUPPLY & WASTE	OK
<input type="checkbox"/> PLB'G GEN'L	
HEATING	
<input type="checkbox"/> STACKS, FLUES, VENTS	OK
<input type="checkbox"/> HT'RS VENTED, AEP'R	
BATHING FACILITIES	
<input type="checkbox"/> SHARED MAX. 4DU	
<input type="checkbox"/> RNG U. 1 PER 15	
<input type="checkbox"/> MIN. 7' STOD HT.	OK
<input type="checkbox"/> VENT'LN	
<input type="checkbox"/> PROPER ACCESS	
<input type="checkbox"/> PLB'G	
<input type="checkbox"/> SANIT'N	
TOILET FACILITIES	
<input type="checkbox"/> SHARED MAX. 2 DU	
<input type="checkbox"/> RNG U. FLSH & LAV 1 PER 10	OK
<input type="checkbox"/> VENT'LN	
<input type="checkbox"/> PROPER ACCESS	OK
<input type="checkbox"/> PLB'G	
<input type="checkbox"/> SANIT'N	
INFESTATION	
<input type="checkbox"/> RATS <input type="checkbox"/> R' <input type="checkbox"/> C' <input type="checkbox"/> E	OK
<input type="checkbox"/> OTHER (SPECIFY)	
EGRESS	
<input checked="" type="checkbox"/> DUAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OK
<input type="checkbox"/> OBST'N	

Portland Health Dept.
 CS-7

Inspector Byron Green