

467 Danforth Street

BRAMHALL



January 12, 1968

Mrs. Frederick G. Conant
467 Danforth Street
Portland, Maine


Your ~~apartment~~ ~~has~~ been surveyed by the Portland Housing Division, and certain deficiencies to the minimum Code standards were noted. A list of these deficiencies is attached, and we suggest that you make the necessary corrections.

The Bramhall Hill Program staff is ready to help you improve your property. If you want advice on repairs, cost estimates, contractors, plans, or financing, please call 773-1773 for an appointment.

There are many free services available through the site office, and we urge you to use them. Good maintenance is the best way to preserve the useful life of your property and neighborhood.

Thank you for your cooperation in making Bramhall Hill a more beautiful residential area.

Sincerely,


Gordon E. Martin
Housing Supervisor

GLS:ac

Enclosure

467 Danforth Street

Area: Bramhall

Survey Date: December 11, 1967

Dwelling Units: 1

Owner: Mrs. Frederick G. Conant
467 Danforth Street
Portland, Maine

DEFECTS NEEDING CORRECTION

STRUCTURAL

Repair and put in good order all deteriorated and hazardous parts of the structure as follows:

- a. Have the rear steps pointed.
- b. Have the bricks pointed on all sides of the structure.
- c. Replace the missing rear gutters.
- d. Determine the reason and remedy the condition which causes the ceilings to leak in the living room, hall, and kitchen on the second floor and in the right bedroom on the third floor.
- e. Repair or replace the loose, chipped, and missing plaster on the walls and ceilings in the kitchen and bathroom on the second floor.

ELECTRICAL

Check and have repaired all defective electric wiring and electrical equipment throughout the structure.

- a. Install one ceiling-type electric light fixture in the living room on the third floor.

Photos yes no

Date 12/14/67

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

Stories S UFM ASDI SAR NA ST.P. Con. Units 0 Reg Units 0 Del. Units 1

LOCATION	<u>467 DANFORTH</u>	COMP.
OWNER AGENT	<u>Mrs. CARLA H. CONANT</u>	PEND.
OWNER AGENT	<u>//</u>	
OWNER AGENT	<u>//</u>	
OWNER AGENT	<u>Mrs. Frederick L. Se</u>	
OWNER AGENT	<u>Mrs.</u>	
OWNER AGENT		VTS

Occupants	Information				Occupancy				Facilities				Violations					
	LOC.	RENT	FURN.	WK. I.	RMS	ER.	ALL'D	LGRS	HEAT	BATH	FISH	K.S.K	H.Y.	CK*G				
1. <u>CARLA CONANT (3)</u>					<u>SING</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"/> SIGN/IMAGE</p> <p><input type="checkbox"/> ZONE VIOL.</p> <p>STRUCTURE EXTERIOR</p> <p><input checked="" type="checkbox"/> DEFS. STAIRS, PORCHES <u>REAR STAIRS NEED PAINTING</u></p> <p><input checked="" type="checkbox"/> FOUNDATION</p> <p><input checked="" type="checkbox"/> WALLS <u>BRICKS NEED PAINTING</u></p> <p><input type="checkbox"/> WINDOW, DOOR:</p> <p><input checked="" type="checkbox"/> ROOF, DRAINS <u>REAR ROOF GUTTERS MISSING</u></p> <p><input type="checkbox"/> OUT BUILDINGS</p> <p>INFESTATION</p> <p><input checked="" type="checkbox"/> RATS <input type="checkbox"/> MICE <input type="checkbox"/> OTHER (SPECIFY)</p> <p>EGRESS</p> <p><input type="checkbox"/> EQUAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> OBST'</p> <p>Remarks</p> <p>Portland Health Dept.</p> <p>CS-8</p>	<p>STRUCTURE INTERIOR</p> <p><input type="checkbox"/> HALL, OBST'</p> <p><input type="checkbox"/> HALL, LIGHTING</p> <p><input type="checkbox"/> HALL, FLOOR WALLS CEILING</p> <p><input type="checkbox"/> STAIRWAY</p> <p><input type="checkbox"/> WINDOWS, AIRSHFT</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"/> MEN'S SANIT'M</p> <p><input type="checkbox"/> DAMPNES R1 <input type="checkbox"/> 0</p> <p><input type="checkbox"/> STAIRS</p> <p><input type="checkbox"/> LIGHT NG</p> <p>BASE DWL. UNIT</p> <p><input type="checkbox"/> MIN 3'</p> <p><input type="checkbox"/> DAMPNES R1 <input type="checkbox"/> 0</p> <p><input type="checkbox"/> WINDOW 12 x 8'</p> <p><input type="checkbox"/> EQUAL EGRESS YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> PROHIBITED COMM'N USE</p> <p><input type="checkbox"/> ASSOC. USE HAZARD</p> <p><input type="checkbox"/> HAZARDOUS VENTS</p> <p><u>NONE</u></p>
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Inspector Wanda Stuart

Photos yes no
 Proj. No.

BRAMHILL

Date 12/11/67

DWELLING UNIT SCHEDULE

CROWDING	LOCATION	467 DANFORTH	CODE
SANIT.	D U LOC.	SINGLE	PLAND.
INFEST.	OCCUPY	CARLA CONANT	
BASE D.U.	OWNER	SAME	
DET'N	ADDRESS		

Occupants

1. CARLA CONANT (3)

Information

Occupancy

Facilities

Violations

OVERHOUND IN 63' - 7'	KITCHEN	BATH	TOILET	DINING	LIVING HALL		BED	BED	BED	OTHER	TOTAL	PER. ALL'D LGRS HEAT	BATH	FLSH	K.SK	H.W.	CK'G	
					REC	GEN												
50 SLEEP'G																		
VEN PLAT'G 1/12 x 1/2																		
LIGHTING FIXING																		
DIFF'G BALLS																		
CEILING	(3)	(4)			(6)													
WINDOWS					(1)	(2)												
DOORS																		
FLOORS																		

Remarks

- ① SIGNS OF CEILING LEAKAGE IN LIVING ROOM - SECOND FLOOR
- ② SIGNS OF CEILING LEAKAGE IN HALL SECOND FLOOR
- ③ KITCHEN CEILING SHOWS SIGNS OF LEAKAGE
- ④ PLASTER CHIPPED - 2ND FLOOR BATH WALLS CHIPPED AND MISSING PLASTER 2ND FLOOR
- ⑤ SIGNS OF LEAKAGE ON CEILING IN BEDROOM 3RD FLOOR - REPT
- ⑥ ONE WALL RECEPTACLE IN LIVING ROOM - 3RD FLOOR - NO CEILING FUTURE

KITCHEN SINK & WATER

SINK

SUPPLY & WASTE

PLBS, GEN'L

HEATING

STACKS, FLUES, VENTS

NOT RE VENTED, REPT'D

BATHING FACILITIES

SHARED MAX. 4DU

1 BNG U. 1 PER 15

MIN. 7' STGD HT.

VENT'L

PROPR ACCESS

PLB'G

SANIT'N

TOILET FACILITIES

SHARED MAX. 2 DU

1 BNG U FLSH & LAV 1 PER 10

VENT'L

PROPR ACCESS

PLB'G

SANIT'N

INFESTATION

RATS B' D: C

OTHER (SPECIFY)

FCP'S

LOCAL YES NO

ORBY'S

Portland Health Dept.
CS-7

Inspector Albert Lamb