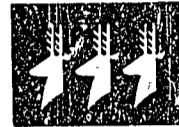


12 Berkeley Street 123-G-8-10

~~DRG-CTR 1~~



**DEERING CENTER**



*Neighborhood Conservation Program*

478 Stevens Avenue / Post Office Box 683

Portland, Maine 04104

Telephone 773-1773 773-1774

October 5, 1970

Mr. George Toothacker  
12 Berkeley Street  
Portland, Maine

Re: 12 Berkeley Street  
Portland, Maine

Dear Mr. Toothacker,

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.

Other 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 or 773-1774.

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 Deering Center a more beautiful residential area.

Sincerely yours,

*William M. Dow*

William M. Dow  
Program Director

WMD:mrn

*This program is sponsored by the City of Portland in cooperation with the Federal Department of Housing and Urban Development*

Photos  yes  no

Date 10/5/70

Proj. No.  C.I. Doe 1174

Ass'rs  Zone  Zone Viol

Stories  K B M  ASD  S A R  MSV NA  MS ST P

Ccm. Units  Rm; Units  Dwl. Units

LOCATION	<u>72 - Boheler</u>	COMP	
OWNER AGENT	<u>George Toothacker</u>	PENG	
OWNER AGENT			
OWNER AGENT			
OWNER AGENT			

Occupants	Information				Occupancy				Facilities				Violations	
	LOC.	RENT	FURN.	WK. I.	RMS	PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K.SK		H.W.
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														

### STRUCTURE SCHEDULE

STRUCTURE RATING STD

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

CS-8

Inspector A. Bailey



Idn:69

DWELLING UNIT

Location 12 Bay Melet St  
D.U. Location SINGA  
Occupant Geo. Tothacher

Inspector R. Bailey Date 10/15/70  
Project Name/No. DC Photos Yes  No   
Allowed 12

Rent \_\_\_\_\_ Furn.  Wkly. Inc. \_\_\_\_\_ Rooms \_\_\_\_\_ Bath  Flush  Lavatory \_\_\_\_\_ Hot Water \_\_\_\_\_ Cooking \_\_\_\_\_ Lvt. Ex.  Heat 90

**KITCHEN**  
 Plaster - loose, cracked, missing - Ceiling/Walls  
 Windows - loose, broken glass, glaze  
 Sash/Frames - broken, missing, worn  
 Floor - boards/flooring - loose, worn, damaged, bkld.  
 Doors - knobs - loose, missing - Panels/Frames dam.  
 Counter Space Yes  No  Storage Space Yes  No   
 Sink - worn, chipped, cracked, caulking  
 Range Space - improper stack, flue, vent  
 Refrigerator Space Yes  No   
 Plumbing (a)  
 Electrical (a)  
 Sanitation (a)

**BATHROOM**  
 Plaster - loose, cracked, missing - Ceiling/Walls  
 Window - loose, broken glass, glaze  
 Sash/Frames - broken, missing, worn  
 Floor - boards/flooring - loose, worn, damaged, buckled  
 Door - knob, lock - loose, missing - Panels/Frames dam.  
 Toilet - Tank - broken, loose, leaks - Seat, loose, cracked  
 Lavatory - worn, chipped, cracked, caulking, trap leaks  
 Bathing/Shower - worn, leaks, cross con., caulking  
 Ventilation Yes  No   
 Plumbing (b)  
 Electrical (b)  
 Sanitation (b)

**LIVING ROOM**  
 Plaster - loose, cracked, missing - Ceiling/Walls  
 Windows - loose, broken, glaze  
 Sash/Frames - broken, missing, worn  
 Floor - boards/flooring - loose, worn, damaged  
 Doors - knobs - loose, missing - Panels/Frame dam.  
 Electrical (c)  
 Sanitation (c)

**DINING ROOM**  
 Plaster - loose, cracked, missing - Ceiling/Walls  
 Windows - loose, broken, glaze  
 Sash/Frames - broken, missing, worn  
 Floor - boards/flooring - loose, worn, damaged  
 Doors - knobs - loose, missing - Panels/Frames dam.  
 Electrical (d)  
 Sanitation (d)

Bed Rooms and/or Other Rooms

	Plumbing	Electrical	Sanitation	Vermin	O	R
<input checked="" type="checkbox"/> Plaster - loose, cracked, missing - Ceiling/Walls	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> Windows - loose, broken, glaze	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> Floors - boards/flooring - loose, worn, damaged	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> Doors - knobs - loose, missing - Panels/Frames damaged	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> Electrical (e)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> Sanitation (e)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> Clothes Closet			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		

Plumbing \_\_\_\_\_ Electrical \_\_\_\_\_ Sanitation - Vermin - O R \_\_\_\_\_

REMARKS: \_\_\_\_\_