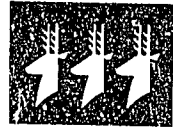


11 Amherst Street 130-B-4

DRG-CTR 1

SHAW-WALKER  
#8503-3R

# DEERING CENTER



## Neighborhood Conservation Program

478 Stevens Avenue / Post Office Box 683

Portland, Maine 04104

January 20, 1971

Telephone 773-1773 773-1774

Mr. Elias Pearlman  
11 Amherst Street  
Portland, Maine

Re: 11 Amherst Street

Dear Mr. Pearlman:

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  
Director of Code Enforcement

WMD:mrm

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



Idn:69

DWELLING UNIT

Location 11 Cambridge St Inspector 090 Date 1-7-70  
D.U. Location 2nd floor Project Name/No. D.C Photos Yes No  
Occupant Ellen Pearlman (owner) Allowed 8

Rent	Furn.	Wkly. Inc.	Rooms	Bath	Flush.	Lavatory	Hot Water	Cooking	Dual Egress	Heat
			5	P	P	P	Y	N/E	Y	C/O

**KITCHEN**

() Plaster - L, C, M - Ceiling/Walls 3(b)  
 () Windows - loose, broken glass, glaze 3(c)  
 () Sash/Frames - broken, missing, worn 3(c)  
 () Floor - loose, worn, dam., blkd. 3(b)  
 () Doors - knobs - missing - Panels/Frames dam. 3(b)  
 () Counter/Stor. Space  Yes  No  
 () Sink - chipped, cracked, caulk 6(a)  
 () Range Space - improper stack, flue vent 3(e)  
 () Refrigerator Space  Yes  No  
 () Plumbing (a)  
 () Electrical (a)  
 () Sanitation (a)

**BATHROOM**

() Plaster - L, C, M - Ceiling/Walls 3(b)  
 () Window - loose, broken glass, glaze 3(c)  
 () Sash/Frames - broken, missing, worn 3(c)  
 () Floor - loose, worn, dam., buckled 3(b)  
 () Door - lock - missing - Panels/Frames dam. 3(b)  
 () Toilet - Tnk - brkn, loose, leaks - Seat, l'se, crkd. 6(a)  
 () Lavatory - chipped, crkd, caulk, Trap leaks 6(a)  
 () Bathtub/Shower - leaks, cross con., caulk 6(a)  
 () Ventilation  Yes  No 7  
 () Plumbing (b)  
 () Electrical (b)  
 () Sanitation (b)

**LIVING ROOM**

() Plaster - L, C, M - Ceiling/Walls 3(b)  
 () Windows - loose, broken, glaze 3(c)  
 () Sash/Frames - broken, missing, worn 3(c)  
 () Floor - loose, worn, damaged 3(b)  
 () Doors - knobs - missing - Panels/Frames dam. 3(b)  
 () Electrical (c)  
 () Sanitation (c)

**DINING ROOM**

() Plaster - L, C, M - Ceiling/Walls 3(b)  
 () Windows - loose, broken, glaze 3(c)  
 () Sash/Frames - broken, missing, worn 3(c)  
 () Floor - loose, worn, damaged 3(b)  
 () Doors - knobs - missing - Panels/Frames dam. 3(b)  
 () Electrical (d)  
 () Sanitation (d)

Bed Rooms and/or Other Rooms

Plumb	Electrical	Sanitation	Vermin	O	R	CODE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					( <input checked="" type="checkbox"/> ) Plaster - L, C, M - Ceiling/Walls 3(b)
						( <input checked="" type="checkbox"/> ) Windows - loose, broken, glaze 3(c)
						( <input checked="" type="checkbox"/> ) Sash/Frames - broken, missing, worn 3(c)
						( <input checked="" type="checkbox"/> ) Floors - loose, worn, damaged 3(b)
						( <input checked="" type="checkbox"/> ) Doors - knobs - missing - Panels/Frames dam. 3(b)
						( <input checked="" type="checkbox"/> ) Electrical (e)
						( <input checked="" type="checkbox"/> ) Sanitation (e)
						( <input checked="" type="checkbox"/> ) Clothes Closet Yes <input checked="" type="checkbox"/> No

Plumbing	Electrical	Sanitation - Vermin O R

REMARKS:



Idn:71

DWELLING UNIT

Location 11 Amherst St Inspector ago Date 1-20-71  
 D.U. Location 1st Floor Project Name/No. DC Photos Yes No  
 Occupant Mr. Carver Allowed 8

Rent	Furn.	Wkly. Inc.	Rooms	Bath	Flush	Lavatory	Hot Water	Cooking	Dual Egress	Heat	
			5	P	P	P	Y	Y/E	Y	C/O	
KITCHEN						CODE	BATHROOM				CODE
<input checked="" type="checkbox"/> Plaster - L, C, M - Ceiling/Walls						3(b)	<input checked="" type="checkbox"/> Plaster - L, C, M - Ceiling/Walls				3(b)
<input checked="" type="checkbox"/> Windows - loose, broken glass, glaze						3(c)	<input checked="" type="checkbox"/> Window - loose, broken glass, glaze				3(c)
<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn						3(c)	<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn				3(c)
<input checked="" type="checkbox"/> Floor - loose, worn, dam., bkld.						3(b)	<input checked="" type="checkbox"/> Floor - Loose, worn, dam., buckled				3(b)
<input checked="" type="checkbox"/> Doors - knobs - missing - Panels/Frames dam.						3(b)	<input checked="" type="checkbox"/> Door - lock - missing - Panels/Frames dam.				3(b)
<input checked="" type="checkbox"/> Counter/Stor. Space <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						----	<input checked="" type="checkbox"/> Toilet - Tnk - brkn, loose, leaks - Seat, l'se, crkd.				6(d)
<input checked="" type="checkbox"/> Sink - chipped, cracked, caulk						6(d)	<input checked="" type="checkbox"/> Lavatory - chipped, crked, Trap leaks				6(d)
<input checked="" type="checkbox"/> Range Space - improper stack, flue vent						3(e)	<input checked="" type="checkbox"/> Bathtub/Shower - leaks, cross con., caulk				6(d)
<input checked="" type="checkbox"/> Refrigerator Space <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						----	<input checked="" type="checkbox"/> Ventilation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				7
<input checked="" type="checkbox"/> Plumbing (a) 6(a) Water Supply <input checked="" type="checkbox"/> Hot <input checked="" type="checkbox"/> Cold						6(c)	<input checked="" type="checkbox"/> Plumbing (b) 6(a) Water Supply <input checked="" type="checkbox"/> Hot <input checked="" type="checkbox"/> Cold				6(c)
<input checked="" type="checkbox"/> Electrical (a)							<input checked="" type="checkbox"/> Electrical (b)				
<input checked="" type="checkbox"/> Sanitation (a)							<input checked="" type="checkbox"/> Sanitation (b)				
LIVING ROOM							DINING ROOM				
<input checked="" type="checkbox"/> Plaster - L, C, M - Ceiling/Walls						3(b)	<input checked="" type="checkbox"/> Plaster - L, C, M - Ceiling/Walls				3(b)
<input checked="" type="checkbox"/> Windows - loose, broken, glaze						3(c)	<input checked="" type="checkbox"/> Windows - loose, broken, glaze				3(c)
<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn						3(c)	<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn				3(c)
<input checked="" type="checkbox"/> Floor - loose, worn, damaged						3(b)	<input checked="" type="checkbox"/> Floor - loose, worn, damaged				3(b)
<input checked="" type="checkbox"/> Doors - knobs - missing - Panels/Frames dam.						3(b)	<input checked="" type="checkbox"/> Doors - knobs - missing - Panels/Frames dam.				3(b)
<input checked="" type="checkbox"/> Electrical (c)							<input checked="" type="checkbox"/> Electrical (d)				
<input checked="" type="checkbox"/> Sanitation (c)							<input checked="" type="checkbox"/> Sanitation (d)				
Bedrooms and/or Other Rooms											CODE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/> Plaster - L, C, M - Ceiling/Walls				3(b)
							<input checked="" type="checkbox"/> Windows - loose, broken, glaze				3(c)
							<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn				3(c)
							<input checked="" type="checkbox"/> Floors - loose, worn, damaged				3(b)
							<input checked="" type="checkbox"/> Doors - knobs - missing - Panels/Frames dam.				3(b)
							<input checked="" type="checkbox"/> Electrical (e)				
							<input checked="" type="checkbox"/> Sanitation (e)				
							<input checked="" type="checkbox"/> Clothes Closet <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

<u>None</u>	<u>None</u>						Plumbing	Electrical	Sanitation - Vermin	O	R
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REMARKS: