

36 Concord Street 130-G-2

DIRECTOR

SHAW-WALKER

PORTLAND HEALTH DEPARTMENT

REQUEST FOR SERVICE

DATE RECEIVED	11-9-82	BY	GM	DISTRICT	
REQUEST BY	NAME	Shirley Jordan			
	ADDRESS	36 Concord St.			
OWNER	NAME	Merl Jordan			
	ADDRESS	Old Town, Maine 36 Concord St.			
CONDITIONS	ADDRESS				

Tenant Shirley Jordan says owner Merl Jordan, (former husband) refuses to repair leaky oil drum. Tenant asks that this information be placed on file.

True file copy, but at the complainant's request, no inspection was made.

Lyle D. [Signature]
Dist. Chief Inspection Service
 8/11/83

SPECIAL INSTRUCTIONS					
DIVISION	SANITATION	HOUSING	NURSING		
	ROUTINE	SPECIAL	BY	DATE	
	PRIORITY	URGENT	REPORT TO		

Photos yes no

Proj. No. C.I. Deerley

Ass'rs

Zone Zone Viol

Stories 2 3 4 5 6 7 8

HYM ASD SAH NS NA ST P

Com. Units

Rmg. Units

Dwl. Units

Date 7/09/71

LOCATION	<u>36 Concord St</u>	COMP	
OWNER	<u>Merv L. Jordan</u>	PEND	
AGENT			
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.	C/G
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														

STRUCTURE RATING 5D

STRUCTURE SCHEDULE

YARD

GARBAGE & RUBBISH _____

CONTAINERS COMPLY _____

DRAINAGE _____

ZON. VIOL. _____

STRUCTURE EXTERIOR

STEPS, STAIRS, PORCHES _____

FOUNDATION _____

WALLS _____

WINDOWS, DOORS _____

ROOF, DR. INS _____

OUT BUILDINGS _____

INFESTATION

RATS RI OI E _____

OTHER (SPECIFY) _____

EGRESS

DUAL VCS. NO _____

OBST'N _____

STRUCTURE INTERIOR

HALL, OBST'N _____

HALL, LIGHTING _____

HALL, FLOOR WALLS CEILING _____

STAIRWAYS _____

WINDOWS, AIRSHAFT _____

ELECT. WIRING _____

HEATING CENTRAL YES: NO:

STACKS FLUES VENTS _____

CHIMNEY _____

EQUIPMENT, REPAIR _____

PLUMBING

SUPPLY LINE _____

WASTE LINE _____

BASEMENT

GEN'L SANIT'N _____

DAMPNSS RI O _____

STAIRS _____

LIGHTING _____

BASE LVL UNIT

MIN 7' - 3' _____

DAMPNSS RI O _____

WINDOW 1/12 X 8' _____

DUAL EGRESS YES: NO: _____

PROHIBITED COMB'N USE

ASOC. USE HAZARD _____

HAZARDOUS VENTS _____

Remarks _____

Portland Health Dept.

CS-8

Inspector H. Bailey

DWELLING UNIT

Idn:69

Location 36 Concord ST
 D.U. Location WALK
 Occupant 1. E. L. JORDAN

Inspector A. Bailey Date 2/19/71
 Project Name/No. DC Photos Yes No
 Allowed 7

Rent	Furn.	Wkly. Inc.	Rooms	Bath	Flush	Lavatory	Hot Water	Locking	Dual Egress	Heat
<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"/>	<u>C/O</u>

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

BATHROOM
 Plaster - L, C, M - Ceiling/Walls
 Window - loose, broken glass, glaze
 Sash/Frames - broken, missing, worn
 Floor - loose, worn, dam., duckled
 Door - lock - missing - Panels/Frames dam.
 Toilet - Tnk - brkn, loose, leaks - Seat, lise, crkd.
 Lavatory - chipped, cracked, caulk, Trap leaks
 Bathtub/Shower - leaks, cross con., caulk
 Ventilation Yes No
 Plumbing (b)
 Electrical (b)
 Sanitation (b)

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

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

Bed Rooms and/or Other Rooms

Room	Rent	Furn.	Wkly. Inc.	Rooms	Bath	Flush	Lavatory	Hot Water	Locking	Dual Egress	Heat
<u>DEN</u>	<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"/>
<u>OFF</u>	<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"/>
<u>BR</u>	<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"/>

Bed Rooms and/or Other Rooms
 Plaster - L, C, M - Ceiling/Walls
 Windows - loose, broken, glaze
 Sash/Frames - broken, missing, worn
 Floors - loose, worn, damaged
 Doors - knobs - missing - Panels/Frames dam.
 Electrical (e)
 Sanitation (e)
 Clothes Closet Yes No

Plumbing

Sanitation - Vermin O R

REMARKS: