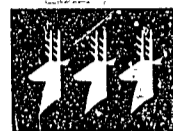


55 BERKELEY STREET

DRG-CTR I

DEERING CENTER



Neighborhood Conservation Program

478 Stevens Avenue / Post Office Box 683

Portland, Maine 04104

Telephone 773-1773 773-1774

October 15, 1970

Mr. Robert Brackett
55 Berkeley Street
Portland, Maine 04103

Re: 55 Berkeley Street
Portland, Maine

Dear Mr. Brackett,

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

Idn: 69

DWELLING UNIT

Location 50 Berkeley Inspector OH Date 10/14/70
 D.O.B. Location Smith Hill Project Name/No. P Photos Yes No
 Occupant Robert Brakett Allowed ✓

Rent _____ Furn. _____ Wkly. Inc. _____ Rooms 7 Bath P Flush P Lavatory P Hot Water ✓ King ✓ Dual Egress ✓ Heat ✓

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
- Bathtub/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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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 No

Plumbing _____ Electrical _____ Sanitation - Vermin O R

REMARKS: _____