

65 Berkeley Street 131-J-1

DRG-CTR 1



February 24, 1971

Mr. Thomas F. Griffin, Jr.  
65 Berkeley Street  
Portland, Maine 04103

Dear Mr. Griffin:

Re: 65 Berkeley Street

Your property has been surveyed by the Housing Division of The Portland Health Department and Housing Inspector Oliver found no violations to the Housing Code.

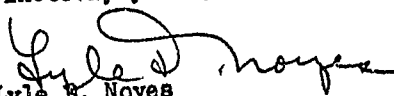
However, the garage - which is attached to your residence - showed signs of deterioration and we would suggest that you make the following repairs:

1. Remedy the condition which causes the garage roof to sag.
2. Repair or replace the gutters at the front and rear of the garage.

The Deering Center Neighborhood Conservation Program staff is ready to help you make the necessary corrections to your property. If you want advice on repairs, cost estimates, contractors, plans and low-interest financing, please call 773-1773 for an appointment.

Thank you for your cooperation in making Deering Center a more beautiful residential area.

Sincerely yours,

  
Lyle R. Noyes  
Chief of Housing Inspections

Inspector 

LDN:gg

Owner Thomas Griffin Jr.  
Pod. Inc

Loc. 65 Berkeley St  
Insp. Date 2-17-71 DU 1  
Inspector OJO

90 days

Existing violations of Chapter 307 "Minimum Standards for Housing"

Section(s)

- Exterior
- ① D4Rc which causes the garage roof to sag.
  - ② S1B. the open gutters front & rear of garage.
  - ③ D4Rc which causes the gutters to leak front & rear of garage.

Photos  yes  no

Date 2-17-71

Proj. No.  C.I. Deermy etc Ass'ts  Zone  Zone Viol

Stories  2A  1CEM  ASD  SAR  MS  NA  MS/ST P Com. Units  Rmg Units  Dwl. Units 1

LOCATION	<u>65 Berkeley ST</u>	COMP
OWNER AGENT		PEND
OWNER AGENT	<u>Thomas Griffin</u>	
OWNER AGENT		
OWNER AGENT		

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

### STRUCTURE SCHEDULE

STRUCTURE RATING Sub

<p><b>YARD</b></p> <p><input checked="" type="checkbox"/> WASTE &amp; RUBBISH</p> <p><input checked="" type="checkbox"/> CONTAINERS COMPLY</p> <p><input checked="" type="checkbox"/> DRAINAGE</p> <p><input checked="" type="checkbox"/> ZONE VIOL.</p> <p><b>STRUCTURE EXTERIOR</b></p> <p><input checked="" type="checkbox"/> STEPS, STAIRS, PORCHES</p> <p><input checked="" type="checkbox"/> FOUNDATION</p> <p><input checked="" type="checkbox"/> WALLS</p> <p><input checked="" type="checkbox"/> WINDOWS, DOORS</p> <p><input checked="" type="checkbox"/> ROOF, DRAINS</p> <p><input checked="" type="checkbox"/> OUT BUILDINGS <u>Garage see remarks</u></p> <p><b>INFESTATION</b></p> <p><input checked="" type="checkbox"/> RATS <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> E</p> <p><input type="checkbox"/> OTHER (SPECIFY)</p> <p><b>EGRESS</b></p> <p><input checked="" type="checkbox"/> DUAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input checked="" type="checkbox"/> OBST'N</p>	<p><b>STRUCTURE INTERIOR</b></p> <p><input checked="" type="checkbox"/> HALL, OBST'N</p> <p><input checked="" type="checkbox"/> HALL, LIGHTING</p> <p><input checked="" type="checkbox"/> HALL, FLOOR WALLS CEILING</p> <p><input checked="" type="checkbox"/> STAIRWAYS</p> <p><input checked="" type="checkbox"/> WINDOWS, AIRSHATT</p> <p><input checked="" type="checkbox"/> ELECT. WIRING</p> <p><b>HEATING CENTRAL</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> STACKS FLUES, VENTS</p> <p><input checked="" type="checkbox"/> CHIMNEY</p> <p><input checked="" type="checkbox"/> EQUIPMENT, REPAIR</p> <p><b>PLUMBING</b></p> <p><input checked="" type="checkbox"/> SUPPLY LINE</p> <p><input checked="" type="checkbox"/> WASTE LINE</p> <p><b>BASEMENT</b></p> <p><input checked="" type="checkbox"/> GEN'L SANIT'N</p> <p><input checked="" type="checkbox"/> DAMPNES <input type="checkbox"/> R <input type="checkbox"/> O</p> <p><input checked="" type="checkbox"/> STAIRS</p> <p><input checked="" type="checkbox"/> LIGHTING</p> <p><b>BASE DWL. UNIT</b></p> <p><input checked="" type="checkbox"/> MIN 7' x 3'</p> <p><input checked="" type="checkbox"/> DAMPNES <input type="checkbox"/> R <input type="checkbox"/> O</p> <p><input checked="" type="checkbox"/> WINDOW 1/12 X 8' <u>2 none</u></p> <p><input checked="" type="checkbox"/> DUAL EGRESS <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>PROHIBITED COMB'N USE</b></p> <p><input checked="" type="checkbox"/> ASSOC. USE H/ ZARD</p> <p><input checked="" type="checkbox"/> HAZARDOUS VENTS</p>
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Portland Health Dept.

CS-8

Inspector afg

Remarks Garage roof rags gutters opened S.D.H.



WELLING UNIT

Idn: 71

Location 65 Berkeley St  
 D.U. Location SINGLE HOUSE  
 Occupant THOMAS BRUFF

Inspector ago Date 2-17-71  
 Project Name/No. 20 Photos Yes  No   
 Allowed

Rent	Furn.	Wkly. Inc.	Rooms	Bath	Flush	Lavatory	Hot Water	Cooking	Dual Egress	Heat
			6	P	P	P		Y/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., bld. 3(b)
- Doors - knobs - missing - Panels/Frames dam. 3(b)
- Counter/Stor. Space  Yes  No 6(d)
- Sink - chipped, cracked, caulk 3(e)
- Range Space - improper stack, flue vent 6(d)
- Refrigerator Space  Yes  No 3(e)
- Plumbing (a) 6(a) Water Supply  Hot  Cold 6(c)
- Electrical (a) 6(c)
- Sanitation (a) 6(c)

**BATHROOM**

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

Bedrooms and/or Other Rooms

2nd	2nd	2nd
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**Bedrooms and/or Other Rooms**

- Plaster - L, C, M - Ceiling/Walls 3(b)
- Windows - loose, broken, glaze 3(c)
- Sash/Frames - broken, missing, worn 3(c)
- Floors - loose, worn, damaged 3(b)
- Doors - knobs - missing - Panels/Frames dam. 3(b)
- Electrical (e)
- Sanitation (e)
- Clothes Closet  Yes  No

Right	Back	Front	Electrical	Sanitation - Vermin	O	R

REMARKS: