

124 Clinton Street 131-E-5-11-

DRG-CTR-1



DEERING CENTER



Neighborhood Conservation Program

478 Stevens Avenue / Post Office Box 683
Portland, Maine 04104
Telephone 773-1773 773-1774

Mrs. Vera H. Davis
124 Clinton St.
Portland, Maine

August 17, 1970

Re: 124 Clinton St.
Portland, Maine

Dear Mrs. Davis,

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
Program Director

WMD:pap

Photos yes no
 Date 8/14/70
 Location 124 Clinton St
 Proj. No. C.I. Ass' FR Zone Zone Viol
 Stories 1 1/2 REM ASDO SAH USA NA ST P Com. Units Rmg Units Dwl. Units 1
 OWNER AGENT
 OWNER AGENT
 OWNER AGENT
 OWNER AGENT

Occupants	Information			Occupancy			Facilities				Violations		
	LOC.	RENT	FURN	WK 1	RMS	PER. ALL'D	LGR*	HEAT	BATH	FL ²⁴		A.S.A. H.V	CK*G
1													
2													
3													
4													
5													
6													
7													
8													

STRUCTURE SCHEDULE

<p>YARD</p> <p><input checked="" type="checkbox"/> BARBARE & 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>STRUCTURE EXTERIOR</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</p> <p>INFESTATION</p> <p><input checked="" type="checkbox"/> RATS <input type="checkbox"/> RO <input type="checkbox"/> CO <input type="checkbox"/> I</p> <p><input checked="" type="checkbox"/> OTHER (SPECIFY)</p> <p>EGRESS</p> <p><input checked="" type="checkbox"/> DWEL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input checked="" type="checkbox"/> POST'Y</p>	<p>STRUCTURE INTERIOR</p> <p><input checked="" type="checkbox"/> HALL OBST W</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, AIRSHAFF</p> <p><input checked="" type="checkbox"/> ELECT. WIRING</p> <p>HEATING CENTRAL 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>PLUMBING</p> <p><input checked="" type="checkbox"/> SUPPLY LINE</p> <p><input checked="" type="checkbox"/> WASTE LINE</p> <p>BASEMENT</p> <p><input checked="" type="checkbox"/> GEN'L SANIT'M</p> <p><input checked="" type="checkbox"/> HUMIDNESS R <u> </u> O <u> </u></p> <p><input checked="" type="checkbox"/> STAIRS</p> <p><input checked="" type="checkbox"/> LIGHTING</p> <p>BASE DWL. UNIT</p> <p><input checked="" type="checkbox"/> MIN 7' x 3'</p> <p><input checked="" type="checkbox"/> HUMIDNESS R <u> </u> O <u> </u></p> <p><input checked="" type="checkbox"/> WINDOW 1/12 x 0'</p> <p><input checked="" type="checkbox"/> DUAL EGRESS <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>PROHIBITED COMB'M USE</p> <p><input checked="" type="checkbox"/> ASBCE USE HAZARD</p> <p><input checked="" type="checkbox"/> HAZARDOUS VENTS</p>
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Remarks

Portland Health Dept.

CS-8

Inspector

Idn:69

DWELLING UNIT

 Location 124 Chestnut St
 D.U. Location 5th Flr 11045
 Occupant Mr. S. L. P. ...

 Inspector 990 Date 8/14/70
 Project Name/No. D.C Photos Yes No
 Allowed 11

Rent	Furn.	Wkly. Inc.	Rooms	Bath	Flush	Lavatory	Hot Water	Cooking	Dual Egress	Heat
			7	1	1		Y	4/1	Y	90

KITCHEN

- () Plaster - loose, cracked, missing - Ceiling/Walls
- () Windows - loose, broken glass, glaze
- () Sash/Frames - broken, missing, worn
- () Floor - boards/flooring - loose, worn, dan., blkd.
- () Doors - knobs - loose, missing - Panels/Frames dan.
- () 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, dan., buckled
- () Door - knob, lock - loose, missing - Panels/Frames dan.
- () 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 dan.
- () 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 dan.
- () 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"/>							() Plaster - loose, cracked, missing - Ceiling/Walls
<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"/>							() Sash/Frames - broken, missing, worn
<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"/>							() Doors - knobs - loose, missing - Panels/Frames damaged
<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"/>							() Sanitation (e)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							() Clothes Closet Yes No

L.P.M.	R.P.M.	P.S.	W.C.							

Plumbing Electrical Sanitation - Vermin O R

REMARKS: