

34 Berkeley Street 131-I-19

DRUGS I



DEERING CENTER



Neighborhood Conservation Program

478 Stevens Avenue / Post Office Box 683

Portland, Maine 04104

Telephone 773-1773 773-1774

October 5, 1970

Mrs. Priscilla Hopkinson
34 Berkeley Street
Portland, Maine

Re: 34 Berkeley Street
Portland, Maine

Dear Mrs. Hopkinson,

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:arm

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

Photos yes no Date 10/5/98
 Proj. No. C.I. 1222707 Ass'rs _____ Zone _____ Zone Viol _____
 Stories 1 H VFM ASD S AR MSA NA MS ST P Com.Units _____ Rmg Units _____ Dwl.Units 1

LOCATION	<u>34 Berkeley St</u>	COMP	
OWNER	<u>Mrs. Melissa Hopkin Bon</u>	PEND	
AGENT			
OWNER			
AGENT			
OWNER			
AGENT			
		VTS	

1.	2.	3.	4.	5.	6.	7.	8.	Occupants		Information		Occupancy		Facilities				Violations	
								LOC.	RENT	FURN.	WK.I.	RMS	PER.	ALLD	LGRS	HEAT	BATH		FLSH

STRUCTURE SCHEDULE

STRUCTURE RATING STR

<p>YARD</p> <p><input checked="" type="checkbox"/> GARBAGE & RUBBISH</p> <p><input checked="" type="checkbox"/> CONTAINERS COMPLY</p> <p><input checked="" type="checkbox"/> DRAINAGE</p> <p><input checked="" type="checkbox"/> EDGNE 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, TRAHCE</p> <p><input checked="" type="checkbox"/> OUT BUILDINGS</p> <p>INFESTATION</p> <p><input type="checkbox"/> RATS <input type="checkbox"/> RI <input type="checkbox"/> OI <input type="checkbox"/> E</p> <p><input type="checkbox"/> OTHER (SPECIFY) _____</p> <p>EGRESS</p> <p><input checked="" type="checkbox"/> DUAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> OBST'N</p>	<p>STRUCTURE INTERIOR</p> <p><input checked="" type="checkbox"/> GEN'L. OBST'N</p> <p><input checked="" type="checkbox"/> WALL. LIGHTING</p> <p><input checked="" type="checkbox"/> GEN'L. FLOOR WALLS CEILING</p> <p><input checked="" type="checkbox"/> STAIRWAYS</p> <p><input checked="" type="checkbox"/> WINDOWS, AIRSHAFT</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'N</p> <p><input checked="" type="checkbox"/> DAMPNSS - RI - 0</p> <p><input checked="" type="checkbox"/> STAIRS</p> <p><input checked="" type="checkbox"/> LIGHTING</p> <p>BASE CWL. UNIT</p> <p><input type="checkbox"/> MIN 7' x 3'</p> <p><input type="checkbox"/> DAMPNSS <input type="checkbox"/> RI <input type="checkbox"/> 0</p> <p><input type="checkbox"/> WINDOW 1/12 x 8'</p> <p><input type="checkbox"/> DUAL EGRESS <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>PROHIBITED COMB'N USE</p> <p><input checked="" type="checkbox"/> ASSOC. USE HAZARD</p> <p><input checked="" type="checkbox"/> HAZARDOUS VENTS</p>
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Remarks _____

Portland Health Dept.

CS-8

Inspector R. Bailey

Idn:69

FILLING UNIT

Location 34 KENTLEY
D.U. Location SINGLE
Occupant P. PARKINSON

Inspector R. BAILEY Date 10/5/70
Project Name/No. DCI Photos Yes No
Allow 11

Rent Furn. Wkly. Inc. Rooms 7 Bath Flush Lavatory Hot Water C/O Cooking E Dual Egress Heat C/O

KITCHEN

- Plaster - loose, cracked, missing - Ceiling/Walls
- Windows - loose, broken glass, glaze
- Sash/Frames - broken, missing, worn
- Floor - boards/flooring - loose, worn, damaged, bkid.
- 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

Plumb	Elect	Sanit	Vermin	Other	Remarks
<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 <input checked="" type="checkbox"/> No

Plumbing Electrical Sanitation - Vermin - O R

REMARKS:

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