

102 Clinton St. eet 131-L-23

DRG-CTR-1



SHAW-WALKER

MADE IN U.S.A.

DEERING CENTER



Neighborhood Conservation Program

478 Stevens Avenue / Post Office Box 683
Portland, Maine 04104

February 3, 1971

Telephone 773-1773 773-1774

Mr. Lyman Moulton Jr.
102 Clinton Street
Portland, Maine

Re: 102 Clinton Street
Portland, Maine

Dear Mr. Moulton:

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
Director of Code Enforcement

WMD:mim

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

Photos yes no
 Date 1/30/71
 Location 102 Clinton St
 Proj. No. C.I. Reising CTR Ass'ca Zone Zone Viol
 Stories 2 3 4 5 6 7 8
 Con. Units Hmg Units Dvl. Units
 Owner Agent Lynnam Montrose Jr
 Owner Agent
 Owner Agent
 Owner Agent

Occupants	Information				Occupancy				Facilities				Violations		
	LOC	FUNN	WK	RMS	PER.	ALL'D	IRS	HEAT	BATH	FLS4	K.5K	H.W.	CK'G		
1															
2															
3															
4															
5															
6															
7															
8															

STRUCTURE SCHEDULE

STRUCTURE RATING Std

YARD
 WASTE & RUBBISH
 CONTAINERS COMPLY
 DRAINAGE
 ZONE VIOL.
STRUCTURE EXTERIOR
 DEEP STAIRS, PORCHES
 FOUNDAT. CR.
 WALLS
 WINDOWS, DOORS
 ROOF, DRAINS
 GUT BUILDINGS
INSTALLATION
 RATS 2 0
 OTHER (SPECIFY)
EGRESS
 DUAL YES NO
 OBST'N
Remarks
 Portlan' Health Dept.
 CS-8
 Inspector ADD

STRUCTURE INTERIOR
 WALL, OBST'N
 WALL, LIGHTING
 WALL, FLOOR WALLS CEILING
 STAIRWAYS
 WOODS, AIRSHAFT
 ELECT. WIRING
 HEATING CENTRAL YES NO
 STACKS FLUES, VENTS
 CHIMNEY
 EQUIPMENT, REPAIR
PLUMBING
 SUPPLY LINE
 WASTE LINE
BASEMENT
 MEN'S SANIT'N
 DRESSING - 0 - 0
 STAIRS
 LIGHTING
EGRESS DWL. UNIT
 MIN 7' x 5'
 DRESSING 0 0
 WINDOW 1/12 x 8'
 DUAL EGRESS YES NO
PROHIBITED COMB'N USE
 ASSOC. USE HAZARD
 HAZARDOUS VENTS

None

Idn: 71

DWELLING UNIT

Location 102 Clinton St Inspector 090 Date 1-30-71
 D.U. Location _____ Project Name/No DC Photos _____ Yes _____ No _____
 Occupant Lyman F Moulton Jr Allowed 13

Rent	Furn.	Wkly. Inc.	Rooms	Bath	Flush	Lavatory	Hot Water	Cooking	Dual Egress	Heat
			9	1			Y	4/2	Y	CH

KITCHEN	CODE	BATHROOM	CODE
<input checked="" type="checkbox"/> Plaster - L, C, M - Ceiling/Walls	3(b)	<input type="checkbox"/> Plaster - L, C, M - Ceiling/Walls	3(b)
<input checked="" type="checkbox"/> Windows - loose, broken glass, glaze	3(c)	<input checked="" type="checkbox"/> Window - loose, broken glass, glaze	3(c)
<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn	3(c)	<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn	3(c)
<input checked="" type="checkbox"/> Floor - loose, worn, dam., b	3(b)	<input checked="" type="checkbox"/> Floor - Loose, worn, dam., buckled	3(b)
<input checked="" type="checkbox"/> Doors - knobs - missing - Panels/Frames dam	3(b)	<input checked="" type="checkbox"/> Door - lock - missing - Panels/Frames dam.	3(b)
<input checked="" type="checkbox"/> Counter/Star. Space <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	----	<input checked="" type="checkbox"/> Toilet - Tnk - brkn, loose, leaks - Seat, l'se, crkd.	6(d)
<input checked="" type="checkbox"/> Sink - chipped, cracked, caulk	6(d)	<input checked="" type="checkbox"/> Lavatory - chipped, ckd, Trap leaks	6(d)
<input checked="" type="checkbox"/> Range Space - improper stack, flue vent	3(e)	<input checked="" type="checkbox"/> Bathtub/Shower - leaks, cross con., caulk	6(d)
<input checked="" type="checkbox"/> Refrigerator Space <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	----	<input checked="" type="checkbox"/> Ventilation <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7
<input checked="" type="checkbox"/> Plumbing (a) 6(a) Water Supply <input checked="" type="checkbox"/> Hot <input checked="" type="checkbox"/> Cold	6(c)	<input checked="" type="checkbox"/> Plumbing (b) 6(a) Water Supply <input checked="" type="checkbox"/> Hot <input checked="" type="checkbox"/> Cold	6(c)
<input checked="" type="checkbox"/> Electrical (a)		<input checked="" type="checkbox"/> Electrical (b)	
<input checked="" type="checkbox"/> Sanitation (a)		<input checked="" type="checkbox"/> Sanitation (b)	

LIVING ROOM	CODE	DINING ROOM	CODE
<input checked="" type="checkbox"/> Plaster - L, C, M - Ceiling/Walls	3(b)	<input checked="" type="checkbox"/> Plaster - L, C, M - Ceiling/Walls	3(b)
<input checked="" type="checkbox"/> Windows - loose, broken, glaze	3(c)	<input checked="" type="checkbox"/> Windows - loose, broken, glaze	3(c)
<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn	3(c)	<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn	3(c)
<input checked="" type="checkbox"/> Floor - loose, worn, damaged	3(b)	<input checked="" type="checkbox"/> Floor - loose, worn, damaged	3(b)
<input checked="" type="checkbox"/> Doors - knobs - missing - Panels/Frames dam.	3(b)	<input checked="" type="checkbox"/> Doors - knobs - missing - Panels/Frames dam.	3(b)
<input checked="" type="checkbox"/> Electrical (c)		<input checked="" type="checkbox"/> Electrical (d)	
<input checked="" type="checkbox"/> Sanitation (c)		<input checked="" type="checkbox"/> Sanitation (e)	

Bedrooms and/or Other Rooms						CODE
1st	2nd	3rd	4th	5th	6th	
<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"/> Plaster - L, C, M - Ceiling/Walls
						<input checked="" type="checkbox"/> Windows - loose, broken, glaze
						<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn
						<input checked="" type="checkbox"/> Floors - loose, worn, damaged
						<input checked="" type="checkbox"/> Doors - knobs - missing - Panels/Frames dam.
						<input checked="" type="checkbox"/> Electrical (e)
						<input checked="" type="checkbox"/> Sanitation (e)
						<input checked="" type="checkbox"/> Clothes Closet Yes <input checked="" type="checkbox"/> No

Plumbing _____ Electrical _____ Sanitation - Vermin O R _____

REMARKS: