

168 Concord Street 132-G-16

DRG-CTA



# DEERING CENTER



## Neighborhood Conservation Program

478 Stevens Avenue / Post Office Box 683

Portland, Maine 04104

Telephone 773-1773 773-1774

September 9, 1970

Mr. James S. Bradbury  
168 Concord Street  
Portland, Maine 04103

Re: 168 Concord Street  
Portland, Maine

Dear Mr. Bradbury,

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



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

Photos  yes  no

Date 9/9/70

Proj. No. C.I. DEEVIN 9 Ass'rs \_\_\_\_\_ Zone \_\_\_\_\_ Zone Viol \_\_\_\_\_

Stor:  DM  ASDD  S/A/R  MSA  NA  AS ST P Com. Units \_\_\_\_\_ Rmg Units \_\_\_\_\_ Del Units \_\_\_\_\_

ADDRESS	168 CONCORD ST	COMP
OWNER	JAMES E BRADBURY SR	PEND
AGENT		
OWNER		
AGENT		
OWNER		
AGENT		
OWNER		
AGENT		

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

### STRUCTURE SCHEDULE

STRUCTURE RATING **A-1**

<p><b>YARD</b></p> <p><input checked="" type="checkbox"/> GARBAGE &amp; RUBBISH _____</p> <p><input checked="" type="checkbox"/> CONTAINERS COMPLY _____</p> <p><input checked="" type="checkbox"/> DRAFF _____</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 BUILDING _____</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 checked="" 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 L. G-TING _____</p> <p><input checked="" type="checkbox"/> HALL FLOOR WALL, CEILING _____</p> <p><input checked="" type="checkbox"/> STAIRWAYS _____</p> <p><input checked="" type="checkbox"/> WINDOWS, AIRSHAFF _____</p> <p><input checked="" type="checkbox"/> SELECT. 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"/> MAINT. 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"/> DAMPNESS <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 OWL. UNIT</b></p> <p><input checked="" type="checkbox"/> MIN 7' - 3' _____</p> <p><input checked="" type="checkbox"/> DAMPNESS <input type="checkbox"/> R <input type="checkbox"/> O _____</p> <p><input checked="" type="checkbox"/> WINDOW 1/12 X 8' _____</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 HAZARD _____</p> <p><input checked="" type="checkbox"/> HAZARDOUS VENTS _____</p>
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Remarks \_\_\_\_\_

Portland Health Dept. \_\_\_\_\_

CS-8 \_\_\_\_\_

Inspector *M. Bailey*

Idn:69

DWELLING UNIT

Location 169 Curt Blvd ST.  
D. S. SINGLE  
Occupancy JAMES S. Bradbur.

Inspector R. D. ... Date 9/8/70  
Project Name/No. ... Photos Yes  No   
Allowed 12

Rent	Furn.	Wkly. Inc.	Rooms	Bath	Flush	Lavatory	Hot Water	Cooking	Dual Egress	Heat
			8				2/0			2/0

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, buck'ed
- 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input checked="" type="checkbox"/> Clothes Closet Yes <input checked="" type="checkbox"/> No

Plumbing

Electric.

Sanitation - Vermin - O R

REMARKS: