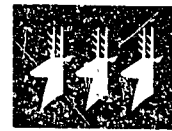


195 Concord Street 132-H-8

DRUG CTR



DEERING CENTER



Neighborhood Conservation Program

478 Stevens Avenue / Post Office Box 683

Portland, Maine 04104

Telephone 773-1773 773-1774

Mr. Walter Boynton
193 Concord Street
Portland, Maine 04103

September 9, 1970

Re: 193 Concord Street
Portland, Maine

Dear Mr. Boynton,

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. DEVVON Ass'rs Zone Zone Vcol

Stories ASDD SJAR NSA' NA NS ST P Com.Units Rmg Units Ewl.Units 1

LOCATION	<u>145 Devon Court</u>	COMP
OWNER	<u>Walter S. Boynton</u>	PEND
AGENT		
OWNER		
AGENT		
OWNER		
AGENT		VTS

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

STRUCTURE SCHEDULE

STRUCTURE RATING **STD**

<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"/> 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"/> LOF. DRAINS</p> <p><input checked="" type="checkbox"/> OUT BUILDINGS</p> <p>INFESTATION</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>EGRESS</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>STRUCTURE INTERIOR</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, IRSHAFT</p> <p><input checked="" type="checkbox"/> SELECT. 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 OBST'N</p> <p><input checked="" type="checkbox"/> DAMPNES R1</p> <p><input checked="" type="checkbox"/> STAIRS</p> <p><input checked="" type="checkbox"/> LIGHTING</p> <p>BASE DWL. UP T</p> <p><input type="checkbox"/> MIN 7' - 3"</p> <p><input type="checkbox"/> DAMPNES R1 <input type="checkbox"/> O</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 C.M.B.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 H. Bailey

Idn:69

DWELLING UNIT

Location 123 1st St S
 D.U. Location 1015
 Occupant W. P. & B. Boynton
 Inspector H. Bailey
 Project Name/No. DC Date 2/4/70
 Allowed 15 Photos Yes No

Rent _____ Furn. _____ Wkly. Inc. _____ Rooms 7 Bath 1 Flush 1 Lavatory 1 Hot Water Y Cooking Y Dual Egress Y 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)

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)

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"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Plumbing _____ Electrical _____

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)

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)

- Plaster - loose, cracked, missing - Ceiling/Walls
- Window - loose, broken, glaze
- Sash/Frames - broken, missing, worn
- Floors - boards/flooring - loose, worn, damaged
- Doors - knobs - loose, missing - Panels/Frames damaged
- Electrical (e)
- Sanitation (e)
- Clothes Closet Yes No

Sanitation - Vermin O R

REMARKS: