

14-16 Crocker Street

DRG-CTR II

SHAW-WALKER
-8503-1R

CERTIFICATE
OF
COMPLIANCE

January 17, 1974

CITY OF PORTLAND
Health Department - Housing Division
Tel: 775-5451 Ext. 448

Mrs. William Adams
c/o Mrs. Alfred Morgan, agent
16 Crosby Street
Portland, Maine 04103

Re: Premises located at 14-16 Crosby Street, Portland, Maine

Dear Mr. Adams:

A re-inspection of the premises noted above was made on January 14, 1974
by Housing Inspector Balley, of the Health Department.

This is to certify that you have complied with our request to correct the violations
of the Municipal Codes relating to housing conditions described in our "Notice of
Housing Conditions" dated November 12, 1973.

Thank you for your cooperation and your efforts to help us maintain decent, safe and
sanitary housing for all Portland residents.

Sincerely yours,

Arthur A. Hughson, CPH, MPH
Health Director

by Lyle D. Hayes
Chief of Housing Inspections

Inspector W. B. Bailey
CW

LDN/72

NOTICE OF HOUSING CONDITIONS

DU 2

CITY OF PORTLAND
Health Department - Housing Division
Telephone 775-5451 - Extension 448

Location: **14-16 Crosby Street**
Project: **Deering Center II**
Issued: **11-12-73**
Expires: **1-12-74**

Mrs. William Adams
c/o Mrs. Alfred Morgan, agent
16 Crosby Street
Portland, Maine 04103
Dear Mrs. Adams:

An examination was made of the premises at 14-16 Crosby Street
Portland, Maine, by Housing Inspector Bailey. Violations of Municipal
codes relating to housing conditions were found as described in detail below.

In accordance with provisions of the above mentioned codes, you are requested to correct
these defects on or before January 12, 1974. You may contact this office to
arrange a satisfactory repair schedule if you are unable to make such repairs within the
specified time. We will assume the repairs to be in progress if we do not hear from you
within ten days from this date and, on reinspection within the time set forth above, will
anticipate that the premises have been brought into compliance with Code Standards.

Your cooperation will help this Department in its goal to maintain all Portland residents
in decent, safe and sanitary housing.

Very truly yours,

Arthur A. Hughson, CPH, MPH
Health Director

Inspector

Robert C. Bailey

By

Lyle V. Hays
Chief of Housing Inspections

EXISTING VIOLATIONS OF CHAPTER 307 - "MINIMUM STANDARDS FOR HOUSING" Section (s)

- ✓ 1. - ~~Point up the loose cement blocks, first floor right rear exterior cellar foundation.~~ 3-a
- ✓ 2. - ~~Repair the worn dormer shingles of front roof.~~ 3-a
- ✓ 3. - ~~Determine the reason and remedy condition causing the first floor left rear porch~~
~~stairway to sag.~~ 3-a
- ✓ 4. - ~~Replace the rotted bulkhead doorsill first floor right rear door.~~ 3-d
- ✓ 5. - ~~Replace the rotted bulkhead doorsill first floor left rear door.~~ 3-d
- ✓ 6. - First Floor
~~Repair broken ceiling plaster in middle dining room.~~ 3-b

At the time of the inspection, we were unable to gain access to the second floor apartment.
We suggest that if there are any conditions which need correction in this apartment that
you make the repairs while doing the work on the rest of the structure.

Jan:1971

REINSPECTION RECOMMENDATIONS

INSPECTOR

F. SALEY

LOCATION

1412 Proctor St

Project

DC II

Owner

William Adams

| NOTICE OF HOUSING CONDITIONS | | HEARING NOTICE | | FINAL NOTICE | |
|------------------------------|----------------|----------------|---------|--------------|---------|
| Issued | Expired | Issued | Expired | Issued | Expired |
| <u>11-12-73</u> | <u>1-12-74</u> | | | | |

A reinspection was made of the above premises and I recommend the following action:

| | | | |
|----------------|-----------|--|--|
| Date | | ALL VIOLATIONS HAVE BEEN CORRECTED <input checked="" type="checkbox"/> | |
| <u>1-14-74</u> | <u>SD</u> | Send "CERTIFICATE OF COMPLIANCE" <input checked="" type="checkbox"/> | "POSTING RELEASE" <input type="checkbox"/> |
| | | SATISFACTORY Rehabilitation In Progress | |
| | | Time Extended To _____ | |
| | | Time Extended To _____ | |
| | | Time Extended To _____ | |
| | | UNSATISFACTORY Progress | |
| | | Send "HEARING NOTICE" _____ | "FINAL NOTICE" _____ |
| | | "NOTICE TO VACATE" _____ | |
| | | POST Entire _____ | |
| | | POST Dwelling Units _____ | |
| | | UNSATISFACTORY Progress | |
| | | Request "LEGAL ACTION" Be Taken _____ | |
| | | INSPECTOR'S REMARKS: _____ | |
| | | _____ | |
| | | _____ | |
| | | _____ | |
| | | _____ | |
| | | _____ | |
| | | _____ | |
| | | _____ | |
| | | INSTRUCTIONS TO INSPECTOR: _____ | |
| | | _____ | |
| | | _____ | |
| | | _____ | |

