

135 Clinton Street 136-A-1

PROJECT 1



DEERING CENTER



Neighborhood Conservation Program

Mr. Joseph Zappia
135 Clinton St.
Portland, Maine

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

Re: 135 Clinton St.
Portland, Maine

Telephone 773-1773 773-1774

July 30, 1970

Dear Mr. Zappia:

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: 7-30-70

Proj. No. C.I. Deanna Ch Ass'ts Zone Zone Viol

Stories REM ASYD S.A.H (S) NA (S) ST P Com. Units Reg Units Dwl. Units 2

| | | |
|-------------|----------------|------|
| LOCATION | 135 Clinton St | COMP |
| OWNER AGENT | | PEND |
| OWNER AGENT | Joseph Zappia | |
| OWNER AGENT | Same | |
| OWNER AGENT | | VTS |

| Occupants | Information LOC. RENT FURN. WK. I. | Occupancy RMS PER ALLD LGRS | Facilities | | | | Violations |
|-----------|---------------------------------------|--------------------------------|------------|------|------|----------------|------------|
| | | | HEAT | BATH | FLSH | K SK H.W. CR'G | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |

STRUCTURE SCHEDULE

STRUCTURE RATING

| | |
|--|--|
| <p>YARD</p> <p><input checked="" type="checkbox"/> GARBAGE & RUBBISH</p> <p><input checked="" type="checkbox"/> COY. WINDERS COMPLY</p> <p><input checked="" type="checkbox"/> COY. WINDERS</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"/> ROOF BEAMS</p> <p><input checked="" type="checkbox"/> OUT BUILDINGS</p> <p>INFESTATION</p> <p><input checked="" type="checkbox"/> RATS <input type="checkbox"/> FI <input type="checkbox"/> O. <input type="checkbox"/> I.</p> <p><input checked="" type="checkbox"/> OTHER (SPECIFY)</p> <p>EGRESS</p> <p><input checked="" type="checkbox"/> DUAL <input checked="" type="checkbox"/> V. <input type="checkbox"/> NO</p> <p><input checked="" type="checkbox"/> DOOR</p> <p>Remarks _____</p> <p>Portland Health Dept.</p> <p>CS-8</p> <p>Inspector <u>TAL</u></p> | <p>STRUCTURE INTERIOR</p> <p><input checked="" type="checkbox"/> HALL DOOR</p> <p><input checked="" type="checkbox"/> HALL LIGHTING</p> <p><input checked="" type="checkbox"/> HALL, 1' DOOR WALLS CEILING</p> <p><input checked="" type="checkbox"/> STAIRWAY</p> <p><input checked="" type="checkbox"/> EGRESS, ALL CHAFT</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"/> DAMPPRESS <input type="checkbox"/> FI <input type="checkbox"/> O</p> <p><input checked="" type="checkbox"/> STAIRS</p> <p><input checked="" type="checkbox"/> LIGHTING</p> <p>BASE DNL. UNIT</p> <p><input checked="" type="checkbox"/> MIN 7' - 3'</p> <p><input checked="" type="checkbox"/> DAMPPRESS <input type="checkbox"/> FI <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>PROHIBITED COMB'N USE</p> <p><input checked="" type="checkbox"/> ASSOC. USC HAZARD</p> <p><input checked="" type="checkbox"/> HAZARDOUS VENTS</p> |
|--|--|

10h:69

DWELLING UNIT

Location 135 Clinton
 D.U. Location 1st Floor
 Occupant 1324 Small

Inspector 090 Date 7-8-70
 Project Name/No. DC Photos Yes No
 Allowed 9

| Rent | Furn. | Wkly. Inc. | Rooms | Bath | Flush | Lavatory | Hot Water | Cooking | Dual Egress | Heat |
|--------|-------|------------|-------|------|-------|----------|-----------|---------|-------------|------|
| 150.00 | | | 6 | 1 | 2 | | | ✓ | ✓ | C/A |

KITCHEN

- Plaster - loose, cracked, missing - Ceiling/Walls
- Windows - loose, broken glass, glaze
- Sash/Frames - broken, missing, worn
- Floor - boards/flooring - loose, worn, dam., blkd.
- 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)
- Sanit. Ion (a)

BATHROOM

- Plaster - loose, cracked, missing - Ceiling/Walls
- Window - loose, broken glass, glaze
- Sash/Frames - broken, missing, worn
- Floor - boards/flooring - loose, worn, dam., 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

| | | | | | | | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|--|--|--|--|--|--|
| <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"/> Windows - loose, broken, glaze |
| | | | | | | | | | | <input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn |
| | | | | | | | | | | <input checked="" type="checkbox"/> Floors - boards/flooring - loose, worn, damaged |
| | | | | | | | | | | <input checked="" type="checkbox"/> Doors - knobs - loose, missing - Panels/Frames damaged |
| | | | | | | | | | | <input checked="" type="checkbox"/> Electrical (e) |
| | | | | | | | | | | <input checked="" type="checkbox"/> Sanitation (e) |
| | | | | | | | | | | <input checked="" type="checkbox"/> Clothes Closet <u>Yes</u> <u>No</u> |

| Plumbing | Electrical | Sanitation - Vermin O R |
|----------|------------|-------------------------|
| | | |

REMARKS:

ID#:69

DWELLING UNIT

Location 135 Elm StD.U. Location 2nd FlrOccupant Joseph ZappoInspector 040Project name/No. DCDate 7-30-70Allowed 9

Photos

Yes

No

| Rent | Furn. | Wkly. Inc. | Rooms | Bath | Flush | Lavatory | Hot Water | Cooking | Dual Egress | Heat |
|------|-------|------------|-------|------|-------|----------|-----------|---------|-------------|------|
| | | | 6 | 2 | | | | | | 10 |

KITCHEN

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- Floor - boards/flooring - loose, worn, dam., bld.
- 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)

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- Electrical (c)
- Sanitation (c)

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- 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"/> Plaster - loose, cracked, missing - Ceiling/Walls |
| | | | | | | | | | | | <input checked="" type="checkbox"/> Windows - loose, broken, glaze |
| | | | | | | | | | | | <input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn |
| | | | | | | | | | | | <input checked="" type="checkbox"/> Floors - boards/flooring - loose, worn, damaged |
| | | | | | | | | | | | <input checked="" type="checkbox"/> Doors - knobs - loose, missing - Panels/Frames damaged |
| | | | | | | | | | | | <input checked="" type="checkbox"/> Electrical (e) |
| | | | | | | | | | | | <input checked="" type="checkbox"/> Sanitation (e) |
| | | | | | | | | | | | <input checked="" type="checkbox"/> Clothes Closet <u>Yes</u> No |

Plumbing

Electrical

Sanitation - Ventin O R

REMARKS: