

43 Bolton Street

186-D-8



December 1, 1979 ✓

Ralph C. & Sally F. MacDonald
5 Eastfield Road
Cape Elizabeth, Maine

Re: 43 Bolton Street 186-D-8
NCP-Libbytown

Dear Mr. & Mrs. MacDonald:

Your property has been surveyed by the Housing Inspections Division, of this department, and has met Minimum Code Standards. Congratulations are extended to you for the general condition of your property. Good maintenance is the best way to preserve the useful life of your property and neighborhood.

In order to aid in the preservation of Portland's existing housing inventory, it shall be the policy of this department to inspect each residential building at least once every five years. Although a property is subject to re-inspection at any time during the said five year period, the next regular inspection of this property is scheduled for December 1984.

If we can be of further help, please feel free to call on us.

Sincerely yours,
Joseph E. Gray, Jr., Director
Neighborhood Conservation

By Lyle D. Noyes
Lyle D. Noyes,
Chief of Housing Inspections

Inspector G. Bartlett
G. Bartlett

dl

City of Portland

FINISHED

1, 2, 3
↑
JOHN WILDER
772-7736

NEIGHBORHOOD CONSERVATION
Check Off Sheet
STRUCTURE INSPECTION SCHEUDLE

Housing Inspection Division

1) Insp. Name BACLETT

2) Insp. Date 11/27/79 3) Insp. Type KCP-LBY 4) Proj. Code 186 D S 5) Assr's: Chart 116 6) Bl. 116 7) Lot 116 8) Census: Tract 116 9) Blk. 116 10) Insp. 116 11) Form No. 116

12) Hous No. 43 13) Sec. H. No. 43 14) Suff. 43 15) Direct 43 16) Street Name BOLTON 17) St. Design. ST

18) Owner or Agent: RALPH C. F. SAWY F. MACDONALD 19) Status 00 20) Bldg's Rat. 1

21) Address: 5 EASTFIELD RD Zip Code 00

22) City and State: CARE ELIZ, ME Zip Code 00

23) D. Units 3 24) Occ. D. U. 's 3 25) Rm. Units 3 26) Occ. R. U. 's 3 27) No. Occupants 8 28) Com'l U. DE 29) Bldg. Type: DE 30) Stories 3 31) Const. Mat. WO 32) O. B's 1

33) C. H. NO 34) Pho. YES 35) Zoned For RE 36) Actual Land Use RE 37) D. D. RE 38) Lks. Ad. Bth. Fac. NO 39) Disp. NO 40) Closing Date NO

EXTERIOR - Structure		Cd. Viol.	INTERIOR - Structure		Cd. Viol.
Foundation	EX/FO	3a	Light	LI	8
Walls	EX/WA	3a	Elec. Wiring	EW	8e
Roof	RO	3a	Floors	FL	3b
Porch	PO	3d	Walls	IN/WA	3b
Stairs	EX/SR	3d	Ceilings	CE	3b
Steps	SP	3d	Windows	IN/WI	3c
Doors	DO	3c	Airshafts	AS	3c
Windows	EX/WI	3c	Roof Rafters	ROR	3a
Eaves	EA	3a	Sanitation	SAN	4e
Trim	TR	3a	Stairways	IN/SRW	3d
Chimney	EX/CH	3e	Stair Treads	SRT	3d
Gutters	GU	3a	Wastelines	WSL	6d
Roof Drains	RD	3a	Supply Lines	SUL	6c
Bulkhead	BU	3d	Stacks	ST	3e
Outbuildings	GR - CH	4d	Flues	FU	3e
Yard	YA	4d	Vents	VE	3e
Garbage	GA	4d	Chimney	IN/Ch	3e
Rubbish	RU	4d	Heating Equip. Furnace - FU	Spaceheater - SPH	9c
Containers	CO	4d	Bsmt. Sanitation Litter - LI	Debris - DE	4b
Drainage	DR	3a	Dampness - DM		3a
Infestation	IN-CR-FL	4e	Lighting	BS/LI	8c
Rats	RA	4e	Elec. Panel	EL/PA	8e
Other		4e	Stairs	BS/SR	3d
Fire Escape	FE	10	Foundation	IN/FO	3a
Dual Egress	DE	10	Floor Joists	FL/JO	3a
Driveways	DW		Carrying Timbers	CA/TI	3a
Walks	WA		Sills	SI	3a
Fences	FN		Bsmt. D. U. Conforms	BDU	5f

Remarks on reverse side

City of Portland

Health Department
DWELLING UNIT SCHEDULE

Housing Inspection Division

INSP DATE

INSP

FORM NO.

TENANTS NAME

FLR.# LOCATION RMG.TP. #RMS. #PEO. #ALL'D SLPRM.

1 0A DU 6 2 9 3

Child Un.10 Child 1-6 + Lead Survey - Results Rent Rent Code Furn Hot Water Dual Egrs. Ck'ng. Heat Lav. Bath Flush

KITCHEN		CODE	BATHROOM		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 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., buckled	3(b)	<input checked="" type="checkbox"/>	Floor - loose, worn, dam., buckled	3(b)
<input checked="" type="checkbox"/>	Doors - Knob/lk - missing - Panels/Frames dam.	3(b)	<input checked="" type="checkbox"/>	Door - knob/lk - missing - Panels/Frames dam.	3(b)
<input checked="" type="checkbox"/>	Counter/Stor. Space Yes <u>No</u>	-	<input checked="" type="checkbox"/>	Toilet - Tnk - brkn, loose, leaks, Seat, l'se crkd.	6(d)
<input checked="" type="checkbox"/>	Sink - chipped, cracked, leaks	6(d)	<input checked="" type="checkbox"/>	Lavatory - chipped, crkd, leaks, trap leaks	6(d)
<input checked="" type="checkbox"/>	Range - improper stack, flue, vent	3(e)	<input checked="" type="checkbox"/>	Bathtub/Shower - leaks cross connection	6(d)
<input checked="" type="checkbox"/>	Refrigerator Space Yes <u>No</u>	-	<input checked="" type="checkbox"/>	Ventilation Yes <u>No</u>	7
<input checked="" type="checkbox"/>	Plumbing (a) 6(a) Water Supply Hot <u>Cold</u>	6(d)	<input checked="" type="checkbox"/>	Plumbing (b) 6(a) Water Supply Hot <u>Cold</u>	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)
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<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)
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<input checked="" type="checkbox"/>	Sanitation (c)		<input checked="" type="checkbox"/>	Sanitation (d)	

Bedrooms and/or other rooms		R/B	M/B	E/B	Code
					<input type="checkbox"/> Plaster - L, C, M - Ceiling/Walls 3(b)
					<input type="checkbox"/> Windows - loose, broken, glaze 3(c)
					<input type="checkbox"/> Sash/Frames - broken, missing, worn 3(c)
					<input type="checkbox"/> Floors - loose, worn, damaged 3(b)
					<input type="checkbox"/> Door - knobs/lk - missing - Panels/Frames dam. 3(b)
					<input type="checkbox"/> Electrical (e)
					<input type="checkbox"/> Sanitation (e)
					<input type="checkbox"/> Clothes Closet Yes <u>No</u>

Plumbing Electrical Sanitation - Vermin 0 R

REMARKS:

City of Portland

Health Department
DWELLING UNIT SCHEDULE

Housing Inspection Division

INSP DATE												INSP				FORM NO.						
TENANTS NAME												FLR.#	LOCATION	RMG.TP.	#RMS.	#PEO.	#ALL'D	SLPRM.				
JOHN WILDELL												2	0A	DU	6	3	9	3				
Child Un.10	Child 1-6	+ Lead Survey - Results	Rent	Rent Code	Furn	Hot Water	Dual Egrs.	Ck'ng.	Heat	Lav.	Bath	Flush										
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REMARKS:

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

May 11, 1995

MACDONALD RICHARD F
PO BOX 3411
PORTLAND ME 04104

Re: 43 Bolton St
CBL: 186- - D-008-001-01
DU: 3

Dear Mr. MacDonald:

You are hereby notified, as owner or agent, that an inspection was made of the above referenced property. Violations of Article V of the Municipal Ordinance (Housing Code) were found as described in detail on the attached "Housing Inspections Report".


In accordance with the provisions of the above mentioned Code, you are hereby ordered to correct those defects within sixty (60) days. If you are unable to make such repairs within the specified time, you may contact this office to arrange a satisfactory repair schedule. If we do not hear from you within ten (10) days from this date, we will assume the repairs to be in progress and, on re-inspection within the time set forth above, will anticipate that the premises have been brought into compliance with the Housing Code Standards.


Please Note: You should consult this department to insure that any corrective action you should undertake complies with the building, plumbing, electrical, zoning and other Articles of the City Code.

Please contact this office if you have any questions regarding this order.

Your cooperation will aid this department in it's goal to maintain decent, safe, and sanitary housing for all of Portland's residents.

Sincerely,


Marland Wing
Code Enforcement Officer


Tammy Munson
Code Enfc. Offr./ Field Supv.

HOUSING INSPECTION REPOF

Location: 43 Bolton St
Housing Conditions Date: May 11, 1995
Expiration Date: July 10, 1995

Items listed below are in violation of Article V of the Municipal Codes, "Housing Codes", and must be corrected before the expiration date:

- | | | |
|----|---|--------|
| 1. | EXT - FRONT PORCH -
HANDRAIL IS MISSING | 108.40 |
| 2. | EXT - FRONT PORCH -
DECK HAS A LOOSE BOARD | 108.40 |
| 3. | INT - CELLAR - BOILER
THERE APPEARS TO BE FRIABLE ASBESTOS | 116.60 |
| 4. | INT - CELLAR - FRONT FLOOR
OPEN-CONNECTION WASTE LINE | 111.40 |
| 5. | INT - REAR HALL -
WALL IS MISSING PLASTER | 108.20 |
| 6. | INT - REAR HALL -
STAIRS ARE MISSING A HANDRAIL | 108.40 |
| 7. | INT - OVERALL -
HARD-WIRED BATTERY/BACK-UP SMOKE DETECTORS ARE REQUIRED IN EACH UNIT | 113.50 |

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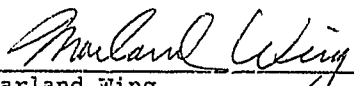
25 MRSA 2464 required that approved smoke detectors be installed in each apartment in the immediate vicinity of the bedrooms. When activated, the detector shall provide an alarm suitable to warn the occupants within the individual unit. Failure to comply with this statute may result in a fine of up to \$500 for each violation.

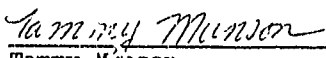
Re-inspection of your property will be made in 24 hours. Lack of compliance will result in referral of the matter for legal action.

Loss control is a responsibility of your management. Our observations are intended to assist you. Recommendations are a result of conditions observed at the time of our visits. They do not necessarily include every possible loss potential code violation, or exception to good practice.

Please read and implement the attached formal code interpretation or determination - Number 93-1 - March 10, 1993 - from the State Fire Marshall's office.

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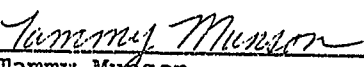
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