

4 Josslyn Street

  
SHAW-WALKER  
#8503-1R

Form 3813, Nov. 1973

SENDER: Complete items 1 and 2. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).

- Show to whom and date delivered..... 15¢
- Show to whom, date, & address of delivery.. 35¢
- DELIVER ONLY TO ADDRESSEE and show to whom and date delivered..... 65¢
- DELIVER ONLY TO ADDRESSEE and show to whom, date, and address of delivery..... 65¢

2. ARTICLE ADDRESSED TO:  
*Portland Hsg. Auth.*

3. ARTICLE DESCRIPTION:  
 REGISTERED NO. | CERTIFIED NO. | INSURED NO.  
 | *487036* | |

(Always obtain signature of addressee or agent)

I have received the article described above.  
 SIGNATURE  
*Nancy C. Codere*

4. DATE OF DELIVERY: *5-29* POSTMARK: *57*

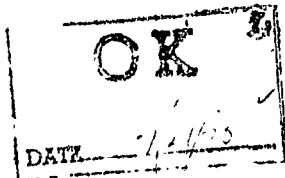
5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE

CLERK'S INITIALS

\* GPO : 1974 O - 527-800

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL



May 27, 1975

Portland Housing Authority  
211 Cumberland Avenue  
Portland, Maine

Re: 4 Josslyn Street  
Portland, Maine 274-C-1

Dear Sirs:

We recently received a complaint and an inspection was made by Housing Inspector Gough of the property owned by you at 4 Josslyn Street, Portland, Maine. As a result of the inspection, you are hereby ordered to correct the following substandard housing conditions:

1. Repair inoperative light fixture on the living room ceiling. 8a
2. Determine the reason and remedy the condition causing fuses to blow continually, throughout this dwelling unit. 8a

The above mentioned conditions are in violation of Chapter 307 of the Municipal Code of the City of Portland, Maine, and must be corrected on or before June 27, 1975.

Sincerely yours,  
David C. Bittenbender  
Acting Health Director  
*Lyle D. Noyes*  
Lyle D. Noyes  
Chief of Housing Inspections

Inspector   
M. Gough

LDN:rf

REINSPECTION RECOMMENDATIONS

INSPECTOR George

LOCATION 4 Joesl  
 PROJECT \_\_\_\_\_  
 OWNER P H A

| NOTICE OF HOUSING CONDITIONS |         | HEARING NOTICE |         | FINAL NOTICE |         |
|------------------------------|---------|----------------|---------|--------------|---------|
| Issued                       | Expired | Issued         | Expired | Issued       | Expired |
| <u>11/27/75</u>              |         |                |         |              |         |

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

| DATE           |            |   |
|----------------|------------|---|
| <u>7/24/75</u> | <u>SMC</u> | ALL VIOLATIONS HAVE BEEN CORRECTED <u>✓</u><br>Send "CERTIFICATE OF COMPLIANCE" <u>NO</u> "POSTING RELEASE" _____<br><i>Att. of Dept.</i> |
| <u>11/11</u>   |            | SATISFACTORY Rehabilitation In Progress<br>Time Extended To _____<br>Time Extended To _____<br>Time Extended To _____                     |
|                |            | UNSATISFACTORY Progress<br>Send "HEARING NOTICE" _____ "FINAL NOTICE" _____   |
|                |            | "NOTICE TO VACATE" _____<br>POST Entire _____<br>POST Dwelling Units _____  |
|                |            | UNSATISFACTORY Progress<br>Request "LEGAL ACTION" Be Taken _____  |
| <u>4/7/75</u>  | <u>SMC</u> | INSPECTOR'S REMARKS: <u>went thru w/ man &amp; they said they would resolve problem</u>   |
|                |            | INSTRUCTIONS TO INSPECTOR: _____  |

PS Form 3811, Nov. 1973

● SENDER: Complete items 1 and 2  
Add your address in the "RETURN TO" space on reverse.

The following service is requested (check one).

- Show to whom and date delivered..... 11¢
- Show to whom, date, & address of delivery.. 35¢
- DELIVER ONLY TO ADDRESSEE and show to whom and date delivered..... 65¢
- DELIVER ONLY TO ADDRESSEE and show to whom, date, and address of delivery ..... 85¢

2. ARTICLE ADDRESSED TO:

3. ARTICLE DESCRIPTION:

|                |               |             |
|----------------|---------------|-------------|
| REGISTERED NO. | CERTIFIED NO. | INSURED NO. |
|                | 773145        |             |

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE

*Linda Nebel*

4. DATE OF DELIVERY

*11-20*

POSTMARK

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE

CLERK'S INITIALS

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL.

*Linda Nebel*

REQUEST FOR SERVICE

PORTLAND HEALTH DEPARTMENT

|                               |   |                 |                                     |          |         |
|-------------------------------|---|-----------------|-------------------------------------|----------|---------|
| DATE RECEIVED                 | 11-15-74                                | BY              | Gough                               | DISTRICT | Gough   |
| REQUEST BY                    | NAME                                    | PATRICIA ORDWAY |                                     |          |         |
|                               | ADDRESS                                 | 4 JOSELYN ST    |                                     |          |         |
| OWNER                         | NAME                                    | P.H.A.          |                                     |          |         |
|                               | ADDRESS                                 |                 |                                     |          |         |
| CONDITIONS                    | ADDRESS                                 | 4 JOSELYN ST    |                                     |          |         |
| DIRTY APT. LIGHTS OPERATIONAL |   |                 |                                     |          |         |
|                               |   |                 |                                     |          |         |
|                               |   |                 |                                     |          |         |
|                               |   |                 |                                     |          |         |
| COMMENTS                      | I SENT LETTER OF DEFECTS 11/15/74 M GMP |                 |                                     |          |         |
|                               |   |                 |                                     |          |         |
| SPECIAL INSTRUCTIONS          |   |                 |                                     |          |         |
|                               |   |                 |                                     |          |         |
|                               |   | SANITATION      | <input checked="" type="checkbox"/> | HOUSING  | NURSING |
| PRIORITY                      | ROUTINE                                 | SPECIAL         |                                     | BY       |         |
|                               | URGENT                                  | REPORT TO       |                                     | DATE     |         |

November 18, 1974

Portland Housing Authority, c/o Mr. Peter Hows  
211 Cumberland Avenue  
Portland Maine

Re: 4 Josslyn Street

Dear Sir:

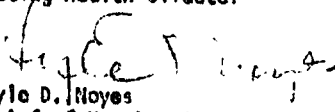
We recently received a complaint and an inspection was made by Housing Inspector Gough of the property owned by you at 4 Josslyn Street, Portland, Maine. As a result of the inspection, you are hereby ordered to correct the following substandard housing conditions:

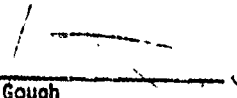
1. Repair inoperative light in wall of left rear bedroom. 6a
2. Determine the reason & remedy the condition causing the lavatory waste line to back up. 6d
3. Replace the broken glass in window of left front bedroom. 3c
4. Repair loose mesh in kitchen window. 3c

The above mentioned conditions are in violation of Chapter 307 of the Municipal Code of the City of Portland, Maine and must be corrected on or before December 10, 1974.

Sincerely,

David Bittenbender  
Acting Health Director

  
Lyle D. Noyes  
Chief of Housing Inspections

INSPECTOR   
H. Gough

LDN:rl

REINSPECTION RECOMMENDATIONS

INSPECTOR Graph

LOCATION 4 Joadslyn  
 PROJECT Gen  
 OWNER P.H.A.

| NOTICE OF HOUSING CONDITIONS |         | HEARING NOTICE |         | FINAL NOTICE |         |
|------------------------------|---------|----------------|---------|--------------|---------|
| Issued                       | Expired | Issued         | Expired | Issued       | Expired |
|                              | Dec 18  |                |         |              |         |

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

| DATE                       | RECOMMENDATION  |
|----------------------------|---|
|                            | ALL VIOLATIONS HAVE BEEN CORRECTED<br>Send "CERTIFICATE OF COMPLIANCE" _____ "POSTING RELEASE" _____                  |
|                            | SATISFACTORY Rehabilitation In Progress<br>Time Extended To _____<br>Time Extended To _____<br>Time Extended To _____ |
|                            | UNSATISFACTORY Progress<br>Send "HEARING NOTICE" _____ "FINAL NOTICE" _____   |
|                            | "NOTICE TO VACATE" _____<br>POST Entire _____<br>POST Dwelling Units _____  |
|                            | UNSATISFACTORY Progress<br>Request "LEGAL ACTION" Be Taken _____  |
| <u>12/18/74</u> <u>MIG</u> | INSPECTOR'S REMARKS: <u>don't seem - just start file per LDU</u>  |
|                            | INSTRUCTIONS TO INSPECTOR: _____  |



QUEST FOR SERVICE

PORTLAND HEALTH DEPARTMENT

|   |  |                                |           |          |         |
|---|--|--------------------------------|-----------|----------|---------|
| DATE RECEIVED   | 3-14-74  | BY                             | Carole    | DISTRICT | Swasey  |
| REQUEST BY  | NAME   | Mrs Patricia Ordway            |           |          |         |
|   | ADDRESS  | 4 Joselyn St - Seaside Village |           |          |         |
| OWNER   | NAME   | P. H. A.                       |           |          |         |
|   | ADDRESS  |                                |           |          |         |
| CONDITIONS  | ADDRESS  | 4 Joselyn St.                  |           |          |         |
| <p>Sanitation of Kitchen sink not work!<br/>no hot water!</p> |  |                                |           |          |         |
| COMMENTS  | <p>Facet does leak, Right drain does leak also<br/>wrote violation: up.<br/>Contact City Home of P.H.A. on 3/21/74 - City will send a crew immediately</p> |                                |           |          |         |
| SPECIAL INSTRUCTIONS  | to do the repairs. Jeffrey Brown 3/21/74   |                                |           |          |         |
| DIVISION  | SANITATION   |                                | HOUSING   |          | NURSING |
|   | ROUTINE  |                                | SPECIAL   |          | BY      |
| PRIORITY  | URGENT   |                                | REPORT TO |          | DATE    |

## REQUEST FOR SERVICE

PORTLAND HEALTH DEPARTMENT

|                      |  |               |         |         |  |
|----------------------|--|---------------|---------|---------|--|
| DATE RECEIVED        | 11-22-72   | BY            | PK      | DISTRIC |  |
| REQUEST BY           | NAME   | Car Arduway   |         |         |  |
|                      | ADDRESS  | 4 Josselyn St |         |         |  |
| OWNER                | NAME   | P.H.A.        |         |         |  |
|                      | ADDRESS  |               |         |         |  |
| CONDITIONS           | ADDRESS  | 4 Josselyn St |         |         |  |
| Sanctity wiring.     |  |               |         |         |  |
| COMMENTS             | Called PHA + they sent a maintenance crew over to check the wiring |               |         |         |  |
| SPECIAL INSTRUCTIONS |  |               |         |         |  |
| DIVISION             | SANITATION   | HOUSING       | NURSING |         |  |
| PRIORITY             | ROUTINE  | SPECIAL       | BY      |         |  |
|                      | URGENT   | REPORT TO     | DATE    |         |  |

REQUEST FOR SERVICE

PORTLAND HEALTH DEPARTMENT

|               |          |                 |    |          |           |
|---------------|----------|-----------------|----|----------|-----------|
| DATE RECEIVED | 11-27-72 | BY              | PK | DISTRICT | B. Bailey |
| REQUEST BY    | NAME     | Pat Anderson    |    |          |           |
|               | ADDRESS  | 4 Grosvenor St. |    |          |           |
| OWNER         | NAME     | PHA             |    |          |           |
|               | ADDRESS  |                 |    |          |           |
| CONDITIONS    | ADDRESS  | 4 Grosvenor St  |    |          |           |

Family working OK

COMMENTS: MAINTAINANCE MAN (EMMONS) Replaced Faulty Wall Fixture in Left Rear Bedroom. Checked all other fixtures and outlets in unit. OK.

SPECIAL INSTRUCTIONS:

|          |   |                                     |           |                          |         |                          |
|----------|---|-------------------------------------|-----------|--------------------------|---------|--------------------------|
| DIVISION | SANITATION                                  | <input checked="" type="checkbox"/> | HOUSING   | <input type="checkbox"/> | NURSING | <input type="checkbox"/> |
| PRIORITY | <input checked="" type="checkbox"/> ROUTINE |                                     | SPECIAL   |                          | BY      | BB                       |
|          | <input type="checkbox"/> URGENT             |                                     | REPORT TO |                          | DATE    | 11/27/72                 |

Idn: 1971

REINSPECTION RECOMMENDATIONS

LOCATION 4 Josslyn Street  
Project General (P.H.A.)  
under P.H.A.

INSPECTOR Noyes

| NOTICE OF HOUSING CONDITIONS |         | HEARING NOTICE |         | FINAL NOTICE |         |
|------------------------------|---------|----------------|---------|--------------|---------|
| Issued                       | Expired | Issued         | Expired | Issued       | Expired |
|                              |         |                |         |              |         |

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

| Date | Action  |
|------|---|
|      | ALL VIOLATIONS HAVE BEEN CORRECTED _____<br>Send "CERTIFICATE OF COMPLIANCE" _____ "POSTING RELEASE" _____            |
|      | SATISFACTORY Rehabilitation in Progress<br>Time Extended To _____<br>Time Extended To _____<br>Time Extended To _____ |
|      | UNSATISFACTORY Progress<br>Send "HEARING NOTICE" _____ "FINAL NOTICE" _____   |
|      | "NOTICE TO VACATE" _____<br>POST Entire _____<br>POST Dwelling Units _____  |
|      | UNSATISFACTORY Progress<br>Request "LEGAL ACTION" Be Taken _____  |

INSPECTOR'S REMARKS:

9/2/71

*Mr. Howe, Administrative Asst to the Housing Director, notified me that he has instructed the maintenance foreman to correct the conditions immediately.*  
*J. D. Noyes*  
*Chief of Housing Inspections*

INSTRUCTIONS TO INSPECTOR:

✓  
O.R. 9/23/72  
J.P. Noyes

September 22, 1972

Portland Housing Authority  
211 Cumberland Avenue  
Portland, Maine

Re: 4 Josslyn Street  
Second Floor Apartment

Dear Sirs:

We recently received a complaint and an inspection was made of the property owned by you at 4 Josslyn Street, Portland, Maine. As a result of the inspection, the following substandard housing conditions were found:

1. Replace the broken light switch in the kitchen.
2. Tighten the loose wall light in the bedroom.

8(e)

8(e)

The above mentioned conditions are in violation of Chapter 307 of the Municipal Code of the City of Portland, Maine and must be corrected on or before September 29, 1972.

Sincerely,

*Lyle D. Noyes*  
Lyle D. Noyes  
Chief of Housing Inspections

LDN:gh

Inspector *Eric Stone*

REQUEST FOR SERVICE

PORTLAND HEALTH DEPARTMENT

|                      |  |                            |         |          |  |
|----------------------|--|----------------------------|---------|----------|--|
| DATE RECEIVED        | 9-14-72  | BY                         | ly      | DISTRICT |  |
| REQUEST BY           | NAME   | Mrs Pat. Ordway            |         |          |  |
|                      | ADDRESS  | 4 Josslyn St.              |         |          |  |
| OWNER                | NAME   | Portland Housing Authority |         |          |  |
|                      | ADDRESS  | 4 Josslyn St.              |         |          |  |
| CONDITIONS           | Appt. very dirty - light fixtures don't work -<br>shelb. broken in front door. |                            |         |          |  |
| COMMENTS             | y-10.<br>check light switch in kitchen<br>tighten wall light in bedroom.       |                            |         |          |  |
| SPECIAL INSTRUCTIONS |  |                            |         |          |  |
| DIVISION             | SANITATION   | HOUSING                    | NURSING |          |  |
| PRIORITY             | ROUTINE  | SPECIAL                    | BY      |          |  |
|                      | URGENT   | REPORT TO                  | DATE    |          |  |

Owner Portland Housing Auth Loc. 4 Jackson  
Insp. Date 2nd FT APT  
Inspector Stone

Existing violations of Chapter 307 "Minimum Standards for Housing" Section(s)

LIST OF DEFECTS

1. RE. Open light switch in kitchen 8(F)
2. Tighten loose wall light in Bedroom 8(F)