

10 Beal Street - 332-E-10

OK
DATE 10/16/75

May 30, 1975

Mr. Dominic A. Pulsoni
10 Beal Street
Portland, Maine 04103

Re: 10 Beal Street
Portland, Maine 332-E-10

Dear Mr. Pulsoni:

We recently received a complaint and an inspection was made by Housing Inspector Gough of the property owned by you at 10 Beal Street, Portland, Maine. As a result of the inspection, you are hereby ordered to correct the following substandard housing conditions:

1. ~~Accomplish a general clean-up of the entire yard of all lumber and scrap iron, to prevent a rodent harborage.~~

The above mentioned condition is in violation of Chapter 307 of the Municipal Code of the City of Portland, Maine, and must be corrected on or before June 30.

Sincerely yours,
David C. Bittenbender
Acting Health Director

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

Inspector *M. Gough*
M. Gough

LDN:rl

FOR SERVICE

PORTLAND HEALTH DEPARTMENT

RECEIVED	5-27-75	BY	Lee	DISTRICT	Lough
REQUEST BY	NAME	neighbor			
	ADDRESS				
OWNER	NAME	Pulsoni	797 6415		
	ADDRESS	DEMONIC PULSONI			
CONDITIONS	ADDRESS	70 Beal St, PLUND, ME Boulders in yard - harbor rats Cunks piled up also - health hazard			
COMMENTS	ET letter of object. 5/28/75 N. Comp				
SPECIAL INSTRUCTIONS					
DIVISION	SANITATION		HOUSING		NURSING
	ROUTINE		SPECIAL		BY
PRIORITY	URGENT		REPORT TO		DATE

May 30, 1975

Mr. Dominic A. Pulsoni
10 Beal Street
Portland, Maine 04103

Re: 10 Beal Street
Portland, Maine 332-E-10

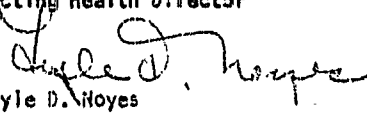
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Acting Health Director


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Chief of Housing Inspections

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M. Gough

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PS Form 3811, Nov. 1973

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

① **SENDER:** Complete items 1 and 2. Add your address in the "FROM" 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 85¢

2. ARTICLE ADDRESSED TO:
Dominic & Giuliana
Alphida M. P.

3. ARTICLE DESCRIPTION:
 REGISTERED NO. CERTIFIED NO. INSURED NO.
 487058

(Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE
Alphida M. P.

4. DATE OF DELIVERY: *11-10-75* POSTMARK: *11-10-75*

5. ADDRESS (if in date only if requested)

6. UNABLE TO DELIVER REASON:

10 Bond St. N.Y.