



CITY OF CAMBRIDGE  
DEPARTMENT OF HEALTH, HOSPITAL AND WELFARE  
16 CAMELIA AVENUE CAMBRIDGE, MASSACHUSETTS 02139  
Telephone 354-2020

October 31, 1977

James Sullivan  
City Manager  
Cambridge City Hall

Dear Sir:

Enclosed is a report on the vacant lots in the City of  
Cambridge.

Sincerely,

Bernard W. Hill  
Chief Code Enforcement Inspector

1. Webster Ave. & Lincoln St. (fenced and clean)
2. York & Hamlin Sts. (clean)
3. Clark & Hampshire Sts. (dry vegetation, unfenced)
4. 111 Hampshire St. (fenced & clean)
5. Binney & First Sts. to Comm. Ave. (clean)
6. Rogers & First Sts. to Comm. Ave. (storage, clean)
7. 215 Charles St. (empty lot, vegetable garden)
8. Marion & Jefferson Sts. (CRA? parking)
9. Marion & Cambridge Sts. (CRA, parking)
10. 60-62 Porter St. (vegetable garden)
11. 32 Hunting St. (clean)
12. Binney & Portland Sts. (fenced for parking)
13. Opposite 276 Portland St. (fenced and clean)
14. opposite 291-297 Portland St. (fenced and clean)
15. Putnam & Hamilton (O.K.)
16. River & Howard Sts. (fenced, overgrown)
17. Erie St. (fenced in lot)
18. 255 River St. (fenced, overgrown)
19. 241 River St. (O.K., few weeds)
20. Bay & Green Sts. (foundation being dug)
21. 72 & 74 School St. (lot behind, on Cherry St.)
22. 8 Eaton St. (littered, in court)
23. 71 Cherry St. (O.K.)
24. 145 Pine St.
25. 123 or 125 Pine St. (O.K.)
26. Broadway (Charlesbank & Draper Lab, O.K.)
27. Broadway, Pelham & Main Sts. (O.K.)
28. Broadway & Commercial Ave. (parking, storage, O.K.)
29. Harvard, Main & Sixth Sts. (storage, dry fill, O.K.)
30. Between 64 & 74 Prospect St. (O.K.)
31. Hovey & Cambridge Sts. (fenced, vegetable garden)

# SQUIRREL BRAND CO.

SALTED PEANUTS  
PEANUT BUTTER

SQUIRREL

BRAND

SALTED NUTS  
NUT CANDIES



TRADE MARK REG. U. S. PAT. OFF.

17 BOARDMAN STREET, CAMBRIDGE, MASS. 02139

October 18, 1977

George Kessel, Inspector  
City of Cambridge  
Dept. of H. H. & W  
16 Camelia Avenue  
Cambridge, Mass. 02139

Dear Sir:

In answer to your inspection report No. 3633, the vacant lot cited was donated by Squirrel Brand Co. to the City of Cambridge for 1977 Victory Gardens.

As there has been no frost and vegetables are still growing we request that an extension be given so as the plot owners can harvest their crops and clean up their area.

Thank You.

Sincerely,

A handwritten signature in cursive script that reads "Robert H. Stengel". The signature is written in dark ink and is positioned above the typed name.

Robert H. Stengel  
Vice President

RHS/m

Rec. 10-19-77  
R.K.



**CITY OF CAMBRIDGE**  
 DEPARTMENT OF HEALTH, HOSPITAL AND WELFARE  
 16 CAMELIA AVENUE CAMBRIDGE, MASSACHUSETTS 02139  
 Telephone 354-2020

**№ 3638**

HOUSING INSPECTION REPORT

ADDRESS OF PREMISES Broadway + Boardman St  
 Number \_\_\_\_\_ Street \_\_\_\_\_ Apartment Number \_\_\_\_\_

OCCUPANT Vacant Lot TELEPHONE \_\_\_\_\_  
 Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle I. \_\_\_\_\_

LANDLORD Squire B. Co. Inc. TELEPHONE \_\_\_\_\_  
 Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle I. \_\_\_\_\_

LANDLORD'S ADDRESS 17 Boardman St Cambridge  
 Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_

NAME OF INSPECTOR Kessel  
 INSPECTION REQUESTED BY City Manager DATE \_\_\_\_\_ HOUR \_\_\_\_\_  
 DATE OF INSPECTION MO. Oct DAY 11 YEAR 1977 HOUR \_\_\_\_\_

VIOLATIONS \_\_\_\_\_ CODE NO. \_\_\_\_\_  
Please Vacant Lot of all Rubbish weeds  
and other Refuses.

INITIAL THE APPROPRIATE STATEMENT.

1. RM One or more of the above violations constitutes a condition which may endanger or materially impair the health or well-being of any tenant residing in the premises.
2. \_\_\_\_\_ None of the above violations constitutes a condition which may endanger or materially impair the health or well-being of any tenant residing in the premises.
3. The Landlord is hereby notified to remedy the above cited violations within 10 days or face prosecution by the City of Cambridge.

RECEIPT OF THIS INSPECTION REPORT BY THE LANDLORD IS NOTICE TO THE LANDLORD AS REQUIRED BY MASS. GEN. LAWS. CHAPTER 239 SECTION 8A.

Date of Inspection Oct 11-1977  
 Inspector Leo Kessel

CERTIFIED TRUE COPY

PER ORDER  
 BOARD OF HEALTH  
 CITY OF CAMBRIDGE

I THIS DAY DELIVERED A TRUE COPY WITHIN \_\_\_\_\_  
 IN HAND TO \_\_\_\_\_ ON \_\_\_\_\_ TIME \_\_\_\_\_  
 CONSTABLE OF CITY OF CAMBRIDGE



**CITY OF CAMBRIDGE**  
 DEPARTMENT OF HEALTH, HOSPITAL AND WELFARE  
 16 CAMELIA AVENUE CAMBRIDGE, MASSACHUSETTS 02139  
 Telephone 354-2020

**NO 4087**

*Vac. Lot*

HOUSING INSPECTION REPORT

ADDRESS OF PREMISES 176 Broad St.  
 Number Street Apartment Number

OCCUPANT \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 Last Name First Middle I.

LANDLORD Kymon Inoué, Daniel TELEPHONE \_\_\_\_\_  
 Last Name First Middle I.

LANDLORD'S ADDRESS 117 Gray St. Billerica Mass.  
 Number Street City

NAME OF INSPECTOR Crawford & Council  
 INSPECTION REQUESTED BY City Manager DATE 10/17 HOUR \_\_\_\_\_  
 DATE OF INSPECTION MO. 10 DAY 17 YEAR 77 HOUR \_\_\_\_\_

VIOLATIONS 1. Lettred Lot CODE NO. Sec. 15.6 State Code

INITIAL THE APPROPRIATE STATEMENT.

- R. J. C. One or more of the above violations constitutes a condition which may endanger or materially impair the health or well-being of any tenant residing in the premises.
- None of the above violations constitutes a condition which may endanger or materially impair the health or well-being of any tenant residing in the premises.
- The Landlord is hereby notified to remedy the above cited violations within 21 days or face prosecution by the City of Cambridge.

RECEIPT OF THIS INSPECTION REPORT BY THE LANDLORD IS NOTICE TO THE LANDLORD AS REQUIRED BY MASS. GEN. LAWS. CHAPTER 239 SECTION 8A.

Date of Inspection 10/17/77  
 Inspector Crawford

*Reinspection 11/3/77*

CERTIFIED TRUE COPY

PER ORDER  
 BOARD OF HEALTH  
 CITY OF CAMBRIDGE

I THIS DAY DELIVERED A TRUE COPY WITHIN \_\_\_\_\_ TIME  
 IN HAND TO \_\_\_\_\_ ON \_\_\_\_\_  
 CONSTABLE OF CITY OF CAMBRIDGE



**CITY OF CAMBRIDGE**  
**DEPARTMENT OF HEALTH, HOSPITAL AND WELFARE**  
 16 CAMELIA AVENUE CAMBRIDGE, MASSACHUSETTS 02139  
 Telephone 354-2020

NO. **2490**

**HOUSING INSPECTION REPORT**

ADDRESS OF PREMISES 137 Hampshire St 87  
 Number Street Apartment Number

OCCUPANT \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 Last Name First Middle I.

LANDLORD Hoffman Felt & Sons Inc TELEPHONE \_\_\_\_\_  
 Last Name First Middle I.

LANDLORD'S ADDRESS 130 Hampshire St CAMBRIDGE  
 Number Street City

NAME OF INSPECTOR W. Clark P. Conolly

INSPECTION REQUESTED BY City DATE 10/17/77 HOUR \_\_\_\_\_

DATE OF INSPECTION 17 MO. 17 DAY 77 YEAR 17 HOUR \_\_\_\_\_

VIOLATIONS \_\_\_\_\_ CODE NO. \_\_\_\_\_

Clown in backyard lot in corner 10.1A

**INITIAL THE APPROPRIATE STATEMENT.**

1. 10.1 PC One or more of the above violations constitutes a condition which may endanger or materially impair the health or well-being of any tenant residing in the premises.
2. \_\_\_\_\_ None of the above violations constitutes a condition which may endanger or materially impair the health or well-being of any tenant residing in the premises.
3. The Landlord is hereby notified to remedy the above cited violations within 7 days or face prosecution by the City of Cambridge.

RECEIPT OF THIS INSPECTION REPORT BY THE LANDLORD IS NOTICE TO THE LANDLORD AS REQUIRED BY MASS. GEN. LAWS, CHAPTER 239, SECTION 8A.

Date of Inspection 10/17/77  
 Inspector W. Clark P. Conolly

Received 10-27-77

**CERTIFIED TRUE COPY**

I THIS DAY DELIVERED A TRUE COPY WITHIN \_\_\_\_\_ ON \_\_\_\_\_ TIME \_\_\_\_\_  
 IN HAND TO \_\_\_\_\_

PER ORDER  
 BOARD OF HEALTH  
 CITY OF CAMBRIDGE

CONSTABLE OF CITY OF CAMBRIDGE



**CITY OF CAMBRIDGE**  
**DEPARTMENT OF HEALTH, HOSPITAL AND WELFARE**  
 16 CAMELIA AVENUE CAMBRIDGE, MASSACHUSETTS 02139  
 Telephone 354-2020

**Nº 2491**

**HOUSING INSPECTION REPORT**

ADDRESS OF PREMISES 385-387 PORTLAND ST  
 Number Street Apartment Number

OCCUPANT \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 Last Name First Middle I.

LANDLORD CAMBRIDGE REDEVELOPMENT AUTH. TELEPHONE \_\_\_\_\_  
 Last Name First Middle I.

LANDLORD'S ADDRESS 336 MAIN ST. CAMBRIDGE  
 Number Street City

NAME OF INSPECTOR CLARK & CONNOLLY  
 INSPECTION REQUESTED BY \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_  
 DATE OF INSPECTION \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ HOUR \_\_\_\_\_

**VIOLATIONS** **CODE NO.**  
CLEAN LITTERED LOT OF ALL DEBRIS 10.1A  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

INITIAL THE APPROPRIATE STATEMENT.

1. VC + PC One or more of the above violations constitutes a condition which may endanger or materially impair the health or well-being of any tenant residing in the premises.
2. \_\_\_\_\_ None of the above violations constitutes a condition which may endanger or materially impair the health or well-being of any tenant residing in the premises.
3. The Landlord is hereby notified to remedy the above cited violations within 7 days or face prosecution by the City of Cambridge.

RECEIPT OF THIS INSPECTION REPORT BY THE LANDLORD IS NOTICE TO THE LANDLORD AS REQUIRED BY MASS. GEN. LAWS. CHAPTER 239 SECTION 8A.

Date of Inspection 10/17/77  
 Inspector [Signature]

*Re inspect 10-27-77*

**CERTIFIED TRUE COPY**

**I THIS DAY DELIVERED A TRUE COPY WITHIN \_\_\_\_\_ TIME \_\_\_\_\_**  
**IN HAND TO \_\_\_\_\_ ON \_\_\_\_\_**  
**CONSTABLE OF CITY OF CAMBRIDGE**

**PER ORDER**  
**BOARD OF HEALTH**  
**CITY OF CAMBRIDGE**



**CITY OF CAMBRIDGE**  
 DEPARTMENT OF HEALTH, HOSPITAL AND WELFARE  
 16 CAMELIA AVENUE CAMBRIDGE, MASSACHUSETTS 02139  
 Telephone 354-2020

**Nº 2493**

HOUSING INSPECTION REPORT

ADDRESS OF PREMISES 26 HUNTING ST LOT  
 Number Street Apartment Number

OCCUPANT \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 Last Name First Middle I.

LANDLORD Dizon, Theodore + Ruth TELEPHONE \_\_\_\_\_  
 Last Name First Middle I.

LANDLORD'S ADDRESS 3 HARRINGTON TER. CAMBRIDGE  
 Number Street City

NAME OF INSPECTOR CLARK + CONNOLLY  
 INSPECTION REQUESTED BY CITY DATE 10/17/77 HOUR \_\_\_\_\_  
 DATE OF INSPECTION MO. \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ HOUR \_\_\_\_\_

VIOLATIONS CODE NO.  
Clean DEBRIS FROM VACANT LOT 10.6

INITIAL THE APPROPRIATE STATEMENT.

1. V.C. + P.C. One or more of the above violations constitutes a condition which may endanger or materially impair the health or well-being of any tenant residing in the premises.
2. \_\_\_\_\_ None of the above violations constitutes a condition which may endanger or materially impair the health or well-being of any tenant residing in the premises.
3. The Landlord is hereby notified to remedy the above cited violations within 7 days or face prosecution by the City of Cambridge.

RECEIPT OF THIS INSPECTION REPORT BY THE LANDLORD IS NOTICE TO THE LANDLORD AS REQUIRED BY MASS. GEN. LAWS. CHAPTER 239 SECTION 8A.

Date of Inspection 10/17/77  
 Inspector Miriam Clark

*Receipt 10-27-77*

CERTIFIED TRUE COPY

I THIS DAY DELIVERED A TRUE COPY WITHIN \_\_\_\_\_ ON \_\_\_\_\_ TIME \_\_\_\_\_  
 IN HAND TO \_\_\_\_\_  
 CONSTABLE OF CITY OF CAMBRIDGE

PER ORDER  
 BOARD OF HEALTH  
 CITY OF CAMBRIDGE



**CITY OF CAMBRIDGE**  
 DEPARTMENT OF HEALTH, HOSPITAL AND WELFARE  
 16 CAMELIA AVENUE CAMBRIDGE, MASSACHUSETTS 02139  
 Telephone 354-2020

**No 2492**

HOUSING INSPECTION REPORT

ADDRESS OF PREMISES Room of Roosevelt Towers Lot  
 Number Street Apartment Number

OCCUPANT \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 Last Name First Middle I.

LANDLORD CAMBRIDGE HOUSING AUTHORITY TELEPHONE \_\_\_\_\_  
 Last Name First Middle I.

LANDLORD'S ADDRESS 270 Green St. Cambridge  
 Number Street City

NAME OF INSPECTOR Clark + Connolly  
 INSPECTION REQUESTED BY CITY DATE 10/17/77 HOUR \_\_\_\_\_  
 DATE OF INSPECTION 10 MO. 17 DAY 77 YEAR \_\_\_\_\_ HOUR \_\_\_\_\_

VIOLATIONS CODE NO.

Clean Lot Behind Project of Old 10.1A  
WASHING MACHINE AND OTHER DEBRIS

INITIAL THE APPROPRIATE STATEMENT.

1. VCY PE One or more of the above violations constitutes a condition which may endanger or materially impair the health or well-being of any tenant residing in the premises.
2. \_\_\_\_\_ None of the above violations constitutes a condition which may endanger or materially impair the health or well-being of any tenant residing in the premises.
3. The Landlord is hereby notified to remedy the above cited violations within 7 days or face prosecution by the City of Cambridge.

RECEIPT OF THIS INSPECTION REPORT BY THE LANDLORD IS NOTICE TO THE LANDLORD AS REQUIRED BY MASS. GEN. LAWS. CHAPTER 239 SECTION 8A.

Date of Inspection 10/17/77  
 Inspector Vincent Clark

Reinspect 10-26-77

CERTIFIED TRUE COPY

I THIS DAY DELIVERED A TRUE COPY WITHIN \_\_\_\_\_ TIME \_\_\_\_\_  
 IN HAND TO \_\_\_\_\_ ON \_\_\_\_\_  
 CONSTABLE OF CITY OF CAMBRIDGE

PER ORDER  
 BOARD OF HEALTH  
 CITY OF CAMBRIDGE



**CITY OF CAMBRIDGE**  
**DEPARTMENT OF HEALTH, HOSPITAL AND WELFARE**  
 16 CAMELIA AVENUE CAMBRIDGE, MASSACHUSETTS 02139  
 Telephone 354-2020

**Nº 2631**

**HOUSING INSPECTION REPORT**

ADDRESS OF PREMISES 26 PRINCE ST VACANT LOT  
 Number Street Apartment Number

OCCUPANT \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 Last Name First Middle I.

LANDLORD de Wello MANUEL + MARIA TELEPHONE \_\_\_\_\_  
 Last Name First Middle I.

LANDLORD'S ADDRESS 1503 RIVER ST HYDE PARK  
 Number Street City

NAME OF INSPECTOR B. FLYNN  
 INSPECTION REQUESTED BY CITY MANAGER DATE \_\_\_\_\_ HOUR \_\_\_\_\_  
 DATE OF INSPECTION 10 MO. 13 DAY 77 YEAR \_\_\_\_\_ HOUR \_\_\_\_\_

VIOLATIONS	CODE NO.
<u>ABANDONED CAR (BROKEN WINDOWS)</u>	

**INITIAL THE APPROPRIATE STATEMENT.**

- DF One or more of the above violations constitutes a condition which may endanger or materially impair the health or well-being of any tenant residing in the premises.
- None of the above violations constitutes a condition which may endanger or materially impair the health or well-being of any tenant residing in the premises.
- The Landlord is hereby notified to remedy the above cited violations within 10 days or face prosecution by the City of Cambridge.

RECEIPT OF THIS INSPECTION REPORT BY THE LANDLORD IS NOTICE TO THE LANDLORD AS REQUIRED BY MASS. GEN. LAWS. CHAPTER 239 SECTION 8A.

Date of Inspection 10/13/77  
 Inspector [Signature]

**CERTIFIED TRUE COPY**

I THIS DAY DELIVERED A TRUE COPY WITHIN \_\_\_\_\_ ON \_\_\_\_\_ TIME \_\_\_\_\_  
 IN HAND TO \_\_\_\_\_  
 CONSTABLE OF CITY OF CAMBRIDGE

PER ORDER  
 BOARD OF HEALTH  
 CITY OF CAMBRIDGE



**CITY OF CAMBRIDGE**  
 DEPARTMENT OF HEALTH, HOSPITAL AND WELFARE  
 16 CAMELIA AVENUE CAMBRIDGE, MASSACHUSETTS 02139  
 Telephone 354-2020

Nº 2630

HOUSING INSPECTION REPORT

ADDRESS OF PREMISES 248 Chestnut St VACANT Lot  
 Number Street Apartment Number

OCCUPANT \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 Last Name First Middle I.

LANDLORD Rothman George \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 Last Name First Middle I.

LANDLORD'S ADDRESS 485 Massachusetts Ave CAMP  
 Number Street City

NAME OF INSPECTOR B. Flynn  
 INSPECTION REQUESTED BY City Upgrade DATE \_\_\_\_\_ HOUR \_\_\_\_\_  
 DATE OF INSPECTION 10 MO. 13 DAY 1977 YEAR \_\_\_\_\_ HOUR \_\_\_\_\_

VIOLATIONS	CODE NO.
<u>OVERGROWN AND CHER</u> <u>HARBORAGE FOR RODENTS.</u>	<u>10.1A</u>

INITIAL THE APPROPRIATE STATEMENT.

- BF One or more of the above violations constitutes a condition which may endanger or materially impair the health or well-being of any tenant residing in the premises.
- None of the above violations constitutes a condition which may endanger or materially impair the health or well-being of any tenant residing in the premises.
- The Landlord is hereby notified to remedy the above cited violations within 10 days or face prosecution by the City of Cambridge.

RECEIPT OF THIS INSPECTION REPORT BY THE LANDLORD IS NOTICE TO THE LANDLORD AS REQUIRED BY MASS. GEN. LAWS. CHAPTER 239 SECTION 8A.

Date of Inspection 10/13/77  
 Inspector [Signature]

CERTIFIED TRUE COPY

I THIS DAY DELIVERED A TRUE COPY WITHIN \_\_\_\_\_  
 IN HAND TO \_\_\_\_\_ ON \_\_\_\_\_ TIME \_\_\_\_\_  
 \_\_\_\_\_  
 CONSTABLE OF CITY OF CAMBRIDGE

PER ORDER  
 BOARD OF HEALTH  
 CITY OF CAMBRIDGE



**CITY OF CAMBRIDGE**  
 DEPARTMENT OF HEALTH, HOSPITAL AND WELFARE  
 16 CAMELIA AVENUE CAMBRIDGE, MASSACHUSETTS 02139  
 Telephone 354-2020

No. **8639**

HOUSING INSPECTION REPORT

*(Sub 1127)*  
*16-1-1977*

ADDRESS OF PREMISES *Nestle 167 - Harvard St. (East)*  
 Number Street Apartment Number

OCCUPANT *Vacant Lot* TELEPHONE \_\_\_\_\_  
 Last Name First Middle I.

LANDLORD *Ward C. F.* TELEPHONE \_\_\_\_\_  
 Last Name First Middle I.

LANDLORD'S ADDRESS *27 Feb St. Cambridge Mass*  
 Number Street City

NAME OF INSPECTOR *Kessel*  
 INSPECTION REQUESTED BY *City Manager* DATE \_\_\_\_\_ HOUR \_\_\_\_\_  
 DATE OF INSPECTION MO. *Oct* DAY *11* YEAR *1977* HOUR \_\_\_\_\_

VIOLATIONS \_\_\_\_\_ CODE NO. \_\_\_\_\_  
*Clean up Dirty Vacant Lot*  
*Remove paper Auto Hood etc.*

INITIAL THE APPROPRIATE STATEMENT.

- R.K.* One or more of the above violations constitutes a condition which may endanger or materially impair the health or well-being of any tenant residing in the premises.
- \_\_\_\_\_ None of the above violations constitutes a condition which may endanger or materially impair the health or well-being of any tenant residing in the premises.
- The Landlord is hereby notified to remedy the above cited violations within *10* days or face prosecution by the City of Cambridge.

RECEIPT OF THIS INSPECTION REPORT BY THE LANDLORD IS NOTICE TO THE LANDLORD AS REQUIRED BY MASS. GEN. LAWS, CHAPTER 239 SECTION 8A.

Date of Inspection *Oct 11-1977*  
 Inspector *George Kessel*

CERTIFIED TRUE COPY

I THIS DAY DELIVERED A TRUE COPY WITHIN \_\_\_\_\_ ON \_\_\_\_\_ TIME \_\_\_\_\_  
 IN HAND TO \_\_\_\_\_  
 CONSTABLE OF CITY OF CAMBRIDGE

PER ORDER  
 BOARD OF HEALTH  
 CITY OF CAMBRIDGE



**CITY OF CAMBRIDGE**  
 DEPARTMENT OF HEALTH, HOSPITAL AND WELFARE  
 16 CAMELIA AVENUE CAMBRIDGE, MASSACHUSETTS 02139  
 Telephone 354-2020

**No 2633**

HOUSING INSPECTION REPORT

ADDRESS OF PREMISES River + DuBouSt VACANT Lot  
 Number Street Apartment Number

OCCUPANT \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 Last Name First Middle I.

LANDLORD JA GRECCA ACTED TELEPHONE \_\_\_\_\_  
 Last Name First Middle I.

LANDLORD'S ADDRESS 431 NORTH Ave Woston  
 Number Street City

NAME OF INSPECTOR Flynn  
 INSPECTION REQUESTED BY City WIRE DATE \_\_\_\_\_ HOUR \_\_\_\_\_  
 DATE OF INSPECTION 10 MO. 13 DAY 77 YEAR \_\_\_\_\_ HOUR \_\_\_\_\_

VIOLATIONS	CODE NO.
<u>Lot covered with litter / over grown</u>	

INITIAL THE APPROPRIATE STATEMENT.

- 13F One or more of the above violations constitutes a condition which may endanger or materially impair the health or well-being of any tenant residing in the premises.
- None of the above violations constitutes a condition which may endanger or materially impair the health or well-being of any tenant residing in the premises.
- The Landlord is hereby notified to remedy the above cited violations within 10 days or face prosecution by the City of Cambridge.

RECEIPT OF THIS INSPECTION REPORT BY THE LANDLORD IS NOTICE TO THE LANDLORD AS REQUIRED BY MASS. GEN. LAWS. CHAPTER 239 SECTION 8A.

Date of Inspection 10/13/77  
 Inspector [Signature]

CERTIFIED TRUE COPY

I THIS DAY DELIVERED A TRUE COPY WITHIN \_\_\_\_\_ ON \_\_\_\_\_ TIME \_\_\_\_\_  
 IN HAND TO \_\_\_\_\_  
 CONSTABLE OF CITY OF CAMBRIDGE

PER ORDER  
 BOARD OF HEALTH  
 CITY OF CAMBRIDGE



**CITY OF CAMBRIDGE**  
 DEPARTMENT OF HEALTH, HOSPITAL AND WELFARE  
 16 CAMELIA AVENUE CAMBRIDGE, MASSACHUSETTS 02139  
 Telephone 354-2020

**No 2614**

HOUSING INSPECTION REPORT

ADDRESS OF PREMISES VACANT Lot Harvey St (222)  
 Number Street Apartment Number

OCCUPANT \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 Last Name First Middle I.

LANDLORD W R GRACO + CO TELEPHONE \_\_\_\_\_  
 Last Name First Middle I.

LANDLORD'S ADDRESS 62 Whittemore Ave CAMBRIDGE  
 Number Street City

NAME OF INSPECTOR Flynn  
 INSPECTION REQUESTED BY City DATE \_\_\_\_\_ HOUR \_\_\_\_\_  
 DATE OF INSPECTION 10 MO. 25 DAY 77 YEAR HOUR \_\_\_\_\_

VIOLATIONS CODE NO.  
Littered Lot, (Building materials, mounds of fill)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

INITIAL THE APPROPRIATE STATEMENT.

1. DT One or more of the above violations constitutes a condition which may endanger or materially impair the health or well-being of any tenant residing in the premises.
2. \_\_\_\_\_ None of the above violations constitutes a condition which may endanger or materially impair the health or well-being of any tenant residing in the premises.
3. The Landlord is hereby notified to remedy the above cited violations within 10 days or face prosecution by the City of Cambridge.

RECEIPT OF THIS INSPECTION REPORT BY THE LANDLORD IS NOTICE TO THE LANDLORD AS REQUIRED BY MASS. GEN. LAWS. CHAPTER 239 SECTION 8A.

Date of Inspection 10/25/77  
 Inspector [Signature]

Re inspect  
Nov 10, 77

CERTIFIED TRUE COPY

PER ORDER  
 BOARD OF HEALTH  
 CITY OF CAMBRIDGE

I THIS DAY DELIVERED A TRUE COPY WITHIN \_\_\_\_\_ TIME  
 IN HAND TO \_\_\_\_\_ ON \_\_\_\_\_  
 CONSTABLE OF CITY OF CAMBRIDGE



**CITY OF CAMBRIDGE**  
 DEPARTMENT OF HEALTH, HOSPITAL AND WELFARE  
 16 CAMELIA AVENUE CAMBRIDGE, MASSACHUSETTS 02139  
 Telephone 354-2020

**№ 2615**

HOUSING INSPECTION REPORT

ADDRESS OF PREMISES VACANT lot 37-49 HARVEY St  
 Number Street Apartment Number

OCCUPANT \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 Last Name First Middle I.

LANDLORD WAINWRIGHT Wm H TELEPHONE \_\_\_\_\_  
 Last Name First Middle I.

LANDLORD'S ADDRESS 45 HARVEY St Cambridge  
 Number Street City

NAME OF INSPECTOR Flynn  
 INSPECTION REQUESTED BY Neighborhood City DATE \_\_\_\_\_ HOUR \_\_\_\_\_  
 DATE OF INSPECTION 10 MO. 20 DAY 77 YEAR \_\_\_\_\_ HOUR \_\_\_\_\_

VIOLATIONS CODE NO.

Overgrown lot Rodents sighted

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

INITIAL THE APPROPRIATE STATEMENT.

1. BF One or more of the above violations constitutes a condition which may endanger or materially impair the health or well-being of any tenant residing in the premises.
2. \_\_\_\_\_ None of the above violations constitutes a condition which may endanger or materially impair the health or well-being of any tenant residing in the premises.
3. The Landlord is hereby notified to remedy the above cited violations within 10 days or face prosecution by the City of Cambridge.

RECEIPT OF THIS INSPECTION REPORT BY THE LANDLORD IS NOTICE TO THE LANDLORD AS REQUIRED BY MASS. GEN. LAWS. CHAPTER 239 SECTION 8A.

Date of Inspection 10/20/77  
 Inspector S. Flynn

Reinspect  
NOV 10, 77

CERTIFIED TRUE COPY

I THIS DAY DELIVERED A TRUE COPY WITHIN \_\_\_\_\_ ON \_\_\_\_\_ TIME \_\_\_\_\_  
 IN HAND TO \_\_\_\_\_  
 CONSTABLE OF CITY OF CAMBRIDGE

PER ORDER  
 BOARD OF HEALTH  
 CITY OF CAMBRIDGE



**CITY OF CAMBRIDGE**  
 DEPARTMENT OF HEALTH, HOSPITAL AND WELFARE  
 16 CAMELIA AVENUE CAMBRIDGE, MASSACHUSETTS 02139  
 Telephone 354-2020

No 4086

*Listed VACANT Lot 4  
 City Assessor Office*

HOUSING INSPECTION REPORT

ADDRESS OF PREMISES 12 Walden St.  
 Number Street Apartment Number

OCCUPANT \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 Last Name First Middle I.

LANDLORD Simboli, Anthony C. TELEPHONE \_\_\_\_\_  
 Last Name First Middle I.

LANDLORD'S ADDRESS 121 High St. Manchester, Mass  
 Number Street City

NAME OF INSPECTOR A. G. Goulet  
 INSPECTION REQUESTED BY City Manager DATE \_\_\_\_\_ HOUR \_\_\_\_\_  
 DATE OF INSPECTION MO. 10 DAY 24 YEAR 77 HOUR \_\_\_\_\_

VIOLATIONS \_\_\_\_\_ CODE NO. \_\_\_\_\_  
Listed Lot, Section 15.6 Art. 2, Stat. 218A  
(Dishes covered with plastic stream)  
about lot.

INITIAL THE APPROPRIATE STATEMENT.  
 1. A.G. One or more of the above violations constitutes a condition which may endanger or materially impair the health or well-being of any tenant residing in the premises.  
 2. \_\_\_\_\_ None of the above violations constitutes a condition which may endanger or materially impair the health or well-being of any tenant residing in the premises.  
 3. The Landlord is hereby notified to remedy the above cited violations within 10 days or face prosecution by the City of Cambridge.

RECEIPT OF THIS INSPECTION REPORT BY THE LANDLORD IS NOTICE TO THE LANDLORD AS REQUIRED BY MASS. GEN. LAWS. CHAPTER 239 SECTION 8A.  
 Date of Inspection 10/24/77  
 Inspector A. G. Goulet *Receipt 11/4/77*

CERTIFIED TRUE COPY  
 I THIS DAY DELIVERED A TRUE COPY WITHIN \_\_\_\_\_ ON \_\_\_\_\_ TIME \_\_\_\_\_  
 IN HAND TO \_\_\_\_\_ CONSTABLE OF CITY OF CAMBRIDGE  
 PER ORDER BOARD OF HEALTH CITY OF CAMBRIDGE



# CITY OF CAMBRIDGE

CAMBRIDGE, MASSACHUSETTS 02139  
Tel. 876-6800

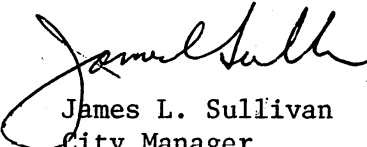
EXECUTIVE DEPARTMENT  
JAMES L. SULLIVAN  
City Manager

November 21, 1977

To the Honorable, the City Council:

In response to Awaiting Report No. 4, enclosed please find a list from Bernard W. Hill, Chief Code Enforcement Inspector of the Board of Health, of the vacant lots in the City of Cambridge and action taken for compliance with sanitary code violations.

Very truly yours,

  
James L. Sullivan  
City Manager

JLS/mbf  
Enc.

Response to Awaiting Report No. 4 re: vacant  
lots in the City of Cambridge.

In City Council,

Nov. 21, 1977

*D. Elton*

*Comp list of vacant*

*lots in condition*

*to require list*