

CITY OF PORTLAND PERMITTING AND INSPECTIONS DEPARTMENT
 HOUSING SAFETY OFFICE
 389 Congress Street, Rm. 26 Portland, Maine 04101
 housingsafety@portlandmaine.gov
 (207)756-8131

**NOTICE OF VIOLATION
 AND ORDER TO CORRECT**

Certified Mail – September 6, 2016

| | | | |
|--|--|--------------------------------------|--|
| Violator 1: GREENLEAF APARTMENTS LLC | | Violator 2: H.A.T. LLC | |
| Location: 42 GREELEAF ST | CBL: 012 I002 | Inspection Date: 8/16/2016 | |
| Inspector: Matt Sarapas | Inspection Type: Housing Safety Inspection | Status: Failed | |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <p><i>GREENLEAF APARTMENTS LLC CP T.H. BOULETTE PO BOX 9785 PORTLAND ME 04104-5085</i></p> | <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label)</p> | |
| PS Form 3811, July 2013 | Domestic Return Receipt |

multiple-station (interconnected) photoelectric smoke alarms must be
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NFP/
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#44 fi
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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

| | |
|---|--|
| Certified Mail Fee | |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) \$ | |
| <input type="checkbox"/> Return Receipt (electronic) \$ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$ | |
| <input type="checkbox"/> Adult Signature Required \$ | |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ | |
| Postage | |
| Total Postage and Fees | |

Postmark
Here

Sent To
GREENLEAF ARTS CO/TH BOULETTE
 Street and Apt. No., or PO Box No.
PO BOX 9785
 City, State, ZIP+4®
PORTLAND ME 04104-5085

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions