

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

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

**U.S. Postal Service™  
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 Domestic Mail Only

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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 \$ _____	Postmark Here
Postage \$ _____	
<b>Total Postage and Fees</b> \$ _____	

Sent to: **HAT, LLC c/o G.P. CONLEY JR.**  
 Street and Apt. No., or PO Box No. **465 CONGRESS SUITE 800**  
 City, State, ZIP+4® **PORTLAND ME 04101**

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

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<b>Violation</b>	<b>Date for Compliance</b>
<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:  <b>HAT, LLC c/o                  BERARD P CONLEY, JR                  465 CONGRESS ST                  SUITE 800                  PORTLAND, ME 04101</b></p> <p>2. Article Number                  (Transfer from service label)</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature  <b>X</b> <input type="checkbox"/> Agent  <input 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>3. Service Type  <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>
PS Form 3811, July 2013	Domestic Return Receipt