

200

CERTIFICATE

0 F

COMPLIANCE

CITY OF PORTLAND

October 10, 1980

Department of Neighborhood Conservation And Inspection Services Housing Inspections Division Telephone: 775-5451 - Extension 448 - 358

Arnold R. & Jean M. Hanson 531 Ocean House Road Cape Elizabeth, Maine 04107

Re: Premises located at 130A Park Street, Portland, Maine NCP-WE 45-A-10

Dear Mr. & Mrs. Hanson:

A re-inspection of the premises noted above was made on October 9, 1980 by Housing Inspector Merlin Leary

This is to certify that you have complied with our request to correct the violation of the Municipal Codes relating to housing conditions as described in our "Notice of

Thank you for your cooperation and your efforts to help us maintain decent, safe and sanitary housing for all Fortland residents.

In order to aid in the preservation of Portland's existing housing inventory, it shall be the policy of this department to inspect each residential building at least once every five years. Although a property is subject to re-inspection at any time during the said five-year period, the next regular inspection of this property is scheduled for October 1985

Sincerely yours,

Joseph E. Gray, Jr. Director Urban Development

Housing Code Administrator

Inspector Merlin Leary

jar

## ADMINISTRATIVE HEARING DECISION

| •              | The state of the s | 10.3                                                                                                      |  |  |  |  |  |                             |  |  |  |  |  |  |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--|--|--|--|--|-----------------------------|--|--|--|--|--|--|
| 1              | City of Portland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
| ,              | Department of Neighborhood Conservation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
|                | Housing Inspections Division                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date June 21, 1979                                                                                        |  |  |  |  |  |                             |  |  |  |  |  |  |
| ę              | Telephone: 775-5451 - Ext. 448 358 OK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
|                | Arnoid R. & Jean M. Hankon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ·                                                                                                         |  |  |  |  |  |                             |  |  |  |  |  |  |
|                | 531 Ocean House Read Cano Flireboth Maine Color                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
| ,              | Cape Elizabeth, Maine 04107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <del>, - </del>                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
| 3              | DATE LO /10/E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
|                | Re: Premises located at 130 A Park Street, Portland, Maine MCP-West End 45-A-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
|                | Dear Mr. & Mrs. Hanson:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
|                | You are hereby notified thatas a result of a reinspection and your request for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
|                | on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |  |  |  |  |  | Expiration time extended to |  |  |  |  |  |  |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
| *              | the Neighborhood Conservation Program is processed.  IF FOR ANY REASON A LOAN IS NOT GRANTED, YOU MIST MAKE ALTERNATE AFRANGEMENTS HAVE THE VIOLATIONS CORRECTED.  We will discuss it with you if that should occur.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
| 7.<br>2.       | Please notify this office if all violations are corrected before the above mentioned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
|                | dates, so that a "Certificate of Compliance" may be issued.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
|                | In Attendance:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Very truly yours,<br>Joseph E. Gray, Jr., Directo<br>Neighborhood Conservation                            |  |  |  |  |  |                             |  |  |  |  |  |  |
|                | Mr. Manson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
| [              | M. Leary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
| 1              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A State of the state of                                                                                   |  |  |  |  |  |                             |  |  |  |  |  |  |
| Ì              | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | By willer Grand                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Lyle D. Noyes                                                                                             |  |  |  |  |  |                             |  |  |  |  |  |  |
| 1              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | • •                                                                                                       |  |  |  |  |  |                             |  |  |  |  |  |  |
| 1              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Chief of Housing Inspections                                                                              |  |  |  |  |  |                             |  |  |  |  |  |  |
|                | Va                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
| 1              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
| <i>}</i><br>\$ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
| i.             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
| į              | MINTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
|                | A COLOR OF THE PARTY OF THE PAR | مقيشه فالمستعاد فالتعلق معاملهم والمتاهد واستنباه المستهران المهيدي والمتاد والمتادول فليكم أيتأر أوالماء |  |  |  |  |  |                             |  |  |  |  |  |  |
| 1500           | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
| To for August  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
| į ·            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |  |  |  |  |  |                             |  |  |  |  |  |  |

Remaining Housing Code Violations to be corrected within time extension granted on attached "Administrative Hearing Decision" NORC- Dec. 14, 1978 130 A Park St., Portland, Waine NCP-WE 45-A-10

1. VIGHT FRONT EXTERIOR ROOF—repair or replace broken moulding.

2. RIGHT & FRONT EXTERIOR ROOF—repair or replace missing and broken downspoute.

3. FRONT BULKHEAD FOUNDATION—replace missing morter.

3. RIGHT & LEFT TRANT CELIAR FOUNDATION—replace missing morter.

3. NUMBER OF THE PROOF—replace missing gravel and make level.

3. LEFT FRAR EXTERIOR WALL—replace the missing mortar.

3. FIRST FLOOR

3. LITCHEN FIRST—replace missing stack.

9. Number of the store around the store first proof with a 1/8 sheetrock and proper clearance from wall is celling.

3. COLDATINGOR—CELIAR FOR THE PROOF TRANSPORT WALL—repair inoperative light finture.

## NOTICE OF HOUSING CONDITIONS

City or Portlanl Department of Neighborhood Conservation Housing Inspections Division Tel. 775-5451 - Ext 358 - 448

15-A-10 Ch -Bl.-Lot: 130 A Park Stree-Location: NCP-West and Project: ..cceaber 14, 1978 Issued: March 14, 197 Expired:

Mr. & Mrc. Arnold F. & Jean M. Hanson 531 Ocean House Rond Cape Elizainth, Daine 04107

Dear 15r. & Mrs. Hanson:

, Portland, 130 A Park Street An examination was made of the premises at \_\_\_ Violations of Municipal Codes relating to housing conditions were found as described in detail below.

In accordance with provisions of the above mentioned Codes, you are requested to correct these defects on or before March 1: 1979. You may contact this office to arrange a satisfactory repair schedule if you are unable to make such repairs with n the You may contact this office to specified time. We will assume the repairs to be in progress if we do not hear from you within ten days from 'his date and. on reinspection within the time set forth above, will anticipate that the premises have been brought into compliance with Code Standards Please contact this office if you have any questions regarding this notice.

Your cooperation will help this Department in its goal to maintain all Portland residents in decent, safe and sanitary housing.

> Very ruly yours, Joseph E. Gray, Jr., Director Neighborhood Conservation

M. Leary

Lyle Q. Noyes. Chief of Housing Inspections

EXISTING VIOLATIONS OF CHAPTER 307 - "MINIMUM STANDARDS FOR HOUSING" 
1. LIGHT FRONT EXTERIOR FOOF - repair or replace broken moulding. 2. RIGHT & FRONT EXTERIOR ROOF - repair or replace sissing and broken lownsports. 3a 34 3. FRONT BULMEAD - repair or replace proken soor. FRONT BULKHEAD FOUNDATION- replace missing cortar. 3a 5. RIGET & LEFT FRONT CELLAR FOUNDATION- replace missing morter. 35 OVERALL CELLAR FLOOR- replace missing gravel and make level. 7 FIRST FLOOR 3e FT. KITCHIN FLUN- replace missing stack. 9 % & Make the area sround tak stove fireproof with a 3/8 sheetrock and proper cleanance ĴЭ from call & calling. \*.3. BATHROOM CHILING- xcp itz inoperative light fixture. " MEN MAKING YOUR REPARKS, WERST PRIORITY IS TO BE GIVEN TO ITEMS WIT ASTERISKS, AS THEY CONSTITUTE EXTREME HAZALDS TO THE HEALTH OR SAFLTY OF THE OCCUPANTS OF THIS STRUCTURE. We suggest you contact the City of Portland Building Inspection Department, 389 Congress St., Tel. 775-5451 to determine if any of the items listed above require a building or alteration permit.

|                                         |              |                                 |                                |                                       |                  |                                         | المان المانية<br>المان المانية |
|-----------------------------------------|--------------|---------------------------------|--------------------------------|---------------------------------------|------------------|-----------------------------------------|--------------------------------|
| RELASPECTION .                          | RECOM        | <u>DENDATIONS</u>               |                                |                                       | LOCATIO          | N 130 -                                 | L. F. C.                       |
| INSPECTOR_/                             | <u>i 1</u>   | <del>!</del>                    | ^                              |                                       | PROJECT<br>OWNER | <u> 11., </u>                           | 16 1 2000                      |
| NOTICE OF HOU                           |              |                                 | HEARING N                      |                                       | <del></del>      | FINAL                                   | NOTICE                         |
| Issued                                  |              | pired                           | Issued                         | Expired                               | Is               | sued                                    | Expired                        |
| 12.14-28<br>A reinspection              |              |                                 | 2012 nvomi                     | 1                                     |                  |                                         |                                |
| DATE                                    | TI Was       |                                 |                                | nd I recommend a                      | the follo        | wing acci                               | on:                            |
| 3.8fo                                   | 0111         | Send "CERT                      | IONS HAVE BEEN IFICATE OF COMP | CORRECTED LIANCE                      |                  | PCS                                     | TING RELEASE                   |
| *                                       |              | i                               | Rehabilitation                 | ,                                     |                  | <del></del>                             |                                |
| 6-20-79                                 | 147          | lime Friended                   | To: Clu                        | ouch 4,                               | 1910             |                                         |                                |
|                                         |              | Time Extended                   | To:                            |                                       |                  |                                         |                                |
|                                         |              | m: -                            |                                |                                       |                  | *************************************** |                                |
|                                         | <del> </del> | Time Extended                   |                                |                                       |                  |                                         |                                |
| 3                                       |              | UNSATISFACTORY<br>Send "HEARING | Progress NOTICE"               |                                       |                  | FINAL NOT                               | ICE"                           |
| 4                                       |              | "NOTICE TO VAC                  | CATE                           |                                       |                  |                                         |                                |
| )<br>}<br>}                             |              | POST Entire                     | <del></del>                    | · · · · · · · · · · · · · · · · · · · |                  |                                         |                                |
| e- de- (1)                              |              | POST Dwelling                   | Units                          |                                       |                  |                                         |                                |
| , .                                     |              | UNSATISFACTOR                   | RY Progress<br>V' To Be Taken  |                                       |                  |                                         |                                |
| 3-22-79                                 | MI           | INSPECTOR'S F                   | EMARKS: Put                    | Later 10                              | tiper.           |                                         | as wat                         |
| 3<br>5<br>(                             |              |                                 |                                |                                       |                  |                                         |                                |
| 3<br>7<br>8                             |              | l <del></del>                   |                                |                                       |                  |                                         |                                |
| 1                                       |              |                                 |                                |                                       |                  |                                         |                                |
| ·                                       |              |                                 |                                |                                       |                  |                                         |                                |
| ;<br>1<br>-                             |              |                                 |                                |                                       |                  |                                         |                                |
| ;<br>;                                  |              |                                 |                                |                                       |                  |                                         |                                |
| i<br>i                                  |              | TNETBUCTOR                      | TO THE PROPERTY.               |                                       |                  |                                         |                                |
| -                                       |              | INSTRUCTIONS                    | TO INSPECTOR:_                 |                                       |                  |                                         |                                |
| ,                                       |              |                                 |                                |                                       |                  |                                         |                                |
|                                         |              |                                 |                                |                                       |                  |                                         |                                |
| * · · · · · · · · · · · · · · · · · · · |              |                                 |                                |                                       |                  |                                         | <u>(3</u>                      |

سعة بعلقالة فثير