

Inspection Services  
Michael J. Nugent  
Manager

Department of Urban Development  
Joseph E. Gray, Jr.  
Director



## CITY OF PORTLAND

July 22, 1999

Mary Gillies  
48 Olympia St  
Portland ME 04101

RE: 48 Olympia St  
CBL: 433-B-022  
DU: 1

Dear Ms. Gillies:

### **Certified Mail Receipt # Z 397 901 656**

An evaluation of your property at 48 Olympia St on July 20, 1999 revealed that the structure fails to comply with Section 107.1 of the Building Code of the City of Portland. The following is a list of the violations and copies of the referenced Code sections.

107.1 Constructing new steps/porch without proper permit.

This is a notice of violation pursuant to Section 107.1 of the Code. All referenced violations shall be corrected within 30 days of the date of this notice. A reinspection of the premises will occur on August 22, 1999 at which time compliance will be required. Failure to comply will result in this office referring the matter to the City of Portland Corporation Counsel for legal action and possible civil penalties, as provided for in Section 1-15 of the Code and in Title 30-A M.R.S.A. ss 4452.

This constitutes an appealable decision pursuant to Section 121.5 of the Code. Please feel free to contact me at 874-8702, if you wish to discuss the matter or have any questions. Please be advised that the Portland City Council has amended the Building regulations to include a \$75.00 reinspection fee. This violation will automatically cause a reinspection at no charge. If there are any subsequent inspections, however, the \$75.00 fee will be assessed for each inspection. A copy of the amendment has been attached for your convenience.

Sincerely

Jon Reed  
Code Enforcement Officer  
/sap

## Inspection Report

## 21 Certificate of Compliance

## 25 Notice of Violation

Sec. 117.1 Days 30

05 General Notice Viol.

Sec. \_\_\_\_\_ Days \_\_\_\_\_

Sec. \_\_\_\_\_ Days \_\_\_\_\_

Sec. \_\_\_\_\_ Days \_\_\_\_\_

## 25 Refuse Violation Notice

Sec. \_\_\_\_\_ Days \_\_\_\_\_

35 T.A.C.I. Notice 1

Sec. \_\_\_\_\_ Days \_\_\_\_\_

35 T.A.C.I. Notice 2

Sec. \_\_\_\_\_ Days \_\_\_\_\_

## 25 Notice of Intent to Prosecute

Sec. \_\_\_\_\_ Days \_\_\_\_\_

### 35 Stop Work Order

Sec. \_\_\_\_\_ Days \_\_\_\_\_

## 35 Posting Notice

Sec. \_\_\_\_\_ Days \_\_\_\_\_

## 25 Junk Car

Sec. \_\_\_\_\_ Days \_\_\_\_\_

Violation # 1

Date of Inspection:

CBL: 433-B-022

Site Address: 48 Olympia St

DU: 1 Insp.# 6

Inspection due to complaint: Yes/No

**Owners Name and Address:**

(Telephone if known)

MARY GILLIES

48 Olympia St

Portland, Me

[illegible]

PS Form 3800, April 1995

Z 397 901 656

**US Postal Service**  
**Receipt for Certified Mail**

No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

|   |    |
|---|----|
| Sent to <i>Mary Hillis</i>                                  |    |
| Street & Number <i>433-B-022</i>                            |    |
| Post Office, State, & ZIP Code                              |    |
| Postage   | \$ |
| Certified Fee   |    |
| Special Delivery Fee  |    |
| Restricted Delivery Fee                                     |    |
| Return Receipt Showing to Whom & Date Delivered             |    |
| Return Receipt Showing to Whom, Date, & Addressee's Address |    |
| TOTAL Postage & Fees  | \$ |
| Postmark or Date  |    |

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

*Mary Hillis*  
*48 Olympia St*  
*Portland ME 04101*  
*433-B-022*

4a. Article Number

*2397 901 656*

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

*7-24-91*

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

*Mary Hillis*

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.