

Inspection Services  
Michael J. Nugent  
Manager

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



## CITY OF PORTLAND

June 22, 1999

Angela M. Colucci  
John A. Jusco  
1492 Washington Avenue  
Portland, ME 04102

### STOP WORK NOTICE

RE: 1492 Washington Ave. CBL: 457C-101

Dear Ms. Colucci & Mr. Jusco: **CERTIFIED MAIL #: Z 397 901 690**

A visit to the abovereferenced property on 6/17/99 revealed that you have made & are making structural alterations to the garage on this property which do require a building permit.

This action is violation of Section 107 of the 1996 BOCA Code of the City of Portland.

This is a STOP WORK ORDER pursuant to Section 117.1 of the Building Code (1996 BOCA). All Construction must stop immediately.

Also, you are required to submit an application for a building permit to this office for review and approval within 10 days of receipt of this letter. When your building permit has been approved and issued you may request removal of the "STOP WORK" order.

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-115 of the Code and in Title 30A M.R.S.A. ss4452.

This constitutes an appealable decision pursuant to Section 121.5 of the Code. Please feel free to contact me at 874-8708, if you wish to discuss this matter or have any further questions.

Sincerely,

Kevin W. Carroll  
Code Enforcement Officer  
CC: Central file  
Joseph Gray, Director of Planning and Urban Development

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:

Angela Colucci / John Fusco  
1492 Washington Ave.  
Portland, Me. 04102

4a. Article Number

Z 397 901 690

4b. Service Type

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

7. Date of Delivery

6-28-99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

*[Signature]*

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

Thank you for using Return Receipt Service.

Z 397 901 690

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

|   |    |
|---|----|
| Sent to   |    |
| 457-C-101   |    |
| Street & Number   |    |
| 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  |    |

PS Form 3800, April 1995