

Inspection Services  
Michael J. Nugent  
Manager

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



## CITY OF PORTLAND

January 14, 2000

Carol Severance  
144 Veranda Street  
Portland ME 04101

RE: 144 Veranda St  
CBL: 432A00200101

Dear Carol Severance:

A re-inspection at the above noted property was made on Jan-14-2000.

This is to certify that you have complied with our request to correct the violation(s) of the Municipal Code relating to housing conditions noted on our letter dated Mar-23-1999.

Thank you for your cooperation. If you have any questions, feel free to contact this office Tammy Munson @ 874-8706.

Sincerely,

Tammy Munson @ 874-8706  
Code Enforcement Officer



144 Veranda St

Old Style

# City of Portland Housing - Inspection

Owner / Manager: \_\_\_\_\_

Parcel Id: **432-A-00200101** # of Units: \_\_\_\_\_

Inspector: \_\_\_\_\_

Status: **Green 0-4 Violations**

Date & Time Requested: **at 10:29 AM**

Date of Inspection: \_\_\_\_\_

Reinspect By: **Friday, April 23, 1999**

Reason For Inspection: \_\_\_\_\_

Notes: **Letter Info: 3/24/99: 2ND NOTICE**

Compliance ?	Code	Description of Violation	Int/Ext	Floor	Apt/Unit No	Location	Repair Code
<input checked="" type="checkbox"/>	6-111.4	BASEMENT REMOVE ALL ILLEGAL PLUMBING FIXTURES IN BASEMENT & CAP SEWER LINES TO PREVENT GAS BACK-UP	INT				
<input checked="" type="checkbox"/>	6-108.4	REAR ENTRY/HALLWAY	INT				
<input checked="" type="checkbox"/>	6-108.4	LEFT REAR STAIRS	EXT				
<input checked="" type="checkbox"/>	6-108.1	OVERALL WALLS	EXT				

BALLUSTERS & HANDRAILS AT STAIRWAYS MUST BE MADE CODE COMPLIANT

BALLUSTER & HANDRAIL SYSTEM MUST BE MADE CODE COMPLIANT

LOOSE & PEELING PAINT

Code Enforcement Officer

389 Congress St. \* Portland, ME \* Phone:(207) 874-8704

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

Consult postmaster for fee.

3. Article Addressed to:  
 Carol Severance  
 144 Veranda St  
 Portland, ME 04103  
 432-A-002

4a. Article Number  
 P 373 388 876

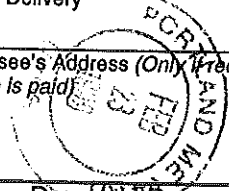
4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
 X *[Signature]*



Thank you for using Return Receipt Service.