



SAINT PAUL
SAFETY & INSPECTIONS

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)
RICARDO X. CERVANTES, DIRECTOR

375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806
Tel: 651-266-8989 | Fax: 651-266-9124

April 19, 2022

Cynthia L Johnson
1146 Ross Ave
St Paul MN 55106-3941

Dear Cynthia L Johnson and others, if listed:

On April 19, 2022, this department conducted an inspection of your property at **1146 ROSS AVE** and because **you were not compliant with a previous order.**

Deficiency: "Please remove and properly dispose of the tire from behind the garage. Thank you. "

YOU ARE BEING BILLED \$124.00 for the cost of this inspection. This is in accordance with Chapter 34.24 of the Saint Paul Legislative Code. Payment is due upon receipt of this letter. Make your check payable to the "City of Saint Paul" and mail your payment to:

Department of Safety and Inspections, Code Enforcement
Excessive Consumption Unit
375 Jackson Street, Suite 220
St. Paul, MN 55101-1806

If you do not pay within 30 days, the amount of this bill, plus administrative costs, will be assessed to your property taxes.

NOTICE

Your property is scheduled for a REINSPECTION on **April 26, 2022.**

****WARNING****

IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, April 26, 2022, YOU WILL BE BILLED AN ADDITIONAL \$124.00. CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: Nhia Thao, 651-266-1929

Nhia Thao
Code Enforcement Inspector

City of Saint Paul, Department of Department of Safety and Inspections

April 19, 2022

EXCESSIVE CONSUMPTION

Invoice #: 1645081

File #: 22-042787

Property Address: 1146 ROSS AVE

Property PIN: 282922430032

Owner Name: Cynthia L Johnson

Fee Description

Amount

Excessive Consumption (Non Compliance)

\$ 124.00

Payment is due upon receipt of this letter. **Failure to pay within 30 days will result in the amount due assessed to your property taxes.** Make your check payable to the City of Saint Paul.

Send payment to: Department of Safety and Inspections
Excessive Consumption Unit
375 Jackson Street, Suite 220
St. Paul, MN 55101-1806

Keep this portion for your records:

Date Paid: _____ Amount Paid: \$ _____ Check or Money Order #: _____

---[]---[]---[]---[]---**CUT HERE**---[]---[]---[]---[]---

*****RETURN THIS PORTION WITH YOUR PAYMENT*****

City of Saint Paul, Department of Department of Safety and Inspections, Code Enforcement Division

EXCESSIVE CONSUMPTION PAYMENT

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