



SAINT PAUL
SAFETY & INSPECTIONS

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)
ANGIE WIESE, PE(MN), CBO, DIRECTOR

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

July 20, 2022

Margaret Singer
1437 Charles Ave
St Paul MN 55104-2402

Dear Margaret Singer and others, if listed:

On July 20, 2022, this department conducted an inspection of your property at **1437 CHARLES AVE** and because **you were not compliant with a previous order.**

Deficiency: "PLEASE REMOVE AND PROPERLY DISPOSE OF THE TIRES AND ALL OTHER DEBRIS FROM THE REAR OF THE PROPERTY. Thanks"

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 **July 27, 2022.**

****WARNING****

IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, July 27, 2022, YOU WILL BE BILLED AN ADDITIONAL \$124.00. CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: Andrew McCullough, 651-266-9066

Andrew McCullough
Code Enforcement Inspector

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

July 20, 2022

EXCESSIVE CONSUMPTION

Invoice #: 1671231

File #: 22-068080

Property Address: 1437 CHARLES AVE

Property PIN: 342923240160

Owner Name: Margaret Singer

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 #: _____

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

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

EXCESSIVE CONSUMPTION PAYMENT

Folder #: **22-068080**

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