



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

November 8, 2022

Yunuen Avila Valencia 942 Aurora Ave St Paul MN 55104-4710

Dear Yunuen Avila Valencia and others, if listed:

On November 8, 2022, this department conducted an inspection of your property at **942 AURORA AVE** and because **you were not compliant with a previous order**.

Deficiency: "Wooden table in front of the property on the boulevard have not been removed upon inspection. "

**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 November 22, 2022.

## \*\*WARNING\*\*

IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, November 22, 2022, YOU WILL BE BILLED AN ADDITIONAL \$124.00. CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: Otis Warner, 651-266-1906

Otis Warner Code Enforcement Inspector

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

November 8, 2022

#### **EXCESSIVE CONSUMPTION**

Invoice #: 1702031

File #: 22-110816

Property Address: 942 AURORA AVE

Property PIN: 352923310026

Owner Name: Yunuen Avila Valencia

Fee DescriptionAmountExcessive Consumption (Non Compliance)\$ 124.00

Payment is due upon receipt of this letter. <u>Failure to pay within 30 days will result in the amount due assessed to your property taxes.</u> 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

	Neep 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

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