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# **APPLICATION FOR APPEAL**

RECEIVED
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OTTY CLERK

## Saint Paul City Clerk

310 City Hall, 15 W. Kellogg Blvd. Saint Paul, Minnesota 55102 Telephone: (651) 266-8560

| Second State Clerk needs the following to prospect to the City of Second State City of Second State Copy of the City-issued orders or let are being appealed  Attachments you may wish to include This appeal form completed | Saint Paul<br>ter which                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | YOUR HEARING Date and Time:  Tuesday, Oct. Q  Time 1.30 P. M.  Location of Hearing: Room 330 City Hall/Courthouse |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Address Being Appealed:                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |
| Number & Street: _613 Bay Street City: _Saint Paul State: _MN   Zip:_55102   Appellant/Applicant: _Paul Ellringer Emailpaul@airtamarack.com                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |
| Phone Numbers: Business651-696-0267_                                                                                                                                                                                         | Residence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Cell651-276-0802                                                                                                  |
| Signature: Paul Ellius  Name of Owner (if other than Appellant):                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |
| Address (if not Appellant's):                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |
|                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Cell                                                                                                              |
| What Is Being appeale                                                                                                                                                                                                        | d and why?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Attachments Are Acceptable                                                                                        |
| Vacate Order/Condemnation/ Revocation of Fire C of O                                                                                                                                                                         | See attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |
| □ Summary/Vehicle Abatement                                                                                                                                                                                                  | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |
| Xt Fire C of O Deficiency List                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |
| ☐ Fire C of O: Only Egress Windows                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |
| □ Code Enforcement Correction Notice                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |
| □ Vacant Building Registration                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |
| □ Other                                                                                                                                                                                                                      | .  White the state of the state |                                                                                                                   |
| □ Other                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |



CITY OF SAINT PAUL Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806

 Telephone:
 651-266-8989

 Facsimile:
 651-266-8951

 Web:
 www.stpaul.gov/dsi

September 12, 2012

PAUL J ELLRINGER 1640 SHEFFER ST PAUL MN 55116-4124

#### FIRE INSPECTION CORRECTION NOTICE

RE:

**613 BAY ST** 

Ref. #105355

Residential Class: C

#### Dear Property Representative:

Your building was inspected on September 12, 2012 for the renewal of your Fire Certificate of Occupancy. Approval for occupancy will be granted upon compliance with the following deficiency list. The items on the list must be corrected prior to the re-inspection date.

### A re-inspection will be made on November 9, 2012 at 9:30 am.

Failure to comply may result in a criminal citation or the revocation of the Fire Certificate of Occupancy. The Saint Paul Legislative Code requires that no building shall be occupied without a Fire Certificate of Occupancy. The code also provides for the assessment of additional reinspection fees.

YOU WILL BE RESPONSIBLE FOR NOTIFYING TENANTS IF ANY OF THE FOLLOWING LIST OF DEFICIENCIES ARE THEIR RESPONSIBILITY.

#### **DEFICIENCY LIST**

- 1. 1st Floor Bath SPLC 34.10 (7), 34.33 (6) Repair and maintain the ceiling in an approved manner.-Patch the holes and/or cracks in the ceiling.

  Paint the ceiling.
- 2. 1st Floor Bath SPLC 34.10 (7), 34.33 (6) Repair and maintain the walls in an approved manner.-Patch the holes and/or cracks in the walls.

  Paint the wall.

- 3. 1st Floor Bath MSFC 605.1- All light fixtures shall be maintained with protective globes if originally equipped.
- 4. 1st Floor Hallway ceiling MSFC 605.1 Remove unapproved exposed wiring and install in accordance with the electrical code. This work may require a permit(s). Call DSI at (651) 266-9090.
- 5. 1st Floor Living room MSFC 605.1- All light fixtures shall be maintained with protective globes if originally equipped.
- 6. 1st Floor North bedroom SPLC 34.12 (2), 34.35 (1) Repair and maintain all required and supplied equipment in an operative and safe condition.-Empty smoke detector bracket.
- 7. 1st Floor Thru out SPLC 34.10 (7), 34.33 (6) Repair and maintain the walls in an approved manner.-Replace missing baseboard.
- 8. 1st Floor MSFC 1011.2 Remove the materials that cause an exit obstruction. Maintain a clear and unobstructed exitway.-Remove items at top of basement stairs.
- 9. 2nd Floor Bedroom SPLC 34.12 (2), 34.35 (1) Repair and maintain all required and supplied equipment in an operative and safe condition.-Empty smoke detector bracket.
- 10. Basement NEC 440.13 For cord-connected equipment such as room air conditioners, household refrigerators and freezers, drinking water coolers, and beverage dispensers, a separable connector or an attachment plug and receptable shall be permitted to serve as the disconnecting means. The appliance must plug directly into a permanent outlet.-Refrigerator on extension cord.
- 11. Garages SPLC 34.08 (5), 34.31 (3) Repair, replace and maintain all exterior surfaces on fences, sheds, garages and other accessory structures free from holes and deterioration. Provide and maintain exterior unprotected surfaces painted or protected from the elements.-Scrape and paint where needed.
- 12. Side yard. SPLC 34.08 (1), 34.31 (1) All exterior property areas shall be maintained free from any accumulation of refuse.-Remove concrete blocks.
- 13. Yard SPLC 45.03 (6) Cut and maintain the grass/weeds less than 8 inches tall.
- 14. SPLC 34.11 (6), 34.34 (3) Provide service of heating facility by a licensed contractor which must include a carbon monoxide test. Submit a completed copy of the Saint Paul Fire Marshal's Existing Fuel Burning Equipment Safety Test Report to this office.
- 15. SPLC 39.02(c) Complete and sign the smoke detector affidavit and return it to this office.

Saint Paul Legislative Code authorizes this inspection and collection of inspection fees. For forms, fee schedule, inspection handouts, or information on some of the violations contained in this report, please visit our web page at: http://www.stpaul.gov/cofo

You have the right to appeal these orders to the Legislative Hearing Officer. Applications for appeals may be obtained at the Office of the City Clerk, 310 City Hall, City/County Courthouse, 15 W Kellogg Blvd, Saint Paul MN 55102 Phone: (651-266-8688) and must be filed within 10 days of the date of this order.

If you have any questions, email me at: mike.cassidy@ci.stpaul.mn.us or call me at 651-266-8984 between 7:30 a.m. - 9:00 a.m. Please help to make Saint Paul a safer place in which to live and work.

Sincerely,

Mike Cassidy Fire Inspector

Reference Number 105355