



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

March 26, 2021

Ashley R Koran/Occupant
276 Cottage Ave W
St Paul MN 55117-4302

Dear Ashley R Koran and others, if listed:

On March 26, 2021, this department conducted an inspection of your property at **276 COTTAGE AVE W** and because **you have had three or more violations within a 12 month period.**

Deficiency: "Abandoned vehicles and/or parked on an unapproved surface"

YOU ARE BEING BILLED \$122.00 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 7, 2021.**

****WARNING****

IF YOU HAVE AN ADDITIONAL VIOLATION WITHIN 12 MONTHS YOU WILL BE BILLED AN ADDITIONAL \$120.00. CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: Paula Seeley, 651-266-1916

Paula Seeley
Code Enforcement Inspector

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

March 26, 2021

EXCESSIVE CONSUMPTION

Invoice #: 1562438

File #: 21-245966

Property Address: 276 COTTAGE AVE W

Property PIN: 242923420073

Owner Name: Ashley R Koran

Fee Description

Amount

Excessive Consumption (Multiple Visits)

\$ 122.00

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

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