



**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

January 17, 2024

Abbie Finger/Robert Rooney  
5305 26th Ave S  
Minneapolis MN 55417-1923

Dear Abbie Finger/Robert Rooney and others, if listed:

On January 17, 2024, this department conducted an inspection of your property at **819 AURORA AVE** and because **you were not compliant with a previous order.**

**Deficiency: "Please remove and properly dispose of the chair from the rear of the property. Thank you."**

**YOU ARE BEING BILLED \$134.** 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 **January 24, 2024.**

#### **\*\*WARNING\*\***

**IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, January 24, 2024, YOU WILL BE BILLED AN ADDITIONAL \$134.00. CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: David Smith, 651-266-8995**

David Smith  
Code Enforcement Inspector

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

January 17, 2024

**EXCESSIVE CONSUMPTION**

Invoice #: 1808944

File #: 24-003516

Property Address: 819 AURORA AVE

Property PIN: 352923420026

Owner Name: Abbie Finger/Robert Rooney

**Fee Description**

**Amount**

Excessive Consumption (Non Compliance)

\$ 134

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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**

**Folder #:** 24-003516  
Invoice: No: 1808944 Date: January 17, 2024  
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