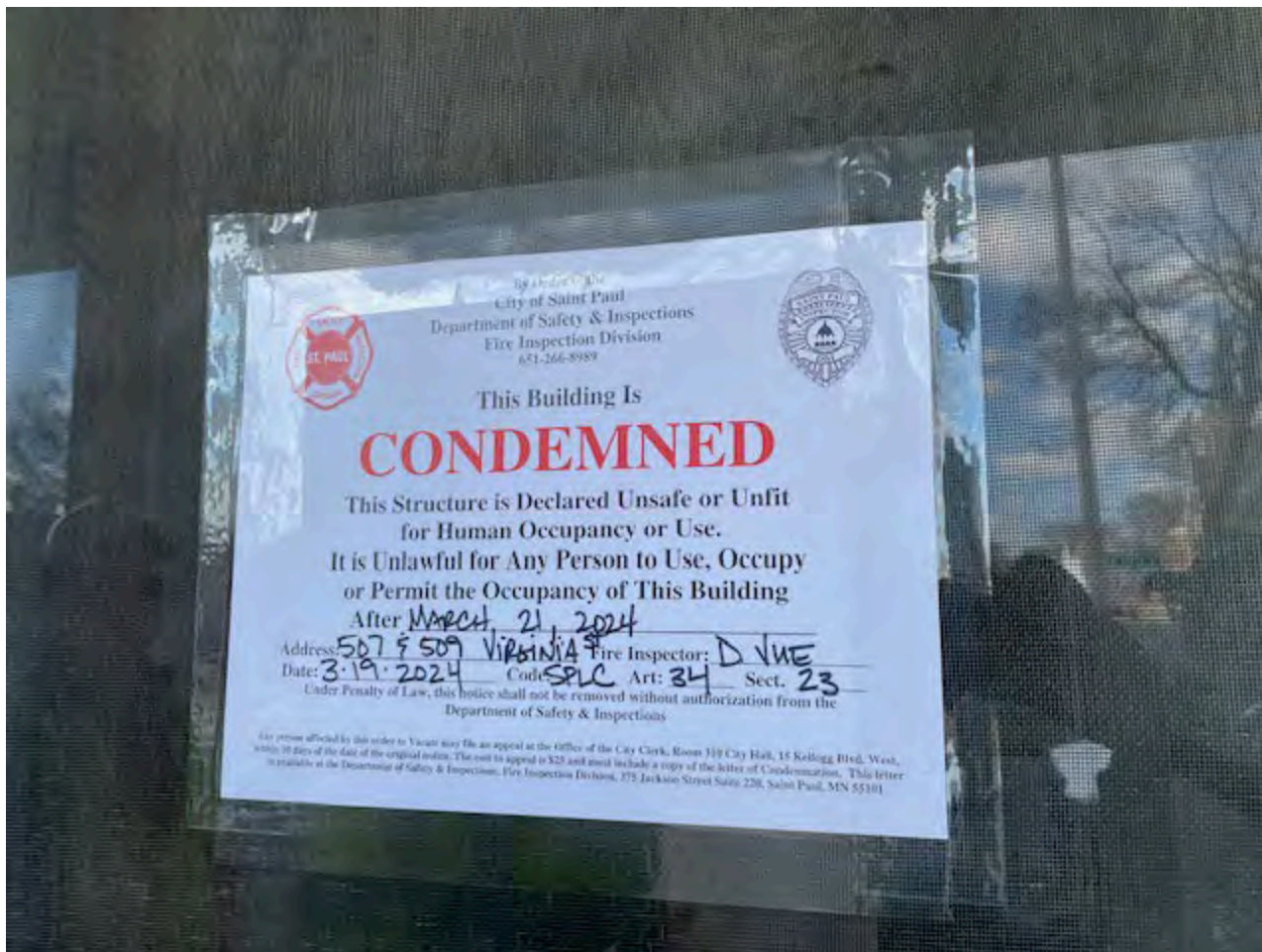


Date: March 21, 2024
File #: 24 - 020864
Folder Name: 507 VIRGINIA ST
PIN: 362923130183



Any person affected by this order to Vacate may file an appeal at the Office of the City Clerk, Room 310 City Hall, 15 Kellogg Blvd, West, within 30 days of the date of the original notice. The cost to appeal is \$25 and must include a copy of the letter of Condemnation. This letter is available at the Department of Safety & Inspections, Fire Inspection Division, 175 Jackson Street Suite 220, Saint Paul, MN 55101.

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Unit 509



Date: March 21, 2024
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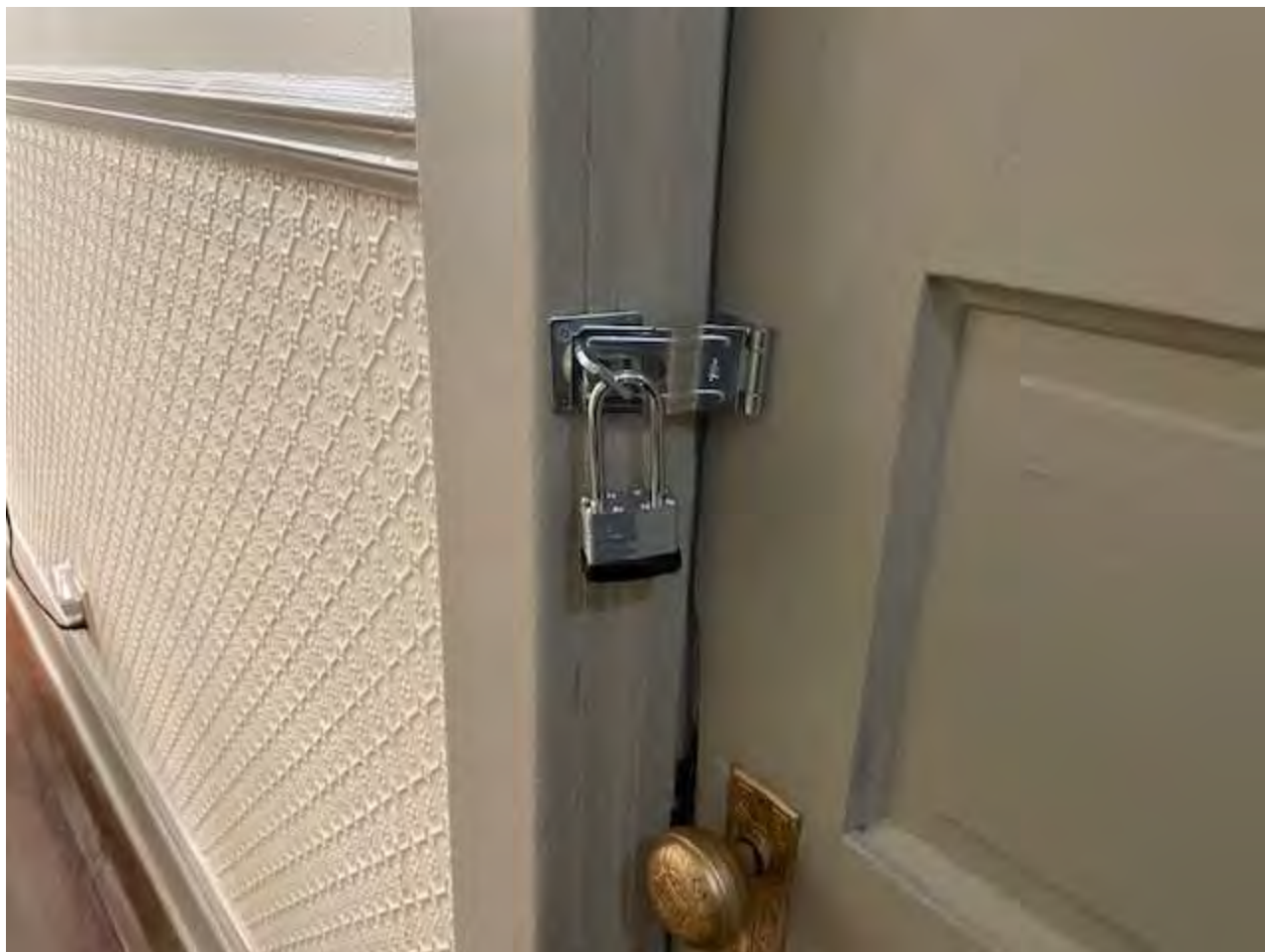
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Unit 507



Date: March 21, 2024
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Unit 507 - Red-Tagged by Xcel on 1/29/2024



Date: March 21, 2024
File #: 24 - 020864
Folder Name: 507 VIRGINIA ST
PIN: 362923130183

Unit 507 – new tags placed by Xcel

POSSIBLE LEAKAGE OF FLUE PRODUCTS IN WARM AIR CIRCULATION
 NON-APPROVED APPLIANCE
 IMPROPER GAS PIPING
 COMBUSTION PRODUCTS SPILLING AT DIVERTER
 OTHER CONDITION WHICH IS HAZARDOUS

REMARKS Flare on AB Valve condition
Leaking Gas

NAME Dr. Cooper PHONE # _____
ADDRESS 507 Virginia APT. # _____
CITY St Paul

REMEMBER, YOU, NOT XCEL ENERGY, ARE ACCOUNTABLE FOR ANY ADVERSE CONSEQUENCES RESULTING FROM THIS UNSAFE CONDITION NOT BEING CORRECTED

I HAVE BEEN ADVISED BY AN EMPLOYEE OF XCEL ENERGY THAT AN UNSAFE CONDITION HAS BEEN DETECTED ON MY PREMISES AND THAT I SHOULD IMMEDIATELY ARRANGE TO HAVE THE CONDITION CORRECTED BY A QUALIFIED PERSON BEFORE THE GAS SUPPLY TO THIS EQUIPMENT IS TURNED BACK ON.

CUSTOMER SIGNATURE _____ DATE 3/19/24
 OWNER TENANT AGENT

XCEL ENERGY

Form 17-2652 (3-01) SERVICE PERSON # 17

Date: March 21, 2024
File #: 24 - 020864
Folder Name: 507 VIRGINIA ST
PIN: 362923130183



WARNING 56015

AN UNSAFE CONDITION HAS BEEN DETECTED IN YOUR GAS EQUIPMENT. CORRECTIONS MUST BE MADE BY A QUALIFIED PERSON OR AGENCY IN ACCORDANCE WITH MANUFACTURER'S INSTRUCTIONS AND IN CONFORMITY WITH LOCAL REGULATIONS.

IN PLACE ONLY
 RISKY
 MINOR DEFECTS
 POOR
 OTHER

FURTHER USE OF THE EQUIPMENT IN THE PRESENT CONDITION IS DANGEROUS AND THEREFORE THE GAS SUPPLY HAS BEEN SHUT OFF.

<input type="checkbox"/> LEAK OR ODOR OF GAS PEE	<input type="checkbox"/> APPLIANCE NOT INSTALLED TO
<input type="checkbox"/> GAS LEAK IN GAS APPLIANCE	<input type="checkbox"/> CODE
<input type="checkbox"/> NO VENT PIPE	<input type="checkbox"/> CONTROLS DEFECTIVE OR
<input type="checkbox"/> DEFECTIVE VENT PIPE	<input type="checkbox"/> MISSING
<input type="checkbox"/> NOT VENTED PROPERLY	<input type="checkbox"/> NO SHUT OFF VALVE OR IS
<input type="checkbox"/> VENT OR CHIMNEY	<input type="checkbox"/> DEFECTIVE
<input type="checkbox"/> STOPPAGE	<input type="checkbox"/> FAULTY ELECTRIC WIRING
<input type="checkbox"/> IMPROPER DRAFT ADJUSTER	<input type="checkbox"/> NO RELIEF VALVE OR IS
<input type="checkbox"/> IMPROPER VENT SIZE	<input type="checkbox"/> DEFECTIVE
<input type="checkbox"/> POSSIBLE LEAKAGE OF FLUE	<input type="checkbox"/> IMPROPER GAS PIPING
<input type="checkbox"/> PRODUCTS IN WARM AIR	<input type="checkbox"/> COMBUSTION PRODUCTS
<input type="checkbox"/> EXHAUSTION	<input type="checkbox"/> SPILLING AT OVERFLOW
<input type="checkbox"/> NON-APPROVED APPLIANCE	<input type="checkbox"/> OTHER CONDITION WHICH IS
	<input type="checkbox"/> DANGEROUS

REMARKS: *See photo*

NAME: _____ PHONE #: _____

ADDRESS: _____ APT. #: _____

CITY: _____

REMEMBER YOU, NOT XCEL ENERGY, ARE ACCOUNTABLE FOR ANY ADVERSE CONSEQUENCES RESULTING FROM THIS UNSAFE CONDITION NOT BEING CORRECTED.

I HAVE BEEN ADVISED BY AN EMPLOYEE OF XCEL ENERGY THAT AN UNSAFE CONDITION HAS BEEN DETECTED ON MY PREMISES AND THAT I SHOULD IMMEDIATELY ARRANGE TO HAVE THE CONDITION CORRECTED BY A QUALIFIED PERSON BEFORE THE GAS SUPPLY TO THIS EQUIPMENT IS TURNED BACK ON.

CUSTOMER SIGNATURE: _____ DATE: *3/21/24*

OWNER TENANT AGENT

XCEL ENERGY

Form 13-2602 (3-01) SERVICE PERSON # _____

Date: March 21, 2024
File #: 24 - 020864
Folder Name: 507 VIRGINIA ST
PIN: 362923130183

<input type="checkbox"/> IMPROPER DRAFT DIVERTER	<input type="checkbox"/> NO RELIEF VALVE OR IS DEFECTIVE
<input type="checkbox"/> IMPROPER VENT SIZE	<input type="checkbox"/> IMPROPER GAS PIPING
<input type="checkbox"/> POSSIBLE LEAKAGE OF FLUE PRODUCTS IN WARM AIR CIRCULATION	<input type="checkbox"/> COMBUSTION PRODUCTS SPILLING AT DIVERTER
<input type="checkbox"/> NON-APPROVED APPLIANCE	<input checked="" type="checkbox"/> OTHER CONDITION WHICH IS HAZARDOUS

REMARKS: Vent Box not attached

NAME: S. BAKER PHONE # _____
ADDRESS: 507 Virginia APT. # _____
CITY: St Paul

REMEMBER, YOU, NOT XCEL ENERGY, ARE ACCOUNTABLE FOR ANY ADVERSE CONSEQUENCES RESULTING FROM THIS UNSAFE CONDITION NOT BEING CORRECTED

I HAVE BEEN ADVISED BY AN EMPLOYEE OF XCEL ENERGY THAT AN UNSAFE CONDITION HAS BEEN DETECTED ON MY PREMISES AND THAT I SHOULD IMMEDIATELY ARRANGE TO HAVE THE CONDITION CORRECTED BY A QUALIFIED PERSON BEFORE THE GAS SUPPLY TO THIS EQUIPMENT IS TURNED BACK ON.

CUSTOMER SIGNATURE: _____ DATE: 3/21/24

OWNER TENANT AGENT

XCEL ENERGY

Form 17-2652 (3-01) SERVICE PERSON # 17

Date: March 21, 2024
File #: 24 - 020864
Folder Name: 507 VIRGINIA ST
PIN: 362923130183

Unit 509 – new tags placed by Xcel



Date: March 21, 2024
File #: 24 - 020864
Folder Name: 507 VIRGINIA ST
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<input type="checkbox"/> IMPROPER DRAFT DIVERTER	<input type="checkbox"/> NO RELIEF VALVE OR IS DEFECTIVE
<input type="checkbox"/> IMPROPER VENT SIZE	<input type="checkbox"/> IMPROPER GAS PIPING
<input type="checkbox"/> POSSIBLE LEAKAGE OF FLUE PRODUCTS IN WARM AIR CIRCULATION	<input type="checkbox"/> COMBUSTION PRODUCTS SPILLING AT DIVERTER
<input type="checkbox"/> NON-APPROVED APPLIANCE	<input type="checkbox"/> OTHER CONDITION WHICH IS HAZARDOUS

REMARKS Sense line @ AB Valve Back
Leakage. Possibly update control

NAME S. Mueh PHONE # _____
ADDRESS 507 Virginia APT. # _____
CITY St Paul

REMEMBER, YOU, NOT XCEL ENERGY, ARE ACCOUNTABLE FOR ANY ADVERSE CONSEQUENCES RESULTING FROM THIS UNSAFE CONDITION NOT BEING CORRECTED

I HAVE BEEN ADVISED BY AN EMPLOYEE OF XCEL ENERGY THAT AN UNSAFE CONDITION HAS BEEN DETECTED ON MY PREMISES AND THAT I SHOULD IMMEDIATELY ARRANGE TO HAVE THE CONDITION CORRECTED BY A QUALIFIED PERSON BEFORE THE GAS SUPPLY TO THIS EQUIPMENT IS TURNED BACK ON.

CUSTOMER SIGNATURE _____ DATE 3/19/24

OWNER TENANT AGENT

XCEL ENERGY

Form 17-2552 (3-01) SERVICE PERSON # 17