

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

May 1, 2023

Hussein Usman/Zuleika Abdinasir 522 Aurora Ave St Paul MN 55103-2262

Dear Hussein Usman/Zuleika Abdinasir and others, if listed:

On May 1, 2023, this department conducted an inspection of your property at **522 AURORA AVE** and because **you were not compliant with a previous order**.

Deficiency: "SEMI TRUCK PARKED ON THE DRIVE WAY HAVE NOT BEEN REMOVED UPON INSPECTION."

**YOU ARE BEING BILLED <u>\$134</u>**, 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 May 15, 2023.

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

IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, May 15, 2023, YOU WILL BE BILLED AN ADDITIONAL \$134.00. 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

May 1, 2023

#### **EXCESSIVE CONSUMPTION**

Invoice #: 1734437

File #: 23-027760

Property Address: 522 AURORA AVE

Property PIN: 362923320013

Owner Name: Hussein Usman/Zuleika Abdinasir

Fee Description

Excessive Consumption (Non Compliance)

\$134

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

	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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