



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

May 23, 2023

Kyra Gross/Jason L Gross Spouse 703 Fuller Ave St Paul MN 55104-4830

Dear Kyra Gross and others, if listed:

On May 23, 2023, this department conducted an inspection of your property at **703 FULLER AVE** and because **you were not compliant with a previous order**.

Deficiency: "BAGS OF TREE DEBRIS, GARBAGE AND DEBRIS IN THE REAR YARD AND BY THE GARAGE 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 June 6, 2023.

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

IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, June 6, 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 23, 2023

### **EXCESSIVE CONSUMPTION**

Invoice #: 1739285

File #: 23-033844

Property Address: 703 FULLER AVE

Property PIN: 352923410101 Owner Name: Kyra Gross

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</u> <u>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

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