

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

June 1, 2023

Jose Lozano Bustamante 751 Oakdale Ave St Paul MN 55107-3124

Dear Jose Lozano Bustamante and others, if listed:

On June 1, 2023, this department conducted an inspection of your property at **751 OAKDALE AVE** and because **you were not compliant with a previous order**.

Deficiency: "Vehicles have not been brought into compliance and have not been removed."

**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 14, 2023.

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

IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, June 14, 2023, YOU WILL BE BILLED AN ADDITIONAL \$134.00. CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: Richard Kedrowski, 651-266-9141

Richard Kedrowski Code Enforcement Inspector

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

June 1, 2023

### **EXCESSIVE CONSUMPTION**

Invoice #: 1741879

File #: 23-039909

Property Address: 751 OAKDALE AVE

Property PIN: 082822310159

Owner Name: Jose Lozano Bustamante

Fee DescriptionAmountExcessive 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

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