APPLICATION FOR APPEAL

RECEIVED
JUL 22 2011
CITY CLERK

Saint Paul City Clerk
310 City Hall, 15 W. Kellogg Blvd.
Saint Paul, Minnesota 55102
Telephone: (651) 266-8560

The City Clerk needs the following to process your appeal:

- [X] $25 filing fee payable to the City of Saint Paul (if cash: receipt number_____)
- [X] Copy of the City-issued orders or letter which are being appealed
- [X] Attachments you may wish to include
- [X] This appeal form completed

YOUR HEARING Date and Time:

Tuesday, August 16, 2011

Time 1:30 p.m.

Location of Hearing:
Room 330 City Hall/Courthouse

Appeal on 8-16-11
mailed 7-25-11 to Snelling + Englewood

Address Being Appealed:

Number & Street: 1620 Englewood Ave City: St. Paul State: MN Zip: 55104

Appellant/Applicant: Leonard + Dean Carlson Email _____

Phone Numbers: Business _____ Residence 651-645-6568 Cell 651-271-9022

Signature: _____ Date: 7/12/11

Name of Owner (if other than Appellant): _____

Address (if not Appellant's): _____

Phone Numbers: Business _____ Residence _____ Cell _____

What Is Being appealed and why? *Attachments Are Acceptable*

- ☐ Vacate Order/Condemnation/ Revocation of Fire C of O
- ☐ Summary/Vehicle Abatement
- ☐ Fire C of O Deficiency List
- ☐ Fire C of O: Only Egress Windows
- ☐ Code Enforcement Correction Notice
- ☐ Vacant Building Registration
- ☐ Other
- ☐ Other
- ☐ Other

This is a owner occupied house. It is homesteaded! I have lived here for more than 30 years. There has never been a "certicate of rent paid" at this address.

7/16/4

Sirs:

I am not appealing an Inspectors Order. I am appealing the Cities wrongfull classification of this house, a continuing wrong, not a repair order.

Please allow me to speak to a Referee an correct this Misclassification.

Dan A. Carlson

P.S.

Please respond to this address!

1620 Englewood Ave
St. Paul, MN. 55104

Provisional Fire Certificate of Occupancy Renewal Invoice

☐ **Check this box if making any name, mailing address or phone # correction or if you have sold or added additional properties. Write the changes on the back of this form. If your mailing address has/will be changing, please let us know.**

CITY OF SAINT PAUL
Department of Safety and Inspections
375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806
PHONE: (651)-266-8989
FAX: (651) 266-9124
An Equal Opportunity Employer

Leonard L Carlson
749 Snelling Ave N
St Paul MN 55104-1214

February 4, 2011
Invoice # 885936
Customer # 210258
Invoice Due Date: Upon Receipt

Detail Description	
1620 ENGLEWOOD AVE Provisional CO Fee 2011	$50.00
Pay this Amount:	**$50.00**

We thank you for your prompt attention to this matter. Please note per the provisions of Chapter 40 of the Saint Paul Legislative Code that failure to pay this bill could result in the loss of the ability to use your property and the issuance of a criminal citation. If you have any questions, please contact Maynard Vinge at the Department of Safety and Inspections. He can be reached at 651-266-9057 or Maynard.Vinge@ci.stpaul.mn.us

Please Give Us Your Email Address: _____

Please Give Us Your Current Phone Number: _____

Please Return this invoice with your payment to: Saint Paul Department of Safety and Inspections
Attention: Maynard Vinge
375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806

Make Checks Payable to: The City of Saint Paul **Customer # 210258**

Signature of Card Holder (required for all charges):

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION:

☐ American Express ☐ Discover ☐ MasterCard ☐ Visa

Expiration: ☐☐/☐☐ **Account Number:** ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **Amount: $**_____