



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

March 12, 2024

Trieu Tran/Ha Truong 104 Ivy Ave W St Paul MN 55117-4513

Dear Trieu Tran/Ha Truong and others, if listed:

On March 12, 2024, this department conducted an inspection of your property at **104 IVY AVE W** and because **you were not compliant with a previous order**.

Deficiency: "Abandoned vehicles and/or parked on an unapproved surface"

**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 March 26, 2024.

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

IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, March 26, 2024, YOU WILL BE BILLED AN ADDITIONAL \$134.00. CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: David Smith, 651-266-8995

David Smith Code Enforcement Inspector

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

March 12, 2024

#### **EXCESSIVE CONSUMPTION**

Invoice #: 1823214

File #: 24-002844

Property Address: 104 IVY AVE W Property PIN: 192922330010

Owner Name: Trieu Tran/Ha Truong

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

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