



SAINT PAUL
SAFETY & INSPECTIONS

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)
ANGIE WIESE, PE(MN), CBO, DIRECTOR

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

December 9, 2024

Patricia A Denny
1067 Edgerton St
St Paul MN 55130-3859

Dear Patricia A Denny and others, if listed:

On December 9, 2024, this department conducted an inspection of your property at **1067 EDGERTON ST** and because **you were not compliant with a previous order.**

Deficiency: PLEASE REMOVE AND PROPERLY DISPOSE OF THE SCRAPWOOD, WOOD PALLETS, PLASTIC DRUMS, CARDBOARD BOXES AND ALL MISCELLANEOUS DEBRIS FROM THE REAR YARD AND FROM THE ENTIRE PROPERTY. THANK YOU."

YOU ARE BEING BILLED \$134, 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 **December 23, 2024.**

****WARNING****

IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, December 23, 2024, YOU WILL BE BILLED AN ADDITIONAL \$134.00. CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: Willie Williams, 651-266-1942

Willie Williams
Code Enforcement Inspector

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

December 9, 2024

EXCESSIVE CONSUMPTION

Invoice #: 1918489

File #: 24-081815

Property Address: 1067 EDGERTON ST

Property PIN: 292922240004

Owner Name: Patricia A Denny

Fee Description

Amount

Excessive Consumption (Non Compliance)

\$ 134

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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

Folder #: **24-081815**

Invoice: No: 1918489 Date: December 9, 2024

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