



## Fire Inspection Report

### City of Saint Paul

Department of Safety and Inspections  
375 Jackson Street – Suite 220  
Saint Paul MN 55101-1806

Owner Name Judith Day  
Owner Address 1787 Sarbant ave  
City State Zip St. Paul ~~mn~~ 55105  
Owner Phone 651-269-9437

License \_\_\_\_\_  
Complaint \_\_\_\_\_  
C of O \_\_\_\_\_  
Date \_\_\_\_\_

Building Address: 942/944 ashland

You are hereby notified to remedy the conditions stated below immediately. A reinspection will be made after the reinspection date stated below. If you consider any of these code requirements to be unreasonable, you may appeal to the Legislative Hearing Officer. Applications for appeals may be obtained at the City Clerks Office, 310 City Hall 651-266-8585 within 10 days of the date of the original orders.

| Code | Conditions to be Corrected                     |
|------|------------------------------------------------|
|      | - unit 9 / scrape repaint hallway / Kitchen    |
|      | - unit 10 / repaint window sills               |
|      | - unit 10 / scrape repaint flaking paint       |
|      | - unit 10 / repair bedroom window              |
|      | - unit 10 / repair kitchen window              |
|      | - unit 11 / scrape repaint wall / Bedroom door |
|      | - unit 11 / fire load Bedroom                  |
|      | - clear electric panels - 36"                  |
|      | - unit 12 / replace Bathroom ceiling tiles     |
|      |                                                |
|      |                                                |

Owner or Representative Signature \_\_\_\_\_

Occupancy Type \_\_\_\_\_ Inspector Signature KD / # 17  
CFO Key \_\_\_\_\_ Reinspection Date Tue / Oct 7 / 1:00pm

\*\* For further information on this report, contact the Fire Inspection Division at 651-266-8989 \*\*



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License \_\_\_\_\_  
Complaint \_\_\_\_\_  
C of O \_\_\_\_\_  
Date \_\_\_\_\_

Building Address: 934-940 ashland

You are hereby notified to remedy the conditions stated below immediately. A reinspection will be made after the reinspection date stated below. If you consider any of these code requirements to be unreasonable, you may appeal to the Legislative Hearing Officer. Applications for appeals may be obtained at the City Clerks Office, 310 City Hall 651-266-8585 within 10 days of the date of the original orders.

- repair Gypsum-Boiler room

| Code              | Conditions to be Corrected                                 |
|-------------------|------------------------------------------------------------|
| 934               | - unit 1/scrape paint pipe bathroom                        |
|                   | - unit 1 bedroom / improper Bulbs                          |
|                   | - unit 3/Bedroom/window sill paint                         |
|                   | - unit 3 pantry / Scrape repaint                           |
|                   | - unit 4 - scrape repaint living room                      |
|                   | - unit 4 paint window sill                                 |
|                   | - unit 4 scrape repaint Bedroom                            |
|                   | - unit 4, minimize fire load                               |
| Unit 5            | - unit 5 / incense in wall                                 |
| <del>Unit 5</del> | <del>- unit 5 / replace kitchen sink plumbing / Good</del> |
|                   | - remove cords unit 5                                      |
|                   | - remove 6-prong adapter unit 5                            |

Owner or Representative Signature \_\_\_\_\_

Occupancy Type Unit 5

Inspector Signature KD / #17

CFO Key \_\_\_\_\_

Reinspection Date 9/4/25  
10/7/25 1:00 PM

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Owner Phone 651-269-9437

License \_\_\_\_\_

Complaint \_\_\_\_\_

C of O \_\_\_\_\_

Date \_\_\_\_\_

Building Address: 934, 936, 940, 942, 944 Ashland

You are hereby notified to remedy the conditions stated below immediately. A reinspection will be made after the reinspection date stated below. If you consider any of these code requirements to be unreasonable, you may appeal to the Legislative Hearing Officer. Applications for appeals may be obtained at the City Clerks Office, 310 City Hall 651-266-8585 within 10 days of the date of the original orders.

| Code | Conditions to be Corrected                       |
|------|--------------------------------------------------|
|      | - Scrape and repaint all flaking exterior paint  |
|      | - pressure wash awnings                          |
|      | - patch all foundation cracks                    |
|      | - scrape/repaint any exterior flaking wall paint |
|      | 940 Back stairs condemned                        |
|      | - fill all sidewalk cracks                       |
|      | - repair laundry room window                     |
|      |                                                  |
|      |                                                  |
|      |                                                  |
|      |                                                  |

Owner or Representative Signature \_\_\_\_\_

Occupancy Type \_\_\_\_\_ Inspector Signature KD / #17

CFO Key \_\_\_\_\_ Reinspection Date BEFORE 3/24

10/5/25 - 1:pm

\*\* For further information on this report, contact the Fire Inspection Division at 651-266-8989 \*\*



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Owner Phone 651-269-9437

License \_\_\_\_\_  
Complaint \_\_\_\_\_  
C of O \_\_\_\_\_  
Date \_\_\_\_\_

Building Address: 938/940 Ashland

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| Code | Conditions to be Corrected             |
|------|----------------------------------------|
|      | - Heat mandated at 68 degrees          |
|      | - unit 6 / scrape and repaint          |
|      | - unit 6 / repaint whole Bathroom      |
|      | - unit 6 / remove ac Bedroom window X2 |
|      | - unit 6 / tenant clean                |
|      | - unit 7 / patch paint Bedroom wall    |
|      | - hang SD unit 7 Bdrm X2               |
|      | - unit 7 patch trim over Kitchen door  |
|      |                                        |
|      |                                        |
|      |                                        |

Owner or Representative Signature \_\_\_\_\_

Occupancy Type \_\_\_\_\_ Inspector Signature K D #17  
CFO Key \_\_\_\_\_ Reinspection Date 10/7/25 1:00 PM

**\*\* For further information on this report, contact the Fire Inspection Division at 651-266-8989 \*\***