



# APPLICATION FOR APPEAL

## Saint Paul City Council – Legislative Hearings

310 City Hall, 15 W. Kellogg Blvd.  
Saint Paul, Minnesota 55102  
Telephone: (651) 266-8585

RECEIVED

APR 02 2014

CITY CLERK

*check # 5590*

We need the following to process your appeal:

- \$25 filing fee payable to the City of Saint Paul (if cash: receipt number check 5590)
  - Copy of the City-issued orders/letter being appealed
  - Attachments you may wish to include
  - This appeal form completed
  - Walk-In OR  Mail-In
- for abatement orders only:  Email OR  Fax

HEARING DATE & TIME  
(provided by Legislative Hearing Office)

Tuesday, 4-8-14

Time 2:30 p.m.

Location of Hearing:

Room 330 City Hall/Courthouse

*e-mailed 4-2-14*

### Address Being Appealed:

Number & Street: 703 Bedford St. City: St. Paul State: MN Zip: 55130

Appellant/Applicant: Bonnie Barlage Email bbarlage@EIGPM.com

Phone Numbers: Business 612-223-6276 Residence \_\_\_\_\_ Cell 612-309-9233

Signature: *Bonnie Barlage* Date: 3/31/14

Name of Owner (if other than Appellant): Kevin Younge

Mailing Address if Not Appellant's: 2531 Marshall St. N.E. Suite C MPIS, MN 55418

Phone Numbers: Business 612-223-6276 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
- Code Enforcement Correction Notice
- Vacant Building Registration
- Other

See Attached documents

Department of Safety and Inspections,

We would like to request appeal of the vacant building registration for 703 Bedford St. Since receiving the condemnation letter on March 6, every effort has been made to partner with Brian Tonnancour (Fire Inspector) and comply with the city code. Despite these efforts, it appears that the recommendation to add 703 Bedford to the vacant building program was made just 7 business days after we first received notification of the deficiencies. At the time of this appeal on March 31st, there is only one outstanding deficiency from the letter we received on March 24.

On March 6 EIG Property Management received a notice of condemnation related to over occupancy and no heat for 703 Bedford. The over occupancy was clearly a mistake on our part. We did not realize that some of the bedrooms were only allowed to have one person and that two of the bedrooms didn't qualify. This will not happen again. Immediately upon receiving this letter Brian Tonnancour was contacted. A meeting with Brian occurred at the property on March 3<sup>rd</sup> to show him that the heat was in fact working and there was a belief that no further action was required on that issue. Additionally, there was a belief from this meeting if the over occupancy was corrected with lease terminations, the condemnation would be lifted.

A follow-up inspection occurred at the property on March 17. The lease termination agreements effective March 17 were shown to Brian at this time. Unfortunately due to the short timing on the re-inspection, some of the tenant belongings were still in the unit. It was our belief that the condemnation would be lifted after this inspection. Several attempts were made to contact Brian for any follow-ups during his office hours between 7:30 and 9am from March 18 - 21 with no response.

On March 24 we received a letter reiterating many of the same code deficiencies in the original March 6 letter plus the additional request to exterminate pests. All components of the deficiency list have been addressed including:

- Removal of all left behind tenant belongings
  - Pest extermination occurred on 3/26/14 (documentation attached)
  - Service / safety test of all four furnaces occurred on 3/28/14 (documentation attached).
- Unfortunately, one furnace did not pass and bids were requested to repair this furnace on March 28. This is the only outstanding deficiency.

This property was purchased on July 12, 2013. It quickly became apparent that the tenants were doing illegal activities and being a general nuisance in the neighborhood. The original tenants were transitioned out last fall, and \$16,000 was been invested in renovating and cleaning up the property. During the transition, a few citations were received related to garbage and garbage overflow at the property. This was partly related to the tenant issues and partly related to mistakes in management. We believe we have put the management mechanisms in place to prevent future issues. Both myself (owner) and EIG Property Management who manages the building are committed to making this a healthy and compliant long-term apartment building.

We believe the appeal should be granted given the strong effort to comply with the code, the unusually short time given to comply, the fact that building just passed the certificate of occupancy renewal in Nov 13, and the commitment by both the owner and EIG Property Management.

Thank you for your consideration,

Kevin Younge (Owner) and EIG Property Management



CITY OF SAINT PAUL  
Christopher B. Coleman, Mayor

Nuisance Building Code Enforcement  
375 Jackson Street, Suite 220  
Saint Paul, MN 55101-1806

651-266-8989  
651-266-1919  
[www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

March 26, 2014

Kevin Younge  
145 Singer Way  
Morrisville NC 27560-5552

## VACANT BUILDING REGISTRATION NOTICE

The premises at **703 BEDFORD ST**

has been inspected and found to meet the legal definition of a Vacant Building as described in Saint Paul Legislative Code, Chapter 43. You are required to register this building with the Department of Safety and Inspections, Vacant Buildings Division, by filling out and returning the registration form provided with this letter. You are also required to pay the annual Vacant Building Registration Fee of **\$1,440.00**. The fee is due upon receipt of this letter and must be paid no later than thirty (30) days from the date of this letter, as required in Saint Paul Legislative Code Chapter 43. If this building is vacant due to a fire, complete the enclosed registration form and return it to this office within 30 days.

**Please return the enclosed registration form along with your payment by April 26, 2014.**

### **Do not mail cash.**

If you wish to pay in person, you may do so from 8:00 a.m. to 4:00 p.m. Monday through Friday at:

DEPARTMENT OF SAFETY AND INSPECTIONS  
375 Jackson Street, Suite 220  
Saint Paul, MN 55101-1806

You may file an appeal to this fee or registration requirements by contacting the Office of the City Clerk at (651) 266-8688. Any appeal of this fee must be made within ten (10) days of the date of this notice.

**If the registration fee is not received in this office within 45 days of the date of this letter the full amount owed will be assessed to, and collected with, the taxes for this property as permitted by Saint Paul Legislative Code Chapter 43.**

The Code Enforcement Officer has notified the Building Inspection And Design Section that this property meets the legal definition of a registered vacant building and in accordance with Legislative Code Chapter 33, no permits (except demolition, wrecking and removal permits) will be issued until the requirements of all applicable ordinances are fulfilled.

All category 2 and category 3 vacant buildings must be winterized with gas and water services shut off or, alternately, an excess flow gas valve must be installed in the dwelling, within sixty (60) days of the date of this Notice.

**WRITTEN PERMISSION FROM THE CITY OF SAINT PAUL IS REQUIRED BEFORE A  
CATEGORY 2 OR CATEGORY 3 VACANT BUILDING CAN BE OCCUPIED OR SOLD.**

**Category 2:** Requirements include: 1. register/re-register the building, 2. pay outstanding fee(s), 3. obtain a code compliance report, 4. submit for approval a rehab cost estimate from a licensed contractor and a schedule for completion of all code compliance work, 5. submit proof of financial responsibility acceptable to the City, and 6. obtain Zoning approval of the proposed use.

**Category 3:** All requirements listed for Category 2 vacant buildings, AND obtain a **Certificate of Occupancy OR Certificate of Code Compliance** prior to the sale of the building.

If the use of this building meets the definition of a nonconforming use by the Zoning Code then the use will lose its nonconforming status 365 days from the date the building was declared vacant.

**You must contact the Enforcement officer, Tom Friel,  
at 651-266-1906 to find out what must be done before this  
building can be legally reoccupied.**

The Enforcement Officer may declare this building(s) to constitute a Nuisance Building subject to demolition and issue an Order to Abate under authority of Legislative Code Chapter 45. In the event this building is declared a Nuisance Building subject to demolition, the Enforcement Officer will notify all owners and interested parties of the Order to Abate, as provided in the Legislative Code Chapter 45.

If you have questions about this annual registration fee or other vacant building requirements, please contact the Enforcement Officer, Tom Friel, at 651-266-1906.

This registration form and fee is required by law. Your prompt attention to this matter is appreciated.

Thank You,

Steve Magner  
Vacant Buildings Program Manager  
Department of Safety and Inspections

Enclosures: Regulations Requirements Information  
Vacant Building Registration Form

SM: tf  
vb\_registration\_notice 9/2013



CITY OF SAINT PAUL  
Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220  
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989  
Facsimile: 651-266-8951  
Web: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

March 17, 2014

EIG PROPERTY MANAGEMENT  
2531 MARSHALL  
ST NEMINNEAPOLIS MN 55418

**NOTICE OF CONDEMNATION  
UNFIT FOR HUMAN HABITATION  
ORDER TO VACATE**

RE: 703 BEDFORD ST  
Ref. # 13438

*3/25 yearly fee  
for vacant  
unit  
Tom - Code Inspector  
651-266-1906*

Dear Property Representative:

Your building was inspected on March 17, 2014.

The building was found to be unsafe, unfit for human habitation, a public nuisance, a hazard to the public welfare or otherwise dangerous to human life. A Condemnation Placard has been posted on the building.

The following deficiency list must be completed or the building vacated by the re-inspection date.

**CONDEMNATION OF THE BUILDING REVOKES THE CERTIFICATE OF OCCUPANCY.**

Failure to complete the corrections may result in a criminal citation. The Saint Paul Legislative Code requires that no building be occupied without a Fire Certificate of Occupancy.

**DEFICIENCY LIST**

1. All units - All living areas may be used for sleeping of 1 occupant in each of the units.
2. All units. - MSFC 1028.3 - Remove the materials that cause an exit obstruction. Maintain a clear and unobstructed exitway.-All doors and windows.
3. All units. - MN Stat. 299F.362 - Immediately provide and maintain a smoke detector located outside each sleeping area.

An Equal Opportunity Employer

4. All units. - MN State Statute 299F.50 Immediately provide and maintain an approved Carbon Monoxide Alarm in a location within ten (10) feet of each sleeping area. Installation shall be in accordance with manufacturers instructions.
5. Bldg 703 - Unit 1 - SPLC 34.13 (3), SPLC 34.17 (2) - Reduce and maintain the number of occupants in the sleeping rooms to:-Front Bedroom= 2 persons  
Second Bedroom= 1 person
6. Bldg 703 - Unit 2 - SPLC 34.13 (3), SPLC 34.17 (2) - Reduce and maintain the number of occupants in the sleeping rooms to:-Third Floor Front Bedroom= 1 person  
Third floor back bedroom=0  
Main floor front bedroom=2 people  
Main floor middle=1 person
7. Bldg 705 - Unit 1 - SPLC 34.13 (3), SPLC 34.17 (2) - Reduce and maintain the number of occupants in the sleeping rooms to:-Front bedroom= 2  
Middle bedroom=1  
Back bedroom= 2
8. Bldg 705 - Unit 2 - SPLC 34.13 (3), SPLC 34.17 (2) - Reduce and maintain the number of occupants in the sleeping rooms to:-Front bedroom Main Floor=2  
Third Floor Bedroom=2  
Middle bedroom=2
9. Throughout - SPLC 34.10 (6), 34.33 (5) - Exterminate and control insects, rodents or other pests. Provide documentation of extermination.  
-Mouse droppings and cockroaches were observed during inspection.
10. SPLC 34.23, MSFC 110.1 - This occupancy is condemned as unfit for human habitation. This occupancy must not be used until re-inspected and approved by this office.-Lack of basic facilities. (Heat)
11. SPLC 34.11 (6), 34.34 (3) - Provide service of heating facility by a licensed contractor which must include a carbon monoxide test. Submit a completed copy of the Saint Paul Fire Marshal's Existing Fuel Burning Equipment Safety Test Report to this office.-All heating units in the property.
12. SPLC 39.02(c) - Complete and sign the smoke detector affidavit and return it to this office.

3/1/2011

Saint Paul Legislative Code authorizes this inspection and collection of inspection fees. For forms, fee schedule, inspection handouts, or information on some of the violations contained in this report, please visit our web page at: <http://www.stpaul.gov/cofo>

You have the right to appeal these orders to the Legislative Hearing Officer. Applications for appeals may be obtained at the Office of the City Clerk, 310 City Hall, City/County Courthouse, 15 W Kellogg Blvd, Saint Paul MN 55102 Phone: (651-266-8585) and must be filed within 10 days of the date of the original orders.

If you have any questions, email me at: [brian.tonnancour@ci.stpaul.mn.us](mailto:brian.tonnancour@ci.stpaul.mn.us) or call me at 651-266-8955 between 7:30 - 9:00 a.m. Please help make Saint Paul a safer place in which to live and work.

Sincerely,

Brian Tonnancour  
Fire Inspector  
Ref. # 13438

cc: Housing Resource Center  
Force Unit

TCE 402270

Job ID: 4200575

# 1-800-GOT-JUNK?

THE WORLD'S LARGEST JUNK REMOVAL SERVICE

1209 Tyler St NE Ste 160, Minneapolis, MN 55413  
Phone: 763-442-6920  
twincities@1800gotjunk.com

Date: 3-28-14  
Team: Bob  
Route#: \_\_\_\_\_  
Start Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Moving:  YELLOW COPY CLIENT  
WHITE COPY OFFICE

Name: \_\_\_\_\_  
Company Name: EIC Prop Mgmt  
Pickup Address: 703 Bedford St.  
City: St Paul State/Prov: MN Zip/Postal: 55  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Fax #: \_\_\_\_\_ Office #: \_\_\_\_\_  
Email: \_\_\_\_\_

Bill Type	Load Size	Description	Price
V	4 Bill	558 x 4 =	2,232
S			420
		MSW app to EIC CEC fee	159.00
<small>Bill Type V - Volume, B - Bedload, S - Surcharge, SP - Standard Item Price</small>			Other
<div style="border: 1px solid black; padding: 5px;"> <b>HOW DID YOU LEARN ABOUT US?</b>            10-477 -60         </div>			Subtotal
			Tax
			Tax
			<b>Total</b> 2,901

Cash  Debit  Check # \_\_\_\_\_  Other \_\_\_\_\_  
 M/C  VISA  AMEX Name (as it appears on card): \_\_\_\_\_  
 CC#: [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ]  
 Signature: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
 Invoice Contact #: \_\_\_\_\_ PO #: \_\_\_\_\_  
 Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_

**Job Completion**  
 Signature: *[Signature]* Date: 4/28/14

TERMS: All accounts are due upon receipt unless credit has been established. Overdue accounts are subject to interest not higher than the maximum allowable interest rate as determined by law. As owner, agent, or tenant of the above location, I hereby agree the work has been satisfactorily completed and understand that I no longer own the items that have been removed.

Cost to remove all items from property





**PEST CONTROL SERVICES**  
Insects • Rodents • Wildlife

Michael "Pep" Peplow

Customer Service Technician

15050 221 Cedar Ave S

Apple Valley, MN 55124

Business: 952.894.9748

Mobile: 612.272.3385

Email: [pep@pestcontrolservicesmn.com](mailto:pep@pestcontrolservicesmn.com)

<http://pestcontrolservicesmn.com>



# EXISTING FUEL BURNING EQUIPMENT SAFETY TEST REPORT

(Use separate form for each Appliance)

Department of Safety & Inspections  
Fire Prevention Division  
375 Jackson Street - Suite 220  
Saint Paul MN 55101  
Fax: 651-266-8951

Address: 703 Bedford St. Date: 3-27-14  
Owner: FIG

### Type of Heat:

Gravity Air  Forced Air  Gravity Hot Water  Forced Hot Water   
Steam  Unit Heater  Space Heater  Other

Type of Fuel: Gas  Oil  Other

**Gas Design** **Conversion**  
Make of Burner \_\_\_\_\_ Make \_\_\_\_\_  
Model \_\_\_\_\_ Model \_\_\_\_\_  
Serial \_\_\_\_\_ Max. BTU Rating \_\_\_\_\_  
Input \_\_\_\_\_ Make of Furnace \_\_\_\_\_

No Data

Equipment venting type: Atmospheric  Induced Fan  Other

### Total BTU input of all vented gas appliances per chimney:

Type of Chimney: Masonry  Class B  Other

Type of Liner: None  Metal  Clay Tile

Combustible Air Supply Required?: Yes  No  Installed?: Yes  No

### Safety & Operating Control Tests:

	Yes	No	Fuel Analysis/Flue Gas Analysis:	Yes	No
Pilot/Flame Safeguard Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vents Properly without Spillage	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Limit(s) Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flame Stays Inside/Doesn't Roll Out	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Operator(s) Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Burner Lights Smoothly	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Low Water Cut-Off Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
All Controls Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

	Initial	Final	Visual Inspection	Yes	No
Stack Temperature	F/Net	472 F/Net	Fuel Piping System - Okay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Oxygen	%	7.6 %	Vent Systems--Draflthood, Connector, Vent Chimney-- Okay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carbon Dioxide	%	7.4 %	Heating Unit - Okay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide	% / ppm	0 % / ppm			

Carbon Monoxide Detector (tube type) Positive  Negative

### Look At Total Heating System Before You Leave:

Does system operate safely and properly? Yes  No

COMMENTS: \_\_\_\_\_

Name of Licensed Contractor: Burnomath-Money-Ridley Address 2925 Coe Field Ave S Phone # 612-827-2825

Person Doing Test (Print) Kyle Owen (signature) Kyle Owen

Certificate of Competency Number from City of Saint Paul for Appropriate Fuel: \_\_\_\_\_

#2



# EXISTING FUEL BURNING EQUIPMENT SAFETY TEST REPORT

(Use separate form for each Appliance)

Department of Safety & Inspections  
Fire Prevention Division  
375 Jackson Street - Suite 220  
Saint Paul MN 55101  
Fax: 651-266-8951

Address: 703 Bedford St. Date: 3-27-14  
Owner: ETG

### Type of Heat:

Gravity Air  Forced Air  Gravity Hot Water  Forced Hot Water   
Steam  Unit Heater  Space Heater  Other

Type of Fuel: Gas  Oil  Other

No  
Duct  
Plate

### Gas Design

Make of Burner Muller  
Model \_\_\_\_\_  
Serial \_\_\_\_\_  
Input \_\_\_\_\_

### Conversion

Make \_\_\_\_\_  
Model \_\_\_\_\_  
Max. BTU Rating \_\_\_\_\_  
Make of Furnace \_\_\_\_\_

Equipment venting type: Atmospheric  Induced Fan  Other

### Total BTU input of all vented gas appliances per chimney:

Type of Chimney: Masonry  Class B  Other

Type of Liner: None  Metal  Clay Tile

Combustible Air Supply Required?: Yes  No  Installed?: Yes  No

### Safety & Operating Control Tests:

Pilot/Flame Safeguard Operating Properly    
Limit(s) Operating Properly    
Operator(s) Operating Properly    
Low Water Cut-Off Operating Properly    
All Controls Operating Properly

### Fuel Analysis/Flue Gas Analysis:

Vents Properly without Spillage    
Flame Stays Inside/Doesn't Roll Out    
Burner Lights Smoothly

	Initial	Final	Visual Inspection	Yes	No
Stack Temperature	F/Net	423 F/Net	Fuel Piping System - Okay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Oxygen	%	5.5 %	Vent Systems - Drafthood, Connector, Vent Chimney - Okay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carbon Dioxide	%	8.6 %	Heating Unit - Okay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide	% / ppm	3 % / ppm			

Carbon Monoxide Detector (tube type) Positive  Negative

### Look At Total Heating System Before You Leave:

Does system operate safely and properly? Yes  No

### COMMENTS:

Name of Licensed Contractor: Burno Matic Money - R. Miller Address 2925 Garfield Ave S Phone # 612-827-2825

Person Doing Test (Print) Kyle Owen (signature) Kyle Owen

Certificate of Competency Number from City of Saint Paul for Appropriate Fuel: \_\_\_\_\_

#3



# EXISTING FUEL BURNING EQUIPMENT SAFETY TEST REPORT

(Use separate form for each Appliance)

Department of Safety & Inspections  
Fire Prevention Division  
375 Jackson Street - Suite 220  
Saint Paul MN 55101  
Fax: 651-266-8951

Address: 703 Bedford St. Date: 3-27-14  
Owner: \_\_\_\_\_

### Type of Heat:

Gravity Air \_\_\_\_\_ Forced Air \_\_\_\_\_ Gravity Hot Water \_\_\_\_\_ Forced Hot Water   
Steam \_\_\_\_\_ Unit Heater \_\_\_\_\_ Space Heater \_\_\_\_\_ Other \_\_\_\_\_

Type of Fuel: Gas \_\_\_\_\_ Oil \_\_\_\_\_ Other \_\_\_\_\_

**Gas Design**  
Make of Burner Mueller  
Model 17-RWC-4  
Serial 12W  
Input 105,000

**Conversion**  
Make \_\_\_\_\_  
Model \_\_\_\_\_  
Max. BTU Rating \_\_\_\_\_  
Make of Furnace \_\_\_\_\_

Equipment venting type: Atmospheric \_\_\_\_\_ Induced Fan \_\_\_\_\_ Other \_\_\_\_\_

### Total BTU input of all vented gas appliances per chimney:

Type of Chimney: Masonry  Class B \_\_\_\_\_ Other \_\_\_\_\_

Type of Liner: None \_\_\_\_\_ Metal  Clay Tile \_\_\_\_\_

Combustible Air Supply Required?: Yes \_\_\_\_\_ No \_\_\_\_\_ Installed?: Yes \_\_\_\_\_ No \_\_\_\_\_

### Safety & Operating Control Tests:

	Yes	No
Pilot/Flame Safeguard Operating Properly	<input checked="" type="checkbox"/>	_____
Limit(s) Operating Properly	<input checked="" type="checkbox"/>	_____
Operator(s) Operating Properly	<input checked="" type="checkbox"/>	_____
Low Water Cut-Off Operating Properly	<input checked="" type="checkbox"/>	_____
All Controls Operating Properly	<input checked="" type="checkbox"/>	_____

### Fuel Analysis/Flue Gas Analysis:

	Yes	No
Vents Properly without Spillage	<input checked="" type="checkbox"/>	_____
Flame Stays Inside/Doesn't Roll Out	<input checked="" type="checkbox"/>	_____
Burner Lights Smoothly	<input checked="" type="checkbox"/>	_____

	Initial	Final
Stack Temperature	F/Net <u>445</u> <del>579</del>	F/Net <u>59</u> <del>829</del>
Oxygen	% <u>5.9</u>	% <u>2.4</u>
Carbon Dioxide	% <u>7</u>	% <u>7</u>
Carbon Monoxide	% / ppm <u>7</u>	% / ppm <u>7</u>

### Visual Inspection

	Yes	No
Fuel Piping System - Okay	<input checked="" type="checkbox"/>	_____
Vent Systems - Draft Hood, Connector, Vent Chimney - Okay	<input checked="" type="checkbox"/>	_____
Heating Unit - Okay	<input checked="" type="checkbox"/>	_____

Carbon Monoxide Detector (tube type) Positive \_\_\_\_\_ Negative \_\_\_\_\_

### Look At Total Heating System Before You Leave:

Does system operate safely and properly? Yes  No \_\_\_\_\_

### COMMENTS:

Name of Licensed Contractor: Burns & Moseley - R. J. J. J. Address 2925 Gayfield Ave S Phone # 612-827-2825

Person Doing Test (Print) Kyle Owen (signature) Kyle Owen

Certificate of Competency Number from City of Saint Paul for Appropriate Fuel: \_\_\_\_\_

703#2



# EXISTING FUEL BURNING EQUIPMENT SAFETY TEST REPORT

(Use separate form for each Appliance)

Department of Safety & Inspections  
Fire Prevention Division  
375 Jackson Street - Suite 220  
Saint Paul MN 55101  
Fax: 651-266-8951

Address: 703 Bedford St. Date: 3-27-14  
Owner: \_\_\_\_\_

### Type of Heat:

Gravity Air \_\_\_\_\_ Forced Air \_\_\_\_\_ Gravity Hot Water \_\_\_\_\_ Forced Hot Water \_\_\_\_\_  
Steam \_\_\_\_\_ Unit Heater \_\_\_\_\_ Space Heater X Other \_\_\_\_\_

### Type of Fuel:

Gas \_\_\_\_\_ Oil \_\_\_\_\_ Other \_\_\_\_\_  
**Gas Design**  
Make of Burner Williams **Conversion**  
Model \_\_\_\_\_ Make \_\_\_\_\_  
Serial \_\_\_\_\_ Model \_\_\_\_\_  
Input \_\_\_\_\_ Max. BTU Rating \_\_\_\_\_  
Make of Furnace \_\_\_\_\_

Equipment venting type: Atmospheric \_\_\_\_\_ Induced Fan \_\_\_\_\_ Other \_\_\_\_\_

Total BTU input of all vented gas appliances per chimney: \_\_\_\_\_

Type of Chimney: Masonry \_\_\_\_\_ Class B \_\_\_\_\_ Other \_\_\_\_\_

Type of Liner: None \_\_\_\_\_ Metal \_\_\_\_\_ Clay Tile \_\_\_\_\_

Combustible Air Supply Required?: Yes \_\_\_\_\_ No \_\_\_\_\_ Installed?: Yes \_\_\_\_\_ No \_\_\_\_\_

### Safety & Operating Control Tests:

	Yes	No	Fuel Analysis/Flue Gas Analysis:	Yes	No
Pilot/Flame Safeguard Operating Properly	___	___	Vents Properly without Spillage	___	___
Limit(s) Operating Properly	___	___	Flame Stays Inside/Doesn't Roll Out	___	___
Operator(s) Operating Properly	___	___	Burner Lights Smoothly	___	___
Low Water Cut-Off Operating Properly	___	___		___	___
All Controls Operating Properly	___	___		___	___

	Initial	Final	Visual Inspection	Yes	No
Stack Temperature	_____ F/Net	_____ F/Net	Fuel Piping System - Okay	___	___
Oxygen	_____ %	_____ %	Vent Systems--Draffhood, Connector, Vent Chimney-- Okay	___	___
Carbon Dioxide	_____ %	_____ %	Heating Unit - Okay	___	___
Carbon Monoxide	_____ % / ppm	_____ % / ppm		___	___

Carbon Monoxide Detector (tube type) Positive \_\_\_\_\_ Negative \_\_\_\_\_

### Look At Total Heating System Before You Leave:

Does system operate safely and properly? Yes \_\_\_\_\_ No \_\_\_\_\_

COMMENTS: Fail taking flue gas

Name of Licensed Contractor: Bernadette Moneg-Ridley Address 2925 Coe Field Rd S Phone # 612-827-2825

Person Doing Test (Print) Kyle Owen (signature) Kyle Owen

Certificate of Competency Number from City of Saint Paul for Appropriate Fuel: \_\_\_\_\_