



The Trusted Name In Home Comfort
PLUMBING • ELECTRICAL
HEATING • AIR CONDITIONING

612-332-6633
651-228-9071
www.bonfe.com

INVOICE # 11088

DATE: MON WED THU FRI SAT SUN JOB #: 261

CUSTOMER NAME (Financially Responsible Party) Chad Blauve CALLER NAME _____ JOB CONTACT NAME _____

JOB ADDRESS 304 Earl St CITY St Paul STATE _____ ZIP 55106

PH1 651-398-9399 PH2 _____

E-MAIL ADDRESS _____

PEACE OF MIND MEMBER? Yes No

2007

ORIGINAL REASON FOR THE CALL: _____

SUMMARY: Cops must be present checked
and advised before work can
be done.

WORK AUTHORIZATION: I, the undersigned, as owner/authorized representative/tenant of the premises at which the work is being done, I hereby authorize you to perform the recommendations, and use such labor and materials as you deem advisable. Payment for all work done is due upon completion (C.O.D.). An office billing charge and/or finance charge of 1.5% per month (18% per annum) will be added after 10 days past due. I agree to pay all attorney's fees, court costs and collection fees. I have read this contract, including the terms and conditions on the reverse side hereof and agree to be bound by all the terms contained herein. All old parts will be removed from premises and discarded, unless otherwise specified herein.

I HEREBY AUTHORIZE YOU TO PROCEED WITH THE ABOVE WORK AT THE UPFRONT FEE OF \$ 1233.52

Print Name: _____ Signature: [Signature]

See Summary of Findings sheet for additional information Permit Required

For your peace of mind, should the repair amount exceed 25% of your system's replacement value, our technician is required to inform you of options for both repairing and replacing the equipment.

Qty	Task#	Description of Work	Rate
		Service Call Charge	
		Peace of Mind Membership	
		<u>PHL zero</u>	
		<u>Due upon completion of work</u>	
		<u>venting fans</u>	

304 EARL

Pre-Approved

PAYMENT 1: MC Visa

PAYMENT 2: MC Visa

from this invoice: Work performed C.O.D.

DO YOU WANT TO PAY LESS?
Service technician presented me with a Peace of Mind Plan and explained the benefits
I want to save money and YES
Peace of Mind NO
OR
At this time I decline the offer

DISCOUNT _____

SUBTOTAL _____

TAX _____

TOTAL COST _____

PEACE OF MIND SAVINGS \$ _____

TECHNICIAN ACKNOWLEDGEMENT: I, the customer entering into the contract, I have read and understand the nature of the service and cost and I have given a copy of the contract to the customer. All work I have done has been in compliance with company standards in a workmanship manner, to building codes when applicable.

SIGNATURE: Mike [Signature]

ACCEPTANCE OF WORK: I have read and understand the above described work and I agree to pay 1.5% per month (18% per annum) as well as all attorney's fees and collection fees. I agree that the amount set forth in the space marked "TOTAL COST" is the total flat price I have agreed to.

SIGNATURE: _____

CUSTOMER SERVICE IS OUR #1 FOCUS
If you are not completely satisfied for any reason, please call and let us know. Your feedback is very important to us.

THANK YOU FOR CHOOSING US FOR YOUR SERVICE NEEDS!



612-332-6633
651-228-9071
www.bonse.com

INVOICE # 11087

DATE: M M D P Y
JOB #

CUSTOMER NAME (Financially Responsible Party) Clend Brueck
JOB ADDRESS 511 Echal St Bldg 100
CITY Mt Pleasant STATE MI ZIP 48134
PH1 511 Echal St Bldg 100 PH2 48134
E-MAIL ADDRESS clend@brueck.com

PEACE OF MIND MEMBER? Yes No

ORIGINAL REASON FOR THE CALL: _____

SUMMARY: _____

WORK AUTHORIZATION: I, the undersigned, authorize repair/entire/tenant of the premises at which the work is being done. I hereby authorize you to use subcontractors and materials as you deem advisable. Payment for all work done is due upon completion (C.O.D.). An office billing charge and/or charge of 1.5% per month (18% per annum) will be added after 10 days past due. I agree to pay all attorney's fees, court costs and collection fees. I have read this contract, including the terms and conditions on the reverse side hereof and agree to be bound by all the terms contained herein. All old parts will be removed from premises and discarded. UNLESS OTHERWISE SPECIFIED HEREIN, I HEREBY AUTHORIZE YOU TO PROCEED WITH THE ABOVE WORK AT THE UPFRONT FEE OF \$123.25.

Technician is required to inform you of options for replacement value, and exceed 25% of your system's should the repair amount for your peace of mind.

FRONT NAME Clend Brueck SIGNATURE [Signature]

DESCRIPTION OF WORK: _____

Rate _____

Qty	Task#	Description of Work	Rate
		Service Call Charge	
		Peace of Mind Membership	
		See Attached	
		Findings sheet	
		Due upon completion	
		Gas leak	

Pre-Approved Financing Terms: _____

Payment 1: Cash Check Amex Visa Disc

Payment 2: Cash Check Amex Visa Disc

Auth # _____

Check # _____

Auth # _____

Check # _____

Auth # _____

Check # _____

ACCEPTANCE OF WORK PERFORMED: I acknowledge satisfactory completion of the above described work and that the premises has been left in satisfactory condition. I understand that my check does not clear, I am liable for the check and any charges from the bank. I agree to pay 1.5% per month for past due contracts (minimum charge \$15). In the event that collection efforts are initiated against me, I shall pay for all associated fees at the posted rates as well as all cost of collection fees and attorney fees. I agree that the amount set forth in the space marked "TOTAL COST" is the total flat price I have agreed to.

SIGNATURE _____

SIGNATURE Beeson

When applicable, standards in a workmanship manner to building codes have been in compliance with company given a copy of the contract to the customer. All work discussed the nature of the service and cost and I have prior to the customer entering into the contract. I have

SERVICE TECHNICIAN ACKNOWLEDGEMENT

I want to save money and have peace of mind. My Service technician presented me with a Peace of Mind plan and explained the benefits.

YES NO

At this time I decline the offer.

SIGNATURE _____

PEACE OF MIND SAVINGS \$ _____

TOTAL COST _____

TAX _____

SUBTOTAL _____

DISCOUNT _____

CUSTOMER SERVICE IS OUR #1 FOCUS

If you are not completely satisfied for any reason, please call and let us know your feedback is very important to us.

THANK YOU FOR CHOOSING US FOR YOUR SERVICE NEEDS!



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INVOICE #

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Customer: BRAUER

Date: 12-1-07

2007

Observations:

Findings:

Day 1

3 HRS PRESSURE TEST DAY 1
 1 HR Run GAS line to DRYER
 VENT turn and Water Heater Already
 Bid PRL 1233.82

Day 2

Re connect all GAS APPLIANCES
 1 HR

PRL 060 1233.75 total for
 Both THINGS and INSPECTION and
 PERMITS

This is not an invoice. Do not pay from this form.



MECHANICAL PERMIT

PERMIT #: 20 07 218517
Issued Date: December 13, 2007

CITY OF SAINT PAUL
Department of Safety and Inspections
8 Fourth Street East, Suite 200
Saint Paul, MN 55104-1024
PHONE: (651) 266-9090
FAX: (651) 266-9124

CONTRACTOR:

OWNER:

CHAD J BRABEC
PO BOX 600584
ST PAUL MN 55106-0010

CHAD J BRABEC
PO BOX 600584
ST PAUL MN 55106-0010

PERMIT ADDRESS: 304 EARL ST

ST PAUL MN 55106-6404

SUB TYPE: Gas

WORK TYPE: Residential Repair/Alter

of Dwelling Units

1

Vacant Building

1

Field Application?

Category 2
No

Estimated Value of Work

FEES	Permit Fee	58.00
	Surcharge B	0.50
	TOTAL	58.50

METER SET Minnesota Rules, Chapter 1300.0210 Inspections: The person doing the work authorized by a permit shall notify the building official that the work is ready for inspection. The person requesting an inspection required by the code shall provide access to and means for inspection of the work. Wire diagram is required on jobsite.

The inspector assigned to this Permit is Maureen H. The inspector can be reached at 651-266-9043 between 7:30 AM and 9:00 AM Monday through Friday.



BUILDING PERMIT

PERMIT #: 20 07 130388
Issued Date: August 24, 2007

CITY OF SAINT PAUL

Department of Safety and Inspections
8 Fourth Street East, Suite 200
Saint Paul, MN 55101-1024
PHONE: (651) 266-9090
FAX: (651) 266-9124

CONTRACTOR:

OWNER:

CHAD J BRABEC
304 EARL ST
ST PAUL MN 55106-6404

CHAD J BRABEC
304 EARL ST
ST PAUL MN 55106-6404

PERMIT ADDRESS: 304 EARL ST
ST PAUL MN 55106-6404

SUB TYPE: Single Family Dwelling

WORK TYPE: Repair

The following "Trade" Permits are required for this project: Electrical, W.Air Vent, Plumbing,

Vacant Building	Category 2	Change/Expansion of Use?	No
Existing Primary Use	R-Single Family,Dwe	# of Existing Dwelling Units	1
State Valuation	25000	Scope of Repair Work	Code Compliance Rej
Structural Work?	No Structural Work	Interior/Exterior?	Exterior Only
Plan Number	V-2007-1561		

FEES	
Permit Fee	391.25
Plan Check Fee	58.00
Surcharge B	12.50
TOTAL	461.75

REMOVE AND REPLACE BACK PORCH, REPAIRS PER CODE COMPLIANCE REPORT.
Provided handouts 8/24/07 RR

The inspector assigned to this Permit is Jim S.
The inspector can be reached at 651-266-9016 between 7:30 AM and 9:00 AM Monday through Friday.



ELECTRICAL PERMIT

CITY OF SAINT PAUL

Department of Safety and Inspections
8 Fourth Street East, Suite 200
Saint Paul, MN 55101-1024
PHONE: (651) 266-9090
FAX: (651) 266-9124

PERMIT #: 20 07 196327
Issued Date: November 9, 2007
Expires Date: November 08, 2008

CONTRACTOR:

OWNER:

CHAD J BRABEC
304 EARL ST
ST PAUL MN 55106-6404

CHAD J BRABEC
304 EARL ST
ST PAUL MN 55106-6404

PERMIT ADDRESS: 304 EARL ST
ST PAUL MN 55106-6404

SUB TYPE: Service & Circuits

WORK TYPE: Residential Repair/Alter

Vacant Building	Category 2	# of Dwelling Units	1
Estimated Value of Work	150	Estimated Start Date	Nov 10, 2007
Estimated Completion Date	Nov 10, 2008	Field Application?	No
Circuits	30	Amps	6

FEES	
Permit Fee	60.00
Surcharge A	0.50
TOTAL	60.50

VAC BLDG CAT 2. Minnesota Rules 3800.3780 Subpart 1 requires installers of electrical installations to schedule a final inspection. This permit is a fee for service and does not guarantee an unlimited number of inspections. Excessive inspection requests may require additional permit fees. Under Minnesota Rules Section 3800.3780 Subpart 2, permits with a fee of \$250 or less expire one year after issuance, regardless of whether the work is completed or not. A new permit would have to be obtained for the completion and approval of the work. All electrical permits processed after July 1, 2005 are now under the 2005 National Electrical Code. Questions on service location or requirements, call Xcel at 1-800-628-2121.

The inspector assigned to this Permit is Jamie M.
The inspector can be reached at 651-266-9037 between 7:30 AM and 9:00 AM Monday through Friday.

OFFICE OF LICENSE, INSPECTIONS AND
ENVIRONMENTAL PROTECTION
Bob Kessler, Director



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

COMMERCE BUILDING
8 Fourth Street East, Suite 200
St Paul, Minnesota 55101-1024

Telephone: 651-266-9090
Facsimile: 651-266-9134
Web: www.liep.us

July 18, 2006

MS WENDY LEE
HOMECOMINGS FINANCIAL
1264 POINT DOUGLAS ROAD SOUTH
SAINT PAUL, MN 55119

Re: 304 Earl Street
File#: 05 190146 VB2

Dear Property Owner:

Pursuant to your request the above-referenced property was inspected and the following report is submitted:

BUILDING

1. Install cricket at garage roof attached to house.
- ~~2.~~ Repair, replace or remove north side entry foundation floor and walls.
3. Install Provide hand and guardrails on all stairways and steps as per attachment.
- ~~4.~~ Anchor posts in basement.
- ~~5.~~ Tuck Point interior/exterior foundation.
- ~~6.~~ Install tempered glass in window over bathtub.
- ~~7.~~ Provide thumb type dead bolts for all entry doors. Remove any surface bolts.
- ~~8.~~ Repair or replace any deteriorated window sash, broken glass, sash holders, re-putty etc. as necessary.
9. Provide storms and screens complete and in good repair for all door and window openings.
10. Repair walls and ceilings throughout, as necessary.
11. Prepare and paint interior and exterior as necessary (take the necessary precautions if lead base paint is present).
- ~~12.~~ Provide smoke detectors as per the Minnesota State Building Code.
- ~~13.~~ Provide proper drainage around house to direct water away from foundation.
14. Install downspouts and a complete gutter system.
15. Provide general rehabilitation of garage and provide a fire wall between house and garage.

ELECTRICAL

- ~~1.~~ Remove all cord wired lights.
- ~~2.~~ Install a 15 amp breaker on #14 wire.
- ~~3.~~ Reinstall missing knock out seals in service panel.

MS WENDY LEE
HOMECOMINGS FINANCIAL
304 EARL STREET
JULY 18, 2006
PAGE TWO

4. Reinstall service raceway outside house.
5. Insure proper fuses or breakers for all conductors.
6. Repair or replace all broken, missing or loose fixtures, devices, covers and plates.
7. Check all 3-wire outlets for proper polarity and ground.
8. Throughout building, install outlets and fixtures as per Bulletin 80-1.
9. Install smoke detectors as per Bulletin 80-1 and I.R.C.
10. Electrical work requires a Permit and inspections.

PLUMBING

1. All plumbing work requires permit(s) and must be done by a plumbing contractor licensed in Saint Paul.
2. Provide the proper connections, transitions, fitting or pipe usage for the soil and waste piping.
3. Re-pipe the basement bathtub to Code.
4. Provide a backflow assembly or device for the lawn hydrant(s).

HEATING

1. Venting of furnace to be class "B" venting from outlet of furnace to chimney with Class "B" wire for connection of water heater venting.
2. Install dryer venting to Code.
3. Cover opening in duct work above laundry tub according to Code.
4. Install approved lever handle manual gas shutoff valve on gas appliances.
5. Provide support for gas lines to Code. Plug, cap and/or remove all disconnected gas lines.
6. Clean all supply and return ducts for warm air heating system.
7. Repair and/or replace heating registers as necessary.
8. Appropriate Mechanical, Warm Air and Ventilation Permits are required for this work.

ZONING

1. This property was inspected as being a single-family dwelling.

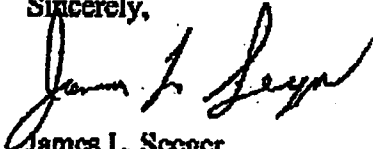
JUL 20 2006 10:08 AM FROM: 10.3030007 P.33

MS WENDY LEE
HOMECOMINGS FINANCIAL
304 EARL STREET
JULY 18, 2006
PAGE TWO

NOTES

1. See attachment for permit requirements.
2. **YACANT BUILDING REGISTRATION FEES MUST BE PAID AT NEIGHBORHOOD HOUSING AND PROPERTY IMPROVEMENT (NHPI) FOR PERMITS TO BE ISSUED ON THIS PROPERTY.** For further information call, NHPI at 651-266-1900, located at 1600 White Bear Avenue.
3. Most of the roof covering could not be properly inspected from grade. Recommend this be done before rehabilitation is attempted.
4. There was considerable storage/clutter within property at the time of the inspection. All to meet appropriate Codes when complete.
5. All items noted as recommended do not have to be completed for code compliance but should be completed at a later date. Possible purchasers of property shall be made aware of these items.

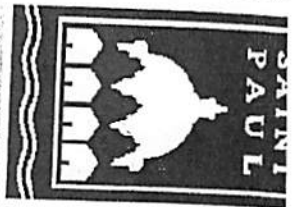
Sincerely,



James L. Scoger
Code Compliance Officer

JLS:sla

Attachments



CITY OF SAINT PAUL

BUILDING

INSPECTION APPROVALS

Call between 7:30 - 9:00 am to arrange for inspection.
 Post this inspection record at the job site until final approval.
 No building shall be occupied without inspector approval.
 Work shall not proceed without inspector approval.
 Approved plans must be retained on the job site.

SEPARATE PERMIT REQUIRED FOR WORK OF EACH TRADE.

PERMIT # : 20 07 130388

CONTRACTOR:

CHAD J BRABEC

ISSUED DATE: 08/24/2007

TYPE OF WORK:

Single Family Dwelling - Repair

JOB SITE ADDRESS:

304 EARL ST

BUILDING INSPECTOR: Seeger, Jim

PHONE: 651-266-9016

MINIMUM INSPECTIONS REQUIRED

1. Soil, foundation, footings and reinforcement.
2. Rough-in for all trades prior to framing inspection.
3. Framing - prior to covering structural members.
4. Insulation and vapor retarder prior to covering.
5. Sheetrock that is part of a fire-resistive or shear assembly.
6. Final - prior to occupancy.

POST THIS NOTICE SO THAT IT IS VISIBLE FROM THE STREET - OTHER APPROVALS MAY BE REQUIRED

Building Inspection: 651-266-9002	
Footings:	Insulation:
Rebar:	Sheetrock:
Framing:	Final:
Electrical Inspection: 651-266-9003	
Rough-in:	Final:
Mechanical Inspection: 651-266-9004	
Rough-in:	Final:
Plumbing Inspection: 651-266-9005	
Rough-in:	Final:
Warm Air/Ventilation Inspection: 651-266-9006	
Rough-in:	Final:
Elevator Inspection: 651-266-9010	
Rough-in:	Final: