



CITY OF SAINT PAUL

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

Telephone: 651-266-8989
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

325

September 4, 2018

Shan Leroy John Fritz
1141 Dale St N
St Paul MN 55117

Dear Shan Leroy John Fritz, and others, if listed:

On September 4, 2018, this department conducted an inspection of your property at **1141 DALE ST N** and because **you were not compliant with a previous order**

Deficiency: "Abandoned vehicles and/or parked on an unapproved surface - vehicle illegally parked in the alley right-of-way."

YOU ARE BEING BILLED \$122.00 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 next scheduled for a REINSPECTION on

September 11, 2018

WARNING

IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, September 11, 2018, YOU WILL BE BILLED AN ADDITIONAL \$120.00. CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: Ed Smith, at 651-266-1917

Ed Smith
Code Enforcement Inspector

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

September 4, 2018

EXCESSIVE CONSUMPTION

Invoice #: 1394070

File #: 16-090407

Property Address: 1141 DALE ST N

Property PIN: 262923110069

Owner Name: Shan Leroy John Fritz

Fee Description

Amount

Excessive Consumption (Non Compliance)

\$ 122.00

Payment is due upon receipt of this letter. **Failure to pay within 30 days will result in this amount being assessed to your property taxes.**

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 #: _____

325

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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

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