



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

September 24, 2024

Hsbc Bank Usa Na
1 Mortgage Way
Mount Laurel NJ 08054-4637

Arthur Rogers, Jr
382 Sims Ave
St Paul MN 55130-4034

Dear Hsbc Bank Usa Na and others, if listed:

On September 24, 2024, this department conducted an inspection of your property at **382 SIMS AVE** and because **you were not compliant with a previous order**.

Deficiency: IMMEDIATELY secure all buildings which are open to unauthorized entry.

PLEASE BOARD/SECURE THE BROKEN SECOND AND THIRD FLOOR WINDOWS.

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 **October 1, 2024**.

****WARNING****

IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, October 1, 2024, YOU WILL BE BILLED AN ADDITIONAL \$134.00. CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: Daniel Hesse, 651-252-8293

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

September 24, 2024

EXCESSIVE CONSUMPTION

Invoice #: 1900451

File #: 24-028641

Property Address: 382 SIMS AVE

Property PIN: 292922320118

Owner Name: Hsbc Bank Usa Na

Fee Description

Amount

Excessive Consumption (Non Compliance)

\$ 134

Payment is due upon receipt of this letter. **Failure to pay within 30 days will result in the amount due 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 #: _____

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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 #: **24-028641**

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PLEASE BOARD/SECURE THE BROKEN SECOND FLOOR WINDOWS."

