

375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806 Tel: 651-266-8989 | Fax: 651-266-9124

March 5, 2024

Gholamreza Ashrafzadehkian 3817 Beard Ave S Minneapolis MN 55410-1040

Dear Gholamreza Ashrafzadehkian and others, if listed:

On March 5, 2024, this department conducted an inspection of your property at **1386 EDMUND AVE** and because **you were not compliant with a previous order**.

Deficiency: "VEHICLES PARKED IN THE REAR OF THE PROPERTY ON AN UNIMPROVED SURFACE AREA HAVE NOT BEEN REMOVED UPON INSPECTION."

**YOU ARE BEING BILLED <u>\$134</u>**, 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 March 19, 2024.

#### \*\*WARNING\*\*

IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, March 19, 2024, YOU WILL BE BILLED AN ADDITIONAL \$134.00. CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: Otis Warner, 651-266-1906

Otis Warner Code Enforcement Inspector

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

March 5, 2024

### **EXCESSIVE CONSUMPTION**

Invoice #: 1821183

File #: 24-013962

Property Address: 1386 EDMUND AVE

Property PIN: 342923240041

Owner Name: Gholamreza Ashrafzadehkian

Fee DescriptionAmountExcessive Consumption (Non Compliance)\$ 134

Payment is due upon receipt of this letter. <u>Failure to pay within 30 days will result in the amount due assessed to your property taxes.</u> 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

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