

October 24, 2011

City of St. Paul

Department of Safety and Inspections

375 Jackson Street Suite 220

St. Paul Minnesota

Re: 778 Smith Ave So.


Dear Mr. Magner

ASL, Inc. The owner of the property at 778 Smith Ave So. St. Paul authorizes George S. Barr of Barr-Nelson, Inc. to act as it's representative. In all matters related to this property.

ASL, Inc.

Sami Al Abed

President

A handwritten signature in black ink, appearing to read 'Sami Al Abed', written over the printed name. The signature is fluid and cursive.

Subj: **778 Smith Ave Schedule**
Date: 10/20/2011 7:02:50 P.M. Central Daylight Time
From:
To:
CC:

Hi Steve

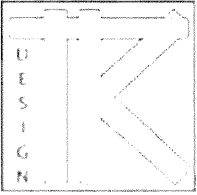
The following is an anticipated schedule subject to plan review and permit being re issued.

- 1) Re install silt fence immediately and remove letters from sign.
- 2) Have inspection to see that fence posts are correct and if not re install and have inspection before fence is started.
- 3) Have existing structural steel inspected and approved for continuation of construction.
- 4) Started exterior walls 1st week of November
- 5) Have HVAC roof curbs installed and start roofing 2nd week of November or 3rd week.
- 6) Have building completely enclosed and or weather tight by end of November.
- 7) Work on inside of building entire month of December.
- 8) No landscaping until next year.
- 9) Anticipate completion by mid or end of February . Kitchen equipment could take to mid March.

This should work

Thanks

BARR-NELSON, INC
GEORGE BARR
MCMS, INC.
FULL SERVICE CONTRACTOR.
2ND GENERATION BUILDER
763-355-0322 (CELL)
612-281-9901(OFFICE)
1-866-360-9747 (FAX)
OVER 37 YEARS OF EXPERIENCE
gsbarr777.webs.com (our site) copy and paste



TODD KNUTSON DESIGN

October 18, 2011

Jim Bloom Senior Plan Examiner

Steve Ubl Senior Building Inspector

City of St. Paul

George Barr of Barr Nelson Construction has contacted Todd Knutson Design and Bruce Knutson Architects to complete construction documents for Kader Deli (778 Smith Av. St. Paul). We expect 7 to 10 business days to complete the Architectural Drawings, coordinate with existing conditions and structural drawings. Please contact Todd Knutson with any questions or comments

Thank you

Todd Knutson

GENERAL BUILDING PERMIT APPROVALS & REQUIREMENTS

*If you are paying for your permit by American Express, Discover, MasterCard or Visa, you may fax your application.
The credit card information section must be filled in.
Our FAX number is 651-266-9124.
If paying by check, please mail the application and check to us. Make checks payable to: City of St. Paul*

FOR NEW CONSTRUCTION AND MULTI-FAMILY RESIDENTIAL OR COMMERCIAL ADDITIONS
Building Permit Application and two (2) complete sets of plans must have stamped approval by the following Offices prior to submittal to the plan examination section in DSI at 375 Jackson Street, Suite 220.

REQUIRED

- 1) Public Works – 10th Floor City Hall Annex
25 W. 4th Street
(Bring Lot Survey with Legal Description)

Assigned Address: _____

Pin #: _____

Legal Description:

REQUIRED

- 2) Public Works – Sewer 7th Floor City Hall Annex
25 W. 4th Street
(Sewer Size and Location)

FOR OFFICE USE ONLY

Review	Required	Initials/OK	Date
HPC			
SITE PLAN REVIEW*			
SPECIAL USE PERMIT			
ENVIRONMENTAL / FOOD			

**Site Plan Review is required for new construction and additions to commercial buildings or residential buildings with 3 or more units.
(651-266-9086)**

**Building Field Inspectors are in the office for inspection requests between 7:30 – 9:00 AM, Monday – Friday. Phone number is 651-266-9002.
Permit Fee Information can be obtained by calling 651-266-9090, Monday – Friday, 7:30 – 4:30.**

Visit our Web Site at



Environmental Services

Sewer Availability Charge (SAC) Determination Application

Please Type or Print Clearly and Complete In Full

PROJECT TYPE: <input checked="" type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Tenant Finish			
NEW	Business Name Kader Deli		Type of Business RESTUARNT
	Site Address (if address not assigned – street intersections in lieu of street address) 778 Smith Ave So.		City Name St. Paul
	Site Location (ex. Mall of America, Oaktown Office Park, etc.) 778 Smith Ave So.	Suite Number	Date of Occupancy From: 1/16/2106 To: current
	Project Description 1800 sq. ft detached building with parking		
PREVIOUS	Business Name (at this location) EZ-STOP GAS STATION		Type of Business GAS STATION
	Site Address 778 Smith Ave So.		Date of Occupancy From: 1997 To: 2009
	Original building construction date 1989		Parcel Identification Number (PID) 072822330080
CONTACT	Contact Name George S. Barr (Barr-Nelson, Inc.)		Phone Number (763) 355-0322
	Company Name BARR-NELSON, INC.		
	Complete Mailing Address 11670 61ST AVE NO. PLYMOUTH, MINNESOTA 55442		
	Email Address gsbarr777@aol.com		

SUBMITTAL CHECKLIST

Include

- Complete SAC Determination Application Transmittal
- Architectural Floor Plans – 1 set; PDF floor plans are preferred (**No Spec Books**)
 - Must be same plan as submitted to City for their review
 - Scalable or with individual room dimensions for each room/space
 - Room Schedule, showing room use (if not specified on plan)
 - Seating layout (if restaurant, bar or theater) – Indoor and outdoor seating
 - Plumbing fixture layout (if clinic, hospital or parking garage)
- Demolition Plans (if existing or remodel) – 1 set- include room schedule
- SAC Affidavit, Reclaim, Transmittal-B and/or Transmittal-C forms (if applicable)

See "Additional Submittal Requirements" page for further submittal requirements

**Submit all of the above to SAC Technician at the address on the bottom of page or by PDF document to
kelly.barnebey@metc.state.mn.us**

**Sewer Availability Charge (SAC)
Additional Submittal Requirements**

If applicable, please check the boxes that pertain to your business and submit with items listed on Transmittal-A

Business Name: Kader Deli	Business Owner: Sami Al-Abed
Business Site Address: 778 Smith Ave So.	St. Paul

Apartment Building

- Is there a parking garage present? No -or- Yes, See Parking Garage Below
 Is there a common laundry? No -or- Yes
 Do any units have a washing machine? No -or- Yes

Banquet Rooms

- Is the food: Catered in Prepared on-site
 Is liquor served: Yes No
 Is the dishwashing: On-site Off-site

Barber/Beauty Salon

- Number of hair stations? _____ Number of massage/treatment stations? _____
 Number of manicure stations? _____ Number of pedicure/facial stations? _____

Cafeteria/Catering/Meals-to-Go

What is the maximum number of meals that can be made on the busiest day of the year? _____
(Include breakfast, lunch, dinner, and after-hours events)

Car Wash (automatic)

- Submit specification sheets that show the gallons per car water consumption for each wash type.
 Reclaim systems will have further submittal requirements. Please see "Reclaim-Conveyor" or "Reclaim-Rollover" under 'SAC Determination Forms' on the main SAC webpage.

Church

- The classroom usage is:
 Daily -or- Weekly

Clinic/Dental/Hospital

- Number of gallons/minute discharge for: Sterilizers _____ Dental Vacuum _____
 Number of gallons to fill: Whirlpool: _____ X-ray Film Processors _____
 Number of licensed beds? (submit copy of license or license application) _____

Parking Garage

- Which floors are connected to the sanitary sewer? _____ What size are the floor drains? _____
 Is there a car wash bay/port? Yes -or- No

Service Station/Vehicle Garage

- The type of service is:
 Fast service (less than 4 hours per car) -or- Major service (more than 4 hours per car)

I hereby certify that I have read and understood every question in this transmittal and that the answers to every question are true to my knowledge and belief. I further understand that the giving of false information in this affidavit constitutes fraud and is also cause for the immediate redetermination of any charges and I will be held responsible for any additional SAC fees.

If agent signs, must submit letter from business owner stating agent can sign on his/her behalf.

Print Name of Business Owner: Sami Al-Abed
(Must Be Legible)

Signature of Business Owner: _____ Date: _____

**Sewer Availability Charge (SAC)
Affidavit of Business Use
Food/Drink Establishments**

This form is to be submitted along with the other items listed on the Transmittal-A form if the business use is a food/drink establishment.

Business Name: Kader Deli	
Business Owner: Sami Al-Abed	
Business Site Address: ^{Street} 778 Smith Ave So.	^{City} St. Paul
Federal Tax ID: 04-032008	Minnesota Tax ID: 26-2327028

**** Please check all boxes that pertains to your business ****

TYPE OF SERVICE (check all that apply):

Restaurant - Food Prepared and/or Served

- Yes
- No

Drinks Only - No Food Prepared

- Yes
- No

Take Out Only - No Food or Drink Served

- Yes
- No

TYPE OF DINING:

- Indoor Dining**
- Outdoor Dining**
- Indoor and Outdoor Dining**

If outdoor area is smoking only and no food or drink can be consumed, submit copy of City approved ordinance or City issued business license stating the restriction of food or drink from being consumed. If drinks can be consumed but no food, submit said copy of City approved ordinance or City issued business license stating the restriction.

I hereby certify that I have read and understood every question in this affidavit and that the answers to every question are true to my knowledge and belief. I further understand that the giving of false information in this affidavit constitutes fraud and is also cause for the immediate redetermination of any charges and I will be held responsible for any additional SAC fees.

If agent signs, must submit letter from business owner stating agent can sign on his/her behalf.

Print Name of Business Owner: **Sami Al-Abed**
(Must Be Legible)

Signature of Business Owner: _____ Date: _____