



**SAINT PAUL**  
SAFETY & INSPECTIONS

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)  
RICARDO X. CERVANTES, DIRECTOR

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

April 27, 2022

Cynthia L Johnson  
1146 Ross Ave  
St Paul MN 55106-3941

Dear Cynthia L Johnson and others, if listed:

On April 27, 2022, this department conducted an inspection of your property at **1146 ROSS AVE** and because **you were not compliant with a previous order.**

**Deficiency: "Please remove and properly dispose of the tire from behind the garage. Thank you. "**

**YOU ARE BEING BILLED \$124.00** 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 scheduled for a REINSPECTION on **May 3, 2022.**

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

**IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, May 3, 2022, YOU WILL BE BILLED AN ADDITIONAL \$124.00. CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: Nhia Thao, 651-266-1929**

Nhia Thao  
Code Enforcement Inspector

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

April 27, 2022

**EXCESSIVE CONSUMPTION**

Invoice #: 1646741

File #: 22-042787

Property Address: 1146 ROSS AVE

Property PIN: 282922430032

Owner Name: Cynthia L Johnson

**Fee Description**

**Amount**

Excessive Consumption (Non Compliance)

\$ 124.00

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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 #: \_\_\_\_\_

---[ ]---[ ]---[ ]---[ ]---**CUT HERE**---[ ]---[ ]---[ ]---[ ]---

**\*\*\*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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