Kim Sorn Theng

04-01-2020

Re; 2022 Stillwater avé. E St. Paul, MN 55119

I start the project on April 2020 and will complete and correct all the deficiencies in the code compliance report at 10-31-2020.

Building

- 1. Repair and clean the basement wall and floor.
- 2. Repair or replace all damage doors and frames
- 3. Seal all the exterior doors.
- 4. Install new floor covering in the bathroom, kitchen, bed room, and living room.
- 5. Prepare and paint all interior and exterior.
- 6. Air seal and insulate attic and access door.
- 7. Install smoke detectors
- 8. Clean-up all of the premises.
- 9. install water proof enclosure in shower.
- 10. Weather sealed, air sealed and vermin sealed exterior.
- 11. repair landing and stairway'
- 12. Tuck point interior/ exterior of foundation.
- 13. Repair chimney in an approved manner.
- 14. Rehabilitations of the garage.
- 15. Remove tree which are against foundation of home and garage.
- 16. Replace kitchen cabinets.
- 17. Replace garage doors.
- 18. Remove mold, mildew and moldy and water damaged material.
- 19. Provide adequate access, ventilation and clearance in crawl space area.
- 20. Install hand rail.
- 21. Strap or support top of stair stringers.
- 22. Repair or replace any deteriorated window sash, broken glass sash holders.
- 23. Repair window screens and storm.
- 24. Provide functional hardware at all door and windows. Total price \$9500.00.
- 25. Contracting all electrical work to electrical contractor. Total price \$ 4900.00.
- 26. Contracting all plumbing work to plumbing contractor Total price \$ 11800.00.
- 27. Contracting all mechanical work to mechanical contractor, total price \$ 6695.00.

All total price \$ 32895.00.

AFFIDAVIT OF AVAILABLE FUNDS

Date: 04-01-2020
Re: (Property Address)2022 Stillwater Ave. E, St. Paul, MN
55119
To Whom It May Concern:
I,Kim soon Theng, the undersigned, confirm that
the amount of \$_60,000.00 (amount) in a (Type of Account)
at
USBANK(Name of Bank or Financial Institution) will be
dedicated for the repairs identified in the Code Compliance Report for the above-referenced
address and that these funds are sufficient to complete those repairs based on the bids and
estimates I have provided to the City of Saint Paul in a work plan for rehabilitating the propert
and receiving a Certificate of Code Compliance for the same.
Mrs Thos 4-1-2020

Signature	Date	
Witness Signature	Date	

Proposal



PROPOSAL SUBMITTED TO	DATE 03/27/2020
kimsorntheng@yahoo.com	
STREET 2022 Stillwater Ave	PHONE
CITY, STATE and ZIP CODE St. Paul, MN 55119	DATE OF PLANS

We hereby submit specifications and estimates for:

- Replace Electrical Panel, meter socket, ground rod
- Repair or replace receptacles, lights
- Strap cables
- Panel Directory
- Replace exterior lights
- Install hardwire smoke detectors and CO2

WE PROPOSE hereby to furnish material and labor - complete in accordance with above specifications, for the sum of: Four thousand nine hundred dollars \$4,900.00

Payment to be made as follows:

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control. Owner to carry fries, tornado, and other necessary insurance. Our workers are fully covered by Workman's Compensations Insurance.

Authorized Signature

LAKELAND PLUMBING LLC

P.O.BOX 41098 MPLS MN 55411

CYRUS @ 952-374-9671

PROJECT = 2022 STILLWATER

- WE WILL ROUGH IN DRAIN WASTE AND VENT FOR (1) TOILET AND PROVIDE TOILET FOR INSTALLATION
- WE WILL ROUGH IN DRAIN WASTE AND VENT FOR (1) BATHTUB, OWNER TO REUSE EXISTING BATHTUB
- WE WILL ROUGH IN DRAIN WASTE AND VENT FOR (1) LAVATORY SINK, OWNER TO PROVIDE NEW VANITY
- WE WILL ROUGH IN DRAIN WASTE AND VENT FOR (1) KITCHEN SINK AND PROVIDE SINK AND FAUCET FOR INSTALLATION
- WE WILL ROUGH IN DRAIN WASTE AND VENT FOR (1) LAUNDRY SINK, AND PROVIDE LAUNDRY SINK AND FAUCET FOR INSTALLATION
- WE WILL PROVIDE AND INSTALL (1) 40 GALLON GAS WATER HEATER
- WE WILL PROVIDE AND INSTALL (2) WALL HYDRAND
- WE WILL RUN NEW GAS LINE TO WATER HEATER
- WE WILL RUN NEW GAS LINE TO STOVE
- WE WILL PROVIDE AND INSTALL ALL NEW WATER PIPING
- THIS PROPOSAL INCLUDES LABOR, PERMIT, MATERIALS

OUR PRICE FOR THE ABOVE SCOPE OF WORK IS.......\$11,800.00

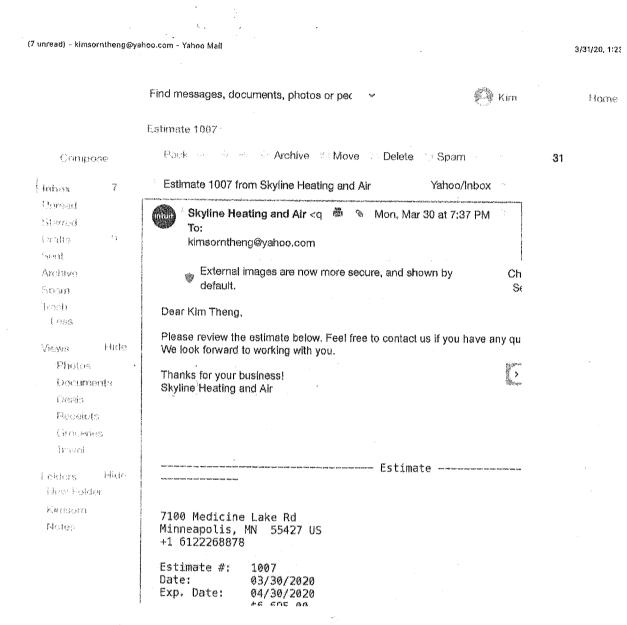
EXCLUSION

ELECTRIC

SHEETROCK

CONCRETE CUTTING & PATCHING

ROOFING



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CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
376 Jackson Street, Suite 220
Saint Paul, MN 65101-1806
General Information: 661-266-9090
Code Compliance: 651-266-9016 - Fax; 661-266-9124
Visit our web site: www.stpaul.gov/dst
Fax: 651-266-9124

FOLDER # (for office use only)

VACANT BUILDING \$5,000.00 PERFORMANCE DEPOSIT
DATE 4-81-20 VACANT BUILDING ADDRESS 2022 STILLWATER AVE., ST. PAUL DEPOSITOR'S NAME KIM SORN THENO DEPOSITOR'S ADDRESS 2534 MONTANA AVE. E. CITY MAPLEWOOD STATE MN ZIP CODE 53119 DAYTIME PHONE(651) 226-2166 FAX NUMBER()
When your project is completed and approved, your \$5,000.00 performance deposit plus interest will be refunded to you.
I understand that all items listed on the inspection report must be corrected within six (6) months and where applicable (Category 3 Building), a \$5,000.00 performance deposit (cash or bond) must be made before a permit will be issued. It may be possible to get an additional six (6) months to complete project if work is proceeding expeditiously and is more than 50% complete or if unforeseen conditions have had a significant schedule impact on the completion of work.
I also understand that this property shall not be occupied until all code corrections are made and written authorization to occupy is obtained.
Please indicate below the address your Refund Check should be sent to:
NAME KIM SORN THENG ADDRESS 2534 MONTANA AVE. E. CITYMAPLEWOSTATE MN ZIP 55119
IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: American Express Discover MasterCard Visa
Expiration Date: Account Number: Amount: \$
Signature of Card Holder (required for all charges) Date