



APPLICATION FOR APPEAL

Saint Paul City Council – Legislative Hearings

310 City Hall, 15 W. Kellogg Blvd.

Saint Paul, Minnesota 55102

Telephone: (651) 266-8585

RECEIVED

JUL 05 2017

CITY CLERK

We need the following to process your appeal:

- \$25 filing fee (non-refundable) (payable to the City of Saint Paul) (if cash: receipt number _____)
- Copy of the City-issued orders/letter being appealed
- Attachments you may wish to include
- This appeal form completed
- Walk-In OR Mail-In
for abatement orders only: email OR Fax

<p>HEARING DATE & TIME (provided by Legislative Hearing Office) Tuesday, <u>July 11, 2017</u></p> <p>Time <u>1:30 p.m.</u></p> <p>Location of Hearing: <u>Room 330 City Hall/Courthouse</u></p>
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Address Being Appealed:

Number & Street: 1655 Race Street City: Saint Paul State: MN Zip: 55116

Appellant/Applicant: Carol Weiland Email M+KA@earthlink.net

Phone Numbers: Business — Residence 952 944-1669 Cell 952 484-2128

Signature: Carol Weiland Date: June 30 2017

Name of Owner (if other than Appellant): Customer number 1526160

Mailing Address if Not Appellant's: 9519 Falcons Way Eden Prairie MN 55347

Phone Numbers: Business _____ Residence _____ Cell _____

What Is Being Appealed and Why?

Attachments Are Acceptable

- Vacate Order/Condemnation/
- Revocation of Fire C of O
- Summary/Vehicle Abatement
- Fire C of O Deficiency List/Correction
- Code Enforcement Correction Notice
- Vacant Building Registration
- Other (Fence Variance, Code Compliance, etc.)

(See attached letter.)

June 30, 2017

Application for Appeal
St Paul City Council-Legislative Hearings

Re: 1655 Race Street, St. Paul MN 55116

Dear Sir,

From 2000 to 2015, we were snow-birds living in Florida. In January/February of 2015, Mayo Clinic in Jacksonville Fl. confirmed my husband's diagnosis of dementia. As a result, we transitioned back to Minnesota.

In June 2015, we purchased the Race St. property so that we could then reside close to our daughter Dawn Cardarelle, who lived in the vicinity. Our main objective was so that Dawn could keep a watchful eye on both of us. In August, we will turn 77 and 78 years of age.

Shortly after our real estate closing date on August 26, 2015, it was determined that I was in need of a total hip replacement which transpired on May 10, 2016 at Fairview Southdale Hospital. I have not fully recovered from that surgery and can no longer negotiate stairs. The Race Street home is a ramble style but with laundry facilities in the basement and also with steps leading to both the front and back doors.

For this reason, our daughter Dawn has since moved into the home and we continue to reside in our 1 level townhome in Eden Prairie. Last year, our attorney drafted a Deed upon our Death, giving ownership to Dawn.

John is currently receiving daily home health care provided by Fairview Hospital. Therefore, if this request can be handled by mail in lieu of attending a hearing in person, it would be greatly appreciated.

Thank you,



Carol and John Weiland

9579 Falcons Way, Eden Prairie, MN 55347 phone 952 944-1669



Invoice

Jun 21, 2017

City of Saint Paul

Department of Safety & Inspections
375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806
Phone: 651-266-8989
Fax: 651-266-9124
www.stpaul.gov/dsi

Invoice To:

Customer Number: 1526160

CAROL WEILAND
9579 FALCONS WAY
EDEN PRAIRIE MN 55347-5121

**Please return this invoice
with your payment for
proper credit.**

17-052531 Certificate of Occupancy 1655 RACE ST
SubType: Residential 1 Unit

Fee Description	Amount
Provisional CO Fee 2017	\$105.00

Pay this Amount: \$105.00

Please return this invoice with your payment for proper credit.
Make check payable to: City of Saint Paul

Customer Number: 1526160

Pay this Amount: \$105.00

Signature of Cardholder (required for all charges): _____

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION:

- American Express
- MasterCard
- Discover
- Visa

EXPIRATION DATE:

□ □ / □ □

ACCOUNT NUMBER:

□ □ □ □ - □ □ □ □ - □ □ □ □ - □ □ □ □

Security Code:

□ □ □ □



CITY OF SAINT PAUL
 Department of Safety & Inspections
 Fire Safety Inspection Division

OWNER'S SELF EVALUATION AFFIDAVIT

375 Jackson Street Suite 220
 Saint Paul, MN 55101-1806
 (P) 651-266-8989 (F) 651-266-9124

Revised 04/2015

This pre-inspection checklist will help you prepare for your Fire Certificate of Occupancy inspection. It is not all inclusive of the items we will look for during the actual Fire Certificate of Occupancy inspection.

Address of Property:

Owner/Responsible Party Name and Address:

EXTERIOR

Address

Yes No

- Is the building address visible from the street and or alley with numbers at least four inches high?

Windows/Patio Doors

Yes No

- Do windows and doors open and close freely?
- Is a window provided in each room used for sleeping?

INTERIOR

Electrical

Yes No

- Are all outlets/switch plate covers present, secured, and is all wiring concealed?
- Are extension cords used only on portable appliances?

Stairs & Porches

- Are handrails and guardrails present on stairs?
- Do decks over 30" tall have guardrails?

Garbage

- Is a garbage pick-up service provided?
- Are garbage containers provided?

Plumbing Fixtures

- Do sinks and wash basins have both hot and cold running water?

Hazardous Storage

- Is gasoline and propane stored in the dwelling unit?

Smoke/Carbon Monoxide Alarms

- Are smoke alarms present and working?
- Are carbon monoxide (CO) alarms within 10' of sleeping rooms and working?

Emergency Contacts

- Are 24 hour emergency contact numbers provided to tenants?

Exit Doors and Pathways

- Are exit doors and pathways clear, maintained and usable?

OCCUPANCY

Number of sleeping rooms:

___ Basement ___ Main Floor
 ___ Second Floor ___ Third Floor/Attic

Total Number of Occupants ___

Additional Safety Tips:

- The leading cause of home fires is unattended cooking, followed closely by carelessly discarded smoker's materials
 - Maintain 3 feet of clearance around cooking surfaces
 - Never leave the room with food on the stove
 - Discard smoking materials in metal, glass or ceramic containers
- Clean dryer vents regularly
- Maintain 3 feet of clearance around heating appliances
- Do not overload outlets
- Do not leave open flames and candles unattended
- Test smoke alarms monthly
- Create an escape plan

I hereby certify that the above information is true to the best of my knowledge, and belief. I understand the property owner is responsible for the continued maintenance and habitability of this property.

Send To:

Department of Safety & Inspections
 Fire Safety Inspection Division
 375 Jackson Street – Suite 220
 Saint Paul, MN 55101-1806
 Fax: 651-266-9124

Owner / Responsible Party signature

date



PROVISIONAL FIRE CERTIFICATE OF OCCUPANCY APPLICATION

Department of Safety & Inspections
Fire Safety Inspection Division
375 Jackson Street – Suite 220
Saint Paul MN 55101-1806
Fax: 651-266-9124

(Complete and return this form to the Department of Safety & Inspections)

Chapter 40 of the Saint Paul Legislative Code requires all existing buildings, with the exception of owner-occupied single family houses and owner-occupied duplexes, to have and maintain a Fire Certificate of Occupancy. It further states that the owners of all buildings subject to the Fire Certificate of Occupancy requirement shall apply for a Fire Certificate of Occupancy. Failure to do so may result in enforcement action.

Property Address: _____

Number of Residential Units: _____ Number of Stories: _____

Owner Name(s): _____

Mailing Address of Owner: _____

Owner Telephone Number(s): Home: _____ Cell: _____
Work: _____ Fax: _____

Property Manager(s): _____

Mailing Address of Property Manager: _____

Property Manager Telephone Number(s): Home: _____ Cell: _____
Work: _____ Fax: _____

The Total Amount Due includes \$103.00 per dwelling for the Provisional Certificate of Occupancy

Mail to: Fire Safety Inspections
375 Jackson Street, Suite 220
St. Paul, MN 55101

Total Amount Due: _____
(Add \$103 for each additional dwelling.)

* Make checks payable to: **City of St. Paul**

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION:

If paying by credit card, you may fax this invoice to: **651-266-9124**
You must sign and date this form at the bottom.

Signature of Cardholder (required for all charges):											
<input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa				Security Code <input type="checkbox"/>		Expiration Month/Year ▶					
Enter Account Number <input type="checkbox"/>											



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

CITY OF SAINT PAUL
375 Jackson Street, Ste 220
Saint Paul MN 55101-1806

Telephone: 651-266-9090
Facsimile: 651-266-9124

INVOICE FOR PROVISIONAL FIRE CERTIFICATE OF OCCUPANCY
For 1 and 2 family dwellings

Dear Property Owner:

The St. Paul City Council requires, through Chapter 40 of the Legislative Code, that non owner-occupied properties to have a Fire Certificate of Occupancy.

With the exception of owner-occupied dwellings, all residential property and commercial buildings must now obtain a Fire Certificate of Occupancy.

A Provisional Fire Certificate of Occupancy will be issued upon payment of \$105. When your property is scheduled for inspection, you will receive an appointment letter and some additional information that will help you improve inspection results. You will continue to receive an annual invoice for the Provisional Fire Certificate of Occupancy until your inspection is completed. A regular Fire Certificate of Occupancy will be issued after an inspection when all deficiencies have been corrected and inspection fees paid.

Residential properties will be scored based on code deficiencies noted by the inspector. Properties will be classified for future inspections based upon the inspection score. This classification system provides financial incentive to landlords to maintain their properties. Owners of properties with low inspection scores will save money because the Fire Certificate of Occupancy renewal fees and inspections will occur less frequently.

Additional information regarding the Fire Certificate of Occupancy program and the classification process can be found on the City of Saint Paul website at www.stpaul.gov/cofo. You can also find registration information for our free Landlord 101 course at this website. Telephone inquiries should be directed to the Information and Complaint line at 651-266-8989.

PLEASE COMPLETE AND RETURN THE ENCLOSED APPLICATION AND OWNER'S AFFIDAVIT WITH YOUR PAYMENT.

Be sure to return the invoice. If you no longer own this property, please enter the new owner information on the invoice and return it to our office.

Thank you for working with us on the Certificate of Occupancy Program to make the City of Saint Paul a safe and healthy place to live and work.

Angie Wiese, PE, CBO

Manager
Fire Safety Inspection Division

BPCI PATIENT CARE PLAN

Care plan was developed in collaboration with the patient after they were provided with choice in post-acute services.

Name: **Carol Weiland** DOB: **08/05/1940**

SURGERY INFORMATION

Surgeon: **Dr. Owen O'Neill** Surgery: **Total Hip Replacement**
Date of Surgery: **05/10/2016** Hospital: **Fairview Southdale**
Follow up with Surgeon: **05/26/2016 at 2:50pm**

In Preparation for Surgery:

Schedule pre-operative visit with primary care Attend joint class at hospital

Additional Instructions: **Bowel Medications to have at home: Senna-S 8.6/50mg, Milk of Magnesia**
Also nice to have Tylenol/Acetaminophen as well as a few ice packs to have at home

POST-OPERATIVE PLAN OF CARE

HOSPITAL STAY

Date of anticipated discharge: **05/11/2016-05/12/2016**

SKILLED NURSING FACILITY

Yes No

Name of Facility: _____ Phone Number: _____
Planned Length of Stay: _____ Anticipated Discharge Date: _____

HOME CARE

Yes No

Name of Agency: _____ Phone Number: _____
Admission date: _____ Nursing: _____ Physical Therapy: _____

OUTPATIENT THERAPY

Yes No

Unless indicated at a follow up appointment with Dr. O'Neill

Name: _____ Phone Number: _____
Scheduled Appointment: _____

Patient Signature of Agreement: _____ (no need to sign and return, this is your copy) Date: _____

Darla Bissener | RN Case Manager
Twin Cities Orthopedics - Burnsville
(763) 302-2702
DarlaBissener@TCOmn.com

Sara Bryan | PT Case Manager
St. Croix Orthopaedics
(651) 351-2609
SaraBryan@TCOmn.com
SaraBryan@stcroixortho.com

Emily Langan | RN Case Manager
Twin Cities Orthopedics - Robbinsdale
(763) 302-2700
EmilyLangan@TCOmn.com

Leah Zimmerman | RN Case Manager
Twin Cities Orthopedics - Edina
(763) 302-2701
LeahZimmerman@TCOmn.com



SH Emergency Department
6401 FRANCE AVENUE SOUTH
EDINA MN 55435-2104
Phone: 952-924-5141
Fax: 952-924-5769



CSN141402472



20EPIC



John R Weiland
MRN: 0006620722

Department: **SH Emergency Department**
Date of Visit: **4/7/2016**

Patient Information

Date Of Birth
8/25/1939

Your diagnoses for this visit were:

**Dementia with behavioral disturbance,
unspecified dementia type**

You were seen by Roach, Brian Donald, MD.

Discharge Instructions

Follow-up:

Please follow-up with your primary care provider in 2-3 days for re-evaluation and discussion of your visit to the emergency department today.

Home treatments:

Recommended home therapies include continue with your current medication regimen, keep the gun in a safe and locked place, and follow-up with your primary care provider.

New prescriptions:

None

Return precautions:

Warning signs which should prompt you to return to the ER include recurrent elopment, thoughts or statements of self harm, worsening aggressive behavior, or any other new or troubling symptoms. We are always happy to see you again.



Dementia and Caregiver Support

Dementia is a chronic condition that affects the brain. It causes a gradual loss of memory. A person with dementia may have trouble recognizing familiar people and places, or knowing what day it is. The person's memory, judgment, and decision-making may also be affected. In severe cases the person may not respond when someone talks to him or her.