

**Date:** February 08, 2024  
**File #:** 17 - 051109  
**Folder Name:** 1056 HATCH AVE  
**PIN:** 262923230175





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By Order of the  
City of Saint Paul  
Department of Safety & Inspections  
Fire Inspection Division  
651-266-8989



This Building Is

# CONDEMNED

This Structure is Declared Unsafe or Unfit  
for Human Occupancy or Use.  
It is Unlawful for Any Person to Use, Occupy  
or Permit the Occupancy of This Building  
After 2-8-2024

Address: 1056 Hatch

Date: 2-8-2024 Fire Inspector: 53

Code: SPLC Art: 34 Sect. 23

Under Penalty of Law, this notice shall not be removed without authorization from the  
Department of Safety & Inspections

Any person affected by this order to Vacate may file an appeal at the Office of the City Clerk, Room 310 City Hall, 15 Kellogg Blvd. West, within 10 days of the date of the original notice. The cost to appeal is \$25 and must include a copy of the letter of Condemnation. This letter is available at the Department of Safety & Inspections, Fire Inspection Division, 375 Jackson Street Suite 220, Saint Paul, MN 55101

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meter at

**WARNING** 78708  
AN UNSAFE CONDITION HAS BEEN DETECTED IN YOUR GAS EQUIPMENT  
CORRECTIONS MUST BE MADE BY A QUALIFIED PERSON OR AGENCY  
IN ACCORDANCE WITH MANUFACTURER'S INSTRUCTIONS  
AND IN CONFORMITY WITH LOCAL REGULATIONS.

BEING PLACED ON:  RANGE  WATER HEATER  FURNACE  OTHER \_\_\_\_\_

FURTHER USE OF THE EQUIPMENT IN ITS PRESENT CONDITION IS  
DANGEROUS AND THEREFORE THE GAS SUPPLY HAS BEEN SHUT OFF.

<input type="checkbox"/> LEAK OR DEFECT IN GAS PIPE	<input type="checkbox"/> APPLIANCE NOT INSTALLED TO CODE
<input type="checkbox"/> GAS LEAK IN GAS APPLIANCE	<input type="checkbox"/> CONTROLS DEFECTIVE OR MISSING
<input type="checkbox"/> NO VENT PIPE	<input type="checkbox"/> NO SAFETY PILOT OR IS DEFECTIVE
<input checked="" type="checkbox"/> DEFECTIVE VENT PIPE	<input type="checkbox"/> FAULTY ELECTRIC WIRING
<input type="checkbox"/> NOT VENTED PROPERLY	<input type="checkbox"/> NO RELIEF VALVE OR IS DEFECTIVE
<input type="checkbox"/> VENT OR CHIMNEY STOPPAGE	<input type="checkbox"/> IMPROPER GAS PIPING
<input type="checkbox"/> IMPROPER DRAFT DIVERTER	<input type="checkbox"/> COMBUSTION PRODUCTS SPILLING AT DIVERTER
<input type="checkbox"/> IMPROPER VENT SIZE	<input type="checkbox"/> OTHER CONDITION WHICH IS HAZARDOUS
<input type="checkbox"/> POSSIBLE LEAKAGE OF FLUE PRODUCTS IN WARM AIR CIRCULATION	
<input type="checkbox"/> NON-APPROVED APPLIANCE	

REMARKS: NOT VENTED PROPERLY AND VENT IS RUSTED OUT

NAME: MITCHELL IMBERTON PHONE: 517-755-1111

ADDRESS: 1056 HATCH AVE APT. # \_\_\_\_\_

CITY: ST. PAUL

REMEMBER, YOU, NOT XCEL ENERGY, ARE ACCOUNTABLE FOR ANY ADVERSE CONSEQUENCES RESULTING FROM THIS UNSAFE CONDITION NOT BEING CORRECTED.

I HAVE BEEN ADVISED BY AN EMPLOYEE OF XCEL ENERGY THAT AN UNSAFE CONDITION HAS BEEN DETECTED ON MY PREMISES THAT I SHOULD IMMEDIATELY ARRANGE TO HAVE THE CONDITION CORRECTED BY A QUALIFIED PERSON BEFORE THE GAS SUPPLY TO THIS EQUIPMENT IS TURNED BACK ON.

CUSTOMER SIGNATURE \_\_\_\_\_ DATE: 2/8/24

OWNER  TENANT  AGENT

**XCEL ENERGY**

Form 17-2652 (3-01) SERVICE PERSON # 94



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Red tag meter unlock process:  
1. You or your contractor shall contact Xcel Energy completion to

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- |  |   |
|--|---|
| <input type="checkbox"/> LEAK OR DEFECT IN GAS PIPE                                | <input type="checkbox"/> APPLIANCE NOT INSTALLED TO CODE          |
| <input type="checkbox"/> GAS LEAK IN GAS APPLIANCE                                 | <input type="checkbox"/> CONTROLS DEFECTIVE OR MISSING            |
| <input type="checkbox"/> NO VENT PIPE  | <input type="checkbox"/> NO SAFETY PILOT OR IS DEFECTIVE          |
| <input type="checkbox"/> DEFECTIVE VENT PIPE                                       | <input type="checkbox"/> FAULTY ELECTRIC WIRING                   |
| <input type="checkbox"/> NOT VENTED PROPERLY                                       | <input type="checkbox"/> NO RELIEF VALVE OR IS DEFECTIVE          |
| <input type="checkbox"/> VENT OR CHIMNEY STOPPAGE                                  | <input type="checkbox"/> IMPROPER GAS PIPING                      |
| <input type="checkbox"/> IMPROPER DRAFT DIVERTER                                   | <input type="checkbox"/> COMBUSTION PRODUCTS SPILLING AT DIVERTER |
| <input type="checkbox"/> IMPROPER VENT SIZE  | <input type="checkbox"/> OTHER CONDITION WHICH IS HAZARDOUS       |
| <input type="checkbox"/> POSSIBLE LEAKAGE OF FLUE PRODUCTS IN WARM AIR CIRCULATION |   |
| <input type="checkbox"/> NON-APPROVED APPLIANCE                                    |   |

REMARKS: NOT VENTED PROPERLY AND VENT IS RUSTED OUT  
NAME: MITCHELL IMBERTON PHONE # 651-758-7700  
ADDRESS: 1056 HATCH AVE APT. #  
CITY: ST. PAUL

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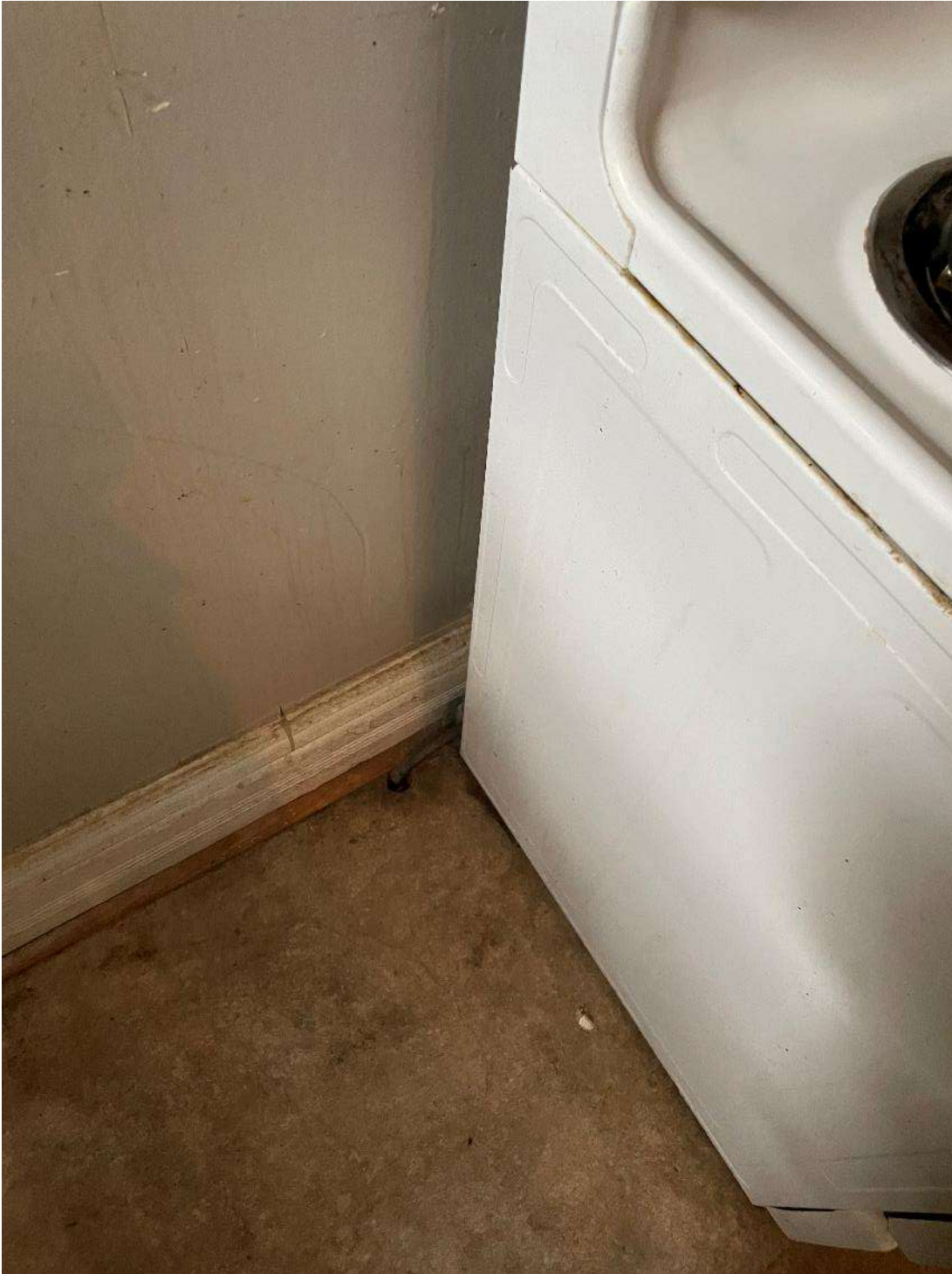
CUSTOMER SIGNATURE \_\_\_\_\_ DATE 2/8/24  
 OWNER  TENANT  AGENT

**XCEL ENERGY**

SERVICE PERSON # 99



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