

CITY OF SAINT PAUL

Christopher B. Coleman, Mayor

375 Jackson Street., Suite 220 Saint Paul, MN 55101-1806 Telephone: 651-266-8989 Facsimile: 651-266-1919 Web: www.stpaul.gov/dsi

May 16, 2014

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Priscilla Cobb 512 Central Ave W St Paul MN 55103-2222

Dear Priscilla Cobb, and others, if listed:

On May 16, 2014, this department conducted an inspection of your property at **512 CENTRAL AVE** W and because **you were not compliant with a previous order**

Deficiency: Exterior maintenance of the building/property needs repair or replacement

YOU ARE BEING BILLED <u>\$120.00</u> 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 next scheduled for a REINSPECTION on

June 16, 2014

WARNING

IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, June 16, 2014, YOU WILL BE BILLED AN ADDITIONAL \$120.00 . CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: Scott St. Martin, at 651-266-1940

Scott St. Martin
Code Enforcement Inspector

ec60169 06/13

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

May 16, 2014

EXCESSIVE CONSUMPTION INVOICE # 1110052

File #: 13-249990

Property Address: 512 CENTRAL AVE W

Property PIN: 362923320080 Owner Name: Priscilla Cobb

Fee Description Amount Excessive Consumption (Non Compliance) \$ 120.00

Payment is due upon receipt of this letter.

Failure to pay within 30 days will result in this amount being assessed to your property taxes.

Make your check payable to the City of Saint Paul.

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: _____Amt Paid:_____

Ck or M.O. #_____

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RETURN this portion with your payment

City of Saint Paul, Department of Department of Safety and Inspections, Code Enforcement Division

EXCESSIVE CONSUMPTION PAYMENT

Folder #: 13-249990

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