



CITY OF SAINT PAUL

Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220  
Saint Paul, MN 55101-1806

Telephone: 651-266-8989  
Fax: 651-266-8951

April 21, 2015

TIM MOORE  
830 GRAND AVE UNIT #5  
SAINT PAUL MN 55105

**INSPECTION APPOINTMENT**

Dear Property Owner:

An inspection of your property has been scheduled as follows:

**Address:** 830 GRAND AVE

**Units:** 7

**Date:** May 26, 2015

**Time:** 11:00 AM

**Inspector:** Justin Elvestad

**Phone:** 651-266-8982

**Email:** Justin.Elvestad@ci.stpaul.mn.us

You or your responsible representative is requested to meet the inspector at the front of the building to admit and accompany the inspector throughout the building, including each rental unit. It is the responsibility of the owner to notify the tenants at least 24 hours in advance that an inspection will be done. Please have keys available to all units and common areas.

Saint Paul Legislative Code authorizes this inspection and the collection of inspection fees. It is a criminal misdemeanor violation should you not permit this inspection by failing to appear for this appointment without rescheduling with the inspector. In addition, a **No Entry Fee of \$70.00** may be assessed to the Renewal Fee whenever the owner or responsible representative needs to re-schedule the appointment but fails to notify the inspector, **in writing**, by 8:00 a.m. on the date of the inspection.

If you no longer own this building, contact the inspector immediately between 7:30 - 9:00 a.m., Monday through Friday.

**FOR CONDOS:**

The interior of owner-occupied dwelling units are **exempt** from this inspection. In condominium buildings, only rental units, the common areas, and utility area will be inspected.

**FOR APARTMENTS AND DWELLINGS:**

A **Smoke Detector Affidavit** and an **Existing Fuel Burning Equipment Safety Test report** **must be completed at the time of inspection.** For these forms, fee schedules, information and other inspection handouts, please visit our web page at: <http://www.stpaul.gov/cofo>

Thank you for your co-operation.



CITY OF SAINT PAUL  
Christopher B. Coleman, Mayor

April 28, 2015

Elizabeth Caturia  
1697 Pinehurst Ave  
Saint Paul MN 55116-2159

## INSPECTION APPOINTMENT

Dear Property Owner:

An inspection of your property has been scheduled as follows:

**Address:** 830 GRAND AVE

**Units:** 7

**Date:** May 26, 2015

**Time:** 11:00 AM

**Inspector:** Justin Elvestad

**Phone:** 651-266-8982

**Email:** Justin.Elvestad@ci.stpaul.mn.us

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Thank you for your co-operation.



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*Christopher B. Coleman, Mayor*

375 Jackson Street, Suite 220  
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989  
Facsimile: 651-266-8951  
Web: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

May 26, 2015

CONDOMINIUM RESOURCES, LLC  
715 FLORIDA AVE S SUITE 406  
MINNEAPOLIS MN 55426 USA

## **FIRE INSPECTION CORRECTION NOTICE**

RE: 830 GRAND AVE  
Ref. #16690  
Residential Class: C

Dear Property Representative:

Your building was inspected on May 26, 2015 for the renewal of your Fire Certificate of Occupancy. Approval for occupancy will be granted upon compliance with the following deficiency list. The items on the list must be corrected prior to the re-inspection date.

A re-inspection will be made on June 26, 2015 at 11:00 AM.

Failure to comply may result in a criminal citation or the revocation of the Fire Certificate of Occupancy. The Saint Paul Legislative Code requires that no building shall be occupied without a Fire Certificate of Occupancy. The code also provides for the assessment of additional re-inspection fees.

**YOU WILL BE RESPONSIBLE FOR NOTIFYING TENANTS IF ANY OF THE FOLLOWING LIST OF DEFICIENCIES ARE THEIR RESPONSIBILITY.**

### **DEFICIENCY LIST**

1. ~~Basement~~ - Boiler room - MSFC 703 - Provide, repair or replace the fire rated door and assembly. -Repair and maintain the door closer.
2. ~~Basement~~ - Boiler room - SPLC 34.10 (7), 34.34 (6) - Repair and maintain the ceiling in an approved manner. -Repair holes in ceiling in boiler room.



CITY OF SAINT PAUL  
*Christopher B. Coleman, Mayor*

375 Jackson Street, Suite 220  
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989  
Facsimile: 651-266-8951  
Web: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

July 21, 2015

Condominium Resources, LLC  
715 FLORIDA AVE S SUITE 406  
MINNEAPOLIS MN 55426 USA

RE: RE-INSPECTION FIRE CERTIFICATE OF OCCUPANCY WITH DEFICIENCIES  
830 GRAND AVE

Ref. # 16690

Dear Property Representative:

Your building was re-inspected for the Fire Certificate of Occupancy on May 26, 2015. Approval for occupancy will be granted upon compliance with the following deficiency list. The items on the list must be corrected immediately. A reinspection will be made on August 13, 2015 at 10:30 AM.

Failure to comply may result in a criminal citation or the revocation of the Fire Certificate of Occupancy. The Saint Paul Legislative Code requires that no building be occupied without a Fire Certificate of Occupancy. The code also provides for the assessment of additional reinspection fees.

#### DEFICIENCY LIST

1. Basement - Boiler room - MSFC 703 - Provide, repair or replace the fire rated door and assembly. -Repair and maintain the door closer.
2. Basement - Boiler room - SPLC 34.10 (7), 34.34 (6) - Repair and maintain the ceiling in an approved manner. -Repair holes in ceiling in boiler room.
3. Interior - Throughout - MSFC 901.6 - Provide required annual maintenance of the fire extinguishers by a qualified person and tag the fire extinguishers with the date of service.
4. Unit 1 - Bedroom - MN Stat. 299F.362 - Immediately provide and maintain a smoke detector located outside each sleeping area.
5. Unit 1 - Bedroom - MN State Statute 299F.50 Immediately provide and maintain an approved Carbon Monoxide Alarm in a location within ten (10) feet of each sleeping area. Installation shall be in accordance with manufacturers instructions.



CITY OF SAINT PAUL  
*Christopher B. Coleman, Mayor*

375 Jackson Street, Suite 220  
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989  
Facsimile: 651-266-8951  
Web: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

August 13, 2015

J.B. Larson  
11900 WAYZATA BLVD. STE. 116D  
MINNEAPOLIS MN 55305 USA

RE: RE-INSPECTION FIRE CERTIFICATE OF OCCUPANCY WITH DEFICIENCIES  
830 GRAND AVE

Ref. # 16690

Dear Property Representative:

Your building was re-inspected for the Fire Certificate of Occupancy on July 21, 2015. Approval for occupancy will be granted upon compliance with the following deficiency list. The items on the list must be corrected immediately. A reinspection will be made on August 20, 2015 at 9:15 AM.

Failure to comply may result in a criminal citation or the revocation of the Fire Certificate of Occupancy. The Saint Paul Legislative Code requires that no building be occupied without a Fire Certificate of Occupancy. The code also provides for the assessment of additional reinspection fees.

#### DEFICIENCY LIST

1. Basement - Boiler room - MSFC 703 - Provide, repair or replace the fire rated door and assembly. -Repair and maintain the door closer.
2. Basement - Boiler room - SPLC 34.10 (7), 34.34 (6) - Repair and maintain the ceiling in an approved manner. -Repair holes in ceiling in boiler room.
3. Interior - Throughout - MSFC 901.6 - Provide required annual maintenance of the fire extinguishers by a qualified person and tag the fire extinguishers with the date of service.
4. Unit 1 - Bedroom - MN Stat. 299F.362 - Immediately provide and maintain a smoke detector located outside each sleeping area.
5. Unit 1 - Bedroom - MN State Statute 299F.50 Immediately provide and maintain an approved Carbon Monoxide Alarm in a location within ten (10) feet of each sleeping area. Installation shall be in accordance with manufacturers instructions.

6. Unit 2 - Bedroom - MN Stat. 299F.362 - Immediately provide and maintain a smoke detector located outside each sleeping area.
7. Unit 5 - Bedroom - MN Stat. 299F.362 - Immediately provide and maintain a smoke detector located outside each sleeping area.
8. Unit 5 - Bedroom - MN State Statute 299F.50 Immediately provide and maintain an approved Carbon Monoxide Alarm in a location within ten (10) feet of each sleeping area. Installation shall be in accordance with manufacturers instructions.
9. Unit 5 - Front bedroom - MSFC 605.4 - Discontinue use of all multi-plug adapters.
10. Unit 6 - Bedroom - SPLC 34.09 (3), 34.33 (3) -Provide or repair and maintain the window screen.
11. Unit 6 - Bedroom - MN State Statute 299F.50 Immediately provide and maintain an approved Carbon Monoxide Alarm in a location within ten (10) feet of each sleeping area. Installation shall be in accordance with manufacturers instructions.
12. Unit 6 - Rear door - MSFC 703 - Provide, repair or replace the fire rated door and assembly. The minimum rating must be:-Repair and maintain the door closer.
13. Unit 7 - Bedroom - MN State Statute 299F.50 Immediately provide and maintain an approved Carbon Monoxide Alarm in a location within ten (10) feet of each sleeping area. Installation shall be in accordance with manufacturers instructions.
14. Unit 7 - Front bedroom - SPLC 34.09 (3), 34.33 (3) -Provide or repair and maintain the window screen.
15. SPLC 34.11 (6), 34.34 (3) - Provide service of heating facility by a licensed contractor which must include a carbon monoxide test. Submit a completed copy of the Saint Paul Fire Marshal's Existing Fuel Burning Equipment Safety Test Report to this office.
16. SPLC 39.02(c) - Complete and sign the smoke detector affidavit and return it to this office.
17. MSBC -Section 105.1 - Permits Required. Any owner or authorized agent who intends to construct, enlarge, alter, repair, move, demolish, or change the occupancy of a building or structure, or to erect, install, enlarge, alter, repair, remove, convert or replace any electrical, gas, mechanical or plumbing system, the installation of which is regulated by this code, or to cause any such work to be done, shall first make application to the building official and obtain the required permit. Work being done requires a permit. -Call DSI at 651-266-8989 to have Electrical permit finalized.

Saint Paul Legislative Code authorizes this inspection and collection of inspection fees. For forms, fee schedule, inspection handouts, or information on some of the violations contained in this report, please visit our web page at: <http://www.stpaul.gov/cofo>

You have the right to appeal these orders to the Legislative Hearing Officer. Applications for appeals may be obtained at the Office of the City Clerk, 310 City Hall, City/County Courthouse, 15 W Kellogg Blvd, Saint Paul MN 55102 Phone: (651-266-8585) and must be filed within 10 days of the date of the original orders.

If you have any questions, email me at [Justin.Elvestad@ci.stpaul.mn.us](mailto:Justin.Elvestad@ci.stpaul.mn.us) or call me at 651-266-8982 between 7:30 a.m - 9:00 a.m. Please help to make Saint Paul a safer place in which to live and work.

Sincerely,

Justin Elvestad  
Fire Inspector  
Ref. # 16690



**Fire Certificate of Occupancy  
Fee Invoice**

**CITY OF SAINT PAUL**  
Department of Safety and Inspections  
375 Jackson Street, Suite 220  
Saint Paul, MN 55101-1806  
PHONE: (651) 266-8989  
FAX: (651) 266-9124  
An Equal Opportunity Employer

☐ Check this box if making any name or mailing address corrections.

J.B. LARSON  
11900 WAYZATA BLVD. STE. 116D  
MINNEAPOLIS MN 55305

Bill Date: November 12, 2015  
Customer #: 1467679

Amount Due: \$564.00  
Due Date: December 12, 2015

**\*\* Late fees will be charged if not paid by due date \*\***

**Property Address:**  
830 GRAND AVE

**Ref.# 16690**  
**Folder RSN: 3430361**

| Date              | Type of Fee                              | Amount   |
|-------------------|------------------------------------------|----------|
| May 26, 2015      | CO Residential 3+ Units Initial Fee      | \$282.00 |
| August 28, 2015   | CO Residential 3+ Units Reinspection Fee | \$141.00 |
| November 10, 2015 | CO Residential 3+ Units Reinspection Fee | \$141.00 |

**PAY THIS AMOUNT: \$564.00**

Mail to: Billing  
Saint Paul Fire Inspection  
375 Jackson Street, Suite 220  
St. Paul, MN 55102-1806

Make Checks Payable to: City of St. Paul  
**\*\* Return this document with payment \*\***

**Signature of Cardholder (required for all charges):** \_\_\_\_\_

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$564.00

Customer #: 1467679

Ref. #: 16690

Folder RSN : 3430361

|                                   |                                     |                                                                                     |                                                                                     |                                  |  |  |  |  |
|-----------------------------------|-------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------|--|--|--|--|
| <input type="checkbox"/> Amex     | <input type="checkbox"/> MasterCard |  |  | Expiration Date:<br>Month / Year |  |  |  |  |
| <input type="checkbox"/> Discover | <input type="checkbox"/> Visa       |                                                                                     |                                                                                     |                                  |  |  |  |  |
| Security Code                     |                                     |                                                                                     |                                                                                     |                                  |  |  |  |  |
| Enter Account Number              |                                     |                                                                                     |                                                                                     |                                  |  |  |  |  |



**Fire Certificate of Occupancy  
Fee Invoice**

**\*\* FINAL NOTICE \*\***

☐ Check this box if making any name  
or mailing address corrections.

**CITY OF SAINT PAUL**  
Department of Safety and Inspections  
375 Jackson Street, Suite 220  
Saint Paul, MN 55101-1806  
PHONE: (651) 266-8989  
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An Equal Opportunity Employer

J.B. LARSON  
11900 WAYZATA BLVD. STE. 116D  
MINNEAPOLIS MN 55305

Bill Date: December 14, 2015  
Customer #: 1467679

Amount Due: \$564.00  
Due Date: December 29, 2015

**\*\* You were sent a Fire Inspection Fee Invoice and payment has not been received. \*\***  
Payment must be received in this office no later than December 29, 2015 or the fee invoice plus  
administrative costs will be submitted for assessment to your property tax.

**Property Address:**  
**830 GRAND AVE**

**Ref.# 16690**  
**Folder RSN: 3430361**

| Date              | Type of Fee                              | Amount   |
|-------------------|------------------------------------------|----------|
| May 26, 2015      | CO Residential 3+ Units Initial Fee      | \$282.00 |
| August 28, 2015   | CO Residential 3+ Units Reinspection Fee | \$141.00 |
| November 10, 2015 | CO Residential 3+ Units Reinspection Fee | \$141.00 |

**PAY THIS AMOUNT: \$564.00**

Mail to: Billing  
Saint Paul Fire Inspection  
375 Jackson Street, Suite 220  
St. Paul, MN 55102-1806

Make Checks Payable to: City of St. Paul  
\*\* Return this document with payment \*\*

**Signature of Cardholder (required for all charges):** \_\_\_\_\_

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$564.00

Customer #: 1467679

Ref. #: 16690

Folder RSN : 3430361

|                                   |                                     |                                                                                     |                                                                                     |                                  |  |  |  |  |
|-----------------------------------|-------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------|--|--|--|--|
| <input type="checkbox"/> Amex     | <input type="checkbox"/> MasterCard |  |  | Expiration Date:<br>Month / Year |  |  |  |  |
| <input type="checkbox"/> Discover | <input type="checkbox"/> Visa       |                                                                                     |                                                                                     |                                  |  |  |  |  |
| Security Code                     |                                     |                                                                                     |                                                                                     |                                  |  |  |  |  |
| Enter Account<br>Number           |                                     |                                                                                     |                                                                                     |                                  |  |  |  |  |