



APPLICATION FOR APPEAL

Saint Paul City Clerk

310 City Hall, 15 W. Kellogg Blvd.
Saint Paul, Minnesota 55102
Telephone: (651) 266-8560

RECEIVED
FEB 17 2011
CITY CLERK

The City Clerk needs the following to process your appeal:

- \$25 filing fee payable to the City of Saint Paul
(if cash: receipt number _____)
- Copy of the City-issued orders or letter which
are being appealed
- Attachments you may wish to include
- This appeal form completed

YOUR HEARING Date and Time:
Tuesday, <u>3-8-11</u>
Time <u>1:30</u>
Location of Hearing:
<u>Room 330 City Hall/Courthouse</u>

WALK-IN

Address Being Appealed:

Number & Street: 415 Cratin Ave S. City: St. Paul State: MN Zip: 55105

Appellant/Applicant: Nick Hendrikson Email Hendy107@gmail.com

Phone Numbers: Business - Residence - Cell 612 803 2858

Signature: *Nick Hendrikson* Date: 2-17-11

Name of Owner (if other than Appellant): _____

Address (if not Appellant's): _____

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
- Fire C of O: Only Egress Windows
- Code Enforcement Correction Notice
- Vacant Building Registration

Requesting Variance on Windows.

Still needs the minimum 5 square Foot glazed Area.

Other

Other

Other



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

February 10, 2011

NICK LEE HENDRIKSON
13661 COUCHTOWN AVE
ROSEMOUNT MN 55068

612-803-2858

FIRE INSPECTION CORRECTION NOTICE

RE: 415 CRETIN AVE S
Residential Class: A

Dear Property Representative:

Your building was inspected on February 10, 2011 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 March 14, 2011 at 10:45 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. ✓ 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.

2. ✓ First floor - MSFC1026.1 - Provide and maintain an approved escape window from each sleeping room. The minimum size must be 5 square feet of glazed area with a minimum

of 24 inches of openable height and 20 inches of openable width. With a finished sill height not more than 48 inches. This work may require permit(s). Call DSI at (651)-266-9090. Refer to the Escape Windows for Residential Occupancies handout for more information.-

Southwest

17.5 h x 30.5 w Glazed 6.3 sq ft

Northwest

17.5 h x 34.5 w Glazed 7.1 sq ft

Southeast

17.5 h x 34.5 w Glazed 7.1 sq ft

3. SPLC 39.02(c) - Complete and sign the provided smoke detector affidavit and return it to this office.

For an explanation or information on some of the violations contained in this report, please visit our web page at: <http://www.ci.stpaul.mn.us/index.aspx?NID=211>

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: (651-266-8688) and must be filed within 10 days of the date of this order.

If you have any questions, email me at: rick.gavin@ci.stpaul.mn.us or call me at 651-266-8994 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,

Rick Gavin
Fire Inspector

*St Paul gov
government
city clerk
Appeals*



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612-332-6633

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INVOICE #: 109915

DATE: 3/16/11 JOB #: 323-1111

CUSTOMER NAME (Financially Responsible Party) CALLER NAME JOB CONTACT NAME
JOB ADDRESS CITY STATE ZIP
PH1 PH2
E-MAIL ADDRESS
PEACE OF MIND MEMBER? Yes No

ORIGINAL REASON FOR THE CALL:

SUMMARY: Fulnan Certification / 331 Street / 9.2 cos / 66 cos / 12pm / 66 cos

See Summary of Recommendations sheet for additional information. Permit Required

WORK AUTHORIZATION: I, the undersigned, am owner/authorized representative/tenant of the premises at which the work is being done. I hereby authorize you to perform the recommendations, and to use such labor and materials as you deem advisable. Payment for all work done is due upon completion (C.O.D.). An office billing charge and/or finance charge of 1.5% per month (18% per annum) will be added after 10 days past due. I agree to pay all attorney's fees, court costs and collection fees. I have read this contract, including the terms and conditions on the reverse side hereof and agree to be bound by all the terms contained herein. All old parts will be removed from premises and discarded, unless otherwise specified herein. I HEREBY AUTHORIZE YOU TO PROCEED WITH THE ABOVE WORK AT THE UPFRONT FEE OF \$ 199

Print Name: Signature:

For your peace of mind, should the repair amount exceed 25% of your system's replacement value, our technician is required to inform you of options for both repairing and replacing the equipment.

Table with columns: Qty, Task#, Description of Work, Rate. Includes rows for Service Call Charge, Peace of Mind Membership, and Fulnan Cert. Fee.

AUTHORIZATION #

Pre-Approved Financing Terms: Please pay from this invoice - Work performed C.O.D.

PAYMENT Cash Check Check #: MC Visa Disc AmEx Auth #:

PEACE OF MIND My Service Technician presented me with a Peace of Mind Plan and explained the benefits. I want to save money and have Peace of Mind OR At this time I decline the offer

Table with columns: DISCOUNT, SUBTOTAL, TOTAL COST

ACCEPTANCE OF WORK PERFORMED: I acknowledge satisfactory completion of the above described work and that the premises has been left in satisfactory condition. I understand that if my check does not clear, I am liable for the check and any charges from the bank. I agree to pay 1.5% per month for past due contracts (minimum charge \$15). In the event that collection efforts are initiated against me, I shall pay for all associated fees at the posted rates as well as all cost of collection fees and attorney fees. I agree that the amount set forth in the space marked "TOTAL COST" is the total flat price I have agreed to.

SERVICE TECHNICIAN ACKNOWLEDGEMENT Prior to the customer entering into the contract, I have discussed the nature of the service and cost and I have given a copy of the contract to the customer. All work I have done has been in compliance with company standards in a workmanship manner, to building codes when applicable.

PEACE OF MIND SAVINGS \$

SIGNATURE I decline to have the recommended work performed at this time.

CUSTOMER SERVICE IS OUR #1 FOCUS If you are not completely satisfied for any reason, please call and let us know. Your feedback is very important to us.

SIGNATURE DATE

THANK YOU FOR CHOOSING US FOR YOUR SERVICE NEEDS!