

Mai Vang

From: Adrian Neis
Sent: Wednesday, August 13, 2025 10:27 AM
To: Mai Vang; Marcia Moermond; Joanna Zimny
Cc: Keith Demarest; Der Vue; Mitchell Imbertson
Subject: Fw: 529 Orleans
Attachments: IMG_1064.jpeg; IMG_1063.jpeg; IMG_1062.jpeg; IMG_1059.jpeg; IMG_1057.jpeg

Good morning,

FYSA for the 529 Orleans appeal.

Fire Safety Supervisor Keith Demarest completed the inspection at 529 Orleans yesterday.

He did not note anything of severity that would require a full code compliance inspection and there has been a lot of progress at the property.

For the record, in addition to being a state certified Fire Inspector II, Keith is also a certified Building Official ltd.

Thank you.

Adrian J. Neis (AJ)

Fire Safety Manager

Department of Safety and Inspections

375 Jackson St. Suite 220

Saint Paul, MN 55101

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www.StPaul.gov



SAINT PAUL
MINNESOTA

From: Keith Demarest <Keith.Demarest@ci.stpaul.mn.us>

Sent: Tuesday, August 12, 2025 11:41 AM

To: Adrian Neis <adrian.neis@ci.stpaul.mn.us>

Subject: 529 Orleans

Hi Boss. Just wrapped up 529 orleans. Hand wrote Laurie orders for items found. Copied above here. Will also send out a report once Amanda is back up.




529 Orleans 8-12-25







 **Fire Inspection Report**

City of Saint Paul
Department of Safety and Inspections
375 Jackson Street - Suite 720
Saint Paul MN 55101-1806

Owner Name _____
Owner Address _____
City State Zip _____
Owner Phone _____

License _____
Complaint _____
C of O _____
Date _____

Building Address: 529 Orleans

You are hereby notified to remedy the conditions stated below immediately. A reinspection will be made after the reinspection date stated below. If you consider any of these code requirements to be unreasonable, you may appeal to the Legislative Hearing Officer. Applications for appeals may be obtained at the City Clerk's Office, 319 City Hall 651-266-8585 within 10 days of the date of the original orders.

Code	Conditions to be Corrected
1	Basement / Decking / Floor / Presentation
2	Basement window / Air / Pail
3	Stairway window / Crack
4	2 Bunk Screens
5	Remove Bunk nest / Peak

Owner or Representative Signature _____

Occupancy Type _____ Inspector Signature KD/17

CFO Key _____ Reinspection Date 9/12/25-1000

**** For further information on this report, contact the Fire Inspection Division at 651-266-8989 ****