



SAINT PAUL
SAFETY & INSPECTIONS

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)
ANGIE WIESE, PE(MN), CBO, DIRECTOR

375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806
Tel: 651-266-8989 | Fax: 651-266-9124

April 12, 2024

Trieu Tran/Ha Truong
104 Ivy Ave W
St Paul MN 55117-4513

Dear Trieu Tran/Ha Truong and others, if listed:

On April 12, 2024, this department conducted an inspection of your property at **104 IVY AVE W** and because **you were not compliant with a previous order.**

Deficiency: "Abandoned vehicles and/or parked on an unapproved surface"

YOU ARE BEING BILLED \$134, 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 scheduled for a REINSPECTION on **April 26, 2024.**

****WARNING****

IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, April 26, 2024, YOU WILL BE BILLED AN ADDITIONAL \$134.00. CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: David Smith, 651-266-8995

David Smith
Code Enforcement Inspector

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

April 12, 2024

EXCESSIVE CONSUMPTION

Invoice #: 1832681

File #: 24-002844

Property Address: 104 IVY AVE W

Property PIN: 192922330010

Owner Name: Trieu Tran/Ha Truong

Fee Description

Amount

Excessive Consumption (Non Compliance)

\$ 134

Payment is due upon receipt of this letter. **Failure to pay within 30 days will result in the amount due 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: _____ Amount Paid: \$ _____ Check or Money Order #: _____

---[↔]-----[↔]-----[↔]-----**CUT HERE**-----[↔]-----[↔]-----[↔]---

*****RETURN THIS PORTION WITH YOUR PAYMENT*****

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

EXCESSIVE CONSUMPTION PAYMENT

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