



**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

June 12, 2024

John Townsend  
435 Van Buren Ave  
St Paul MN 55103-1534

Dear John Townsend and others, if listed:

On June 12, 2024, this department conducted an inspection of your property at **435 VAN BUREN AVE** and because **you were not compliant with a previous order.**

**Deficiency: "PLEASE REMOVE THE VEHICLES AND TRAILER PARKED ON THE BACKYARD, AND THE VEHICLE PARKED ON THE GRASS ON THE BACKYARD AND OPEN TO ENTRY FROM THE PROPERTY. THANK YOU."**

**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 **June 26, 2024.**

#### **\*\*WARNING\*\***

**IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, June 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**

June 12, 2024

**EXCESSIVE CONSUMPTION**

Invoice #: 1855870

File #: 24-015676

Property Address: 435 VAN BUREN AVE

Property PIN: 362923210015

Owner Name: John Townsend

**Fee Description**

**Amount**

Excessive Consumption (Non Compliance)

\$ 134

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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 #: \_\_\_\_\_

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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 #:** 24-015676  
Invoice: No: 1855870 Date: June 12, 2024  
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