



SAINT PAUL
SAFETY & INSPECTIONS

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)
RICARDO X. CERVANTES, DIRECTOR

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

March 29, 2022

Douglas J Anderson
923 Burr St
St Paul MN 55130-4007

Dear Douglas J Anderson and others, if listed:

On March 29, 2022, this department conducted an inspection of your property at **797 PARK ST** and because **you were not compliant with a previous order.**

Deficiency: "Significant amount of debris remains on the vacant lot."

YOU ARE BEING BILLED \$124.00 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 12, 2022.**

****WARNING****

IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, April 12, 2022, YOU WILL BE BILLED AN ADDITIONAL \$124.00. CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: Richard Kedrowski, 651-266-9141

Richard Kedrowski
Code Enforcement Inspector

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

March 29, 2022

EXCESSIVE CONSUMPTION

Invoice #: 1640447

File #: 22-029290

Property Address: 797 PARK ST

Property PIN: 302922330195

Owner Name: Douglas J Anderson

Fee Description

Amount

Excessive Consumption (Non Compliance)

\$ 124.00

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

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