



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

January 4, 2024

David P Madzo
1254 Charles Ave
St Paul MN 55104

Dear David Madzo and others, if listed:

On January 4, 2024, this department conducted an inspection of your property at **1254 CHARLES AVE** and because **you were not compliant with a previous order.**

Deficiency: "STACKS OF PALLETS, TIRE AND DEBRIS IN THE REAR HAVE NOT BEEN REMOVED UPON INSPECTION."

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 **January 18, 2024.**

****WARNING****

IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, January 18, 2024, YOU WILL BE BILLED AN ADDITIONAL \$134.00. CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: Otis Warner, 651-266-1906

Otis Warner
Code Enforcement Inspector

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

January 4, 2024

EXCESSIVE CONSUMPTION

Invoice #: 1805896

File #: 23-108070

Property Address: 1254 CHARLES AVE

Property PIN: 342923130068

Owner Name: David Madzo

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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