



APPLICATION FOR APPEAL

RECEIVED

DEC 01 2010

CITY CLERK

Saint Paul City Clerk

310 City Hall, 15 W. Kellogg Blvd.

Saint Paul, Minnesota 55102

Telephone: (651) 266-8560

The City Clerk needs the following to process your appeal:

- \$25 filing fee payable to the City of Saint Paul (if cash: receipt number _____)
- Copy of the City-issued orders or letter which are being appealed
- Attachments you may wish to include
- This appeal form completed

YOUR HEARING Date and Time:

Tuesday, Dec. 7

Time 11:00 am

Location of Hearing:

Room 330 City Hall/Courthouse

Address Being Appealed:

Number & Street: 360 Fuller Ave City: St. Paul State: MN Zip: 55103

Appellant/Applicant: 362 Hoang Dao Email: hdao@argosy.edu

Phone Numbers: Business (651) 846 3318 Residence _____ Cell (651) 953 8971

Signature: [Signature] Date: 12/1/10

Name of Owner (if other than Appellant): _____

Address (if not Appellant's): 1445 Stryker Ave. W. Roseville, MN 55113

Phone Numbers: Business Same Residence Same Cell Same

What Is Being appealed and why? Attachments Are Acceptable

- Vacate Order/Condemnation/Revocation of Fire C of O
- Summary/Vehicle Abatement
- Fire C of O Deficiency List
- Fire C of O: Only Egress Windows
- Code Enforcement Correction Notice
- Vacant Building Registration
- Other
- Other
- Other

All items and deficiencies have been corrected as of 11/24. The condemnation was lifted, but C of O was revoked. I have no idea why?

I am including all invoices, resources at which we have invested in the building. Excess of over \$100K. The building has been vacated. I am requesting an immediate inspection for renewal of certificate of Occupancy.



INVOICE

644 Grand Avenue, St. Paul, MN 55105-3498
(651) 228-9200 M (651) 228-9201 F
stpaulplumbing.com

Invoice Number: 203704
Invoice Date: 11/22/10
Order Number: 97843
Order Date: 11/15/10

Page:1

CALVIN TRAN
GERI
PO BOX 49099
BLAINE, MN 55499

Site
CALVIN TRAN
360 FULLER AVE
ST PAUL, MN 55105

Customer ID 74971
Terms C.O.D.
PO No.
Contact

Customer Report: Orsat test

Service As Follows: PERFORMED ORSAT TEST ON WEIL MCLAIN BOILER. CLEANED SITE GLASS AND PRESSURE TROLL LINE. LEFT TEST ON SITE.

| Item No. | Description | Unit | Quantity | Unit Price | Total Price |
|----------|------------------------|------|----------|------------|-------------|
| | ORSAT TEST | Each | 1 | 180.60 | 180.60 |
| | Pipe dope | Each | 1 | 1.90 | 1.90 |
| | FJim W ADDITIONAL WORK | Hour | 0.5 | 174.00 | 87.00 |
| | FJim W 11/22/10 | Hour | 1 | | |
| | LAURA | | | | |

COPY PAID

INVOICE TOTAL

269.50



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

**SMOKE AND CARBON MONOXIDE DETECTOR
INSPECTION AFFIDAVIT**

** This affidavit must be completed and returned to the fire inspector upon inspection of the property. A certificate of occupancy cannot be issued/renewed without this completed affidavit. If all the units were not inspected by one person, signatures of all persons inspecting are required. More than one sheet may be used. **

360/362 Fuller Ave

8

St. Paul, MN 55103

of Units

C of O #

I affirm that I have given the occupant of each dwelling unit or guest room in the building at the above address a written explanation of the following:

1. The location and operation of each smoke detector and carbon monoxide detector.
2. Instructions describing the action to be taken when an alarm sounds.
3. The procedures for testing the detectors.
4. Who to contact when a low-battery tone sounds or power light fails.
5. The penalties for disabling smoke detection or carbon monoxide detection.

Signature: [Signature] Date: 11/23/10

I affirm that I personally inspected the smoke detectors and carbon monoxide detectors in the dwelling units and guest rooms in the building at the above address as follows and that all detectors were in place and good working order:

| | Apt. # | Apt. # | Apt. # | Apt. # | Apt. # | Apt. # |
|-----|-------------|-------------|-------------|-------------|-------------|-------------|
| 362 | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u> </u> | <u> </u> |
| 360 | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u> </u> | <u> </u> |
| | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |

Signature: [Signature] Date: 11/23/10

Minnesota State Statutes 299F.362 requires smoke detectors and Minnesota State Statute 299F.50 requires carbon monoxide detectors and Saint Paul Ordinance 39.02 (c) requires that an affidavit stating that "all detectors are inspected and serviced when needed and are operational be filed before a Certificate of Occupancy can be issued or renewed."

Revised 12/09

SERVICE REPORT

| | | | |
|----------------------|----------------|---------------------------|------------------|
| JOB NUMBER 104531 | CUSTOMER AUTH. | SERVICED BY Randy/Andy | DATE 11/16/10 |
|----------------------|----------------|---------------------------|------------------|

| | | | |
|----------------------------------------------------------------|--|---------------|--|
| CUSTOMER NAME AND ADDRESS 360/362 FULLER AVE ST. PAUL MN | | PHONE NUMBER | |
| AC | | EXT. | |
| PHONE IN ADVANCE | | DATE PROMISED | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | / / | |
| NAME OF CONTACT AND UNIT NUMBER | | | |

BILL TO: CONTRACT SERVICE WARRANTY OTHER

FIRE ALARM DOOR ENTRY INSPECT. PHONE NURSE CALL MATV ELECT. EM. LIGHTING

PROBLEM: _____ DISPATCHED

DATE: 11/16/10
TIME: 2:45 AM/PM

WORK PERFORMED: _____ ARRIVED AT SITE

DATE: 11/16/10
TIME: 3:00 AM/PM

| | | |
|-----------------------|---------------------|--------------------|
| ANNUAL E/A INSPECTION | TRAVEL TO JOB | : 25 ^{x2} |
| | SPECIAL TRAVEL | : |
| | BENCH TIME | : |
| | WAIT TIME | : |
| | TIME AT JOB | 1:00 ^{x2} |
| | SUPPLY TIME | : |
| | RETURN TRAVEL HOURS | : |

COMMENTS: _____

OVERTIME: _____

TOTAL HOURS: 1:25^{x2}

| P.O. STK. # | DESCRIPTION | PRICE | P.O. STK. # | DESCRIPTION | PRICE |
|-------------|-------------|-------|-------------|-------------|-------|
| ✓ 1/4 | CAN SMOKE | | | | |
| ✓ 1/4 | CAN AIR | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | TOTAL | |

JOB COMPLETED ADDITIONAL WORK NEEDED CONTINUED ON INVOICE NO. _____

| | | | |
|---------------------------------|------------------|-------------------------|-------------|
| WORK COMPLETED BY Randy/Andy | DATE 11/16/10 | CUSTOMER SIGNATURE X | DATE / / |
|---------------------------------|------------------|-------------------------|-------------|

NOT AVAILABLE FOR SIGNATURE

ALARM SYSTEM TEST REPORT

Name Of Property _____ Address 360/362 Fuller Ave City St. Paul Zip _____

Phone Number _____ Type of Inspection Annual Job No. 104531

Monitoring Company N/A Acct# N/A

| Control Panel Brand | Model | Amp. Hours | Test Voltage |
|--------------------------|----------------|------------|--------------|
| <u>5-test knight</u> | <u>5K 2224</u> | <u>5.0</u> | <u>25.9</u> |
| Communicator Panel Brand | Model | Amp Hours | Test Voltage |
| _____ | _____ | _____ | _____ |
| Remote Power Supply | Model | Amp. Hours | Test Voltage |
| _____ | _____ | _____ | _____ |

- Do the control Switches Work Correctly? Yes No
- Did the Control Panel transfer to Battery backup? Yes No N/A
- Do the Trouble Light and Sounder work Properly? Yes No
- Does the Supervision work Properly? Yes No N/A
- Is the AC Power Disconnect Location Labeled? Yes No

System Initiating Devices

| Qty. | Type of Device | Brand | Model | Proper Operation |
|----------|------------------------|----------------------|-------|--------------------------------------------------------------------------------------------------|
| <u>5</u> | Smoke Detectors | <u>System Sensor</u> | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| <u>4</u> | Pull Stations | <u>Fire Life</u> | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| <u>4</u> | Heat Detectors | <u>Edwards</u> | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

System Audible / Visual Devices

| Qty. | Type of Device | Brand | Model | Proper Operation |
|----------|----------------|----------------|-------|--------------------------------------------------------------------------------------------------|
| <u>2</u> | Horns | <u>benetex</u> | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

Does Remote Annunciator work correctly? Yes No N/A

Brand _____ Model _____

Are the Alarm Zones properly labeled and identified? Yes No N/A

Does The Initiating Device report to the Proper Zones? Yes No

Did the Door Holder Release on Alarm? Yes No N/A

Did the Elevator recall work Properly? Yes No N/A

Were the Proper Signals sent to Central Station? Yes No N/A

List Deficiencies That must be Corrected to Certify System:

Inspection Agents Signature: Randy / Andy

Site Agents Signature: N/A

Repair Job # _____

Today's Date _____

Your Next Inspection Due: _____

CC: White Copy-City Inspector

Yellow Copy-E.F.S.

Pink Copy- Property



Laughlin's Pest Control Company
1908 University Ave.
St. Paul, Minnesota 55104
(651) 646-6131

| | | | |
|-----------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| DATE 11-16-10 | TIME IN _____ OUT _____ | ACCOUNT NO. | ROUTE NO. |
| NAME Huong Dao | | ACCOUNT TYPE <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> INDOOR <input type="checkbox"/> 1-TIME <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> OUTDOOR | |
| ADDRESS 360 + 362 Fuller Ave | | FREQUENCY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> 6 MONTHS <input type="checkbox"/> 3 MONTHS <input type="checkbox"/> MONTHLY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> WEEKLY | |
| CITY, STATE, ZIP St Paul 55103 | | <input type="checkbox"/> INSPECTION <input type="checkbox"/> TREATMENT <input type="checkbox"/> _____ <input type="checkbox"/> _____ | |
| PHONE 651-353-8971 | | | |

| TARGET PEST(S) | SITE TREATED | APPLICATION METHOD | APPLICATION RATE |
|----------------|----------------|--------------------|------------------|
| Roaches | #3-360, #3-362 | | |
| Mice | #3-360, #3-362 | | |
| | #2-360, #2-362 | | |

| CHEMICALS USED | AMOUNT | % | EPA NUMBER |
|---------------------|--------|------|------------|
| Avort Powder | 600gr | .054 | 499-294 |
| Contract Mouse Bait | 12 | .005 | 12455-86 |

| DESCRIPTION/REMARKS | | |
|------------------------------------------------|----------------------------------------------------------------------------------------|----------|
| - Baited above listed units for mice & roaches | | |
| - Minimal activity in both units | | |
| | SUB-TOTAL | |
| | TAX | |
| | TOTAL | 13.11 ea |
| | ACCOUNT BALANCE | |
| | <input type="checkbox"/> CASH AMOUNT PAID <input type="checkbox"/> CHECK # _____ | |
| | BALANCE DUE | |

Thanks!
 SERVICED BY: *[Signature]* LICENSE NO. 20080835
 CUSTOMER SIGNATURE: *[Signature]*

SERVICE ORDER/INVOICE No 82565



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989
Facsimile: 651-266-8951
Web: www.stpaul.gov/dsi

November 18, 2010

Hoang Dao
1445 Shryer Ave W
Roseville MN 55113-5831

NOTICE OF CONDEMNATION UNFIT FOR HUMAN HABITATION ORDER TO VACATE

RE: 360 FULLER AVE

Dear Property Representative:

Your building was inspected November 24, 2010.

The building was found to be unsafe, unfit for human habitation, a public nuisance, a hazard to the public welfare or otherwise dangerous to human life. A Condemnation Placard has been posted on the building.

The following deficiency list must be completed or the building vacated by the re-inspection date.

CONDEMNATION OF THE BUILDING REVOKES THE CERTIFICATE OF OCCUPANCY.

Failure to complete the corrections may result in a criminal citation. The Saint Paul Legislative Code requires that no building be occupied without a Fire Certificate of Occupancy.

DEFICIENCY LIST

1. 362-1 and throughout - MSFC 703 - Provide, repair or replace the fire rated door and assembly. The minimum rating must be:-Repair and maintain the door closer.
2. 362-1, 2 and 360-3 - MSFC 1003.3.1.8 - Remove unapproved locks from the unit doors. The door must be openable from the inside without the use of keys or special knowledge or effort.
3. 362-1-4, 360-3 - SPLC 34.13 (3), SPLC 34.17 (2) - Reduce and maintain the number of occupants in the sleeping rooms to: 2 occupants.-Building 362-1, 2, 3, and 4

Building 360-3

No access to unit 1

4. 362-1-4, 360-3 - SPLC 34.13 (2), (3), SPLC 34.17 (2) - Reduce and maintain the number of occupants in the unit.
5. 362-2,4 - MSFC 1011.2 - Remove the materials that cause an exit obstruction. Maintain a clear and unobstructed exitway.
6. Basement - MN Stat. 299F.362 - Immediately provide and maintain a smoke detector located outside each sleeping area.
7. Basement and throughout - SPLC 34.10 (5), 34.33 (4), 34.16 - Provide and maintain interior in a clean and sanitary condition.-Remove all mattresses, couches, furniture, tires, personal items from the basement and vacant units off the property.
8. Exterior - SPLC 34.09 (3), 34.32 (3) - Provide or repair and maintain the window screen.- Replace all torn or missing screens.
9. Exterior-Throughout - SPLC 34.09 (3), 34.32 (3) - Repair and maintain the window glass.
10. Exterior-Throughout - SPLC 34.09 (3), 34.32 (3) - Provide or repair and maintain the window screen.-Replace all missing and torn screens.
11. Interior - SPLC 34.23, MSFC 110.1 - This occupancy is condemned as unfit for human habitation. This occupancy must not be used until re-inspected and approved by this office.-This building is condemned based on multiple deficiencies and the majority of all units over-occupied. This property is not maintained or managed and should have an administrator appointed.
12. Interior - SPLC 34.19 - Provide access to the inspector to all areas of the building.- Provide access to all units including unit 1, and the basement.
13. Interior-Basement - MN Stat 299F.18 - Immediately remove and discontinue excessive accumulation of combustible materials.-Remove all furniture and mattresses from the basement.
14. Interior-Basement and Hallways - MSFC 315.2.5 - Fueled equipment, including but not limited to motorcycles, mopeds, lawn-care equipment and portable cooking equipment, shall not be stored, operator or repaired within a building.
15. Interior-Hallways - MSFC 308.2.1 - No person shall throw or place, or cause to be thrown or placed, a lighted match, cigar, cigarette, matches, or other flaming or glowing substance or object on any surface or article where it can cause an unwanted fire.
16. Interior-Throughout - SPLC 34.12 (2), 34.35 (1) - Repair and maintain all required and supplied equipment in an operative and safe condition.-Repair or replace all broken and missing door handles throughout.

17. Interior-Throughout - SPLC 34.11 (6) - Provide and maintain a minimum of 68 degrees F in all habitable rooms at all times.-Building 360 radiators are cold and unit 360-2 using space heater.
18. Interior-Throughout - MSFC 907.20 as amended - Provide required annual maintenance of the fire alarm system by a qualified person and provide written documentation to this office as proof of compliance.-Immediately have the annual maintenance of the fire alarm system and provide written verification.
19. Throughout - All Units - SPLC 34.09 (3), 34.32 (3) - Repair and maintain the window sash.-All openable windows must be able to remain in the open position when opened.
20. Throughout - All Units and Hallways - SPLC 34.10 (7), 34.33 (6) - Repair and maintain the walls in an approved manner.-Paint and patch the walls throughout as necessary.
21. Unit 3 - SPLC 34.10 (6), 34.33 (5) - Exterminate and control insects, rodents or other pests. Provide documentation of extermination.-Report of mice. Hire a licensed exterminator to treat the unit for mice and roaches.
22. Unit 360-2 - MSFC 605.5 - Discontinue use of extension cords used in lieu of permanent wiring.
23. Unit 360-2 - MSFC 605.1 - Repair or replace damaged electrical fixtures. This work may require a permit(s). Call DSI at (651) 266-9090.-Immediately discontinue use of lamps hung upside down hanging on extension cords-Fire hazard.
24. Unit 362-2 - MSFC 901.6 - Provide required annual maintenance of the fire extinguishers by a qualified person and tag the fire extinguishers with the date of service.-Fire extinguisher expired in 2008. Immediately service all expired fire extinguishers.
25. Unit 362-2 - SPLC 34.10 (7), 34.33 (6) - Repair or replace and maintain the woodwork in an approved manner.-Hire a licensed contractor to replace the entry door to unit.
26. Unit 362-2 - SPLC 34.09 (3) i - Repair and maintain an approved one-inch throw single cylinder deadbolt lock.-Hire a licensed contractor to repair the deadbolt that was not installed properly.
27. Unit 362-2 - SPLC 71.01 - Provide address numbers on unit 362-2
28. Unit 362-2 - SPLC 34.11, SBC 2902.1, SPLC 34.17, MPC 415.0220 - Repair or replace and maintain the plumbing fixture to an operational condition.-Hire a licensed plumber to repair the toilet that is running in unit 362-2.
29. Unit 362-2 and 360-4 - SPLC 34.10 (7), 34.33 (6) - Repair and maintain the floor in an approved manner.-Hire a licensed contractor to install new pad and carpet in the living

room of unit 360-4 and repair or replace the kitchen floor in unit 360-4, and install vinyl in the bathroom and kitchen in unit 362-2.

30. SPLC 34.11 (6), 34.34 (3) - Provide service of heating facility by a licensed contractor which must include a carbon monoxide test. Submit a completed copy of the Saint Paul Fire Marshal's Existing Fuel Burning Equipment Safety Test Report to this office.- Provide fuel report.
31. SPLC 39.02(c) - Complete and sign the provided smoke detector affidavit and return it to this office.

For an explanation or information on some of the violations contained in this report, please visit our web page at: <http://www.ci.stpaul.mn.us/index.aspx?NID=211>

You have the right to appeal these orders to the Legislative Hearing Officer. Applications for appeals may be obtained at the Office of the City Clerk, 310 City Hall, City/County Courthouse, 15 W Kellogg Blvd, Saint Paul MN 55102 Phone: (651-266-8688) and must be filed within 10 days of the date of the original orders.

If you have any questions, email me at: lisa.martin@ci.stpaul.mn.us or call me at 651-266-8988 between 6:30 - 8:30 a.m. Please help make Saint Paul a safer place in which to live and work.

Sincerely,

Lisa Martin
Fire Inspector

cc: Housing Resource Center
Force Unit



Neighborhood Builders & Contracting Inc.

1001 Valley Oaks Rd
Vadnias Heights, MN
Bus: 651-231-7336
License #: 20326281

Estimate

DATE

ESTIMATE NO.

8/7/2008

371

NAME / ADDRESS

360 Fuller Ave
St Paul, MN
Project: Interior remodel

| | | | PROJECT |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------------------|
| DESCRIPTION | RATE | QTY | TOTAL |
| Plumbing: New plumbing install: Labor & material included. 8 units | 29,500.00 | | 29,500.00 |
| Eltrical: Electrical repair and new wiring where needed. Labor & material included, 8 units. | 12,000.00 | | 12,000.00 |
| Cabinets/Sinks: Kitchen & bath cabinets. Labor * material included, 6 units. | 12,600.00 | | 12,600.00 |
| Boiler: Repair, labor & material included. Main unit for building. | 3,590.00 | | 3,590.00 |
| Drywall: New drywall install, labor & material. Hung, taped, sanded, primed & painted. Includes, but is not limited to: 2 bedrooms, 8 baths, 7 kitchens, 13 individuall walls & 12 ccilings. | 8,500.00 | | 8,500.00 |
| Bath: Bath tub & sink install, labor & materials. 2 units. | 3,000.00 | | 3,000.00 |
| Concrete: Cosmetic rehab on exterior foundation only. Labor & material, all around property. | 1,800.00 | | 1,800.00 |
| Landscape: Rock & pebble application. Labor & material included. | 590.00 | | 590.00 |
| Windows: 20 replacement locks w/screens. Labor & material included, 8 units. | 1,500.00 | | 1,500.00 |
| Deck: Demo & replacment. Labor & material, main deck. | 5,800.00 | | 5,800.00 |
| Basement remodel: Stair install, concrete wall repair and 2 doors installed. Labor & material included. | 1,200.00 | | 1,200.00 |
| Any further questions call Jaime Garcia at (651) 338-8521. Have a nice day. | | | |
| TOTAL | | | \$80,080.00 |
| -N. C. & B. Inc | | | |

CITY OF SAINT PAUL

Department of Safety and Inspection
 8 Fourth Street East, Suite
 Saint Paul, MN 55101-
 PHONE: (651) 266-
 FAX: (651) 266-

**PLUMBING/GASFITTING/INSIDE
 WATER PIPING**

PERMIT #: 20 08 088175
Issued Date: June 5, 2008

CONTRACTOR:

OWNER:

**HERRY PLBG
 PO BOX 4261
 COPKINS MN 55343**

**HOANG DAO
 1445 SHRYER AVE W
 ROSEVILLE MN 55113-5831**

PERMIT ADDRESS: 360 FULLER AVE
 ST PAUL MN 55103-2378

SYSTEM TYPE: Plumbing/Inside Water (All)

WORK TYPE: Residential Replace

| | | | |
|-------------------------|-----|-------------------------|-------------|
| Penalty Fee | No | # of Dwelling Units | 1 |
| Inspection Fee | Yes | Estimated Value of Work | 12000 |
| Application to Permit | No | Inside Water Piping? | No |
| Water Closet - Plumbing | 5 | Lavatory - Plumbing | 5 |
| Hot Tub - Plumbing | 3 | Shower - Plumbing | 2 |
| Sewer - Plumbing | 5 | Gas Range | 5 |
| Water Heater | 2 | | |
| FEEES | | | |
| Permit Fee | | | 8.00 |
| Surcharge A | | | 0.00 |
| TOTAL | | | 8.00 |

The responsibility of the person doing the work authorized by this permit to notify the inspector that the work is ready for inspection and to provide access to the work. (MN Rules 1300.0210, Subpart 4)

The inspector assigned to this Permit is Steve F.
 The inspector can be reached at 651-266-9052 between 7:30 AM and 9:00 AM Monday through Friday.

**MECHANICAL PERMIT**

PERMIT #: 20 08 089222

Issued Date: June 6, 2008

CITY OF SAINT PAUL

Department of Safety and Inspection
 8 Fourth Street East Suite 200
 Saint Paul, MN 55101-1024
 PHONE: (651) 266-8090
 FAX: (651) 266-8124

CONTRACTOR:**OWNER:**

**WELD PLUMBING
 DONALD WELD
 3410 KILMER LANE N
 PLYMOUTH MN 55441**

**JAMIE GARCIA
 360 FULLER AVE
 ST PAUL MN 55103-2378**

**PERMIT ADDRESS: 360 FULLER AVE
 ST PAUL MN 55103-2378**

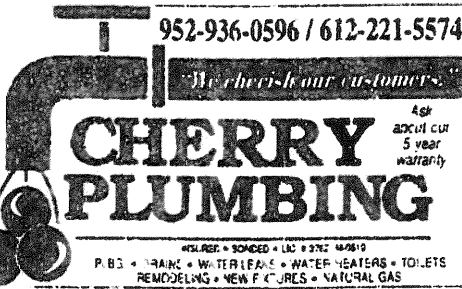
SUB TYPE: Steam or Hot Water**WORK TYPE: Residential Repair/Alter**

| | | | |
|---------------------|----|-------------------------|------|
| # of Dwelling Units | 1 | Estimated Value of Work | 3500 |
| Field Application? | No | | |
| Boiler | | BTU | |

| | |
|--------------|--------------|
| FEES | |
| Permit Fee | 58.00 |
| Surcharge B | 1.75 |
| TOTAL | 59.75 |

REPLACE STEAM TRAPS AS NECESSARY AND VALVE HANDLES, CERTIFY BOILER OPERATION FOR FIRE DEPT Minnesota Rules, Chapter 1300.0210 Inspections: The person doing the work authorized by a permit shall notify the building official that the work is ready for inspection. The person requesting an inspection required by the code shall provide access to and means for inspection of the work. An Open C of O Exists at this Property.

The inspector assigned to this Permit is Bill D.
 The inspector can be reached at 651-266-8042 between 7:30 AM and 9:00 AM Monday through Friday.



JCherry264@Hotmail.com

REMIT TO: CHERRY PLUMBING • PO. BOX 4261 • HOPKINS, MN 55343

651-231-7336

| | |
|----------------------------------------------------------|-------|
| Customer Name Neighborhood Bldgs + Contractors | Phone |
| Billing Address 1001 Vally, Oaks Rd | |
| City Vadunas Hgts MN 5 | Zip |

| | |
|-------------------------------------|-------|
| Tenant Name | Phone |
| Job Address 360362 Fuller | |
| City St. Paul | Zip |

| Date | Expn | Terms | Credit card Type | Credit card No | Credit card Exp | Purchase order No | Invoice No |
|----------------|------|-------|------------------|----------------|-----------------|-------------------|------------|
| 7-25-08 | | | | | | | |

Plumbing fixtures - toilets
 Lavatorys, Turbs additional
 money needed, water heater
 shower valves sinks and faucets.

29,500

QUOTATION:

TOTAL INVOICE: **29,500**

WORK AUTHORIZATION You may do work described for which I will pay amount quoted herein.

WORK ACCEPTED: Work described herein has been completed to my satisfaction.

1, 2, 3, 4 or 5 YEAR GUARANTEE
 At no cost to you, we will expend up to the full amount of time you originally paid for, to repair any work we have done for you if it should fail anytime within _____ () year.

QUILLCO

3380 232nd STREET EAST
 HAMPTON, MN. 55031-9727

Estimate

| Date | Estimate # |
|-----------|------------|
| 6/24/2008 | 56 |

| Name / Address |
|----------------|
| JAMIE GARCIA |

| Terms | Project |
|-------|---------|
| | |

| Description | Qty | Total |
|------------------------------------------------------------|-----|--------------|
| ELECTRICAL FOR CODE COMPLIANCE 360 FULLER AVE ST PAUL | | |
| GFI REC | 6 | |
| SINGLE POLE SWITCH | 9 | |
| LIGHT | 10 | |
| REC | 15 | |
| SMOKE DETECTORS | 8 | |
| CIRCUITS | 9 | |
| REWIRE BASEMENT BATHROOM | 2 | |
| REPAIR HALL LIGHTS AND MISSING COVERS AS NEEDED | 10 | |
| ADD 100 AMP PANEL | 1 | |
| ELECTRICAL PERMIT | 1 | |
| TIME AND MATERIAL NOT TO EXCEED | 1 | |
| ANY ADDITION BY INSPECTOR WILL BE EXTRA CHARGE | | 12,400.00 |
| 7500.00 BEFORE START BALANCE ON COMPLETION BEFORE FINAL | | |
| INSPECTION IF NOT PAID IN FULL WITHIN 5 DAYS OF COMPLETION | | |
| ADD 30% ALL PRICES ARE CASH DISCOUNT PRICES | | |
| 2000.00 DRAW RECEIVED | | |
| Thank you for considering Quillco | | Total |
| | | \$12,400.00 |

Signature _____

Pro Wire Electrical Services, LLC

INVOICE

1219 8th Ave. S.
 South St. Paul, MN 55075
 Phone: (651) 757-5740
 Fax: (651) 797-2920
 E-Mail: zac@prowireelectric.com
 Web: www.prowireelectric.com
 MN Contractors License # CA05236

Date: 07/01/2008
 Invoice # 301

BILL TO:

FOR:

360 Fuller Ave.
 St. Paul, MN
 Bring Up To Code

| Salesperson | Job | Payment Terms | Due Date |
|-------------|-----|------------------|----------|
| | | Due upon receipt | |

| Qty/Hours | Descriptions | Rate | Line Total |
|-----------|---------------------------------------------------------|----------|---------------|
| | Materials Needed | | \$ 1,000.00 |
| | Labor | | \$ 2,600.00 |
| 2.00 | Permit & Inspection Fees For 360/362 | \$ 53.50 | \$ 107.00 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | 1st DOWN PAYMENT | | \$ (1,000.00) |
| | 2nd DOWN PAYMENT | | \$ (1,000.00) |
| | PRO WIRE IS NOT LIABLE FOR ANYTHING THE INSPECTOR WANTS | | - 1,000.00 |
| | WANTS ADDED/CHANGED. COAST COULD THEN BE EXTRA | | |
| | AT TIME/MATERIAL TO MEET INSPECTION REQUIRMENTS. | | |
| | | | |
| | | | |

Total \$ 1,707.00
\$ 707.00

All outstanding balances due upon completion in 7 days. Overdue accounts subject to a service charge of 5% per week

Thank you for your business!

Phone: 651-645-1034
 651-644-2492
 Fax: 651-644-1880
 Alarm License # 0001102

Weber & Troseth, Inc.
 Manufacturers Representatives
 1902 University Avenue
 St. Paul, MN 55104

0477

ALARM SYSTEM INSPECTION REPORT

C
 U HOANG DAO
 S 1445 SPRINGER AVE W
 T
 O City: ROSSVILLE State: MN Zip 55113
 M
 E Phone:
 R

Inspection Location: 360-362 Fuller
 Monitoring Co: N/A
 Account #: N/A Phone: N/A
 Type of System: Silent Knight Model:
 Service Technician: [Signature]

yes no note qty

yes no note qty

1. All fire alarm manual stations operated satisfactorily.....✓ 3
2. Heat detectors operated satisfactorily.....✓ 4
3. Smoke detectors operated satisfactorily.....✓ 4
4. Sprinkler flow & tamper switches functioning..... N/A
5. All alarm horns operated satisfactorily.....✓ 2
6. Fire alarm annunciator operated satisfactorily..... N/A
7. All evacuation speakers operated satisfactorily.....
8. All firefighter's phones operated satisfactorily.....
9. Damper controls function properly.....
10. Fans shut down on alarm activation.....
11. Pressurization fans start up on alarm activation.....
12. Elevators are recalled on alarm activation.....
13. Monitoring company connections verified.....
14. All zone, signal and annunciator circuits tested free of grounds and opens.....✓

15. Trouble indications operated satisfactorily on simulated open fault for following:
 - Initiating circuits✓ 2
 - Communication circuits..... N/A
 - Signal Circuits.....✓ 1
 - Annunciator circuits..... N/A
16. Trouble indication operated satisfactorily on simulated ground fault.....✓
17. Trouble indicator operated satisfactorily on loss of normal power.....✓
18. Battery operation of system tested with AC power turned off.....✓
19. Battery capacity adequate to supervise system & operate bells following a period of charging source failure.....✓
20. Door holders..... N/A

COMMENTS:

System - OK

Deficiencies that must be corrected to certify system:

None

YOUR NEXT INSPECTION IS DUE → Year 09 Month May

Inspection Date: 5/7/09

Technician [Signature]

**MINNEAPOLIS
PLUMBING AND
HEATING CO.**
90 Years
Experience

612-824-2411

CALVIN TRAN
PO BOX 49099
BLAINE, MN 55499

**ST. PAUL
PLUMBING AND
HEATING CO.**
Since
1918

644 Grand Ave.
St. Paul, MN 55105-3498
(651) 228-9200
(651) 228-9201 Fax

Site
CALVIN TRAN
360 FULLER AVE
ST PAUL, MN 55105

INVOICE

Invoice Number: 177575
Invoice Date: 03/21/08
Order Number: 73280
Order Date: 03/21/08

Page:1

Customer ID 74971
Terms C.O.D.
PO No.
Contact

Customer Report: Boiler no heat

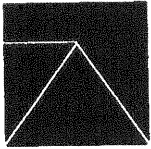
Service As Follows: NSP RED TAGGED. REMOVED AND CLEANED PILOT. RELITE. UNIT FIRES. TESTED LWC.

| Item No. | Description | Unit | Quantity | Unit Price | Total Price |
|----------|----------------------------|------|----------|------------|-------------|
| | Shop materials | Each | 1 | 4.60 | 4.60 |
| | Gas Surcharge | Each | 1 | 3.00 | 3.00 |
| | Heating Destination Charge | Each | 1 | 68.50 | 68.50 |
| | FJim W 03/21/08 MISSY | Hour | 0.75 | 162.00 | 121.50 |

PAID

INVOICE TOTAL

197.60



Ehresmann Wille Engineering Ltd

6100 Glenwood Avenue
Golden Valley, MN 55422

Invoice

| | |
|------------|-----------|
| Date | Invoice # |
| 10/25/2008 | 324 |

| |
|-----------------------------------------------------|
| Bill To |
| Hoang Dao 1445 Shryer Ave Roseville, MN 55113 |

| | | | |
|------------|---------------------|-----------|----------|
| Due Date | Project | Claim No. | File No. |
| 11/24/2008 | 400.08.33 Hoang Dao | | |

| Serviced | Item | Description | Qty | Rate | Amount |
|-----------------------------|-------------------|-----------------------------------------------------------------------------------------------------------|-----|-----------------|-----------------|
| 10/18/2008 10/27/2008 | Principal PE - CW | Site visit and Meeting Site visit on 10-18-08 - 56 miles (Retainer \$600.00 not show has been paid) | 4 | 200.00 32.76 | 800.00 32.76 |
| Thank you for the business! | | | | Total | \$832.76 |

| | | |
|--------------|--------------|------------------|
| Phone # | Fax # | FTID #20-3136061 |
| 763 545 1985 | 763 545 1287 | |



REMIT TO: CHERRY PLUMBING • P.O. BOX 4261 • HOPKINS, MN 55343

| | | | | | |
|-----------------------------------|----|-------|----------------------|-----|---------------------------------------|
| Customer Name Hoang Dao | | Phone | Tenant Name | | Phone |
| Billing Address | | City | St | Zip | Job Address 360 Fuller Ave. |
| City | St | Zip | City | St | Zip |
| | | | St. Paul, MN. | | |

| | | | | | | | |
|-----------------|--------|-------|------------------|-----------------|-----------------|-------------------|-------------|
| Date | Expert | Terms | Credit card Type | Credit card No. | Credit card Exp | Purchase order No | Invoice No. |
| 10-14-08 | | | | | | | |

The city of St. Paul, MN. inspection is complete. Plumbing fixtures we supplied for the above address are installed to plumbing code. The balance due for that job is \$55.00

QUOTATION:

Please forward balance TOTAL INVOICE: \$55.00

WORK AUTHORIZATION: You may do work described for which I will pay amount quoted herein:

X _____
 WORK ACCEPTED: Work described herein has been completed to my satisfaction.
 X _____

1, 2, 3, 4 or 5 YEAR GUARANTEE
 At no cost to you, we will expend up to the full amount of time you originally paid for, to repair any work we have done for you if it should fail anytime within _____ () year.

FAX COVER SHEET

Hometown Plumbing, Inc.
2440 152nd Lane NE
Ham Lake, MN 55304
Office Phone Number: 763-205-2098
Mike Westman : 612-501-7089
Fax number: 763-413-9191

PAID
9/15/08

| | |
|--------------------------------------------|-----------------------------------------------------------|
| Send to: Trung Tran | From: Sandy Eigenheer HomeTown Plumbing, Inc |
| Attention: | Date: 09/10/2008 |
| Office: <i>612</i> | Office Location: 763-205-2098 |
| Fax Number: 651-605-0059 | Fax Number: 763-413-9191 |

- Urgent
- Reply ASAP
- Please comment
- Please review
- For your information

Total pages, including cover: 2

PROPERTY MASTERS
PO BOX 49099
BLAINE, MN 55449-0099

17-2/910
104775650575

15014

DATE 9.15.08

PAY TO THE
ORDER OF

Hometown Plumbing \$ 186.-

one hundred eight six dollars DOLLARS

Security Features
Include
Outside on Back

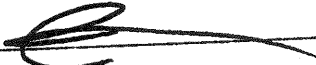
usbank.

Five Star Service Guaranteed

usbank.com

MEMO

RPC test 360 Fuller



⑆09⑆000022⑆ ⑆04775650575⑆⑆50⑆⑆

FINE LINE

HomeTown Plumbing, Inc.

HomeTown Plumbing, Inc
 2440 152nd Lane NE
 Ham Lake, MN 55304
 (612)501-7089
 hometownplumbing@comcast.net

Invoice

| | |
|------------|------------|
| DATE | INVOICE # |
| 09/10/2008 | 1938 |
| | DUE DATE |
| | 09/10/2008 |

| |
|--------------------------------------------------------------------|
| BILL TO |
| Trung Tran 11835 Davenport St. NE Minneapolis, MN 55449-4763 |

| | |
|------------|----------|
| AMOUNT DUE | ENCLOSED |
| \$186.00 | |

Please detach top portion and return with your payment.

| | | |
|----------|-----------------------------|--------------|
| Job Name | Job Address | Job Phone # |
| RPZ Test | 360-62 Fuller Ave, St. Paul | 612-701-5522 |

| Date | Description of Work | Quantity | Rate | Amount |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------|--------|-----------------|
| 09/08/2008 | Annual RPZ Test, Serial # G8380 4th year test | 1 | 136.00 | 136.00 |
| 09/08/2008 | Conbraco model# 4020402 Boiler Room at boiler/boiler feed St. Paul Permit Fee | 1 | 50.00 | 50.00 |
| *permit/test report will be sent into the city of St. Paul upon full payment of this invoice. | | | | |
| TOTAL | | | | \$186.00 |

Thank you for your business.

MSJ

Custom Windows

2908 Aspen Lakes Drive NE
Blaine, MN 55449
(612) 964-7074

INVOICE

INVOICE #234792
DATE: OCTOBER 13TH, 2008

To: Hoang Dao
360 Fuller Avenue
St. Paul, MN 55103

**JOB: 360 Fuller Avenue UNIT #1
*Window Repair***

| DESCRIPTION | | | AMOUNT |
|-------------------------------------------------------------------------|--|--|------------------|
| Inspect chips in stationary window-Resolution: Fill with clear silicone | | | \$ 120.00 |
| | | | \$ 120.00 |

Please make all checks payable to: MSJ Custom Windows

Thank you for your business!



**CONSTRUCTION AND
REMODELING**

INVOICE

NEIGHBORHOOD BUILDERS AND REMODELERS
1001 Valley Oaks Road
Vadnais Heights, MN 55110
Ph: 612-704-2572 Fax: 612-605-0059

DATE: APRIL 23RD, 2010
INVOICE # 20034

TO Hoang Dao
360/362 Fuller Avenue
St. Paul, MN 55103
Customer ID: 360fuller-dao

| SALESPERSON | JOB | PAYMENT TERMS | DUE DATE | |
|--------------|------------------------------------------------|-------------------|------------------|-------------------|
| Jaime Garcia | Repair Roof-Leak #360-3 | Half down upfront | Upon Completion | |
| QTY | DESCRIPTION | UNIT PRICE | LINE TOTAL | |
| 9 | Timberline 30-Yr Shingles-Gray | 90.00 | 810.00 | |
| 6 | Plywood 4x8 | 4.00 | 24.00 | |
| 2 | Asphalt Felt-PermaFelt | 160.00 | 320.00 | |
| 12 | Studs (Wall & Ceiling) 2x4 | 2.00 | 24.00 | |
| 6 | ½" Gypsum Board (Sheet Rock) | 6.00 | 36.00 | |
| 1 | Joint Compound | 15.00 | 15.00 | |
| 5 | Painters Premium Caulk | 4.00 | 20.00 | |
| 5 | Weather-proofing Silicone | 8.00 | 40.00 | |
| 4 | Galvanized Nails-8D | 2.00 | 8.00 | |
| 2 | Paint-flat ceiling and wall | 15.00 | 30.00 | |
| 1 | Vinyl wrap@ 1.00/sqft. | 50.00 | 50.00 | |
| 5 | R-13 Insulation (1530 sqft.) Ceiling only 3.5" | 14.00 | 70.00 | |
| 1 | Dumpster-30 yard | 300.00 | 300.00 | |
| 10 | Labor Complete Roof/Leak Repair | 100.00 | 1000.00 | |
| | | | SUBTOTAL | 2747.00 |
| | | | SALES TAX | 209.46 |
| | | | TOTAL | \$2,956.46 |

Thank you for your business! Please make checks payable to:
Neighborhood Builders and Remodelers



**CONSTRUCTION AND
REMODELING**

INVOICE

NEIGHBORHOOD BUILDERS AND REMODELERS
1001 Valley Oaks Road
Valdus Heights, MN 55110
PH: 612-701-2572 Fax: 612-695-0059

DATE: MAY 21ST, 2010
INVOICE # 20124

TO: Hoang Dao
360/362 Fuller Avenue
St. Paul, MN 55103
Customer ID: 360fuller-dao

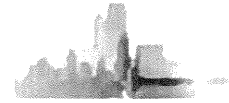
| SALESPERSON | JOB | PAYMENT TERMS | DUE DATE |
|-------------|----------------|---------------|--------------|
| Tommy | Repairs #360-3 | | Upon Receipt |

| QTY | DESCRIPTION | UNIT PRICE | LINE TOTAL |
|-----|-----------------------------------------|------------|------------|
| 1 | Replace Kitchen Sink Faucet-Unit #360.3 | | 150.00 |
| 1 | Replace Living Room Outlet-Unit #360.3 | 1 | 30.00 |

| | |
|------------------|---------------|
| SUBTOTAL | 180.00 |
| SALES TAX | |
| TOTAL | 180.00 |

Thank you for your business! Please make checks payable to:
Neighborhood Builders and Remodelers

[Type text]



Info Main City Contact

360 FULLER AVE -- Property Information --

| PIN | Zoning/Use | HPC District |
|--------------|------------|--------------|
| 362923420084 | RT2 | |

Information disclaimer...

Data Disclaimer: -
 The City of Saint Paul and its officials, officers, employees or agents does not warrant the accuracy, reliability or timeliness of any information published by this system, and shall not be held liable for any losses caused by reliance on the accuracy, reliability or timeliness of such information. Portions of such information may be incorrect or not current. Any person or entity that relies on any information obtained from this system does so at his or her own risk.

List of Activity...

| Number | Address | Description | Details | Status |
|------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 93 048352 VEN 01 XF | LEE'S VENDING SERVICE - 362 FULLER AVE APT 1 | ECLIPS License# 0048352 | ECLIPS Food Related LEE'S VENDING SERVICE - 362 FULLER AVE APT 1 Type: Food Vending Machine Operator Entered on: 08/25/1993 | Canceled |
| 93 048352 VEN 00 XF | LEE'S VENDING SERVICE - 362 FULLER AVE APT 1 | ECLIPS License# 0048352 | ECLIPS Food Related LEE'S VENDING SERVICE - 362 FULLER AVE APT 1 Type: Food Vending Machine Entered on: 08/25/1993 | Canceled |
| 10 905299 CSO 00 RF | 360 FULLER AVE | Roach infestation. Walls need paint. Carpet is dirty and stained from cats. Kitchen tiles are peeling. | Referral Type: Citizen Complaint Entered on: 10/04/2010 | Final |
| 10 413439 S&C 00 E | 360 FULLER AVE | | Electrical Permit Type: Service & Circuits Commercial Repair/Alter Issued Date: 05/27/2010 Final Date: 06/24/2010 Contractor: Pro Wire Electrical Services, LLC Estimated Value: \$100.00 | Final |
| 10 014296 000 00 RF | 360 FULLER AVE | Follow up on C of O folder approved with corrections. | Activity (most recent first): MAIN-Electrical Inspection: 06/24/2010: Final Referral Type: C of O Entered on: 01/28/2010 Closed on: 02/04/2010 | Closed |
| 10 014295 000 00 CO | 360 FULLER AVE | 362923420084 05/01/2008: Early C of O in child referral. 05/24/2010: Early C of O in child referral. | Certificate of Occupancy Type: Residential 3+ Units Occupancy Type: Dwelling Units Residential Units: 8 Class: C Renewal Due Date: Jan 4, 2011 | Pending |
| 10 008802 S&C 00 E | 360 FULLER AVE | | Electrical Permit Type: Service & Circuits Residential Repair/Alter Issued Date: 01/20/2010 Final Date: 01/22/2010 Contractor: Pro Wire Electrical Services, LLC Estimated Value: \$110.00 | Final |
| | | | Activity (most recent first): MAIN-Electrical Inspection: 01/22/2010: Final | |

Move
Top

| | | | | |
|------------------------|-------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 09 331662 000 00 PA | 360 FULLER AVE | Remove furniture and refuse on ground rear yard. | Parks Summary Abatement Type: Garbage Rubbish Entered on: 12/01/2009 Closed on: 12/01/2009 | Closed |
| 09 294467 000 00 PA | 360 FULLER AVE | Remove household items, vehicles parts, and refuse on ground. | Parks Summary Abatement Type: Garbage Rubbish Entered on: 10/06/2009 Closed on: 10/08/2009 | Closed |
| 08 178979 000 00 CO | 360 FULLER AVE | 362923420084 05/01/2008: Early C of O in child referral. | Certificate of Occupancy Type: Residential 3+ Units Occupancy Type: Dwelling Units Residential Units: 8 Class: C Completed on: 01/28/2010 Paid In Full = Yes | Certified |

Inspection Results (most recent first):
 01/28/2010: Approved w/Corrections
 1. 360 UNIT 1: Inadequate Plumbing Fixtures SPLC 34.11, SPLC 34.17, SBC 2902.1, MPC 4715.0200.C (Abated - 5th reinspection)
 2. 360- UNIT 4: Repair Cabinets SPLC 34.10 (7), 34.33 (6) (Abated - 5th reinspection) - Severity 2
 3. EXTERIOR: Ext. Window Glass SPLC 34.09 (3), 34.32 (3) (Abated - 5th reinspection) - Severity 2
 4. EXTERIOR: Window Screen SPLC 34.09 (3), 34.32 (3) (Deficiency - 5th reinspection) - Severity 2
 5. EXTERIOR: Snow/Ice Removal SPLC 113.02, MSFC 1203 (Abated - 5th reinspection) - Severity 2
 6. EXTERIOR: Approved Trash Containers SPLC 34.11 (8), 34.34 (4) (Deficiency - 5th reinspection) - Severity 3
 7. EXTERIOR: Ext. Sanitation SPLC 34.08 (1), 34.31 (1) (Deficiency - 5th reinspection) - Severity 6
 8. EXTERIOR: Trash Containers -Frequency SPLC 34.11 (7), 34.34 (4) (Deficiency - 5th reinspection) - Severity 6
 9. EXTERIOR: Res. Entry Security Lighting SPLC 34.14 (2) f (Abated - 3rd reinspection) - Severity 7
 10. EXTERIOR: Stair/deck Not Structurally Sound SPLC 34.09 (2) 34.32 (2) (Abated - 3rd reinspection) - Severity 7
 11. EXTERIOR: Repair Ext. Guardrail SPLC 34.09 (2) 34.32 (2) (Abated - 3rd reinspection) - Severity 5
 12. EXTERIOR: Ext. Walls SPLC 34.09 (1) b,c, 34.32 (1) b,c (Abated - 3rd reinspection) - Severity 7
 13. INTERIOR: Heating Equipment Maintenance SPLC 34.11 (6), 34.34 (Abated - 5th reinspection) - Severity 5
 14. INTERIOR: Exterminate Insects & Rodents SPLC 34.10 (6), 34.33(5) (Abated - 5th reinspection) - Severity 4
 15. INTERIOR: Light Fixture Globes MSFC 605.1 (Abated - 5th reinspection)
 16. INTERIOR: Unsafe Interior Stairway SPLC 34.10 (3), 34.33 (Abated - 5th reinspection) - Severity 7
 17. INTERIOR: Res. Interior Allow Access SPLC 34.19 (Deficiency - 5th reinspection) - Severity 2
 18. INTERIOR 360 #2: Repair Damaged Elect. Fixtures MSFC 605.1 (Abated - 2nd reinspection) - Severity 5
 19. INTERIOR 362 #4: Missing Elect.Cover Plate MSFC 605.6 (Deficiency - 2nd reinspection) - Severity 2
 20. INTERIOR 362 #4: Discontinue Use of Multi-Plug Adapters MSFC 605.4 (Deficiency - 2nd reinspection) - Severity 2
 21. INTERIOR 362 #4: Discontinue Use of Extension Cords MSFC 605.5 (Deficiency - 2nd reinspection) - Severity 2
 22. INTERIOR BASEMENT: Discontinue Use of Extension Cords MSFC 605.5 (Abated - 2nd reinspection) - Severity 2
 23. UNIT 360 #1: Comb. Materials - Orderly Storage MSFC 315.2 (Deficiency - 1st inspection) - Severity 2
 24. UNIT 362 #4: Unfit For Human Habitation- Condemned SPLC 34.23, MSFC 110.1 (Deficiency - 5th reinspection)

| | | | | |
|------------------------|-------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| | | | <p>25. UNIT 362 #4: Overcrowding Sleeping Unit SPLC 34.13, (3), SPLC 34.17 (2) (Deficiency - 1st inspection) - Severity 7</p> <p>26. UNIT 362 #4: Interior Unsanitary SPLC 34.10 (5), 34.33 (4), 34.16 (Deficiency - 1st inspection) - Severity 8</p> <p>27. Required Smoke Detector Affidavit SPLC 39.02(c) (Abated - 5th reinspection) - Severity 9</p> | |
| 08 152601 OBS 00 RW | 360 FULLER AVE | CURB JUMP | <p>More History on File.</p> <p>PW Right of Way Permit Type: Obstruction Work Type: Dumpster Entered on: 09/18/2008 Closed on: 10/16/2008</p> | Finaled |
| 08 150540 ELC 00 E | 360 FULLER AVE | | <p>Electrical Permit Type: Electrical Commercial Repair/Alter Issued Date: 09/15/2008 Final Date: 09/25/2008 Contractor: Pro Wire Electrical Services, LLC Estimated Value: \$2,500.00</p> | Finaled |
| 08 089222 STM 00 M | 360 FULLER AVE | | <p>Activity (most recent first): MAIN-Electrical Inspection: 09/25/2008: Final 09/19/2008: Corrections Required 09/17/2008: Corrections Required</p> <p>Mechanical Permit Type: Steam or Hot Water Residential Repair/Alter Issued Date: 06/06/2008 Final Date: 07/22/2008 Contractor: Weld & Sons Estimated Value: \$3,500.00</p> | Finaled |
| 08 089055 ADD 00 B | 360 FULLER AVE | | <p>Activity (most recent first): MAIN-Mechanical Inspection: 07/21/2008: Final</p> <p>Building Permit Type: Residential (Multi-Fam) Addition Issued Date: 06/24/2008 Final Date: 01/06/2009 Contractor: USA Builders And Remodelers Corp State Valuation: \$2,000.00</p> | Finaled |
| 08 088175 PLB 00 PG | 360 FULLER AVE | | <p>Activity (most recent first): Building Permit Inspection: Final Inspection - Appd Framing/Structural - CorrReqd Architectural (C) Review: 06/24/2008: Approved 06/06/2008: Preliminary Plan Check</p> <p>Plumbing/Gasfitting/Inside Water Piping Type: Plumbing/Inside Water (All) Residential Replace Issued Date: 06/05/2008 Final Date: 09/18/2008 Contractor: Cherry Plbg Estimated Value: \$12,000.00</p> | Finaled |
| 08 044551 000 00 PA | 362 FULLER AVE | Remove freezer, mattress, and TV. | <p>Activity (most recent first): MAIN-Plumbing Inspection: 09/17/2008: Final 09/15/2008: Corrections Required 07/28/2008: Approved by Location 06/17/2008: Approved by Location 06/12/2008: Corrections Required</p> <p>Parks Summary Abatement Type: Garbage Rubbish Entered on: 03/19/2008 Closed on: 03/24/2008</p> | Closed |
| 07 220592 000 00 PA | 360 FULLER AVE | Pre-Auth WO Remove all garbage/rubbish from over flowing dumpster and on the ground. | <p>Parks Summary Abatement Type: Garbage Rubbish Entered on: 12/18/2007 Closed on: 12/24/2007</p> | Closed |
| 06 094087 000 00 PA | 360 FULLER AVE | Remove sofa from rear parking area. | <p>Parks Summary Abatement Type: Garbage Rubbish Entered on: 06/07/2006 Closed on: 06/09/2006</p> | Closed |

06 067664 360 FULLER 362923420084
 000 00 CO AVE 05/01/2008: Early
 C of O in child
 referral.

Certificate of Occupancy
 Type: Residential 3+ Units
 Occupancy Type: Dwelling Units
 Residential Units: 8
 Class: C
 Completed on: 03/01/2010

History

Inspection Results (most recent first):

- 10/20/2008: Approved
1. EXTERIOR: Ext. Window SPLC 34.09 (3), 34.32 (3) (Abated - 9th reinspection) - Severity 2
 2. EXTERIOR: Window Screen SPLC 34.09 (3), 34.32 (3) (Abated - 9th reinspection) - Severity 2
 3. EXTERIOR: Private Sidewalks SPLC 34.08 (10) (Abated - 6th reinspection) - Severity 3
 4. INTERIOR: Ext. Window Sash SPLC 34.09 (3), 34.32 (3) (Abated - 7th reinspection) - Severity 2
 5. INTERIOR: No Interior Guardrail SPLC 34.10 (3) 34.33(2) (Abated - 7th reinspection) - Severity 5
 6. INTERIOR: Repair Interior Walls SPLC 34.10 (7), 34.33 (6) (Abated - 7th reinspection) - Severity 4
 7. INTERIOR: Repair Ceilings SPLC 34.10 (7), 34.33 (6) (Abated - 7th reinspection) - Severity 4
 8. INTERIOR: Repair Plumbing Fixture SPLC 34.11, SBC 2902.1, SPLC 34.17, MPC 415.0220 (Abated - 7th reinspection) - Severity 4
 9. INTERIOR: Res. Interior Allow Access SPLC 34.19 (Abated - 7th reinspection) - Severity 2
 10. INTERIOR: Residential Basement Dampness SPLC 34.10 (1) (Abated - 6th reinspection) - Severity 3
 11. INTERIOR: Blank 1 (Abated - 6th reinspection)
 12. INTERIOR: Uncertified Areas Unoccupied SPLC 33.05 (Abated - 4th reinspection)
 13. INTERIOR: Unfit For Human Habitation- Condemned SPLC 34.23, MSFC 110.1 (Abated - 3rd reinspection)
 14. INTERIOR: Address - Incorrect SPLC 71.01 (Abated - 3rd reinspection) - Severity 5
 15. INTERIOR: Misc. Equip.Repair and Maintain SPLC 34.12 (2), 34.35 (1) (Abated - 2nd reinspection) - Severity 5
 16. Foundations SPLC 34.09 (1) a, 34.32 (1) a (Abated - 6th reinspection) - Severity 7

10/01/2008: Correction Orders

1. EXTERIOR: Ext. Guardrail SPLC 34.09 (2) 34.32 (2) (Abated - 6th reinspection) - Severity 5
2. EXTERIOR: Ext. Handrail SPLC 34.09 (2) 34.32 (2) (Abated - 6th reinspection) - Severity 5
3. EXTERIOR: Stair/deck Not Structurally Sound SPLC 34.09 (2) 34.32 (2) (Abated - 6th reinspection) - Severity 7
4. INTERIOR: Ext. Window Lock SPLC 34.09 (3), 34.32 (3) (Abated - 6th reinspection) - Severity 2
5. INTERIOR: Bathroom Floor Impervious to Water SPLC 34.10(4), 34.33(3) (Abated - 6th reinspection) - Severity 4
6. INTERIOR: Unsafe Heating Equip.MN Rules 1300.0180 (Abated - 6th reinspection) - Severity 9
7. INTERIOR: Inadequate Plumbing Fixtures SPLC 34.11, SPLC 34.17, SBC 2902.1, MPC 4715.0200.C (Abated - 8th reinspection)
8. INTERIOR: Water Heater Maintenance SPLC 34.11 (5), 34.34 (2) (Abated - 5th reinspection) - Severity 6
9. INTERIOR: Hot Water Supply SPLC 34.11(5), 34.34(2), SPC 4715.0200Q (Abated - 5th reinspection) - Severity 7
10. INTERIOR: Repair Plumbing Fixture SPLC 34.11, SBC 2902.1, SPLC 34.17, MPC 415.0220 (Abated - 5th reinspection) - Severity 4
11. INTERIOR: Provide GFCI SPLC 34.14 (2) c (Abated - 5th reinspection) - Severity 5

08/28/2008: Condemned/Occupied

07/03/2008: Correction Orders

1. EXTERIOR: Ground Cover SPLC 34.08 (3) (Abated -

- 4th reinspection) - Severity 3
- 2. EXTERIOR: Res. Grading and Drainage SPLC 34.08 (2) (Abated - 3rd reinspection) - Severity 3
- 3. INTERIOR: Fire Doors MSFC 703 (as amended) (Abated - 4th reinspection) - Severity 6
- 4. INTERIOR: Overcrowding Sleeping Unit SPLC 34.13, (3), SPLC 34.17 (2) (Abated - 3rd reinspection) - Severity 7

03 354313 360 FULLER 362923420084
000 00 CO AVE

More History on File.
Certificate of Occupancy
Type: Residential 3+ Units
Occupancy Type: Dwelling Units
Residential Units: 8
Class: B
Completed on: 04/17/2006
Paid In Full = Yes

Certified

- Inspection Results (most recent first):
04/17/2006: Approved
- 1. BASEMENT: No Interior Handrail SPLC 34.10 (3), 34.33(2) (Abated - 2nd reinspection) - Severity 5
 - 2. ENTRY 362 AND 360 FULLER: Repair Interior Floors SPLC 34.10 (7), 34.33 (6) (Abated - 2nd reinspection) - Severity 4
 - 3. UNIT 1 360: Repair Damaged Elect. Fixtures MSFC 605.1 (Abated - 2nd reinspection) - Severity 5
 - 4. UNIT 2 360: Fire Doors MSFC 703 (as amended) (Abated - 2nd reinspection) - Severity 6
 - 5. UNIT 2 360: Missing Elect.Cover Plate MSFC 605.6 (Abated - 2nd reinspection) - Severity 2
 - 6. UNIT 2 360: Electrical Fixtures Closets NEC 410-8 (b) (1) (Abated - 2nd reinspection) - Severity 2
 - 7. UNIT 2 362: Unit Number Of Locks MSFC 1003.3.1.8 (Abated - 2nd reinspection) - Severity 4
 - 8. UNIT 2 362: Discontinue Use of Extension Cords MSFC 605.5 (Abated - 2nd reinspection) - Severity 2
 - 9. UNIT 3 360: Electrical Fixtures Closets NEC 410-8 (b) (1) (Abated - 2nd reinspection) - Severity 2
 - 10. UNIT 3 360: Discontinue Use of Extension Cords MSFC 605.5 (Abated - 2nd reinspection) - Severity 2
 - 11. UNIT 3 362: Elec Serv. Attachments To Service Conduits. NEC 230-28 (Abated - 2nd reinspection) - Severity 1
 - 12. UNIT 3 362: Unit Illegal Locks MSFC 1003.3.1.8 (Abated - 2nd reinspection) - Severity 4
 - 13. UNIT 4 362: Provide GFCI SPLC 34.14 (2) c (Abated - 2nd reinspection) - Severity 5
 - 14. UNIT 2 362: Fueled Equipment Storage MSFC 315.2.5 (Abated - 2nd reinspection) - Severity 9

03/13/2006: No Entry (no fee)
1. Required Smoke Detector Affidavit SPLC 39.02(c) (Abated - 3rd reinspection) - Severity 9

02/24/2006: No Entry (fee)

12/13/2005: No Entry (fee)

03 255649 362 FULLER
S&C 00 E AVE APT 1

Electrical Permit
Type: Service & Circuits Commercial Repair/Alter
Issued Date: 02/18/2003
Final Date: 03/03/2003
Contractor: B C & A's Electric Company
Estimated Value: \$400.00

Finalized

03 253607 362 FULLER
RPR 00 B AVE APT 1

16-Nov-2005:
Folder closed by
system due to no
activity in one year .
Closed without final
approval

Activity (most recent first):
MAIN-Electrical Inspection: 03/03/2003: Final
Building Permit
Type: Residential (Multi-Fam) Repair
Issued Date: 02/05/2003
Final Date: 11/16/2005
Contractor: Jms Builders
State Valuation: \$2,000.00

Finalized

Activity (most recent first):

Preliminary Inspection: 11/16/2005: Permit Closed

Final Inspection: 11/16/2005: Permit Closed

Preliminary Inspection: 02/21/2003: Verbal Order

Architectural (C) Review: 02/05/2003: Preliminary Plan Check

02/05/2003: Approved

01 218581 360 FULLER 362923420084
000 00 CO AVE

Certificate of Occupancy

History

Type: Residential

Occupancy Type: Dwelling Units

Residential Units: 8

Class: C

Completed on: 09/18/2003

Paid In Full = Yes

Inspection Results (most recent first):

09/18/2003: Approved

1. UNIT 3 BLDG 360: Discontinue Use of Extension

Cords MSFC 605.5 (Abated - 3rd reinspection) -

Severity 2

09/18/2003: Correction Orders

1. UNIT 1 BLDG 362: Overcrowding Sleeping Unit SPLC

34.13, (3), SPLC 34.17 (2) (Abated - 2nd reinspection)

- Severity 7

2. UNIT 1 BLDG 362: Unit Dead Bolt Repair SPLC 34.09

(3) i (Abated - 2nd reinspection) - Severity 5

3. UNIT 2 BLDG 360: Discontinue Use of Extension

Cords MSFC 605.5 (Abated - 2nd reinspection) -

Severity 2

4. UNIT 2 BLDG 360: Overcrowding Sleeping Unit SPLC

34.13, (3), SPLC 34.17 (2) (Abated - 2nd reinspection)

- Severity 7

5. UNIT 2 BLDG 360: Unit Illegal Locks MSFC 1003.3.1.8

(Abated - 2nd reinspection) - Severity 4

6. UNIT 2 BLDG 362: Discontinue Use of Extension

Cords MSFC 605.5 (Abated - 2nd reinspection) -

Severity 2

7. UNIT 2 BLDG 362: Excessive Accumulation Of

Materials MN Stat 299F.18 (Abated - 2nd reinspection) -

Severity 8

8. UNIT 3 BLDG 360: Provide GFCI SPLC 34.14 (2) c

(Abated - 2nd reinspection) - Severity 5

9. UNIT 3 BLDG 362: Discontinue Use of Extension

Cords MSFC 605.5 (Abated - 2nd reinspection) -

Severity 2

10. UNIT 3 BLDG 362: Zoning - Improper Use SPLC

62.101 (Abated - 2nd reinspection) - Severity 9

11. UNIT 3 BLDG 362: Overcrowding Unit SPLC 34.13

(2), (3), SPLC 34.17 (2) (Abated - 2nd reinspection) -

Severity 7

12. UNIT 4 BLDG 362: Provide GFCI SPLC 34.14 (2) c

(Abated - 2nd reinspection) - Severity 5

13. UNIT 4 BLDG 362: Discontinue Use of Extension

Cords MSFC 605.5 (Abated - 2nd reinspection) -

Severity 2

14. UNIT 4 BLDG 360: Discontinue Use of Extension

Cords MSFC 605.5 (Abated - 2nd reinspection) -

Severity 2

15. UNIT 4 BLDG 360: Bathroom Floor Impervious to

Water SPLC 34.10(4), 34.33(3) (Abated - 2nd

reinspection) - Severity 4

16. UNIT 4 BLDG 360: Unit Illegal Locks MSFC

1003.3.1.8 (Abated - 2nd reinspection) - Severity 4

17. UNIT 4 BLDG 362: Ext. Door Frame SPLC 34.09

(3), 34.32 (3) (Abated - 2nd reinspection) - Severity 3

18. UNIT 4 BLDG 362: Unit Illegal Locks MSFC

1003.3.1.8 (Abated - 2nd reinspection) - Severity 4

08/14/2003: Correction Orders

1. Required Smoke Detector Affidavit SPLC 39.02(c)

(Abated - 1st inspection) - Severity 9

INVOICE

REMODELING IS OUR BUSINESS
No Job Too Large or Too Small



REPAIR SHOP ON WHEELS
One Hour Emergency Service
Office: 651-228-9200

DATE 11/20/09

644 GRAND AVE.
Saint Paul, MN 55105

JOB NO. 49984

| | | | |
|---------------------|--|-----------------------|--|
| BILL TO | | JOB LOCATION | |
| <u>Cash on Hand</u> | | <u>360 Fuller Ave</u> | |
| APT # | | APT # | |
| | | <u>St Paul 55103</u> | |

| | | | |
|--------------------------|------------|------------------------------------------------------------|------------|
| H # | W # | H # | W # |
| | | | |
| SERVICE REQUESTED | | SERVICE PERFORMED | |
| <u>Boiler no heat</u> | | <u>Inspected boiler and found a faulty temp controller</u> | |
| | | <u>- Ran temporary start to unit</u> | |
| | | <u>switching</u> | |
| | | <u>- drained boiler to proper level</u> | |

| QTY. | MATERIALS | PRICE | AMOUNT | QTY. | MATERIALS | PRICE | AMOUNT |
|------|-----------------------|-------------|--------|------|-----------|-------|--------|
| | <u>Temp Materials</u> | <u>4.60</u> | | | | | |
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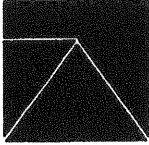
| | | | |
|--------------------------------|---------------------------------|--------------------------------------|-------------|
| METHOD OF PAYMENT | | TECHNICIAN | HRS. |
| <input type="checkbox"/> Cust. | <input type="checkbox"/> C.O.D. | <input type="checkbox"/> Credit Card | |
| Type of Card _____ | Exp. Date _____ | | |
| Card No. _____ | <u>credit on file</u> | <u>Alan O'Brien</u> | <u>1/2</u> |
| | | <u>Drive</u> | |
| | | <u>In 9:45</u> | |
| | | <u>out 10:45</u> | |

| | | | |
|----------------------------------------|--|------------------|---------------|
| COMMENTS / EXTRA WORK DONE | | MATERIALS | <u>4.60</u> |
| <u>RED Electronics Temp Controller</u> | | DEL. CHG. | |
| <u>with RD1202T</u> | | LABOR | <u>24.00</u> |
| | | TRUCK | <u>98.00</u> |
| | | TOTAL | <u>106.60</u> |

By signing this invoice the customer understands and agrees to the following:

1. I will pay the labor rates, including overtime rates, explained to me on the telephone.
2. I will pay for all of the labor and materials to the technician at the time the job is completed.
3. If the homeowner does not pay St. Paul Plumbing & Heating for its labor and materials in full, St. Paul Plumbing & Heating may take legal action against the homeowner for payment. In that event, St. Paul Plumbing & Heating is entitled to recover from the homeowner all costs of collection, including reasonable attorney's fees.
4. If the work is being performed pursuant to a bid and St. Paul Plumbing has to stop work due to the construction schedule, I will pay St. Paul Plumbing for the work performed to the date of the stop within 30 days of such stop.
5. Our Company is not responsible for deteriorated plumbing or leaks caused by deteriorated plumbing and we are not responsible for any damages caused by leakage during guarantee period.

CUSTOMER _____ DATE 11/20



Ehresmann Wille Engineering, Ltd
6100 GLENWOOD AVENUE
GOLDEN VALLEY, MN 55422
(763) 545-1985
FAX (763) 545-1271

October 17, 2008

Mr. Hoang Doa
1445 Shryer Avenue
Roseville, Minnesota 55113

Commission #: 400.08.33

Re: The house at 360 Fuller Avenue, St. Paul, Minnesota

Dear Mr. Doa:

This is to confirm my involvement in the above project and render my opinion as to the adequacy of the foundation to support the structure.

I visited the house in your company on this date and inspected the basement masonry foundation walls. I found the walls adequate to support the house for the foreseeable future.

Please call me if there are any questions or if you need more complete descriptions or certifications.

Sincerely,

Cecil C. Wille, P.E.

Principal

Certification

**THIS IS TO CERTIFY THAT THIS PLAN,
SPECIFICATION OR REPORT WAS PREPARED BY ME
OR UNDER MY DIRECT SUPERVISION AND THAT I AM
A DULY REGISTERED ENGINEER IN THE STATE OF
MINNESOTA**

Cecil C. Wille, P.E.

Reg. No.: 8771



CERTIFICATE OF LIABILITY INSURANCE

OP ID GM
DAOR0A1

DATE (MM/DD/YYYY)

06/29/10

PRODUCER
Miller-Hartwig Insurance
20960 Holyoke Ave S
Lakeville MN 55044
Phone: 952-469-5502 Fax: 952-469-1881

INSURED
Hoang Dao
1445 Shryer Ave W
Roseville MN 55113

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

| INSURERS AFFORDING COVERAGE | NAIC # |
|-------------------------------------------|--------|
| INSURER A: Western National Insurance Co. | 15377 |
| INSURER B: | |
| INSURER C: | |
| INSURER D: | |
| INSURER E: | |

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L LTR | INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|----------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------|-------------------------------------|-------------------------------------------|------------|
| A | | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | PENDING | 07/01/10 | 07/01/11 | EACH OCCURRENCE | \$ 1000000 |
| | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100000 |
| | | | | | | MED EXP (Any one person) | \$ 1000 |
| | | | | | | PERSONAL & ADV INJURY | \$ 1000000 |
| | | | | | | GENERAL AGGREGATE | \$ 2000000 |
| | | | | | | PRODUCTS - COMP/OP AGG | \$ 2000000 |
| | | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | | | | | | OTHER THAN EA ACC | \$ |
| | | | | | | AUTO ONLY: AGG | \$ |
| | | EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE | \$ |
| | | | | | | AGGREGATE | \$ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under SPECIAL PROVISIONS below | | | | WC STATUTORY LIMITS | OTH-ER |
| | | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| A | | OTHER Property Section | PENDING | 07/01/10 | 07/01/11 | Building | 950000 |
| | | | | | | Deductibl | 2500 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

Klein Bank
LOAN: 290757
PO Box 119
Chaska MN 55318

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

GREGORY M MILLER

SERVICE REPORT

| | | | |
|----------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| JOB NUMBER 103900 | CUSTOMER AUTH. | SERVICED BY EJL | DATE 10/7/10 |
| CUSTOMER NAME AND ADDRESS 360/362 FULLER | | | PHONE NUMBER |
| ST. PAUL | | | AC - - EXT. |
| PHONE IN ADVANCE | | DATE PROMISED | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | / / | |
| NAME OF CONTACT AND UNIT NUMBER | | | |
| BILL TO: | | <input type="checkbox"/> CONTRACT <input type="checkbox"/> SERVICE <input type="checkbox"/> WARRANTY <input type="checkbox"/> OTHER | |

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> FIRE ALARM <input type="checkbox"/> DOOR ENTRY <input type="checkbox"/> INSPECT. <input type="checkbox"/> PHONE <input type="checkbox"/> NURSE CALL <input type="checkbox"/> MATV <input type="checkbox"/> ELECT. <input type="checkbox"/> EM. LIGHTING | DISPATCHED |
| PROBLEM: E/A LOW BATT | DATE: 10/7/10 TIME: 11:45 AM PM |

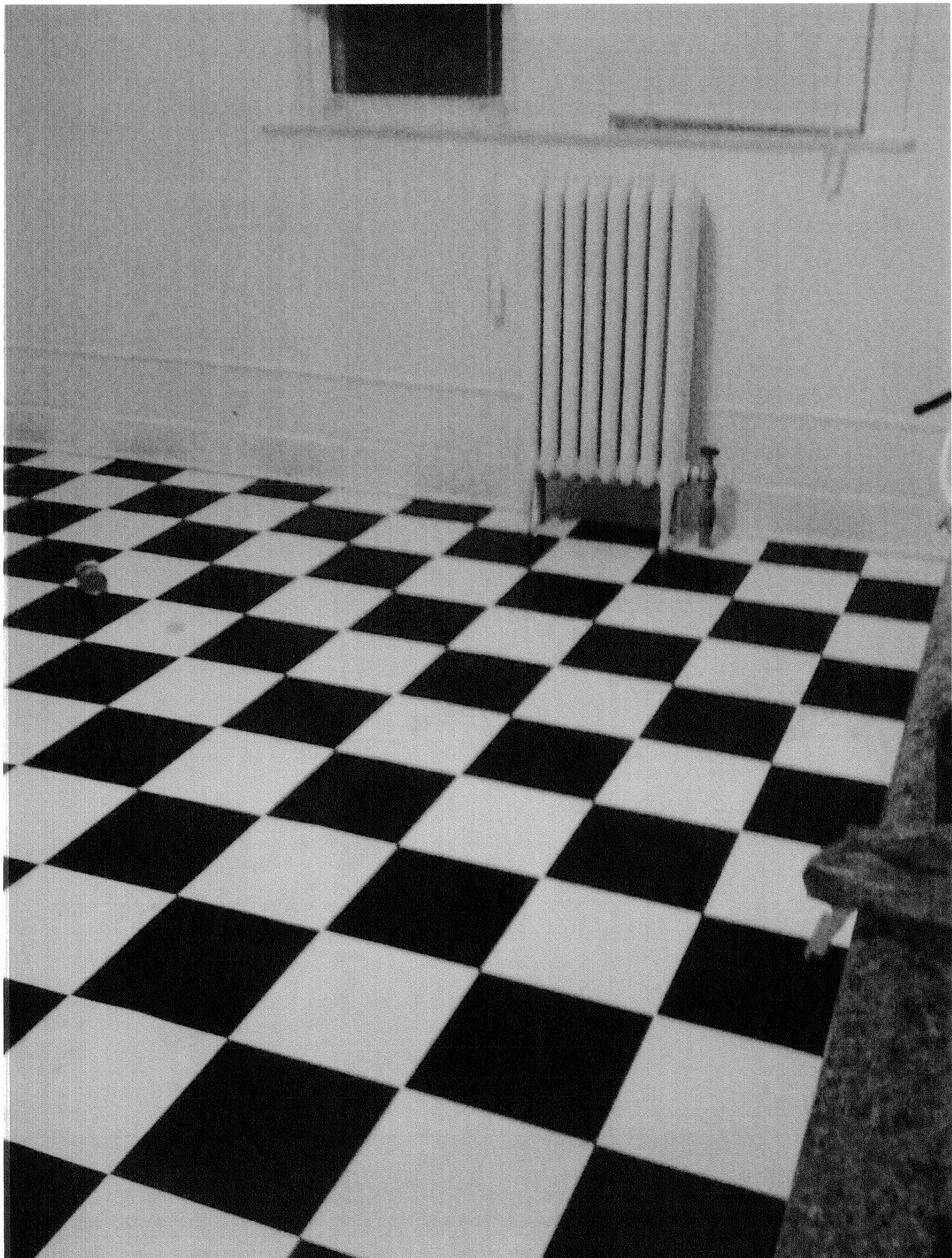
| | |
|-------------------------------------------------------------------------------------|------------------------------------------------------|
| WORK PERFORMED: REPLACED DATED BATT - REPAIRED BATT WIRELESS - ALL SYS NORMAL | ARRIVED AT SITE DATE: / / TIME: 12:00 AM PM |
| | TRAVEL TO JOB : 15 |
| | SPECIAL TRAVEL : |
| | BENCH TIME : |
| | WAIT TIME : |
| | TIME AT JOB : |
| | SUPPLY TIME : |
| | RETURN TRAVEL HOURS : |
| COMMENTS: # 138.84 | OVERTIME : |
| | TOTAL HOURS : |

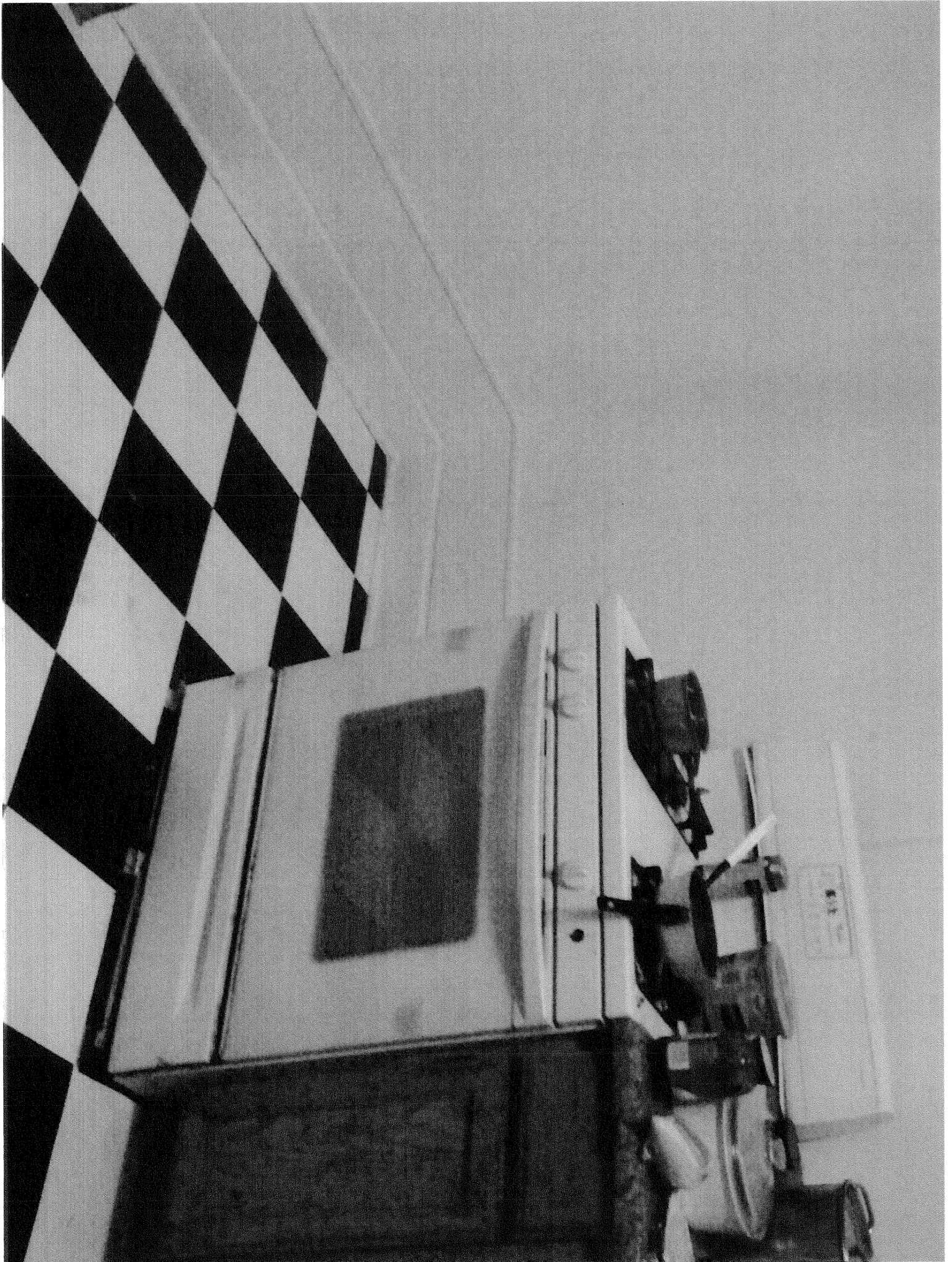
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JOB COMPLETED
 ADDITIONAL WORK NEEDED
 CONTINUED ON INVOICE NO. _____

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| WORK COMPLETED BY EJL | DATE 10/7/10 | CUSTOMER SIGNATURE [Signature] | DATE 10/7/10 |
|--------------------------|-----------------|-----------------------------------|-----------------|

NOT AVAILABLE FOR SIGNATURE

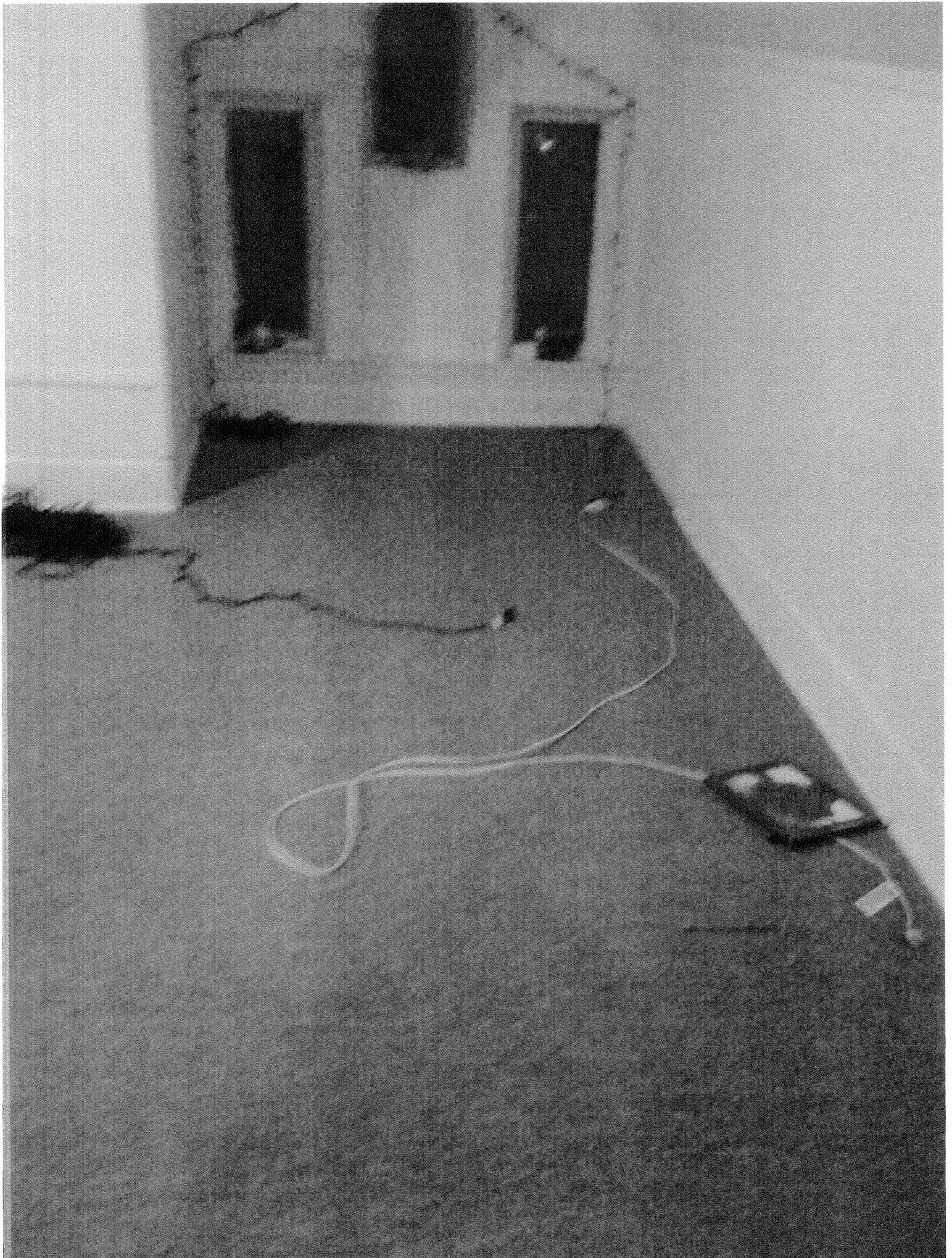














CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989
Facsimile: 651-266-8951
Web: www.stpaul.gov/dsi

November 9, 2010

Hoang Dao
1445 Shryer Ave W
Roseville MN 55113-5831

**NOTICE OF CONDEMNATION
UNFIT FOR HUMAN HABITATION
ORDER TO VACATE**

RE: 360 FULLER AVE

Dear Property Representative:

Your building was inspected on November 9, 2010.

The building was found to be unsafe, unfit for human habitation, a public nuisance, a hazard to the public welfare or otherwise dangerous to human life. A Condemnation Placard has been posted on the building.

The following deficiency list must be completed or the building vacated by the re-inspection date.

A reinspection will be made on November 24, 2010 at 1 pm.

CONDEMNATION OF THE BUILDING REVOKES THE CERTIFICATE OF OCCUPANCY.

Failure to complete the corrections may result in a criminal citation. The Saint Paul Legislative Code requires that no building be occupied without a Fire Certificate of Occupancy.

DEFICIENCY LIST

1. 362-1 and throughout - MSFC 703 - Provide, repair or replace the fire rated door and assembly. The minimum rating must be:-Repair and maintain the door closer.
2. 362-1, 2 and 360-3 - MSFC 1003.3.1.8 - Remove unapproved locks from the unit doors. The door must be openable from the inside without the use of keys or special knowledge or effort.

3. 362-1-4, 360-3 - SPLC 34.13 (3), SPLC 34.17 (2) - Reduce and maintain the number of occupants in the sleeping rooms to: 2 occupants.-Building 362-1, 2, 3, and 4
Building 360-3
No access to unit 1
4. 362-1-4, 360-3 - SPLC 34.13 (2), (3), SPLC 34.17 (2) - Reduce and maintain the number of occupants in the unit.
5. 362-2, 4 - MSFC 1011.2 - Remove the materials that cause an exit obstruction. Maintain a clear and unobstructed exitway.
6. Basement - SPLC 34.10 (5), 34.33 (4), 34.16 - Provide and maintain interior in a clean and sanitary condition.-Remove all mattresses, couches, furniture, tires, personal items from the basement.
7. Basement - MN Stat. 299F.362 - Immediately provide and maintain a smoke detector located outside each sleeping area.
8. Exterior - SPLC 34.09 (3), 34.32 (3) - Provide or repair and maintain the window screen.- Replace all torn or missing screens.
9. Exterior-Throughout - SPLC 34.09 (3), 34.32 (3) - Repair and maintain the window glass.
10. Exterior-Throughout - SPLC 34.09 (3), 34.32 (3) - Provide or repair and maintain the window screen.-Replace all missing and torn screens.
11. Interior - SPLC 34.23, MSFC 110.1 - This occupancy is condemned as unfit for human habitation. This occupancy must not be used until re-inspected and approved by this office.-This building is condemned based on multiple deficiencies and the majority of all units over-occupied. This property is not maintained or managed and should have an administrator appointed.
12. Interior - SPLC 34.19 - Provide access to the inspector to all areas of the building.- Provide access to all units including unit 1, and the basement.
13. Interior-Basement - MN Stat 299F.18 - Immediately remove and discontinue excessive accumulation of combustible materials.-Remove all furniture and mattresses from the basement.
14. Interior-Basement and Hallways - MSFC 315.2.5 - Fueled equipment, including but not limited to motorcycles, mopeds, lawn-care equipment and portable cooking equipment, shall not be stored, operator or repaired within a building.
15. Interior-Hallways - MSFC 308.2.1 - No person shall throw or place, or cause to be thrown or placed, a lighted match, cigar, cigarette, matches, or other flaming or glowing substance or object on any surface or article where it can cause an unwanted fire.

16. Interior-Throughout - SPLC 34.12 (2), 34.35 (1) - Repair and maintain all required and supplied equipment in an operative and safe condition.-Repair or replace all broken and missing door handles throughout.
17. Interior-Throughout - SPLC 34.11 (6) - Provide and maintain a minimum of 68 degrees F in all habitable rooms at all times.-Building 360 radiators are cold and unit 360-2 using space heater.
18. Interior-Throughout - MSFC 907.20 as amended - Provide required annual maintenance of the fire alarm system by a qualified person and provide written documentation to this office as proof of compliance.-Immediately have the annual maintenance of the fire alarm system and provide written verification.
19. Throughout - All Units - SPLC 34.09 (3), 34.32 (3) - Repair and maintain the window sash.-All openable windows must be able to remain in the open position when opened.
20. Throughout - All Units and Hallways - SPLC 34.10 (7), 34.33 (6) - Repair and maintain the walls in an approved manner.-Paint and patch the walls throughout as necessary.
21. Unit 3 - SPLC 34.10 (6), 34.33 (5) - Exterminate and control insects, rodents or other pests. Provide documentation of extermination.-Report of mice. Hire a licensed exterminator to treat the unit for mice and roaches.
22. Unit 360-2 - MSFC 605.5 - Discontinue use of extension cords used in lieu of permanent wiring.
23. Unit 360-2 - MSFC 605.1 - Repair or replace damaged electrical fixtures. This work may require a permit(s). Call DSI at (651) 266-9090.-Immediately discontinue use of lamps hung upside down hanging on extension cords-Fire hazard.
24. Unit 362-2 - MSFC 901.6 - Provide required annual maintenance of the fire extinguishers by a qualified person and tag the fire extinguishers with the date of service.-Fire extinguisher expired in 2008. Immediately service all expired fire extinguishers.
25. Unit 362-2 - SPLC 34.10 (7), 34.33 (6) - Repair or replace and maintain the woodwork in an approved manner.-Replace the entry door to unit.
26. SPLC 34.11 (6), 34.34 (3) - Provide service of heating facility by a licensed contractor which must include a carbon monoxide test. Submit a completed copy of the Saint Paul Fire Marshal's Existing Fuel Burning Equipment Safety Test Report to this office.- Provide fuel report.
27. SPLC 39.02(c) - Complete and sign the provided smoke detector affidavit and return it to this office.

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For an explanation or information on some of the violations contained in this report, please visit our web page at: <http://www.ci.stpaul.mn.us/index.aspx?NID=211>

