



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

April 22, 2024

Janice R Siltman 2023 Magnolia Ave E St Paul MN 55119-3353 Occupant 2023 Magnolia Ave E St Paul MN 55119-3353

Dear Janice R Siltman and others, if listed:

On April 22, 2024, this department conducted an inspection of your property at **2023 MAGNOLIA AVE E**and because **you were not compliant with a previous order**.

Deficiency: "Numerous vehicles on the property with violations, and appliances and trash accumulating."

**YOU ARE BEING BILLED <u>\$134</u>**, 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 May 2, 2024.

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

IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, May 2, 2024, YOU WILL BE BILLED AN ADDITIONAL \$134.00. 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

April 22, 2024

### **EXCESSIVE CONSUMPTION**

Invoice #: 1835948

File #: 24-014116

Property Address: 2023 MAGNOLIA AVE E

Property PIN: 262922130139 Owner Name: Janice R Siltman

Fee Description

Excessive Consumption (Non Compliance)

\$134

Payment is due upon receipt of this letter. <u>Failure to pay within 30 days will result in the</u> <u>amount due assessed to your property taxes.</u> 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 #:
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## \*\*\*RETURN THIS PORTION WITH YOUR PAYMENT\*\*\*

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

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