

DEL CO.

P.O. Box 17122 • St. Paul, MN 55117-0075

Telephone 651-488-5463

FAX 651-488-0565

DATE: November 1, 2010

TO: Marica C. Moermond

FROM Jeffrey T. DeLisle

COMPANY: City of St. Paul

COMPANY Del Co LIMITED PARTNERSHIP

FAX NUMBER: 651-266-8574

FAX NUMBER: 651-488-0565

NUMBER OF PAGES: _____ TOTAL

COMMENTS:

Re: 516-520 Rice Street



DEL CO.

P.O. Box 17722 • St. Paul, MN 55117-0075

Telephone 651-488-5463

FAX 651-488-0565

Marcia C. Moermond, Legislative Hearing Officer
Office of City Council
15 W. Kellogg Blvd, Suite 310, City Hall
St. Paul, Mn. 55102-1615

RE: Appeal Request for 516-520 Rice Street, St. Paul, Mn. 55103

November 1, 2010

Dear Ms. Moermond,

From the time we filed an appeal we have been working hard on the above described property, and also have been working hard on the issues brought up on Friday the 29th on the inspection that you requested.

Enclosed is the Structural Engineer's report indicating that the shoring up of the floor would be safe for 60 days. My intentions are to have the entire project completed by then. The shoring has been done, and the St. Paul Engineer is going to confirm that.

It is my understanding that the City Structural Engineer, Frank Berg has issued a more positive letter than the original that he sent. If you have not received it please contact him.

We have engaged tradesmen to do the work that requires tradesmen, and if necessary the necessary permits have been pulled. All indications are that the building is in a safe condition at this time, and we request the time to get the repairs completed.

Yours truly,

Jeffrey T. DeLisle
DeL Co LIMITED PARTNERSHIP

TEMPORARY SHORING POST AT END OF BEAM

STAIRS

2X4 @ 16" TEMPORARY SHORING WALLS BETWEEN EACH SET OF ROTTED JOISTS

TEMPORARY SHORING POST EACH SIDE OF EXIST COLUMN

3/4" PLYWOOD AND TEMPORARY SHORING POST EACH AT DETERIORATED FLOORING

3/4" PLYWOOD AND TEMPORARY SHORING POST EACH AT DETERIORATED FLOORING

THIS DRAWING, BEING AN INSTRUMENT OF SERVICE, IS AND REMAINS THE PROPERTY OF LINDAU COMPANIES, INC. I HEREBY CERTIFY THAT THIS PLAN WAS PREPARED BY ME OR UNDER MY DIRECT SUPERVISION AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MINNESOTA

William H. Lindau

RICE STREET

WILLIAM H. LINDAU REG. NO. 24781

DATE: 11-1-2010

THIS DRAWING, BEING AN INSTRUMENT OF SERVICE, IS AND REMAINS THE PROPERTY OF LINDAU COMPANIES, INC.

LINDAU COMPANIES, INC
STRUCTURAL ENGINEERS
1074 OLD HIGHWAY 35
MADISON, WI 53716
PHN. (608) 386-4444
FAX. (608) 386-1441

BASEMENT PLAN
DETAIL NAME
SHORING 11-1-2010
DRAWING NAME DATE

DELISLE CO
520 RICE ST
CHICAGO, IL

S1

2 OF 2

LINDAU
COMPANIES, INC.

PROFESSIONAL ENGINEERS
1074 OLD HWY 35
HUDSON, WI 54016
(715) 386-4444 OFFICE
(651) 261-8462 CELL
(715) 316-1441 FAX

November 1, 2010
Jeffrey DeLisle
DeLisle Company
1146 Rice Street
St. Paul, MN 55117

Re: 520 Rice Street – first floor structure

Dear Mr. DeLisle,

Per your direction Lindau Companies visited 520 Rice Street in St. Paul Minnesota to review the condition of the first floor wood joists, columns and flooring, and provide an opinion.

The first floor structure in the area below the meat cutting area has deteriorated and should be shored immediately.

Other isolated areas of the first floor structure were also found to have deteriorated and should also be shored.

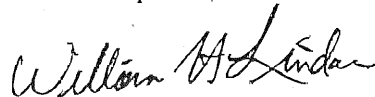
Lindau Companies has prepared a shoring plan and made arrangements to visit the site to verify the shoring has been installed correctly. The shoring is considered temporary and should only be used for a maximum of 60 days without written permission from an Engineer.

Once the shoring has been installed repairs should begin immediately. Lindau Companies, Inc. can assist in the preparation of restoration documents upon your request.

Installation and construction of shoring shall conform to the standard practices of commercial construction and include all relevant attachments and blocking to fully secure the temporary shoring.

Thank you for the opportunity to be involved in this project. If you have any questions please feel free to contact us.

Sincerely,
Lindau Companies, Inc.



William H. Lindau P.E. 24781

I hereby certify that this plan, specification, or report was prepared by me or under my direct supervision and that I am a duly Licensed Professional Engineer under the laws of the State of Minnesota.

DESIGN CODE:

MINNESOTA STATE BUILDING CODE

GENERAL

- 1) CONTRACTOR TO VERIFY ALL EXISTING CONDITIONS AFFECTED BY THE WORK PRIOR TO BEGINNING WORK.
- 2) THESE DRAWINGS ARE FOR TEMPORARY SHORING ONLY. SHORING TO BE IN PLACE A MAXIMUM OF 60 DAYS. ANY ADDITIONAL TIME ONLY WITH WRITTEN PERMISSION OF ENGINEER.
- 3) CONTRACTOR TO RELOCATE ELECTRICAL AND PLUMBING AS REQUIRED.
- 4) INSPECTIONS BY THE ENGINEER OR BUILDING OFFICIAL ARE REQUIRED PER THE BUILDING CODE. PROVIDE MIN 48 HOURS ADVANCED NOTICE FOR INSPECTIONS.
- 5) CLEAN ALL DEBRIS FROM AREA TO BE SHORED.
- 6) PLACE SHORING ON SOUND CONCRETE ONLY.
- 7) SECURE SHORING AS REQUIRED WITH 1/4" CONCRETE ANCHORS, WOOD BLOCKING, OR OTHER MEANS.
- 8) LIMIT ACCESS TO BASEMENT AREA WITH CONSTRUCTION RIBBON.
- 9) PLACE SHORING SO AS NOT TO LIMIT ACCESS TO MECHANICAL EQUIPMENT.

THIS DRAWING, BEING AN INSTRUMENT OF SERVICE, IS AND REMAINS THE PROPERTY OF LINDAU COMPANIES, INC. I HEREBY CERTIFY THAT THIS PLAN WAS PREPARED BY ME OR UNDER MY DIRECT SUPERVISION AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MINNESOTA

William H. Lindau

WILLIAM H. LINDAU REG. NO. 2471-1

DATE: 11-1-2010

THIS DRAWING, BEING AN INSTRUMENT OF SERVICE, IS AND REMAINS THE PROPERTY OF LINDAU COMPANIES, INC.

<p>LINDAU COMPANIES, INC STRUCTURAL ENGINEERS 1074 OLD HIGHWAY 35 Hudson, WI 54016 PHN. (715) 306-4444 FAX. (715) 306-1441</p>	<p>NOTES <small>DETAIL NAME</small> SHORING 11-1-2010 <small>DRAWING NAME DATE</small></p>	<p>DELISLE CO 520 RICE ST CHICAGO, IL</p>	<p>S0 1 OF 2</p>
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BUILDING NAME: 520 Rice Street	<h1>J. G. SERVICES</h1> 4246 France Ave North Robbinsdale, MN 55422 CELL: 612-590-7099 FAX: 763-533-6348
ADDRESS: 520 Rice St, St Paul, MN	
MANAGEMENT CO: DelCo Ltd Partnership	
ADDRESS: P.O. 17075 St Paul, MN 55117	
CERTIFICATION NUMBER 11/1/10	DATE OF LAST CERTIFICATION 4-1-09 DATE OF CURRENT CERTIFICATION 11/01/10

TYPE OF SYSTEM: AUTO xx MANUAL xx	CONTROL PANEL : Silent Knight new 12/30/04	LOCATION: hallway
NUMBER INITIATING ZONES: 2	ANNUNCIATOR PANEL: N/A	LOCATION: N/A
NUMBER INDICATING CIRCUITS: 1	EMERGENCY KEY BOX: x	LOCATION:
NUMBER OF HORNS: 4	EMERGENCY LIGHTING: no	
NUMBER OF STROBES: 0	BATTERY TRANSFER TEST: YES	
NUMBER MANUAL PULL STATIONS: 5	APT MINI HORN? N/A	
NUMBER SMOKE DETECTORS: 5	WIRING CHKED FOR OPEN SHORTS? YES	
NUMBER HEAT DETECTORS:	SPRINKLER SYSTEM ON PANEL? N/A	
MAGNETIC DOOR HOLDERS? N/A	ELEVATOR RECALL TESTED? N/A	
CENTRAL STATION TESTED? N/A	HALL AIR SHUTDOWN TESTED? N/A	

2009
ANNUAL FIRE ALARM
INSPECTION
CERTIFICATION

THIS SYSTEM WAS INSPECTED BY J. G. SERVICES.
ALL COMPONENTS SERVICED, CLEANED AND TESTED ACCORDING
TO NFPA STANDARDS AND MFG REQUIREMENTS: _

**DEPARTMENT OF INSPECTIONS
FIRE PREVENTION DIVISION
100 EAST 11th STREET, SAINT PAUL, MN 55101
EXISTING FUEL BURNING EQUIPMENT SAFETY TEST REPORT**

(Use separate form for each appliance)

Address: 516 Rice - Right Hand boiler in basement Date: 10-27-10
Owner: _____

TYPE OF HEAT:

Gravity Air _____ Forced Air _____ Gravity Hot Water Forced Hot Water
Steam _____ Unit Heater _____ Space Heater _____ Other _____

TYPE OF FUEL: Gas Oil _____ Other _____

GAS DESIGN

Make of Burner Slant/Fin
Model GG-200 HC
Serial T006 2634
Input 200,000

CONVERSION

Make _____
Model _____
Max. BTU Rating _____
Make of Furnace _____

Equipment venting type: Atmospheric Induced Fan _____ Other _____

Total BTU input of all vented gas appliances per chimney: 350,000

Type of Chimney: Masonry Class B _____ Other _____

Type of Liner: None _____ Metal Clay Tile _____

Combustible Air Supply Required?: Yes No _____ Installed?: Yes No _____

Safety & Operating Control Tests:

	Yes	No	Fuel Analysis/Flue Gas Analysis:	Yes	No
Pilot/Flame Safeguard Operating Properly	<input checked="" type="checkbox"/>	_____	Vents Properly Without Spillage	<input checked="" type="checkbox"/>	_____
Limit(s) Operating Properly	<input checked="" type="checkbox"/>	_____	Flame Stays Inside/Doesn't Roll Out	<input checked="" type="checkbox"/>	_____
Operator(s) Operating Properly	<input checked="" type="checkbox"/>	_____	Burner Lights Smoothly	<input checked="" type="checkbox"/>	_____
Low Water Cut-Off Operating Properly	<input checked="" type="checkbox"/>	_____			
All Controls Operating Properly	<input checked="" type="checkbox"/>	_____			

	Initial	Final	Visual Inspection	Yes	No
Stack Temperature	F/Net	<u>110</u> F/Net	Fuel Piping System--Okay	<input checked="" type="checkbox"/>	_____
Oxygen	%	<u>10.0</u> %	Vent Systems--Draft hood, Connector, Vent Chimney--Okay	<input checked="" type="checkbox"/>	_____
Carbon Dioxide	%	<u>6.1</u> %	Heating Unit--Okay	<input checked="" type="checkbox"/>	_____
Carbon Monoxide	%/ppm	<u>30</u> %/ppm	Carbon Monoxide Detector (tube type) Positive _____ Negative <input checked="" type="checkbox"/>		

Look At Total Heating System Before You Leave:

Does system operate safely and properly? Yes No _____

COMMENTS: _____

Name of Licensed Contractor: Stern Heating & Cooling Address 34181 180th Ave Phone # 651-764-1236
Person Doing Test (Print) Benjamin Stern (signature) Bj Stern

Certificate of Competency Number From City of Saint Paul for Appropriate Fuel: N2D05D0D0277 RH1(4/07)

**DEPARTMENT OF INSPECTIONS
FIRE PREVENTION DIVISION
100 EAST 11th STREET, SAINT PAUL, MN 55101
EXISTING FUEL BURNING EQUIPMENT SAFETY TEST REPORT**

(Use separate form for each appliance)

Address: 516 Rice East boiler in basement Date: 10-27-10
Owner: _____

TYPE OF HEAT:
Gravity Air _____ Forced Air _____ Gravity Hot Water _____ Forced Hot Water X
Steam _____ Unit Heater _____ Space Heater _____ Other _____

TYPE OF FUEL: Gas X Oil _____ Other _____

GAS DESIGN	CONVERSION
Make of Burner <u>Slant/Fin</u>	Make: _____
Model <u>SX-150EPP</u>	Model: _____
Serial <u>50041534</u>	Max. BTU Rating _____
Input <u>150,000</u>	Make of Furnace _____

Equipment venting type: Atmospheric X Induced Fan _____ Other: _____

Total BTU input of all vented gas appliances per chimney 350,000

Type of Chimney: Masonry X Class B _____ Other: _____

Type of Liner: None _____ Metal X Clay Tile _____

Combustible Air Supply Required?: Yes X No _____ Installed?: Yes X No _____

<u>Safety & Operating Control Tests:</u>	<u>Yes</u>	<u>No</u>	<u>Fuel Analysis/Flue Gas Analysis:</u>	<u>Yes</u>	<u>No</u>
Pilot/Flame Safeguard Operating Properly	<u>X</u>	_____	Vents Properly Without Spillage	<u>X</u>	_____
Limit(s) Operating Properly	<u>X</u>	_____	Flame Stays Inside/Doesn't Roll Out	<u>X</u>	_____
Operator(s) Operating Properly	<u>X</u>	_____	Burner Lights Smoothly	<u>X</u>	_____
Low Water Cut-Off Operating Properly	_____	_____			
All Controls Operating Properly	<u>X</u>	_____			

<u>Initial</u>	<u>Final</u>	<u>Visual Inspection</u>	<u>Yes</u>	<u>No</u>
Stack Temperature _____ F/Net	<u>232</u> F/Net	Fuel Piping System--Okay	<u>X</u>	_____
Oxygen _____ %	<u>10.0</u> %	Vent Systems--Draft hood, Connector, Vent Chimney--Okay	<u>X</u>	_____
Carbon Dioxide _____ %	<u>6.0</u> %	Heating Unit--Okay	<u>X</u>	_____
Carbon Monoxide _____ %/ppm	<u>19</u> %/ppm			
Carbon Monoxide Detector (tube type) Positive _____	Negative <u>X</u>			

Look At Total Heating System Before You Leave:
Does system operate safely and properly? Yes X No _____

COMMENTS: _____

Name of Licensed Contractor: Stern Heating & Cooling Address 34181 180^{1/2} Ave Phone # 651-764-1236
Person Doing Test (Print) Benjamin Stern (signature) [Signature]

Certificate of Competency Number From City of Saint Paul for Appropriate Fuel N20050000277 RH1(4/07)

**DEPARTMENT OF INSPECTIONS
FIRE PREVENTION DIVISION
100 EAST 11th STREET, SAINT PAUL, MN 55101
EXISTING FUEL BURNING EQUIPMENT SAFETY TEST REPORT**

(Use separate form for each appliance)

Address: 520 Rice - Border Date: 10-27-10

Owner: _____

TYPE OF HEAT:

Gravity Air _____ Forced Air _____ Gravity Hot Water _____ Forced Hot Water X
 Steam _____ Unit Heater _____ Space Heater _____ Other _____

TYPE OF FUEL: Gas X Oil _____ Other _____

GAS DESIGN

Make of Burner Weil McClane
 Model CGM-6
 Serial 714608
 Input 175,000

CONVERSION

Make _____
 Model _____
 Max. BTU Rating _____
 Make of Furnace _____
 Other _____

Equipment venting type: Atmospheric X Induced Fan _____

Total BTU input of all vented gas appliances per chimney: 125,000

Type of Chimney: Masonry X Class B _____ Other _____

Type of Liner: None _____ Metal X Clay Tile _____

Combustible Air Supply Required?: Yes X No _____ Installed?: Yes X No _____

Safety & Operating Control Tests:

	Yes	No
Pilot/Flame Safeguard Operating Properly	<u>X</u>	_____
Limit(s) Operating Properly	<u>X</u>	_____
Operator(s) Operating Properly	<u>X</u>	_____
Low Water Cut-Off Operating Properly	_____	_____
All Controls Operating Properly	<u>X</u>	_____

Fuel Analysis/Flue Gas Analysis:

	Yes	No
Vents Properly Without Spillage	<u>X</u>	_____
Flame Stays Inside/Doesn't Roll Out	<u>X</u>	_____
Burner Lights Smoothly	<u>X</u>	_____

	Initial	Final
Stack Temperature	F/Net	<u>259</u> F/Net
Oxygen	%	<u>10</u> %
Carbon Dioxide	%	<u>6.0</u> %
Carbon Monoxide	%/ppm	<u>15</u> %/ppm

Visual Inspection

	Yes	No
Fuel Piping System--Okay	<u>X</u>	_____
Vent Systems--Drafthood, Connector, Vent Chimney--Okay	<u>X</u>	_____
Heating Unit--Okay	<u>X</u>	_____
Carbon Monoxide Detector (tube type) Positive	_____	Negative <u>X</u>

Look At Total Heating System Before You Leave:

Does system operate safely and properly? Yes X No _____

COMMENTS: _____

Name of Licensed Contractor: Stern Heating & Cooling Address 34181 180^{1/2} Ave Phone # 651-764-1236
 Person Doing Test (Print) Benjamin Stern (signature) [Signature]

Certificate of Competency Number From City of Saint Paul for Appropriate Fuel: N20050000277 RH1(4/07)

**DEPARTMENT OF INSPECTIONS
FIRE PREVENTION DIVISION
100 EAST 11th STREET, SAINT PAUL, MN 55101
EXISTING FUEL BURNING EQUIPMENT SAFETY TEST REPORT**

(Use separate form for each appliance)

Address: 520 Rice - Forced Air furnace Date: 10-27-10
Owner: _____

TYPE OF HEAT:

Gravity Air _____ Forced Air X Gravity Hot Water _____ Forced Hot Water _____
Steam _____ Unit Heater _____ Space Heater _____ Other _____

TYPE OF FUEL: Gas X Oil _____ Other _____

GAS DESIGN

Make of Burner Ruud
Model UGRA-12EAAJS
Serial DF5D707F32950674
Input 120,000

CONVERSION

Make of _____
Model _____
Max. BTU Rating _____
Make of Furnace _____
Other: _____

Equipment venting type: Atmospheric _____ Induced Fan X Other: _____

Total BTU input of all vented gas appliances per chimney: 120,000

Type of Chimney: Masonry _____ Class B _____ Other: PC

Type of Liner: None N/A Metal _____ Clay Tile _____

Combustible Air Supply Required?: Yes X No _____ Installed?: Yes X No _____

Safety & Operating Control Tests:

	Yes	No	Fuel Analysis/Flue Gas Analysis:	Yes	No
Pilot/Flame Safeguard Operating Properly	<u>X</u>	_____	Vents Properly Without Spillage	<u>X</u>	_____
Limit(s) Operating Properly	<u>X</u>	_____	Flame Stays Inside/Doesn't Roll Out	<u>X</u>	_____
Operator(s) Operating Properly	<u>X</u>	_____	Burner Lights Smoothly	<u>X</u>	_____
Low Water Cut-Off Operating Properly	<u>X</u>	_____			
All Controls Operating Properly	<u>X</u>	_____			

Initial	Final	Visual Inspection	Yes	No
Stack Temperature F/Net	<u>100</u> F/Net	Fuel Piping System--Okay	<u>X</u>	_____
Oxygen %	<u>10.0</u> %	Vent Systems--Drafthood,		
Carbon Dioxide %	<u>62</u> %	Connector, Vent Chimney--Okay	<u>X</u>	_____
Carbon Monoxide %/ppm	<u>59</u> %/ppm	Heating Unit--Okay	<u>X</u>	_____
Carbon Monoxide Detector (tube type) Positive	_____	Negative	<u>X</u>	_____

Look At Total Heating System Before You Leave:

Does system operate safely and properly? Yes X No _____

COMMENTS: _____

Name of Licensed Contractor: Stern Heating & Cooling Address: 34181 180th Ave Phone #: 651-764-1236
Person Doing Test (Print): Benjamin Stern (signature) [Signature]

Certificate of Competency Number From City of Saint Paul for Appropriate Fuel: N2005D000277 RH1(4/07)

