



**SAINT PAUL**  
SAFETY & INSPECTIONS

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)  
ANGIE WIESE, PE(MN), CBO, DIRECTOR

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

November 30, 2022

Pamela L Jones  
1557 Margaret St  
St Paul MN 55106-4925

Dear Pamela L Jones and others, if listed:

On November 30, 2022, this department conducted an inspection of your property at **1557 MARGARET ST** and because **you were not compliant with a previous order.**

**Deficiency: "Please remove and properly dispose of the scrap wood, satellite dish, and miscellaneous debris from the rear of the property. Thank you."**

**YOU ARE BEING BILLED \$124.00** for the cost of this inspection. This is in accordance with Chapter 34.24 of the Saint Paul Legislative Code. Payment is due upon receipt of this letter. Make your check payable to the "City of Saint Paul" and mail your payment to:

Department of Safety and Inspections, Code Enforcement  
Excessive Consumption Unit  
375 Jackson Street, Suite 220  
St. Paul, MN 55101-1806

**If you do not pay within 30 days, the amount of this bill, plus administrative costs, will be assessed to your property taxes.**

### **NOTICE**

Your property is scheduled for a REINSPECTION on **December 14, 2022.**

**\*\*WARNING\*\***

**IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, December 14, 2022, YOU WILL BE BILLED AN ADDITIONAL \$124.00. CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: Nhia Thao, 651-266-1929**

Nhia Thao  
Code Enforcement Inspector

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

November 30, 2022

**EXCESSIVE CONSUMPTION**

Invoice #: 1706015

File #: 22-118920

Property Address: 1557 MARGARET ST

Property PIN: 342922120111

Owner Name: Pamela L Jones

**Fee Description**

**Amount**

Excessive Consumption (Non Compliance)

\$ 124.00

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Send payment to: Department of Safety and Inspections  
Excessive Consumption Unit  
375 Jackson Street, Suite 220  
St. Paul, MN 55101-1806

Keep this portion for your records:

Date Paid: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Check or Money Order #: \_\_\_\_\_

---[ ]---[ ]---[ ]---[ ]---**CUT HERE**---[ ]---[ ]---[ ]---[ ]---

**\*\*\*RETURN THIS PORTION WITH YOUR PAYMENT\*\*\***

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

**EXCESSIVE CONSUMPTION PAYMENT**

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