



APPLICATION FOR APPEAL

RECEIVED
OCT 18 2011
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, 11-1-11

Time 1:30

Location of Hearing:

Room 330 City Hall/Courthouse

walk in

Address Being Appealed:

Number & Street: 2318 Rockwood Ave City: Sf. Paul State: MN Zip: 55116

Appellant/Applicant: Sibley Manor, Inc. Email sibleymanor@yahoo.com

Phone Numbers: Business 651-698-3818 Residence N/A Cell N/A

Signature: *Kathleen Steberg* Date: 10/17/11

Name of Owner (if other than Appellant): _____

Address (if not Appellant's): _____

Phone Numbers: Business _____ Residence _____ Cell _____

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

Window has excess glazed area by 1.3 sf. While dimensions are not 24" high x 20" wide, the total area of operable space exceeds required 480 square inches by 80 square inches (20" high x 28" wide).



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

September 15, 2011

SIBLEY MANOR INC
1300 MAYNARD DRIVE W
ST PAUL MN 55116

FIRE INSPECTION CORRECTION NOTICE

RE: 2318 ROCKWOOD AVE
Residential Class: B

Dear Property Representative:

Your building was inspected on September 14, 2011 for the renewal of your Fire Certificate of Occupancy. Approval for occupancy will be granted upon compliance with the following deficiency list. The items on the list must be corrected prior to the re-inspection date. A re-inspection will be made on October 20, 2011 at 9:45 AM.

Failure to comply may result in a criminal citation or the revocation of the Fire Certificate of Occupancy. The Saint Paul Legislative Code requires that no building shall be occupied without a Fire Certificate of Occupancy. The code also provides for the assessment of additional re-inspection fees.

YOU WILL BE RESPONSIBLE FOR NOTIFYING TENANTS IF ANY OF THE FOLLOWING LIST OF DEFICIENCIES ARE THEIR RESPONSIBILITY.

DEFICIENCY LIST

1. Basement - MSFC 605.6 - Provide electrical cover plates to all outlets, switches and junction boxes where missing.
2. Refrigerator - NEC 440.13 - For cord-connected equipment such as room air conditioners, household refrigerators and freezers, drinking water coolers, and beverage dispensers, a separable connector or an attachment plug and receptacle shall be permitted to serve as the disconnecting means. The appliance must plug directly into a permanent outlet.
3. Second floor - Double hung windows - MSFC1026.1 - Provide and maintain an approved escape window from each sleeping room. The minimum size must be 5 square feet of

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glazed area with a minimum of 24 inches of openable height and 20 inches of openable width. With a finished sill height not more than 48 inches. This work may require permit(s). Call DSI at (651)- 266-9090. Refer to the Escape Windows for Residential Occupancies handout for more information.-

Second floor south

20 h x 28 w Glazed 6.3 sq ft

4. 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.

Saint Paul Legislative Code authorizes this inspection and collection of inspection fees. For forms, fee schedule, inspection handouts, or information on some of the violations contained in this report, please visit our web page at: <http://www.stpaul.gov/cofo>

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 this order.

If you have any questions, email me at: rick.gavin@ci.stpaul.mn.us or call me at 651-266-8994 between 7:30 a.m. - 9:00 a.m. Please help to make Saint Paul a safer place in which to live and work.

Sincerely,

Rick Gavin
Fire Inspector

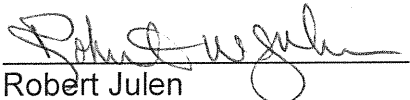
**GENERAL DURABLE POWER OF ATTORNEY
EFFECTIVE UPON EXECUTION**

I, Bob Julen, owner of Sibley Manor, Inc. d/b/a Sibley Manor Apartments located 1300 West Maynard Drive, St. Paul, Minnesota, designate Katherine Soderberg, Property Manager of Sibley Manor, Inc., as my attorney in fact (referred to as "the Agent" on the following terms and conditions:

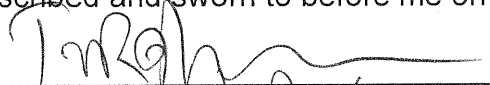
1. **Authority to Act.** The Agent is authorized to act for me under this Power of Attorney and shall exercise all powers in my best interests and for my welfare.

2. **Powers of Agent.** The Agent shall have the full power and authority to manage and conduct all of the affairs, and to exercise the legal rights and powers, including the following:
 - a. **Collect and Manage.** To collect, hold, maintain, improve, invest, lease or otherwise manage any or all of the real or personal property or any interest therein, upon such terms as the Agent considers proper;
 - b. **Legal and Administrative Proceedings.** To engage in any administrative or legal proceedings or lawsuits in connection with any matter herein;
 - c. **Restrictions on Agent's Powers.** Regardless of the above statements, my agent (1) cannot execute a will, a codicil, or any will substitute on my behalf; (2) cannot change the beneficiary on any life insurance policy that I own; (3) cannot make gifts on my behalf; and (4) may not exercise any powers that would cause assets of mine to be considered taxable to my agent or to my agent's estate for purposes of any income, estate, or inheritance tax, and (5) cannot contravene any medical power of attorney I have executed whether prior or subsequent to the execution of this Power of Attorney.

3. **Indemnification of Agent.** No agent named or substituted in this power shall incur any liability to me for acting or refraining from acting under this power, except for such agent's own misconduct or negligence.

Signed:  2-18-10
Robert Julen Date

Subscribed and sworn to before me on 2/18/2010.


Notary Public, St Paul, Minnesota
My commission expires Jan 31st 2015

