



# APPLICATION FOR APPEAL

**Saint Paul City Clerk**

310 City Hall, 15 W. Kellogg Blvd.

Saint Paul, Minnesota 55102

Telephone: (651) 266-8560

*Hearing @ 2:30  
see if you can  
do best*

RECEIVED

OCT 11 2010

CITY CLERK

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, Oct. 12, 2010

Time 2:30 p.m.

Location of Hearing:

Room 330 City Hall/Courthouse

## Address Being Appealed:

Number & Street: 528 Harrison Ave City: ST Paul State: MN Zip: 55102

Appellant/Applicant: Dan Mills Email Dan.M@charter.net

Phone Numbers: Business \_\_\_\_\_ Residence \_\_\_\_\_ Cell 651-334-9589

Signature: [Signature] Date: 9-27-10

Name of Owner (if other than Appellant): [Signature]

Address (if not Appellant's): 5735 138th St. Ct., Apple Valley  
55124-6462

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
This was due to fire & is going to be  
under construction for 3-6 months



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Name of Owner (if other than Appellant): ~~Daniel~~ ~~Smith~~

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55124-6462

Phone Numbers: Business \_\_\_\_\_ Residence \_\_\_\_\_ Cell \_\_\_\_\_

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This was due to fire + is going to be under construction for 3-6 months

\_\_\_\_\_

\_\_\_\_\_

**City of Saint Paul**  
 Department of Safety and Inspections  
**VACANT BUILDING REGISTRATION FORM**

Date: 9-16-10

Address of Property: 528 Harrison Ave ST Paul, MN 55122

**Planned disposition of this building (please check one):**

I plan to rehabilitate this structure commencing (date): 10-1-10

I plan to demolish (wreck and remove) this building by (date): \_\_\_\_\_

I am willing to authorize the City of Saint Paul to demolish and remove this building(s).

This building is vacant as a result of fire damage. The fire occurred on (date) 9-8-10. I, as the property owner, want to claim registration and fee exemption status for ninety (90) days from the date of the fire. I intend to repair and reoccupy the building.

Other: \_\_\_\_\_

Persons who will be responsible for compliance with the requirements of ordinance:

NAME	ADDRESS	HOME NO.	WORK NO.
RC Burns, Inc			651-483-0024
Dan Mills			651-334-9589

Persons, lien holders, mortgagees, mortgagors and other interested parties known to me:

NAME	ADDRESS	HOME NO.	WORK NO.
Nation Star Mortgage			
Dan Mills	5735 138 <sup>th</sup> St	Apple Valley	651-334-9589 MN 55124

<p><u>Dan Mills</u>  <b>Print Your Name (legibly)</b></p>		<p><b>INSTRUCTIONS:</b></p>	
<p><u>[Signature]</u>  <b>Signature</b></p>		<p><i>Complete and return this form with your VB registration fee payment of \$1,100.00.</i></p>	
<p><u>5735 138<sup>th</sup> St</u>  <b>Address</b></p>		<p><i>Make checks payable to: <u>City of Saint Paul</u></i></p>	
<p><u>Apple Valley MN 55124</u>  <b>City State Zip</b></p>		<p><i>Credit cards are accepted</i></p>	
<p><u>651-334-9589</u>  <b>main contact telephone</b></p>		<p><i>Make Payment at, or mail payment to:</i></p>	
<p><u>alternat phone</u></p>		<p><b>City of Saint Paul</b></p>	
<p><u>Dan@MPCharter.net</u>  <b>Email address</b></p>		<p><b>Department of Safety and Inspections</b></p>	
		<p><b>Code Enforcement - Vacant Buildings</b></p>	
		<p><b>375 Jackson Street, Suite 220</b></p>	
		<p><b>St. Paul, MN 55101-1806</b></p>	
		<p><i>Thank you for your cooperation</i></p>	



CITY OF SAINT PAUL  
Christopher B. Coleman, Mayor

Nuisance Building Code Enforcement  
375 Jackson Street, Suite 220  
Saint Paul, MN 55101-1806

651-266-8989  
651-266-1919  
[www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

September 14, 2010

Daniel Mills/Cynthia J Mills  
5735 138th St Ct  
Apple Valley MN 55124-6462

## VACANT BUILDING REGISTRATION NOTICE

The premises at **528 HARRISON AVE**

has been inspected and found to meet the legal definition of a Vacant Building as described in Saint Paul Legislative Code, Chapter 43. You are required to register this building with the Department of Safety and Inspections, Vacant Buildings Division, by filling out and returning the registration form provided with this letter. You are also required to pay the annual Vacant Building Registration Fee of **\$1,100.00**. The fee is due upon receipt of this letter and must be paid no later than thirty (30) days from the date of this letter, as required in Saint Paul Legislative Code Chapter 43. If this building is vacant due to a fire, complete the enclosed registration form and return it to this office within 30 days.

**Please return the enclosed registration form along with your payment by October 14, 2010.**

### **Do not mail cash.**

If you wish to pay in person, you may do so from 8:00 a.m. to 4:00 p.m. Monday through Friday at:

DEPARTMENT OF SAFETY AND INSPECTIONS  
375 Jackson Street, Suite 220  
Saint Paul, MN 55101-1806

You may file an appeal to this fee or registration requirements by contacting the Office of the City Clerk at (651) 266-8688. Any appeal of this fee must be made within ten (10) days of the date of this notice.

**If the registration fee is not received in this office within 45 days of the due date the full amount owed will be assessed to, and collected with, the taxes for this property as permitted by Saint Paul Legislative Code Chapter 43.**

The Code Enforcement Officer has notified the Building Inspection And Design Section that this property meets the legal definition of a registered vacant building and in accordance with Legislative Code Chapter 33, no permits (except demolition, wrecking and removal permits) will be issued until the requirements of all applicable ordinances are fulfilled.

All category 2 and category 3 vacant buildings must be winterized with gas and water services shut off or, alternately, an excess flow gas valve must be installed in the dwelling, within sixty (60) days of the date of this Notice.

**WRITTEN PERMISSION FROM THE CITY OF SAINT PAUL IS REQUIRED BEFORE A CATEGORY 2 OR CATEGORY 3 VACANT BUILDING CAN BE OCCUPIED OR SOLD.**

**Category 2:** Requirements include: 1. register/re-register the building, 2. pay outstanding fee(s), 3. obtain a code compliance report, 4. submit for approval a rehab cost estimate from a licensed contractor and a schedule for completion of all code compliance work, 5. submit proof of financial responsibility acceptable to the City, and 6. obtain Zoning approval of the proposed use.

**Category 3:** All requirements listed for Category 2 vacant buildings, AND obtain a **Certificate of Occupancy OR Certificate of Code Compliance** prior to the sale of the building.

If the use of this building meets the definition of a nonconforming use by the Zoning Code then the use will lose its nonconforming status 365 days from the date the building was declared vacant.

**You must contact the Enforcement officer, Matt Dornfeld,  
at 651-266-1902 to find out what must be done before this  
building can be legally reoccupied.**

The Enforcement Officer may declare this building(s) to constitute a Nuisance Building subject to demolition and issue an Order to Abate under authority of Legislative Code Chapter 45. In the event this building is declared a Nuisance Building subject to demolition, the Enforcement Officer will notify all owners and interested parties of the Order to Abate, as provided in the Legislative Code Chapter 45.

If you have questions about this annual registration fee or other vacant building requirements, please contact the Enforcement Officer, Matt Dornfeld, at 651-266-1902.

This registration form and fee is required by law. Your prompt attention to this matter is appreciated.

Thank You,

Steve Magner  
Vacant Buildings Program Manager  
Department of Safety and Inspections

Enclosures: Regulations Requirements Information  
Vacant Building Registration Form

SM: md  
vb\_registration\_notice 06/10

# Saint Paul Fire Department FIRE INCIDENT DISPOSITION



INCIDENT NUMBER:	10-23102	DATE OF INCIDENT: 09-08-10	
TIME OF INCIDENT:	2142	POLICE CASE #:	
INVESTIGATOR(s):	Minkkinen		
INCIDENT ADDRESS:	528 Harrison Avenue		
OCCUPANT:	Luciana Burrus	PHONE: 651-263-4259	
OWNER:	Dan Mills	PHONE: 651-334-9589	
ADDRESS:	5735 138 <sup>th</sup> St Ct, Apple Valley, MN 55124		
PROPERTY DAMAGED:	Single Family Dwelling	AREA OF ORIGIN: 2 <sup>nd</sup> floor bedroom SW	
DAMAGE ESTIMATE:	Building 20,000	Vehicle	Other (Describe)
VALUE:	Building 150,600	Vehicle	Other (Describe)
Damage Estimate CONTENTS ONLY:	7500		
INJURY/DEATH (if yes, explain)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
SMOKE DETECTOR/ SPRINKLER INFORMATION:	Smoke Detector Present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Detector Functioning:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
	Sprinkler System Present:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Sprinkler Heads activated:	<input type="checkbox"/> Yes #	<input type="checkbox"/> No
FIRE CAUSE:	<input checked="" type="checkbox"/> Accidental <input type="checkbox"/> Juvenile/Incendiary <input type="checkbox"/> Incendiary <input type="checkbox"/> Child (under 10 years old) <input type="checkbox"/> Natural <input type="checkbox"/> Undetermined/Under Investigation		
SYNOPSIS:	<p>Occupant stated she was upstairs in her bedroom with her 2 children when she smelled an odor like plastic burning. She looked into the rear bedroom, saw fire on the TV shelf, called 911. Origin of the fire was in the 2<sup>nd</sup> floor SW bedroom at the TV console, most probable cause due to electrical malfunction. Fire confined to room of origin with heat and smoke damage throughout 2<sup>nd</sup> floor. Owner contacted, board up secured building. Red Cross for 2 adults, 2 children.</p>		
DISPOSITION:	<input type="checkbox"/> E-mail only <input type="checkbox"/> Hold Scene <input type="checkbox"/> Narrative written <input checked="" type="checkbox"/> Scene Released <input checked="" type="checkbox"/> Report to Follow <input type="checkbox"/> Analysis of Evidence Pending		