



**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

March 8, 2024

Brittany Smith  
443 Johnson Pkwy  
St Paul MN 55106-5721

Ingrid Haugan/Benjamin Smidt  
443 Johnson Pky  
St Paul MN 55106-5721

Dear Brittany Smith and others, if listed:

On March 8, 2024, this department conducted an inspection of your property at **443 JOHNSON PKWY** and because **you were not compliant with a previous order.**

**Deficiency: " REMOVE AND PROPERLY DISPOSE OF THE WHEEL CHAIR LIFT AND TRASH FROM THE PROPERTY. "**

**YOU ARE BEING BILLED \$134,** 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 **March 15, 2024.**

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

**IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, March 15, 2024, YOU WILL BE BILLED AN ADDITIONAL \$134.00. CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: Anthony Munos, 651-266-9058**

Anthony Munos  
Code Enforcement Inspector

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

March 8, 2024

**EXCESSIVE CONSUMPTION**

Invoice #: 1822113

File #: 24-011610

Property Address: 443 JOHNSON PKWY

Property PIN: 332922410054

Owner Name: Brittany Smith

**Fee Description**

**Amount**

Excessive Consumption (Non Compliance)

\$ 134

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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**

**Folder #:** 24-011610  
Invoice: No: 1822113 Date: March 8, 2024  
Property Address: 443 JOHNSON PKWY  
Property PIN: 332922410054  
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