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DEL CO.
P.O. Box \$7122 • St. Paul, MN 55117-0075
Telephone 651-488-5463
FAX 651-488-0565

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DATE:	November 1,2010					
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TO:	Marica C. Moermond			FROM	Jeffrey T DeLis	<u> La</u>
COMPANY	City of St.Paul			COMPANYDel	Co LIMITED PAR	TNERSHIP
FAX NUMI	BER: 651-266-8574		,	FAX NUMBER:	651-488-0565	. '
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NUMBER (OF PAGES: TOTAL					
COMMENT	5:					•
Re:	516=520 Rice Street	•				



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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. 5:103

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.

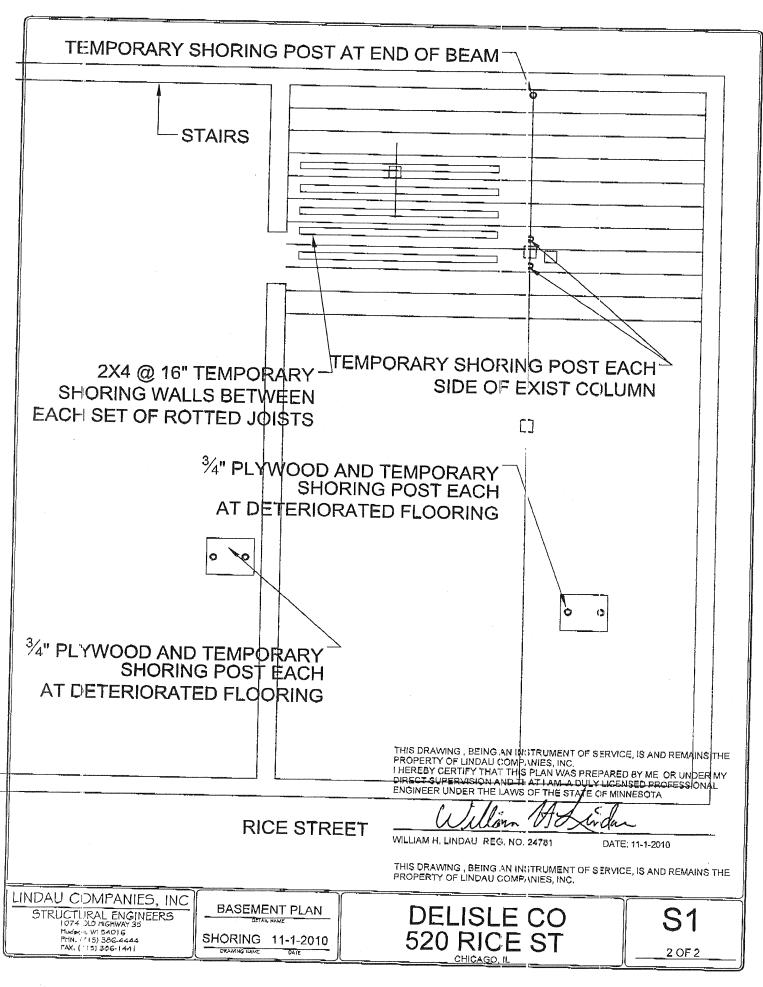
It is my understanding that the City Structural Engineer, Frank Berg has issued a more positive letter than the original that he sent. If you have not received it please contact him.

We have lengaged 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 conditionat this time, and we request the time to get the repairs completed.

Yours truly,

Jeffrey T.DeLisle
DeL Co LIMITED PARTNERSHIP

11/01/2010 16:39 FAX





PROFESSIONAL ENGINGERS 1074 CLD HWY 35 HUDSON, WI 54016 (715) 386-4444 OFFICE (651) 261-8462 CELL (715) 316-1441 PAX

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 oninion.

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 Addindan

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 WRIT EN PERMISSON 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 $rac{1}{4}$ " CONCRETE ANCHORS , WOOD BLOCKING, OR OTHER MEANS.
- 8) LIMIT ACCESS TO BASEMENT AREA WITH CONSTRUCTION RIBISON.
- 9) PLACE SHORING SO AS NOT TO LIMIT ACCESS TO MECHANICIAL 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 REG. NO. 2475.1

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 Hudson, WI 54016 PMN. (715) 35G-4444 FAX. (715) 35G-1441

NOTES

SHORING 11-1-2010 DRAWING NAME

DELISLE CO 520 RICE ST

CHIC:AGO, IL

S0

1 OF 2

ADDRESS: 520 Rice St, St Paul, MN	J. G. SE. 4246 France Av	
MANAGEMENT CO: DelCo Ltd Partnership	Robbinsdale, N	IIN 55422
ADDRESS: P.O. 17075 St Paul, MN 55117	CELL: 612-59 FAX: 763-533	
CERTIFICATION NUMBER 11/1/10	DATE OF LAST CERTIFICATE OF CURRENT CERT	ATION 4-1-09 IFICATION 11/01/10
TYPE OF SYSTEM: AUTO XX MANUAL XX	CONTROL PANEL: Silent Knight new 12/30/04	LOCATION:
NUMBER INITIATING ZONES: 2	ANNUNCIATOR PANEL: N/A	LOCATION: N/A
NUMBER INDICATING CIRCUITS:_	EMERGENCY KEY BOX: x	LOCATION:
NUMBER OF HORNS:	EMERGENCY LIGHTING: no	
NUMBER OF STROBES:	BATTERY TRANSFER TEST: YES	C
NUMBER MANUAL PULL STATIONS: 5	APT MINIHORNS?	2009 IVAL FIRE AL INSPECTION ERTIFICATIO
NUMBER SMOKE DETECTORS: 5	WIRING CHKED FOR OPEN SHORTS? YES	20 FII PEC
NUMBER HEAT DETECTORS:	SPRINKLER SYSTEM ON PANEL? N/A	OS OFF A
MAGNETIC DOOR HOLDERS? N/A	ELEVATOR RECALL TESTED? N/A	NON
CENTRAL STATION TESTED? N/A	HALL AIR SHUTDOWN TESTED? N/A	

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, IMN 55101

EXISTING FUEL BURNING EQUIPMENT SAFETY TEST REPORT

Address: 516 Rice - Right Hand Loiler in Somement	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 Oil Other	·
GAS DESIGN	CONVERSION
Make of Burner Slant Fin	Make
Model <u>60–200 HC</u>	Model
Serial Took 2634	Max. BTU Refinig
Input 200,000	Make of Fu(nace)
Equipment venting type: Atmospheric Induced Fan	Other
	. 150 000
Total BTU input of all vented gas appliances per ch	
Type of Chimney: Masonry Class B	
Type of Liner: None Metal	
Combustible Air Supply Required?: Yes X No Installe	ed /: Yes No
Pilot/Flame Safeguard Operating Properly X Vents Proper V	Inside/Doesn't Roll Out <u>X</u> s Srnoothly
Oxygen % /o.o % Vent System	System-Okay System-Okay
Look At Total Heating System Before You Leave: Does system operate safely and properly? Yes No COMMENTS:	
Strange Commencer (Torn Harring Contract Address 34181	18015 Ave Phone #651-764-1236
Mama VI I I Coused Milliam 17 1 at Legine Accome Auticas 1 1101	
Name of Licensed Contractor: Stern Heating Cooling Address 34181 Person Doing Test (Print) Genjamin Stern (signature)	Gi Ju

11/01/2010 16:40 FAX
Oct 27 10 01:48p Cities Plumbing & Heating

DEPARTMENT OF INSPECTIONS FIRE PREVENTION DIVISION

100 EAST 11th STREET, SAINT PAUL, MN 55101

EXISTING FUEL BURNING EQUIPMENT SAFETY TEST REPORT

Address: 516 Rice East boiler in basement	ach appliance)
	Date: 10-27-10
Owner:	
TYPE OF HEAT:	>
Gravity Air Forced Air Gravity Hot \	
Steam Unit Heater Space Heate	er Other
TYPE OF FUEL: Gas X Oil Other	
GAS DESIGN	CONVERSION /
Make of Burner Sam Fin	Make:
Model SX-150EDP	Model
Serial <u>S00 Y1 53 Y</u>	Max. BTU Rating
Input 150,000'	Make of Funace
Equipment venting type: Atmospheric X Induced Fan	C)the
Total BTU input of all vented gas appliances	s per chimney: <u>390 ຄວວ</u>
Type of Chimney: Masonry 🔀 Class B_	Othe:
Type of Liner: None Metal 之	
Combustible Air Supply Required?: Yes_X No	Installed?: Yeis X No
Safety & Operating Control Tests: Yes No Fuel	Analysis/Flue Gas Analysis: Yes No
	s Properly Without Spillage 🛴
Limit(s) Operating Properly X Flam	e Stays Inside/Doesn't Roll Out 🔨 🔃
Operator(s) Operating Properly Burne	er Lights Smoothly
Low Water Cut-Off Operating Properly	
All Controls Operating Properly	
<u>Inîtîal</u> <u>Final</u> <u>Visu</u>	al Inspection Yes No
	Piping SystemOkay <u>X</u>
Oxygen % Vent	SystemsDrafthood,
Carbon Dioxide % % Cor	nnector, Vent Chimney-Okay
Carbon Monoxide%/ppm%_ppm Heati	ng UnitOkay <u>×</u>
Carbon Monoxide Detector (tube type) Positive Nega	tive_X_
1	
Look At Total Heating System Before You Leave:	
Does system operate safely and properly? Yes	No
COMMENTS:	
	, 1
Name of Licensed Contractor: STEIN Heating Cooling Address. Reven Doing Test (Print) Replanin STEIN (Sign)	34/81 /8013 Ave Phone #651-764-1236
Person Doing Test (Print) Genjamin STEED (sign	enure) Bi Jui
Certificate of Competency Number From City of Saint Paul for Ar	\1
seminoate of Competency Number 1 form only of Same Facility A	Shirk Linear and a second seco

DEPARTMENT OF INSPECTIONS

FIRE PREVENTION DIVISION

100 EAST 11th STREET, SAINT PAUL, MN 55101

EXISTING FUEL BURNING EQUIPMENT SAFETY TEST REPORT

ddress: 520 Rice - Boiler	Daite: <u> </u>	7-10
wner:	Militaria sindicana de la companya d	
YPE OF HEAT:		
Gravity Air Forced Air Gravity Hot Water	Forced Hot Water_	X
Steam Unit Heater Space Heater	Other	
YPE OF FUEL: Gas X Oil Other		
GAS DESIGN CO	NYERSION	
	ke	
	del	
Serial <u>714608</u> Ma	x BTU Rawng	· · · · · · · · · · · · · · · · · · ·
Input	ke of Furnace	· ·
quipment venting type: Atmospheric Induced Fan Oth	nei	
Total BTU input of all vented gas appliances per chimne	ey: 125,000	_
Type of Chimney: Masonry X Class B Oth	nei	
Type of Liner: None Metal 🔀 Cla		
Combustible Air Supply Required?: Yes_X No Installed?: Y	/esi_X_No	
And the second s	re Gas Analysis: Yes thout Spillage	
ilot/Flame Safeguard Operating Properly 🔀 Vents Properly Wi	thout Spillage E/Doesn't Roll Out	
ilot/Flame Safeguard Operating Properly X Vents Properly Winit(s) Operating Properly Y Flame Stays Inside Stays Uperations Operating Properly X Burner Lights Smooth Water Cut-Off Operating Properly	thout Spillage e/Doesn't Roll Out oo hly	
Vents Properly Wint(s) Operating Properly Series Properly Wint(s) Operating Properly Series Pr	thout Spillage e/Doesn't Roll Out boothly Yes mOkay	
Vents Properly Winit(s) Operating Properly Separations Operations Opera	thout Spillage e/Doesn't Roll Out boothly Yes mOkay afilhood,	No No
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Vents Properly Winit(s) Operating Properly Separations Operating Properly Separation Separation Operating Properly Separation Separation Operating Properly Separation Operating Properly Separation Separation Separation Operating Properly Separation Separation Operating Properly Separation Separation Separation Separation Operating Properly Separation Separatio	thout Spillage e/Doesn't Roll Out bookly Yes mOkay afthood, t ChimneyOkay	No No
Vents Properly Wintit(s) Operating Properly Stays Inside peratons) Operating Properly Stays Inside peratons Operating Properly Stays Inside Stays In	thout Spillage e/Doesn't Roll Out bookly Yes mOkay afthood, t ChimneyOkay	No No
Vents Properly Wint(s) Operating Properly Plame Stays Inside perator(s) Operating Properly Pr	thout Spillage e/Doesn't Roll Out bookly Yes mOkay afthood, t ChimneyOkay	No No
Vents Properly Winit(s) Operating Properly Plame Stays Inside perator(s) Operating Properly P	thout Spillage e/Doesn't Roll Out bookly Yes mOkay afthood, t ChimneyOkay	No No
Vents Properly Wint(s) Operating Properly Stame Stays Inside peratoris) Operating Properly Stame Stays Inside Burner Lights Smooth Water Cut-Off Operating Properly Stack Temperature F/Net 259 F/Net SystemsDrearbon Dioxide Surpon Monoxide Monoxide Monoxide Detector (tube type) Positive Negative Negative Supplementates as felly and properly? Vents Properly Wint Properly Start Stays Inside Burner Lights Smooth Start Stays Inside Burner Lights Smooth Start Stays Inside Burner Lights Smooth Start Inspection Fuel Piping System System SystemsDream Property Start Sta	thout Spillage e/Doesn't Roll Out or hily Yes mOkay afihood, t ChimneyOkay y	No
Vents Properly Wint(s) Operating Properly Plame Stays Inside perator(s) Operating Properly Pr	thout Spillage e/Doesn't Roll Out or hily Yes mOkay afihood, t ChimneyOkay y	No

DEPARTMENT OF INSPECTIONS FIRE PREVENTION DIVISION

100 EAST 11th STREET, SAINT PAUL, MN 55101

EXISTING FUEL BURNING EQUIPMENT SAFETY TEST REPORT

Address: 520 Rice - Force Airfurace	Date: 10-27-10
Owner:	
TYPE OF HEAT:	
Gravity Air Forced Air Gravity Hot Water	Forced Hot Water
Steam Unit Heater Space Heater _	Other
YPE OF FUEL: Gas X Oil Other	
GAS DESIGN	CONVERSION
Make of Burner Ruup	Make 1
Model <u>UGRA-REKAJS</u>	Model
Serial <u>0F50707</u> F3295 0674	Max. BTU (Rating
Input 120,000	Make of Furnace
quipment venting type: Atmospheric Induced Fan_X	Othe:
Total BTU input of all vented gas appliances per	chimney: 120,000
Type of Chimney: Masonry Class B	
Type of Liner: None U/A Metal	Clay File
Combustible Air Supply Required?: Yes X No Insta	
imit(s) Operating Properly Poperator(s) Operating Properly Water Cut-Off Operating Properly Il Controls Operating Properly Initial Final Visual Instruction Final tack Temperature F/Net Final Final Fuel Piping	System-Okay
	rnsDrafthood,
	or, Vent Chimney-Okay
	oltOkay <u>~</u>
arbon Monoxide Detector (tube type) Positive Negative_	<u>X</u>
ook At Total Heating System Before You Leave: oes system operate safely and properly? OMMENTS:	
ame of _icensed Contractor: Stern Heating + Cooling Address 3418 erson Doing Test (Print) Vegiamin Stern (signature)_	1 1807.5 Ave Phone # 657-764-123

 $\begin{array}{ccc} \text{LL/ol/2010} & \text{L6:40 FAX} \\ \text{Ool 27 10 01:48p} & \text{Cities Plumbing & Aeating} \end{array}$

SMOKE DETECTOR INSPECTION AFFIDAVIT

THIS AFFIDAVIT MUST BE COMPLETED AND RETURNED TO THE FIRE INSPECTOR UPON INSPECTION OF THE PROPERTY. CERTIFICATE OF OCCUPANCY CANNOT BE ISSUED/RENEWED WITHOUT THIS COMPLETED AFFIDAVIT. If all the units were not inspected by one person, signatures of all persons inspecting units are required. More than one sheet may be

520	Rice	12	
Address		# of Units	COFC#

l affirm that I have given the occupant of each dwelling unit or guest room in the building et the above address a written explanation of the following:

- The location and operation of each smoke detector. 1.
- 2. Instructions describing the action to be taken when an alarm sounds.
- 3. The procedures for testing the detectors.
- Who/to contact when a low-battery tone sounds or power light fails. 4.

I affirm that I personally inspected the smoke detectors in the dwelling units and guest rooms in the building at the above address as follows:

	bunding at th	te above address a	s tollowe.		~
J.S. APT. #	DATE 10/25	J.S. APT. #	DATE	APT.#	DATE
J.S. 3	10/25	10	10/21		
2.5.	10/25	11	10/25		-
J. S==	10/26	12	10/55		
J.S6	10/25	***************************************		•	
7.81	10/25		-		
5-85	13/55	Management of the Control of the Con		and the state of t	
and that all	datass				

and that all detectors were in place and in good working order.

Signatute

Milmesota State Statutes 299F.362 requires smoke detectors and Saint Paul Ordinance 39.02(c) requires that an affidavit stating that "all detectors are inspected and serviced when needed and are operational" be filed before a Certificate of Occupancy can be issued or renewed.