



**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

July 19, 2022

Tyler Armstrong  
2007 Lombardy Ave  
Nashville Tennessee 37215

Dear Joe Prescott and others, if listed:

On July 19, 2022, this department conducted an inspection of your property at **277 AURORA AVE** and because **you were not compliant with a previous order.**

**Deficiency: "Inoperable vehicle(s) parked behind the garage have not been removed or put into compliance upon reinspection."**

**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 **August 1, 2022.**

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

**IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, August 1, 2022, YOU WILL BE BILLED AN ADDITIONAL \$124.00. CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: Otis Warner, 651-266-1906**

Otis Warner  
Code Enforcement Inspector

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

July 19, 2022

**EXCESSIVE CONSUMPTION**

Invoice #: 1670786

File #: 22-044163

Property Address: 277 AURORA AVE

Property PIN: 362923420035

Owner Name: Joe Prescott

**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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