



**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

September 30, 2022

Juan D Moreno/Prescila Moreno  
701 York Ave  
St Paul MN 55106-3727

Juan D Moreno  
701 York Ave  
St Paul MN 55106-3727

Dear Juan D Moreno/Prescila Moreno and others, if listed:

On September 30, 2022, this department conducted an inspection of your property at **820 WESTERN AVE N** and because **you were not compliant with a previous order.**

**Deficiency: "Trailers have not been removed from the unimproved surface."**

**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 **October 12, 2022.**

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

**IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, October 12, 2022, YOU WILL BE BILLED AN ADDITIONAL \$124.00. CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: Richard Kedrowski, 651-266-9141**

Richard Kedrowski  
Code Enforcement Inspector

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

September 30, 2022

**EXCESSIVE CONSUMPTION**

Invoice #: 1690769

File #: 21-316762

Property Address: 820 WESTERN AVE N

Property PIN: 252923430018

Owner Name: Juan D Moreno/Prescila Moreno

**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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