
Downstairs tenant, was given 60 days notice to move sent June 18th And is now moved out.

Upstairs tenant, has a lease signed for new residence owned by Frog Town Community Development Corp which was delayed by construction.

Smoke Detectors and Carbon Monoxide detectors inspected and approved by Todd Sutter. Affidavit attached.

Boilers Orsat Test certified. Certifications attached.

Guardian Property Management • Guardian Property Maintenance
708 Cleveland Ave SW Suite 160, New Brighton, MN 55112
Office (651) 287-2011 Fax (651) 697-4224



6/18/2012

Julia Holt
121 Como Ave
St. Paul, MN 55103

Notice of Lease Non Renewal

Dear: Julia

Guardian Property Management is sending this letter as notice that your lease will not be renewed effective August 31, 2012. This letter is to serve as written notice that you are required to move by noon on August 31, 2012.

When a resident is given a Notice of Lease Non Renewal, Landlord or his agent shall have the privilege of displaying the usual "For Rent" or "Vacancy" signs on the demised premises and of showing the property to prospective purchasers or residents. Residents may be asked to show their home from time to time upon appointment.

Per this letter Guardian Property Management requires you vacate the property by noon on August 31, 2012. Guardian Property Management will do a move out walk with you around that time.

Your deposit statement will be processed 21 days after you move, and sent to the last known address you provide the management.

I have enclosed a few forms for you to review and fill out.

Guardian Property Management would like to wish you well. Please do not hesitate to call the office if you have a question.

Best regards,

Guardian Property Management



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

**SMOKE AND CARBON MONOXIDE DETECTOR
INSPECTION AFFIDAVIT**

** This affidavit must be completed and returned to the fire inspector upon inspection of the property. A 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 are required. More than one sheet may be used. **

121-173 COMO 2 _____
Address # of Units C of O #

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

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

Signature: *Randy Ben* Date: 9-29-12

I affirm that I personally inspected the smoke detectors and carbon monoxide detectors in the dwelling units and guest rooms in the building at the above address as follows and that all detectors were in place and good working order:

Apt. #	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #
<u>1</u>	<u>2</u>	<u>Basement</u>	_____	_____	_____
<u>✓</u>	<u>✓</u>	<u>✓</u>	_____	_____	_____
<u>✓</u>	<u>✓</u>	_____	_____	_____	_____
<u>✓</u>	<u>✓</u>	_____	_____	_____	_____
<u>✓</u>	<u>✓</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signature: *Randy Ben* Date: 8-24-12

Minnesota State Statutes 299F.362 requires smoke detectors and Minnesota State Statute 299F.50 requires carbon monoxide 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."

Revised 12/09



EXISTING FUEL BURNING EQUIPMENT SAFETY TEST REPORT

(Use separate form for each Appliance)

Department of Safety & Inspections
Fire Prevention Division
375 Jackson Street - Suite 220
Saint Paul MN 55101
Fax: 651-266-8951

Address: 123 Como Avenue Boiler #1 Date: 9/20/12
Owner: Ron Bicker

Type of Heat:

Gravity Air Forced Air Gravity Hot Water Forced Hot Water
Steam Unit Heater Space Heater Other

Type of Fuel:

Gas Oil Other
Gas Design Valiant Conversion
Make of Burner GA 92-140 SP Make
Model 285-7637 Model
Serial 100,000 Max. BTU Rating
Input 100,000 Make of Furnace

Equipment venting type: Atmospheric Induced Fan Other

Total BTU input of all vented gas appliances per chimney: 100,000

Type of Chimney: Masonry Class B Other

Type of Liner: None Metal Clay Tile

Combustible Air Supply Required?: Yes No Installed?: Yes No

Safety & Operating Control Tests:

	Yes	No
Pilot/Flame Safeguard Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Limit(s) Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Operator(s) Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Low Water Cut-Off Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Controls Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Fuel Analysis/Flue Gas Analysis:

	Yes	No
Vents Properly without Spillage	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Flame Stays Inside/Doesn't Roll Out	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Burner Lights Smoothly	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Initial	Final	Visual Inspection	Yes	No
Stack Temperature	<u>216</u> F/Net	<u>216</u> F/Net	Fuel Piping System - Okay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Oxygen	<u>4.6</u> %	<u>4.6</u> %	Vent Systems—Drafthood, Connector, Vent Chimney-- Okay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carbon Dioxide	<u>9.3</u> %	<u>9.3</u> %	Heating Unit - Okay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide	<u>93</u> % / ppm	<u>93</u> % / ppm			

Carbon Monoxide Detector (tube type) Positive Negative

Look At Total Heating System Before You Leave:

Does system operate safely and properly? Yes No

COMMENTS:

Name of Licensed Contractor: Bruce Nelson Plumbing Address: 12724 Point Du Lac Phone #: 651-755-9354
Person Doing Test (Print): Bruce Nelson (signature): [Signature]
Certificate of Competency Number from City of Saint Paul for Appropriate Fuel: 7917



**EXISTING FUEL BURNING EQUIPMENT
SAFETY TEST REPORT**

(Use separate form for each Appliance)

Department of Safety & Inspections
Fire Prevention Division
375 Jackson Street - Suite 220
Saint Paul MN 55101
Fax: 651-266-8951

Address: 123 Como Avenue Boiler #2 Date: 9/20/12
Owner: Ron Bleher

Type of Heat:

Gravity Air Forced Air Gravity Hot Water Forced Hot Water
Steam Unit Heater Space Heater Other

Type of Fuel:

Gas Oil Other
Gas Design Conversion
Make of Burner Bryant Make
Model 234B 46W Model
Serial 10D71582 Max. BTU Rating
Input 100,000 Make of Furnace

Equipment venting type: Atmospheric Induced Fan Other

Total BTU input of all vented gas appliances per chimney: _____

Type of Chimney: Masonry Class B Other

Type of Liner: None Metal Clay Tile

Combustible Air Supply Required?: Yes No Installed?: Yes No

Safety & Operating Control Tests:

	Yes	No
Pilot/Flame Safeguard Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Limit(s) Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Operator(s) Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Low Water Cut-Off Operating Properly	<input type="checkbox"/>	<input type="checkbox"/>
All Controls Operating Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Fuel Analysis/Flue Gas Analysis:

	Yes	No
Vents Properly without Spillage	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Flame Stays Inside/Doesn't Roll Out	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Burner Lights Smoothly	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Initial	Final
Stack Temperature	<u>256</u> F/Net	<u>256</u> F/Net
Oxygen	<u>5.4</u> %	<u>5.4</u> %
Carbon Dioxide	<u>8.68</u> %	<u>8.68</u> %
Carbon Monoxide	<u>173</u> % / ppm	<u>173</u> % / ppm

Visual Inspection

	Yes	No
Fuel Piping System - Okay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vent Systems - Draft Hood, Connector, Vent Chimney - Okay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heating Unit - Okay	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Carbon Monoxide Detector (tube type) Positive Negative

Look At Total Heating System Before You Leave:

Does system operate safely and properly? Yes No

COMMENTS:

Name of Licensed Contractor: Bruce Nelson Heating Address: 127250 Point Douglas Phone #: 651-738-9354
Person Doing Test (Print): Bruce Nelson (signature): [Signature]
Certificate of Competency Number from City of Saint Paul for Appropriate Fuel: 917