

We need the following to process your appeal:

APPLICATION FOR APPEAL

Saint Reul City Council – Legislative Hearings 310 City Hall, 15 W. Kellogg Blvd.

FEB 19 2016 CITY CLERK 310 City Hall, 15 W. Kellogg Blvd. Saint Paul, Minnesota 55102 Telephone: (651) 266-8585

\$25 filing fee (non-refundable) (payable) (if cash: receipt number 19465 Copy of the City-issued orders/lett Attachments you may wish to incl This appeal form completed	ter being appealed	HEARING DATE & TIME (provided by Legislative Hearing Office) Tuesday, March 1 Time 2:30 Location of Hearing:
✓ Walk-In OR □ Mail-In for abatement orders only: □ Ema	ail OR 🗆 Fax	Room 330 City Hall/Courthouse
Address Being Appea	ıled:	t
Appellant/Applicant: <u>Stavros</u>	Haidos Em	L. Paul State: MNZip:55/06 ail haidos Gamail. Com
		424-5530cell 312-446-8643 Date: 2-19-16
Name of Owner (if other than Appellant)		
Mailing Address if Not Appellant's: Phone Numbers: Business What Is Being Appeal	Residence	
Vacate Order/Condemnation/ Revocation of Fire C of O Summary/Vehicle Abatement Fire C of O Deficiency List/Correction Code Enforcement Correction Notice Vacant Building Registration Other (Fence Variance, Code Compliance, etc.)	I am using as my pensional and found that on cat 2- Never con that Question promised	the residence at 975 Deanay

DEPARTMENT OF SAFETY AND INSPECTIONS

Steve Magner, Manager of Code Enforcement

CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806 Telephone: 651-266-8989 Facsimile: 651-266-1919 www.stpaul.gov/dsi

February 12, 2016

Stavros Haidos/Olympia Haidos 13316 S Commercial Ave Chicago IL 60633-1408

VACANT BUILDING REGISTRATION NOTICE

The premises at 975 REANEY AVE

has been inspected and found to meet the legal definition of a Vacant Building as described in Saint Paul Legislative Code, Chapter 43. You are required by law to register this building with the Department of Safety and Inspections, Vacant Building Division, by filling out and returning the registration form provided with this letter. You are also required to pay the annual Vacant Building Registration Fee of \$2,085.00. The fee is due upon receipt of this letter and must be paid no later than thirty (30) days from the date of this letter, as required in Saint Paul Legislative Code, Chapter 43. If this building is vacant due to a fire, complete the enclosed registration form and return it to this office within 30 days.

Please return the enclosed registration form along with your payment by March 12, 2016

Do Not Mail Cash

If you wish to pay in person, you may do so from 8:00am to 4:00pm Monday through Friday at:

DEPARTMENT OF SAFETY AND INSPECTIONS 375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806

You may file an appeal to this fee or registration requirements by contacting the City Clerk's Office by calling (651)266-8688. Any appeal of this fee must be made within ten (10) days of the date of this notice.

If the registration fee is not received in this office within 45 days of the date of this letter, the full amount owed will be assessed to, and collected with, the taxes for this property as permitted by Saint Paul Legislative Code Chapter 43.

The Code Enforcement Officer has notified the Building Inspection and Design Section that this property meets the legal definition of a registered vacant building and in accordance with Legislative Code Chapter 33, no permits (except demolition, wrecking and removal permits) will be issued until the requirements of all applicable ordinances are fulfilled.

City of Saint Paul Department of Safety and Inspections

VACANT BUILDING REGISTRATION FORM

Date:			
Address of Pro	operty:		
Planned dispo	osition of this building (please check	k one):	
	chabilitate this structure commencing	·	
I plan to de	emolish (wreck and remove) this buil		
I am willin	ng to authorize the City of Saint Paul	to demolish and remove this building(s).	
the proper date of the	fire. I intend to repair and reoccupy	and fee exemption status for ninety (90) days from the the building.	
Responsible Pa		l ensure compliance with the ordinance:	
NAME	ADDRESS I	PRIMARY PHONE ALTERNATE PHONE	
Persons, lien ho NAME	ADDRESS	other interested parties known to me: PRIMARY PHONE ALTERNATE PHONE	
All persons listed l	nere will receive letters for the annual fee rer	newal. Also use this form to de-register your interest.	
<u>Print</u> Your Nam	1e (legibly)	\$2,085 Registration Fee – for new or renewal dates on/after January 9, 2016 INSTRUCTIONS: Complete and return this form. Include the	
Signature	Date of Birth	\$2,085.00 registration fee, ONLY if it is now due. For questions, call 651-266-8989.	
Address		Make checks payable to: City of Saint Paul Make Payment at, or mail payment to:	
City main contact tele	State Zip	City of Saint Paul Department of Safety and Inspections Code Enforcement – Vacant Buildings 375 Jackson Street, Suite 220	
0	•	St. Paul, MN 55101-1806 Credit Card payment accepted in person, or by FAX, only. Fax to: 651-266-9124	
Email address (p	rint legibly)	Thank you for your cooperation	