

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 Web: www.stpaul.gov/dsi

March 29, 2016

325

Kenneth R Bauman 740 Capitol Hts St Paul MN 55103-2102

Dear Kenneth R Bauman, and others, if listed:

On March 29, 2016, this department conducted an inspection of your property at **740 CAPITOL HTS** and because **you have had three or more violations within a 12 month period**

Deficiency: "Remove gutters, sinks, door, windows, tarps, metal, chairs, household items, TV set, ect., throughout the property."

YOU ARE BEING BILLED <u>\$120.00</u> 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 next scheduled for a REINSPECTION on

April 4, 2016

WARNING

IF YOU HAVE AN ADDITIONAL VIOLATION WITHIN 12 MONTHS YOU WILL BE BILLED AN ADDITIONAL \$120.00 . CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: Ed Smith, at 651-266-1917

Ed Smith
Code Enforcement Inspector

ec60169 06/13

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

March 29, 2016

EXCESSIVE CONSUMPTION INVOICE # 1232325

File #: 16-022465

Property Address: 740 CAPITOL HTS

Property PIN: 312922240050 Owner Name: Kenneth R Bauman

Fee Description Amount
Excessive Consumption (Multiple Visits) \$ 120.00

Payment is due upon receipt of this letter.

Failure to pay within 30 days will result in this amount being assessed to your property taxes.

Make your check payable to the City of Saint Paul.

Send payment to: Department of Safety and Inspections

Excessive Consumption Unit 375 Jackson Street, Suite 220 St. Paul, MN 55101-1806

Keeı	this 1	portion for v	your records:	Date Paid:	Amt Paid:	

Ck or M.O. #____

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RETURN this portion with your payment

City of Saint Paul, Department of Department of Safety and Inspections, Code Enforcement Division

EXCESSIVE CONSUMPTION PAYMENT

Folder #: 16-022465

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RETURN THIS PORTION WITH YOUR PAYMENT