

## APPLICATION FOR APPEAL

### Saint Paul City Council - Legislative Hearings

RECEIVED

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

Revised 5/31/2013 -

MAR 22 2017

CITY CLERK

We need the following to process your appeal:	
\$25 filing fee payable to the City of Saint Paul	HEARING DATE & TIME
(if cash: receipt number)	(provided by Legislative Hearing Office)
Copy of the City-issued orders/letter being appealed	Tuesday, 1011 4,2011
☐ Attachments you may wish to include  ✓ This appeal form completed	Time \300.00
	Location of Hearing:
□ Walk-In OR 🕱 Mail-In	Room 330 City Hall/Courthouse
for abatement orders only:     Email OR   Fax	
Address Being Appealed:	
Number & Street: 1262 ENGLEWOOD AVE City: 57	TPAUL State: MN Zip: 55104
Appellant/Applicant: MARY ZESBAUGH Em	ail MJZES 4550@ GMAIL COM
Phone Numbers: Business Residence	Cell 612-229-6561
Signature: Mary Zasbaugh	Date: 3/20/17
Name of Owner (if other than Appellant): MARIANNE KRIE	GLER TRUST
Mailing Address if Not Appellant's: 1201 YALE PLACE	#1504
Phone Numbers: Business Residence	Cell
What Is Being Appealed and Why?	Attachments Are Acceptable
Vacate Order/Condemnation/ Revocation of Fire C of O	i a
□ Summary/Vehicle Abatement	
□ Fire C of O Deficiency List	
Code Enforcement Correction Notice	
□ Vacant Building Registration	
Other	9 4
	The state of the s



**Expiration:** 

# **Provisional Fire Certificate of Occupancy Renewal Invoice**

 $\Box$  Check this box if making any name, mailing address or phone # correction or if you have sold or added additional properties. Write the changes on the back of this form. If your mailing address has/will be changing, please let us know.

### CITY OF SAINT PAUL

Department of Safety and Inspections 375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806 PHONE: (651)-266-8989 FAX: (651) 266-9124 An Equal Opportunity Employer

MARIANNE KRIEGLER 1850 UNIVERSITY AVE W APT 202 ST PAUL MN 55104-3511 March 6, 2017 Invoice # 1295082 Customer # 1392768

Security Code:

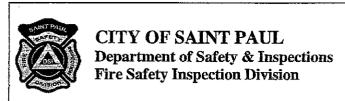
Invoice Due Date: Upon Receipt

Detail description	Folder ID	Fee
1262 ENGLEWOOD AVE Provisional CO Fee 2015	3627623	\$100.00
1262 ENGLEWOOD AVE Provisional CO Fee 2017	3627623	\$105.00

\$105.00 annually. The new Owner's Self-evaluation Affidavit is also required to be completed for each address, and returned with your invoice and payment. For detail information, please visit our website at www.stpaul.gov/cofo. Please also note that per the provisions of the Saint Paul Legislative Code Chapter 40, failure to pay this invoice could result in loss of the approval to rent your property and or criminal penalties. If you have questions, please contact the Department of Safety and Inspection at 651-266-8989. Please Give Us Your Email Address: Please Give Us Your Current Phone Number: Please Return this invoice with your payment to: Saint Paul Department of Safety and Inspections 375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806 Make Checks Payable to: The City of Saint Paul Customer # 1392768 Signature of Card Holder (required for all charges) IF PAYING BY CREDIT CARD, PLESE COMPLETE THE FOLLOWING INFORMATION: American Express Discover MasterCard Visa Amount: \$\_

**Account Number:** 

We thank you for your prompt attention to this matter. Effective February 25, 2017, Provisional Fire Certificates of Occupancy are



#### OWNER'S SELF EVALUATION AFFIDAVIT

375 Jackson Street Suite 220 Saint Paul, MN 55101-1806 (P) 651-266-8989 (F) 651-266-9124

I hereby certify that the above information is true to the best of my knowledge.

and belief. I understand the property owner is responsible for the continued

maintenance and habitability of this property.

Owner / Responsible Party signature

Revised 04/2015

Department of Safety & Inspections

Fire Safety Inspection Division

375 Jackson Street – Suite 220 Saint Paul, MN 55101-1806

Fax: 651-266-9124

This pre-inspection checklist will help you prepare for your Fire Certificate of Occupancy inspection. It is not all inclusive of the items we will look for during the actual Fire Certificate of Occupancy inspection. Address of Property: Owner/Responsible Party Name and Address: EXTERIOR Address Windows/Patio Doors Additional Safety Tips: Yes No Yes No ☐ Is the building address visible from ☐ Do windows and doors open and The leading cause of home the street and or alley with numbers close freely? fires is unattended cooking, at least four inches high? ☐ Is a window provided in each room followed closely by used for sleeping? carelessly discarded smoker's materials INTERIOR Stairs & Porches o Maintain 3 feet of Electrical ☐ Are handrails and guardrails clearance around Yes No present on stairs? cooking surfaces ☐ ☐ Are all outlets/switch plate covers ☐ Do decks over 30" tall have o Never leave the room present, secured, and is all wiring guardrails? with food on the concealed? stove Garbage o Discard smoking ☐ Are extension cords used only on ☐ Is a garbage pick-up service provided? materials in metal. portable appliances? ☐ Are garbage containers provided? glass or ceramic Plumbing Fixtures Hazardous Storage containers ☐ Do sinks and wash basins have  $\square$  Is gasoline and propane stored • Clean dryer vents regularly both hot and cold running water? in the dwelling unit? • Maintain 3 feet of clearance Smoke/Carbon Monoxide Alarms **Emergency Contacts** around heating appliances ☐ Are smoke alarms present and Do not overload outlets ☐ Are 24 hour emergency contact • Do not leave open flames working? numbers provided to tenants? ☐ Are carbon monoxide (CO) alarms and candles unattended within 10' of sleeping rooms and **OCCUPANCY**  Test smoke alarms monthly working? Number of sleeping rooms: Create an escape plan **Exit Doors and Pathways** Basement Main Floor ☐ Are exit doors and pathways clear, Second Floor Third Floor/Attic maintained and usable? Total Number of Occupants Send To:

date