



CITY OF SAINT PAUL
 DEPARTMENT OF SAFETY AND INSPECTIONS
 375 Jackson Street, Suite 220
 Saint Paul, MN 55101-1806
 General Information: 651-266-9090
 Code Compliance: 651-266-9016 - Fax: 651-266-9124
 Visit our web site: www.stpaul.gov/dsi
 Fax: 651-266-9124

651-266-8989

FOLDER #
 (for office use only)

VACANT BUILDING \$5,000.00 PERFORMANCE DEPOSIT

DATE Nov 9th 18
 VACANT BUILDING ADDRESS 888 Maryland Ave E.
 DEPOSITOR'S NAME Ahmed Al-Hawwani (AEM Market)
 DEPOSITOR'S ADDRESS 770 Lilium Trail Medina MN 55340
 CITY Medina STATE MN ZIP CODE 55340
 DAYTIME PHONE (763) 439-9611 FAX NUMBER ()

When your project is completed and approved, your \$5,000.00 performance deposit plus interest will be refunded to you.

I understand that all items listed on the inspection report must be corrected within six (6) months and where applicable (Category 3 Building), a \$5,000.00 performance deposit (cash or bond) must be made before a permit will be issued. **It may be possible to get an additional six (6) months to complete project if work is proceeding expeditiously and is more than 50% complete or if unforeseen conditions have had a significant schedule impact on the completion of work.**

I also understand that this property shall not be occupied until all code corrections are made and written authorization to occupy is obtained.

Please indicate below the address your Refund Check should be sent to:

NAME Ahmed Al-Hawwani
 ADDRESS 770 Lilium Trail
 CITY Medina STATE MN ZIP 55340

NOV 09 2018

Paid check #
 7974
 \$5000.00
 AK

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION:

American Express Discover MasterCard Visa

Expiration Date: _____ Account Number: _____ Amount: \$ _____

Signature of Card Holder (required for all charges)

Date

