



CITY OF SAINT PAUL

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

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

345

November 22, 2019

Sandra M Nute Nelson
2085 Lacrosse Ave
St Paul MN 55119-3349

Dear Sandra M Nute Nelson and others, if listed:

On November 21, 2019, this department conducted an inspection of your property at **2085 LACROSSE AVE** and because **you were not compliant with a previous order.**

Deficiency: "DARK/DIRTY STAGNANT WATER REMAINS IN POOL IN REAR YARD."

YOU ARE BEING BILLED \$122.00 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 scheduled for a REINSPECTION on **May 29, 2020.**

WARNING

IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, May 29, 2020, YOU WILL BE BILLED AN ADDITIONAL \$120.00. CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: Stephan Suon, 651-331-8273

Stephan Suon
Code Enforcement Inspector

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

November 22, 2019

EXCESSIVE CONSUMPTION

Invoice #: 1475156

File #: 19-036941
Property Address: 2085 LACROSSE AVE
Property PIN: 262922130102
Owner Name: Sandra M Nute Nelson

Fee Description	Amount
Excessive Consumption (Non Compliance)	\$ 122.00

Payment is due upon receipt of this letter. **Failure to pay within 30 days will result in the amount due 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

Keep this portion for your records:

Date Paid: _____ Amount Paid: \$ _____
Check or Money Order #: _____

Deficiency: "DARK/DIRTY STAGNANT WATER REMAINS IN POOL IN REAR YARD." 345

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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

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