



SAINT PAUL
SAFETY & INSPECTIONS

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)
ANGIE WIESE, PE(MN), CBO, DIRECTOR

375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806
Tel: 651-266-8989 | Fax: 651-266-9124

September 14, 2023

Thunder Cat Painting Llc
1201 Brook Ave Se # 312
Minneapolis MN 55414-2690

Paul D Bates
1235 Minnehaha Ave E
St Paul MN 55106-4718

Dear Thunder Cat Painting Llc and others, if listed:

On September 14, 2023, this department conducted an inspection of your property at **1235 MINNEHAHA AVE E** and because **you were not compliant with a previous order.**

Deficiency: "Cut and remove tall grass, weeds and rank plant growth from yard, blvd, and alley areas."

YOU ARE BEING BILLED \$134, 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 **September 27, 2023.**

****WARNING****

IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, September 27, 2023, YOU WILL BE BILLED AN ADDITIONAL \$134.00. CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: James Hoffman, 651-266-1947

James Hoffman
Code Enforcement Inspector

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

September 14, 2023

EXCESSIVE CONSUMPTION

Invoice #: 1773371

File #: 21-255917

Property Address: 1235 MINNEHAHA AVE E

Property PIN: 282922440212

Owner Name: Thunder Cat Painting Llc

Fee Description

Amount

Excessive Consumption (Non Compliance)

\$ 134

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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 #: _____

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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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