



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

June 1, 2023

Jose Lozano Bustamante
751 Oakdale Ave
St Paul MN 55107-3124

Dear Jose Lozano Bustamante and others, if listed:

On June 1, 2023, this department conducted an inspection of your property at **751 OAKDALE AVE** and because **you were not compliant with a previous order.**

Deficiency: "Vehicles have not been brought into compliance and have not been removed."

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 **June 14, 2023.**

****WARNING****

IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, June 14, 2023, YOU WILL BE BILLED AN ADDITIONAL \$134.00. CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: Richard Kedrowski, 651-266-9141

Richard Kedrowski
Code Enforcement Inspector

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

June 1, 2023

EXCESSIVE CONSUMPTION

Invoice #: 1741879

File #: 23-039909

Property Address: 751 OAKDALE AVE

Property PIN: 082822310159

Owner Name: Jose Lozano Bustamante

Fee Description

Amount

Excessive Consumption (Non Compliance)

\$ 134

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 #: _____

---[]-----[]-----[]-----**CUT HERE**-----[]-----[]-----[]-----

*****RETURN THIS PORTION WITH YOUR PAYMENT*****

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

EXCESSIVE CONSUMPTION PAYMENT

Folder #: **23-039909**

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